



Healthwatch Redcar and  
Cleveland Network Event  
15<sup>th</sup> July 2014

## Contents

- **Background**
- **Introduction**
- **What matters to local people**
- **Summary**
- **Appendices**

## Background

It was widely recognised that to safeguard its future the NHS needed to change to meet the challenges it faced. As part of the much needed reforms, the Health and Social Care Act 2012 was introduced bringing huge transformation in health and social care.

It was this Act that replaced Local Involvement Networks (LINKs) with Local Healthwatch organisations such as Healthwatch Redcar and Cleveland.

Healthwatch Redcar and Cleveland is:-

- A patient voice organisation
- Here to gather people's views and experiences of using health and social care services
- Here to gather intelligence from members and residents to help influence service design and delivery

Our principles and values are:

- Independent, open and transparent
- Membership organisation, representative of and accountable to communities
- Champion those communities most vulnerable and hardest to reach
- Accessible, well connected, positive relationships
- Expert, skilled and evidence based in approach
- Respect and promote volunteer involvement

Our powers and duties are

Although a non-statutory body, Healthwatch Redcar and Cleveland has statutory powers:

- The power to enter and view premises where health or social care services are provided
- This power does not extend to premises that provide social care to children but Healthwatch expected to gather views and experiences from children and young people in collaboration with local partners
- Service providers have a duty to respond to Local Healthwatch reports and recommendations within 20 working days.
- Local Healthwatch has a statutory entitlement to a seat on the local Health and well-being Board.
- Local Healthwatch has a duty to provide information about health and social care services
- Local Healthwatch can escalate issues direct to Healthwatch England and through them, the Care Quality Commission and ultimately the Secretary of State

In addition to listening to the views of the public and our members we also have a duty to provide information to people about local health and social care services. We do this through our Information & Signposting service. This service is also known as "Just Ask.... Healthwatch" and aims to help individuals and networks to find out about local services and how to access the right service. The service can help people find a GP, dentist or support people to find information to enable them to access services such as domiciliary care. Our Signposting Officer can also help people navigate the complexities of raising a concern or complaint about a health or social care service. The service does not take up individual complaints directly.



### Case Study

Lady rang asking how to complain about Patient Transport. She had transport booked to take her to a Heart Check appointment at One Life in Middlesbrough but despite ringing to confirm and ask where they were, the transport didn't turn up. She missed the appointment and the next one was not scheduled until August. One of our Information Volunteers had given her information about Healthwatch and she rang to find out who she can complain to. The Information and Signposting Officer informed her that Patient Transport comes under North East Ambulance Service and gave contact details for NEAS customer complaints.

## Introduction

Healthwatch Redcar and Cleveland was commissioned as a “Network of Networks” model. The aim of this model is to help develop and build on relationships with local voluntary and community groups, networks and organisations.

Our model is to use these networks of members, individuals and supporters to share information about Healthwatch and to find out what matters most to people living and working in Redcar and Cleveland. We work with work with local people, patients, service users, carers, community groups, organisations, service providers and commissioners to get the best out of local health and social care services.

Much of the first year was taken up with developing the service, ensuring that we have a strong effective Board and in building up our network of members. During the first few months the staff concentrated their efforts in public engagement to help find out what mattered to the people of Redcar and Cleveland. This intelligence was taken to the Executive Board who used this information to decide on initial priority work areas which included:-

- IAPT Talking Therapies
- After care and support for cancer patients

It has been acknowledged that although some members had some input into feeding back to Healthwatch and the priority work areas, further work needed to be done by the staff team to encourage regular feedback and the utilisation of the Information and Signposting Service.

With this in mind and the first published Healthwatch Annual Report, a Network Event was arranged to invite Healthwatch members and the public with the aim to:

- Update members on the progress so far but more importantly to find out how we could open up more effective means of communication moving forward.
- Ensure all Healthwatch members and the public were promoting Healthwatch Redcar and Cleveland to their members and people they came into contact with.
- Encourage volunteering opportunities and different ways to be involved.
- Find out what matters to local people in their communities in health and social care service provision.



