

healthwatch

Southampton



Healthwatch Southampton
Annual Report 2013/14



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Our central ambition is to ensure the voice of patients, the public and communities holds influence in the decisions that are being made locally, and that together we can ensure our local services are first class.

Rob Kurn

Healthwatch Southampton Manager

Healthwatch Southampton will be one year old on July 1st 2014, which, coinciding with the publication of this report, provides a timely opportunity for reflection on our achievements and progress to date. This report highlights those achievements in the first nine months of our journey.

The past year has seen unprecedented change to the care system. The implementation of the Health & Social Care Act, the Better Care Fund and the upcoming Care Act are all driving the development of new structures and organisations within health and social care. This new policy direction aims to bring health and social care together, and put people's needs first; whilst also saving a vast amount of public money.

It is within the context of these ambitious plans that Healthwatch Southampton (HWS) has been created. Our agenda is clear: to ensure the voice of patients, the public and communities is listened to and taken into account in the design, commissioning and delivery of services.

To realise our aim of being local, independent and influential has meant first laying down firm foundations. Whilst our initial six month development period entailed a focus on internal development - recruiting staff, drafting governance and electing a Strategic Group - we have also invested energy in promoting the Healthwatch brand and starting a conversation with communities about their experiences of the care system.



Community engagement is central to all we do. It is through meeting with almost 80 local community organisations and their members that we have been able to begin to form a picture of the public's experience of the care system. This intelligence has been prioritised by HWS Strategic Group to form a proactive work plan which focuses on three key areas - Mental Health services, GP services and the Better Care Fund.

Building relationships with the new organisations born from the Health & Social Care Act has also been key; as has maintaining contact with provider organisations with whom we had previously enjoyed productive relationships, under Southampton LINK and interim-Healthwatch arrangements. We are appreciative of the openness and willingness to engage from our health and social care partners.

HWS works closely with two sub-contractors. SEAP provides HWS Health Complaints Advocacy Service and, through their expertise and experience, has ensured high user satisfaction and tangible outcomes. SEAP

are also gathering further intelligence and analysing trends in complaints. Delivery of our information, advice and signposting service is being provided in part by Southampton CAB, a vibrant and experienced local provider. We are also working closely to further develop this service.

As Healthwatch Southampton continues to grow and develop over the next year, we will continue implementing the plans that have been laid down during this period. Our central ambition is to ensure the voice of patients, the public and communities holds influence in the decisions that are being made locally, and that together we can ensure our local services are first class.

Rob Kurn
Healthwatch Southampton
Manager



Not only has Healthwatch Southampton been a critical friend to commissioners it is also demonstrating leadership and growing influence with a wide range of system players .

Councillor Dave Shields

Strategic Group

Meet the people making decisions & directing the activities of Healthwatch Southampton



Harry Dymond
Chair Person

Retired from the Research Department of BAT, Harry was the previous Chair of the two predecessor organisations; Southampton LINK and PPIF for the PCT. Consequently he has extensive experience dealing with Health and Social Care authorities in Southampton, sitting on many Council and NHS committees. He has conducted inspections at all hospitals and investigated several Health and Social Care issues raised by the public resulting in improved facilities. He now acts as the Healthwatch lead with University Hospital Southampton Foundation Trust. He was made an MBE in the 2014 New Year's honours list for his charity and voluntary work. Harry has recently been elected the Chair Person of HWS.



Will Rosie

Will works for 'SPECTRUM Centre for Independent Living' as a facilitator to their co-production group 'Consult & Challenge'. This 'Local Expert' think-tank is committed to fostering an equal working relationship with Health and Social Care bodies. Will acts as a relationship builder between disabled service users, Southampton City Council and the local Clinical Commissioning Group, with the intention of seeing more joined up thinking and leading to improved services. A professionally qualified Youth and Community Worker with experience of working within acute medical services at Southampton General Hospital, he is also a member of the community capacity building initiatives; RISE Community Development Ltd, SAIL Project and Love Southampton. In addition to this, he produced one of the mosaic rhinos on display around the city last year!



Lesley Gilder

Lesley has a professional reputation for moving forward and enabling change and development. Charitable work includes Child Poverty Action Group, Adult Literacy teaching and Solent Credit Union where she is a director and a volunteer. Lesley brings objectivity, curiosity, questioning, pursuit of quality approaches and outcomes, determination, a sense of justice and fairness, the ability to see the broader picture as well as practical implications, advocacy skills and reliability.



Paula Barnes

Paula Barnes has over 20 years' experience of working in the legal profession with a focus on healthcare, with over 10 years' experience working in the field of clinical negligence and community care. Paula currently heads the Community Care and Public Law department of Moore Blatch Solicitor, based in Southampton.



Jeff Page

Jeff is the Chief Executive of Southampton Sight, a long-established charity which works with blind and partially sighted people in the city. He has a history of working in the third sector with both RNIB and Action for Blind People. He believes that the NHS and Health and Social Care services are at their most effective when they listen and respond to the voices of people who access their services.



Annabel Hodgson

Annabel has been the Manager of No Limits for over 15 years, working with young people and agencies to develop a range of young peoples' support services, including counselling, substance misuse services, sexual health advice and information, advocacy and anger management groups. Nearly half of the young people she works with describe themselves as vulnerable e.g. through homelessness, mental health issues etc. A local adoptive parent, she is passionate about user participation and young people's rights and is able to contribute a focus on the healthcare experiences and needs of young people and other groups who are disadvantaged.



Shohreh Doost

Shohreh Doost, is a member of the Iranian Association charity and has extensive experience of working with Black & Minority Ethnic communities. Shohreh has experience of working within both the charity sector with CLEAR and adult social care. She is currently working for Hampshire Adult Social Care.



Jo Ash

Jo Ash has been Chief Executive of Southampton Voluntary Services since 1992. Apart from a brief spell in the Civil Service post graduation Jo has been a senior manager and consultant in the voluntary sector for over 30 years and has worked on issues including housing and homelessness, advice services for disabled people, poverty, women and health. She has been a SEEDA appointed voluntary sector advisor and a member of national voluntary sector working parties on funding, financial management, women's issues and constitutional change and is currently Vice Chair of the National Council of Voluntary Organisations.



Nadine Johnson

Nadine is a retired Project Manager from the University of Southampton and was previously on the Board of Southampton LINK, the predecessor to Healthwatch. Through family necessity, she has extensive experience of the healthcare system and regularly takes part in clinical & environmental assessments at UHS Hospitals Trust. Nadine is the lead Healthwatch Strategic Group member on the Wessex Area Quality Surveillance Group, looking at early signs of health & social care problems, and the deputy lead for UHS Hospitals Trust. She is also the Southampton Keep Our NHS Public representative on the Strategic Group.

HWS Executive Support Team

Meet the people undertaking the operational activity of HWS

Rob Kurn

HWS Manager

Rob has worked in the voluntary sector since 1999, initially delivering health promotion projects to young people and later working in a development role with the local voluntary sector, with a specific focus on health. Outside of work Rob enjoys cycling, photography and travel.



Sam Goold

Community & Development Worker

Sam Goold (40) has a background in healthcare both personally and professionally. At 27 he was sectioned under the Mental Health Act and diagnosed with bipolar disorder. The experience helped him to find employment as a Project Worker with a local mental health charity. This involved establishing a successful music group and later, as a Vocational Adviser, supporting people into volunteering, education and employment. He has a beautiful partner and is the proud father to two joyful, intelligent girls.



Anne Hutchins

LaBrecque Ltd

Anne Hutchins works as an independent project manager, facilitator and trainer, and has run her own company for the last six years. Contracts have been with local authorities, charities and the NHS, leading or evaluating projects with a wide variety of client groups, and across all ages. She particularly enjoys work that is at the initiation phase and that involves multi-agency networking. Previously she worked for Portsmouth City Council, and with a range of voluntary organisations. Anne's particular hobby is sailing, but she has recently become a besotted grandmother!



Janette Smith

Data & Communications Worker

Janette has 30 years experience in IT. After many years as a systems analyst in the private sector she moved to a small charity. For seven years prior to Healthwatch she was an IT technician in a special school. She now brings all these skills together for Healthwatch in the voluntary sector.

In her spare time Janette enjoys cryptic crosswords and running in the New Forest. She is also training for ordination in the Anglican Church.





Southampton Voluntary Services (SVS) holds the contract to deliver Healthwatch Southampton. SVS is the local umbrella body for the voluntary and community sector in Southampton, with a membership approaching 500 groups and organisations. SVS is the local Volunteer Centre and also delivers a number of projects directly to the public.

SVS was the former host organisation for Southampton Local Involvement Network (LINK) and, as an organisation, has over 40 years' experience of promoting and supporting voluntary action. SVS' quality is assured by accreditation through both the NAVCA Quality Award for Local Infrastructure Organisations and NCVO's Volunteer Centre Quality Accreditation (VCQA).