## What matters to local people

Invites went out to approximately 60 individual members and 100 Network Members (*appendix 1*). On the day, 30 Healthwatch Members both individuals and

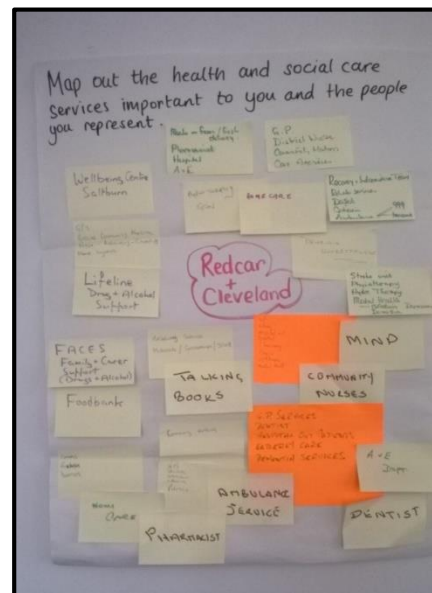
organisational and also members of the public attended, alongside 5 staff and 4 Executive Board Members.

The Chair Dr Ian Holtby opened the day with a short presentation reiterating to members the history and purpose of Healthwatch Redcar and Cleveland, stressing the importance of the role of each member in the continuing success of Healthwatch. Dr Holtby launched the first Healthwatch Redcar and Cleveland Annual Report (appendix 2).

Mark Adams, Assistant Director, Health Improvement, gave a short talk on how Healthwatch can work alongside service providers and commissioners to shape future services.

The Healthwatch Redcar and Cleveland Information and Signposting Officer, Linda Sergeant, proceeded with an update on the “Just Ask Campaign”. This valuable Information and Signposting service is part of our statutory duty to provide information about health and social care services. Linda explained the value of this service to networks and individuals alike. Professionals are able to use the service as a reference whilst members of the public would access the service more as a navigational tool. The service is accessed by NHS England as a point of reference for patients when changes are made to services such as closure of dentist or GP practices.

Attendees were then invited to take part in a break away session, the first part of which was a mapping exercise of all the health or social care services that they or their members use. A list of 80 services were produced demonstrating the importance of our members feeding into Healthwatch as without them we could not possibly gain a full picture of what is happening locally.



Using the services that people had identified, each table was asked discuss “what’s working well with the service?”, “where could the service be improved?” and “how do you think Healthwatch can influence positive change?” This exercise gave attendees the opportunity to tell Healthwatch what was happening with services in their local community but also emphasised the importance of sharing good practice.

Feedback included:

- Large print is needed on appointment letters for people with a visual impairment e.g. Dentist and opticians.
- Telephone physio advice is difficult for some patients. It would be helpful if at least the first appointment was face to face, then the patient would be better prepared to carry out instructions at home rather than guessing they have got it right.

- Improve communication from health professionals to cancer patients and relatives about the side effects of chemotherapy.
- Listen to carers and give them a voice (carers forum support groups)
- Stroke services have little support once hospital and physio is over.
- Fitness on prescription is an excellent service- gets people motivated.
- The dental charge band system is much better.

Full list of feedback can be read in appendix 3.

## Summary

Attendees were asked to complete an evaluation form. Sixteen people completed the form.

100% of those people who completed the survey said that they felt they were able to talk and were listened to.



93% of people said that they were satisfied to some degree that they were listened to during the work shop exercise.

81% of people rated the event overall as either good or very good.

General consensus indicated that people felt there was too little time for the work shop discussion with over 50% of people stating they would have liked longer for discussions.

Overall almost 88% of people felt that they were listened to.