Southampton Voluntary Services

SVS is a Registered Charity (Reg. Charity No. 1068350) and a Limited Company Registered in England & Wales (Co. No. 3515397).

www.southamptonvs.org.uk

Our vision is for high-quality health and social care services that are designed based upon strong user evidence and public feedback

Role of Healthwatch Southampton

Healthwatch Southampton (HWS) is the local, independent and influential organisation set up to ensure the voice of patients, service users and the public is taken into account in the commissioning and provision of health and social care services, helping to put local people at the heart of service design and delivery.

Local Healthwatches were set up across the country following the Health & Social Care Act 2012, and came into being in April 2013, taking over from Local Involvement Networks (LINKs).

Local Healthwatches are able to undertake a number of statutory activities, which are shown on page 9. This annual report intends to illustrate how Healthwatch Southampton has met its aims over the last year.





The statutory activities of local Healthwatch

1. promoting and supporting the involvement of local people in the commissioning, the provision and scrutiny of local care services;
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;
3. obtaining the views of local people regarding their needs for, and experiences of, local care services and importantly to make these views known;
4. making reports and recommendations about how local care services could or ought to be improved. These should be directed to commissioners and providers of care services, and people responsible for managing or scrutinising local care services and shared with Healthwatch England;
5. providing advice and information about access to local care services so choices can be made about local care services;
6. 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;
7. 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;
8. providing Healthwatch England with the intelligence and insight it needs to enable it to perform effectively.





Our approach

Two important threads are woven into all that HWS undertakes; listening to the public and people who use services to ensure all our representation is based on evidence, and, working collaboratively with commissioners and providers with a focus on solutions.

HWS is able to offer a valuable and unique perspective on services from the public's viewpoint, to help identify issues and uncover blind spots. We are committed to not merely commenting on services and providing feedback but, more importantly, to enabling the co-design of solutions - with patients' needs central.

It is also important that we continue to communicate clearly to partners, especially in the post-Francis report climate, that Healthwatch Southampton is not an additional inspector or regulator and that we not trying to duplicate the efforts of the CQC and others.



The Role of Volunteers

Volunteers are central to both the strategic and operational aspects of Healthwatch Southampton. The HWS Strategic Group is made up of nine volunteers, who steer the strategic direction and decide on our priorities. Ultimate accountability for HWS lies with the SVS Executive Committee, who are again volunteers. This governing arrangement is reflected in our sub-contractors, SEAP and Southampton CAB, who are also both Registered Charities with volunteer management committees.

In the delivery of HWS we have developed a number of volunteer roles, to which we are currently recruiting, including focus group members, media trackers, enter and view volunteers, and community Healthwatchers - our eyes and ears in the local community. Additional volunteers we have recruited include Martine Woodvine, who is developing a system to research and track CQC inspection reports, so we can easily stay up to date with developments, and, Lennox Nidhan, a research graduate who is assisting in the development of research tools.

Southampton CAB also utilise volunteers in aspects of the information, advice and signposting service they deliver.





Development Journey

Context

Local Healthwatch (LHW) was born of the Health & Social Care Act 2012 and came into being in April 2013, superseding Local Involvement Networks (LiNK) as the new organisation to ensure public voice and influence in both health and social care. LHW differs from LiNK in that it covers social care for all age groups and has additional responsibilities in offering an information, advice and signposting service and has taken on Health Complaints Advocacy, a role previously provided under Independent Complaints Advocacy Service (ICAS). Structural arrangements for LHW also differ in that they are provided directly by a commissioned “body corporate” organisation, rather than the three way relationship of LiNK, host organisation and commissioner.

Interim Healthwatch

Southampton City Council (SCC), decided to commission Healthwatch Southampton (HWS) through a competitive tender process. However, this process was not completed by 1st April 2013 which meant that interim arrangements were established to ensure the statutory functions of HWS were being delivered. Southampton Voluntary Services (SVS), as the former host of Southampton LiNK, alongside the LiNK Steering Group, agreed to take on the public engagement functions of HWS until a time when the contract had been awarded. SCC entered into similar agreements with Spectrum CIL, to deliver the information, advice and signposting function and SEAP to continue to deliver Health Complaints Advocacy.

Contract awarded

SVS, as the body corporate, was successful in the securing the contract to deliver HWS,

with a contract start date of 1st July 2013, putting us three months behind other areas. We used this to our advantage to avoid some of the issues experienced elsewhere and to learn from others, including Healthwatch England.

The SVS tender model had been built with the firm support of the local voluntary and community sector (VCS), with whom we widely consulted to co-design our offer for HWS. This includes harnessing VCS networks to reach communities and to commission set pieces of work from the VCS, where they are best placed to deliver specific research or engage with specific communities. An example is an arrangement with Choices Advocacy, who are working with us to enable the inclusion of the Learning Disability community. To deliver the Health Complaints Advocacy and some aspects of the Information, Advice and Signposting, SVS entered into two subcontracts with SEAP and Southampton CAB respectively.

HWS initial launch

On 1st July, contract start date, HWS held a launch event for our VCS supporters and other stakeholders outlining our development plans for the next nine months. We also used this event as an opportunity to invite Alison Elliott, Director of People, SCC, to speak about SCC plans to transform the organisation and delivery of local authority services. This provided an opportunity for VCS organisations to hear first-hand the planned direction of travel, to ask questions from the perspective of their organisations and beneficiaries, and to discuss how the VCS could work more closely with SCC through the transformation period.

Interim Healthwatch Activity Report April–July 2013

During the interim period the previous LINK Steering Group continued to work along its previous lines, under the banner “Healthwatch Southampton Patient & Public Engagement Steering Group”, mindful of preparing for the Healthwatch contract to be awarded.

The Liverpool Care Pathway (LCP) for the care of dying patients was very much predominant in the media at this time and Healthwatch sought assurances from Commissioners and University Hospital Southampton FT about the use of the pathway. A subsequent NHS review strongly recommended that use of the LCP be replaced by an end of life care plan for each patient, backed up by condition-specific good practice guidance.

Members of the steering group were invited to an event organised by the Marie Curie Foundation to discuss improvements in palliative care. This led to Healthwatch representation on the End of Life Care Pathway project, which is an attempt to provide an integrated approach between Trusts and Social Care providers. Marie Curie are funding this two year innovative project.

The steering group published a report on the public meeting held to discuss equality of service within the NHS which was distributed to all stakeholders. The report highlighted that more needs to be done to ensure better public understanding of NHS structures. Trusts must also do a better job in demonstrating how they are acting on feedback received.

Healthwatch formally responded to requests for comments on the quality accounts of UHS FT and Solent NHS Trust. Healthwatch members also participated in the new Patient Led Assessments of the Care Environment (PLACE) inspections for UHS FT and Solent NHS Trust in 2013. Due to an oversight on the part of the



providers, Healthwatch was not involved in PLACE inspections at the independent sector treatment centre (Care UK) or with Southern Health NHS FT. They were advised that Healthwatch wished to be involved in 2014.

During this period there was a major concern about the introduction of the 111 service across England. In an attempt to be reassured that the service was operating successfully locally, Healthwatch Southampton invited senior management from South Central Ambulance Service NHS FT (SCAS), the operators of the service locally, to a meeting in public.

SCAS admitted some early problems but reassured us that they had got on top of these issues quickly and that locally there were a few problems with the service which were not causing additional problems for Emergency Departments. Commissioners were satisfied. SCAS agreed to share complaints data with Healthwatch. Members of the public present confirmed a positive experience.

The issue of improved vascular surgery treatment across the region continued and equally Healthwatch Southampton continued to be involved and pressed for a resolution to this issue which had been delayed too long.

Harry Dymond, Chair Person, Healthwatch Southampton

Building foundations

Having secured the contract and launched with our VCS members, it was time to implement our plans. Of key importance was the recruitment of staff, the selection and election of HWS Strategic Group members and the formation of governance to ensure fair and transparent decision making.

HWS Strategic Group is made up of nine volunteers who make decisions about HWS' strategic direction and priorities. The Strategic Group also helps to build relationships at a board level with both provider organisations and strategic commissioners, and undertake important aspects of representation - based on the evidence the executive team have gathered.

HWS Strategic Group is made up three elements: three public members elected from the public membership, three VCS members elected from the VCS membership and two members selected through an application and interview process to make up skills and equalities gaps. The final member is nominated by the SVS Executive Committee, as a link person to the body corporate, a contractual stipulation.

HWS recruited an Independent Nominations Committee to ensure transparency in the election and selection processes. This group was made up of a former public member of the interim Healthwatch Steering Group, a VCS member, a Health & Wellbeing Board member and a self-advocate from the learning disability community.