Comments included:-

*“This has provided a valuable experience to learn more about Healthwatch and what they intend to do”*

*“Could professionals not talk in initials that we amateurs do not understand?”*

*“Very good opportunity to share experiences”*

*“Lot of talk, didn’t get far”*

### Take away points for Healthwatch

For future events:

- allow more time for discussion
- provide a jargon buster for attendees relating to abbreviations for health and social care related words
- use a venue that is more accessible for car parking

For future working:

- feedback to members and the public more frequently, illustrating work that has and is going on
- ensure our Information and Signposting Service is up to date with information on local organisations including access points such as R&C Money Tree and food banks.

Attendees were able to freely participate and be listened to. The event achieved its aims of the day which were to inform our members and listen to them.

Building on the feedback we have gathered and taking into account priorities in the Joint Strategic Needs Assessment, Redcar and Cleveland's Joint Health and Wellbeing Strategy and other key strategic documents, the information gathered from the Network Event will be added to the intelligence gathered from several community engagement events and used as a basis to shape or future work plan.

This will be discussed at the Healthwatch Redcar and Cleveland's Executive Board Meeting on 11<sup>th</sup> August 2014.

Decisions will be reported on our website  
[www.healthwatchredcarandcleveland.co.uk](http://www.healthwatchredcarandcleveland.co.uk)

On behalf of the Chair, the Executive Board and staff I would like to thank all those who attended and contributed on the day. We look forward to working with you in the future.

Lindsay Rutherford

Community Development Worker



# Invitation

Healthwatch Redcar & Cleveland

Network Event

Moving Forward Together

15th July 2014 11.00-12.30pm

The Hub

28-29 Esplanade, Redcar, TS10 3AE

We are delighted to invite you to our next Network Event. The event is open to all our members and those who would like to sign up and find out more about Healthwatch. We are looking forward to showcasing our achievements so far as well as providing the opportunity for you to share intelligence with Healthwatch from the people you represent and know in your communities.

We will also be looking at ways in which we can work more closely and effectively with our networks and individual members; we really value your views and input on how we can move forward in a more dynamic way.

Lunch will be provided at 12.30pm.

Please confirm your attendance for catering purposes along with any special dietary needs or support requirements to [Lindsay.rutherford-hoe@pcp.uk.net](mailto:Lindsay.rutherford-hoe@pcp.uk.net) or call **01642 688312**.



## Appendix 2

15<sup>th</sup> July 2014  
Network Event  
The Hub  
11:00am-12:30pm

### Programme of the day

- 11:00**      **Registration**  
(If you object to be included in photographs please let a member of staff know)  
Refreshments
- 11:10**      **Introduction from the Chair- Dr Ian Holtby**  
House keeping  
Healthwatch so far  
How you can be involved- your role
- 11:25**      **Mark Adams, Assistant Director Health Improvement, R&C**
- 11:35**      **"Just Ask Campaign"- Linda Sergeant**
- 11:40**      **Break away session- Jo/ Lindsay**  
Introductions  
Mapping exercise-what services do you use?  
What is important to the people of Redcar and Cleveland?  
What is working well/not working well/what would you change?
- 12:20**      **Feedback**
- 12:25**      **Round up of the day- Natasha/ Lindsay**  
Evaluation forms  
How are you going to feedback to Healthwatch?- Comment Board  
Volunteers  
Social media
- 12:30**      **Lunch**

## Appendix 3

Feedback from Network Event on 15 July 2014 at The Hub, Redcar

### What works well?

Ravenscar Surgery - Dr Boyd, very efficient & refers quickly.
Dental practice - Roseberry Sq - good service - send apt text/letter.
Coopers chemist - really good service. Give information in understandable format
Fitness on prescription
Carers services- Carers Together provide excellent information on what people are entitled to and what services are available.
Good - everyone is able to access therapy for their issues.
Access to smoking cessation services.
Dental charges - band system is much better.
Carers assessments for patients with disabled children - and real support actually provided.
Opening of James Cook rail halt.
Dental info re: NHS & orthodontist surgery