Public membership has been taken in the first instance from the interim Healthwatch Steering group, with interested members going through an application and interview process with the Independent Nominations Committee; in future this will be through election by the public membership. VCS members applied to the Independent Nominations Committee to be entered into an election, voting eligibility was open to VCS membership of HWS. Following a skills and equalities audit, which highlighted gaps in representation from BME communities and a skills gap regarding legal knowledge, applications were invited from the public. The Independent Nominations Committee again oversaw this process and undertook the shortlisting and interviews, for which we are very grateful.

Staff recruitment commenced immediately on being awarded the contract. The previous LINK coordinator, Roxanne Kalidas, having decided to broaden her horizons with a period of volunteering overseas, left us in August, meaning we had three vacant posts to recruit. Janette Smith, HWS Data & Communications Worker, started in September and Sam Goold, HWS Community Development Worker, started one month later. Two unsuccessful attempts at recruiting an Information, Advice and Signposting worker led us to rethink how we would develop this offer, development arrangements subsequently being taken forward with Anne Hutchins, on a contract basis.



HWS Official Launch

Healthwatch Southampton was officially launched on 18 November 2013. Delegates from across the voluntary and community sector, the public and private sectors enjoyed a variety of addresses from the Mayor of Southampton, Councillor Ivan White, Kevin Liles, Jo Ash, the SEAP team and Ciarán Devane, CEO of Macmillan Cancer Support, who gave the key note address. Members of the Healthwatch Southampton Strategic Group spoke to us showing the variety of skills and backgrounds they bring to the project. Each has a great deal of knowledge and experience to share with Healthwatch Southampton.

Healthwatch is about making your voice heard. Delegates were able to make their views known using our new electronic voting system. Various 'hot topics' were voted upon. For example:

- Over half the delegates felt that poverty has the biggest negative impact on people's health
- 36% of delegates felt that the NHS & Social Care should be more influential in policy decisions (e.g. restricting availability of unhealthy food)
- Nearly half thought that Social Care Services in Southampton are poor
- 70% thought NHS Services in Southampton are good
- Most people felt that Mental Health and Older People's Services need further investigation

Governance, Representation, Work prioritisation

HWS Strategic Planning Day was held in January 2014, once we had a full complement of Strategic Group members, and was successfully facilitated by Henry Pavey, The Collaboration Man.

The day had seven key aims:

1. Agree, in principle, on the HWS Strategic Group's Vision and draft Terms of Reference.
2. Agree ways of working and meeting styles.
3. Agree roles and responsibilities for the Strategic Group and the Executive Support Team.
4. Map the organisations, networks and groups with whom the Strategic Group needs to connect.
5. Consider the Strategic Group's representational and relationship building roles.
6. Develop an outline delivery plan up to the HWS' 1st anniversary in July 2014.
7. To build a strong sense of identity, confidence and team ethos for going forward.

Whilst an ambitious day, consensus was reached on many of the points. Key recommendations for further action, now completed, include:

- Task and Finish Group to finalise the governance, election and role description documents discussed at the day, taking on comments and discussion from members.
- Chairing arrangements explored and developed, including role description and election process.
- Key relationships and strategic meetings identified and representative roles distributed amongst the Strategic Group.
- Work prioritisation plan formed.

HWS Work Plan

In order to prioritise the myriad of issues raised through HWS' engagement with communities, the Strategic Group used a prioritisation tool which allows objective discussion and reasoning, on what can often be highly emotive topics, and enables a clear plan of action to be established. The prioritisation tool takes into account a number of factors:

- How much evidence do you have?
- Can you make a difference in the time available?
- Is someone else dealing with the issue?
- How many people will benefit?
- Will it add value?
- Will it have an impact on equality issues?

By this process the following have been decided as the work areas HWS will research and proactively work towards over the next year:





Mental Health

HWS, and the former Southampton LINK, have received many comments from mental health service users about changes and closures of services they have used, across both health and social care. This is at a time when the benefits system is being reformed leading to increasing pressures.

In light of this the Strategic Group have decided to undertake a review of mental health services, focusing on service user experience. Furthermore, having raised the issue with Southampton Health & Wellbeing Board (HWB) and Southampton Health Overview & Scrutiny Panel (HOSP), a joint piece of work is currently being planned.

Better Care Fund

HWS has been involved in Better Care since the outset, with a view to ensuring that the voice of patients and communities is taken into account in the integration of health and social care services. HWS has written formally to the HWB with feedback about the initial plan, and have had our views taken into account in the submitted document.

As Better Care gathers momentum over the next year we will continue to have input through both strategic and operational groups, and we will continue to play a role in ensuring the voice of communities is taken into account and patients are put at the heart of the redesign.