### What could be improved?

GPs not referring for cancer treatment quick enough.
Visual impairment - large print is needed for letters and appointments for services such as dental and optometry.
Telephone physio advice line. Assessment is given over phone - instructions given didn't fit the problem. Delayed treatment. Initial visit face to face with a physio would be better - telephone after.
Ophthalmology department at James Cook doesn't give enough information on what's available in community e.g. low vision clinic. No one tells you about Access to work- aids to help people stay in work.
Chiropody service only cut nails every 6 months.
Carers and families are undervalued. Caring for the carers saves money in the long ter.
Change in home help to elderly - more support needed.
Domiciliary care - not long enough - not doing the right tasks.
Counselling therapies support needed to access services, make phone call, leading hand needed.
Make sure most vulnerable people in society are able to access services.
Wide engagement with public Young people, protect anonymity - service user voice Go to the people, working men's clubs, ASDA SBWC - outreach Transport - access, limits to services
Ensure that residents of care homes are well looked after by means of enter and view visits, ongoing - announcements and un ?

Direct people to local credit union i.e. Redcar & Cleveland Money Tree has this can help their health & wellbeing with regards to helping them recover debt problems.
Cancer patients & relatives being involved by good communication of the side effects of chemotherapy etc.
Diabetic patients to be involved with more advise re: exercise & risks - if none!
Blind and partially sighted people - loneliness & isolation.
Ageing population.
Stroke patients speak of little support after hospital and of different levels of professional care.
Dementia understanding.
Lack of podiatry i.e. over 60 - nail cutting.
Dental charges clarified.
The limits for physio/podiatry.
Better liaison at JC Hosp between depts for patients who have to go back next day for something else.
Signpost to anyone with money worries.
Look at care and domiciliary care services.
Signpost to people having problems with food i.e. Foodbank & Situations
Needs endoscopy services to be in operation at Redcar hospital.
Involvement with schools to explain obesity & alcohol abuse - importance of exercise - preventions.
More positive attitude to podiatry services to not only diabetics but other elderly people.
Long delays in physio.
Hospital appointment systems not working, they are never on time.
Audio in Redcar Hospital not being used, go to Specsavers.
Waiting times a JCUH.
Appointments delays from CAMHs - esp for children with autism.
Listen to carers & give them a voice (carers forum support groups).
Informing people what there is available to them.
Letting people know how to access services.
Consistent information for professionals.
Access to support from children's disability social work team - e.g. direct payments (criteria ambiguous).
Make it easier for counsellors to work with patients long term - restricted to 6 sessions under NHS.
Joined up services for individuals (person centred).
Raise awareness - many people still do not know that HW exists.
Access to review from occupational therapists for children, esp those with Special education needs.
Access to support for parents with children with autism e.g. need to fund early bird courses etc for parents.
Timely access to services for children with additional needs e.g. currently 16 weeks plus to get assessment from OT.
Provision of appropriate post adoption support for families.

Funding put into recruiting 'adopters' what about support when children develop health/emotional needs once adopted and need intervention. Access to appropriate post adoption support, very poor in Redcar. Increasing number of adoptive parents with children being diagnosed ASD in north east yet access to support poor.

Access to children's counselling (at mercy of school funding this & decided if needed). What happened to 'parent drop ins' to access services? Again, 'accesses' restricted! Yet increase in kids with mental health problems.

Children not receiving following up appointments - the discharged - parents have to go back to GP for re-referral and then wait months to be seen, very detrimental for child's health & wellbeing.

Wheelchair services - no account of the physical ability of attendant carer when providing equipment. Everything at a very basic level of provision.

Stroke services say they have little support once hospital and physio is over

All care should be person centred and holistic. Lots of talking about it but no action. We are treated like a bag of body parts because of medical disciplines.

Orthotic services - very basic level of care and long waiting times for reviews and appointments. Poor communication with patients and their families

Information and follow up treatment on discharge from hospital is not always good.

Record keeping - many people complain that their medical records are not a true accurate reflections of the care given.

Communication between GP's and consultants needs to improve.

GPs phone numbers - 0845 numbers are not easy for everyone to use.