GP Services

Following an engagement event by Southampton LINK, GP access was identified as an issue. During the interim Healthwatch period a survey was designed with Prof. Colin Pritchard, to be undertaken at GP Practices. This piece of work was put on hold until a more appropriate time when the Healthwatch Southampton contract was awarded.

Subsequent engagement activities by HWS have shown GP access is still an issue, alongside barriers to registration presented by the need for photo ID, a requirement

suggested by NHS Counter-Fraud. This, in particular, affects vulnerable young people, the homeless and older people, amongst others.

HWS are now working closely with Southampton CCG, Wessex Area Team of NHS England and the Wessex Local Medical Committee to focus on a solution to this issue, and we will be engaging with GPs, practice managers and reception staff over the coming months.

The plan is to continue with the GP Survey later in the year, with input from GPs, to ensure we are offering value, and taking into account the changes being made through Better Care.



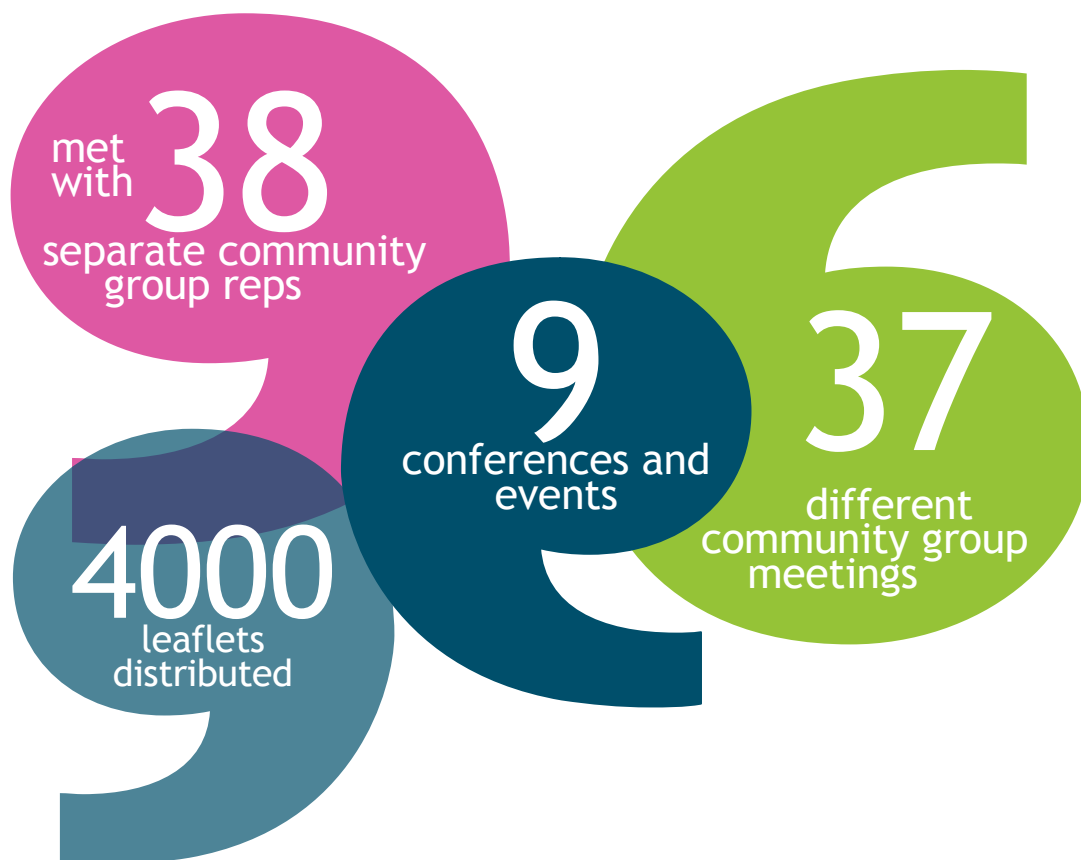


Reaching Out

A conversation with communities

Following the appointment of a Community Development Worker in October 2013, Healthwatch Southampton pursued an engagement strategy aimed primarily at groups and individuals in the city who's views were seldom heard. We researched this and drew up a list of people and groups who we felt it was important to hear from.

Where possible we have worked alongside local voluntary and community groups, who enable a route into specific communities. Where there were no groups operating within specific communities we engaged with local authority or health services who were making contact, for example to reach the local Gypsy and Traveller community we worked alongside local authority housing services at the Kanes Hill traveller site.



From the outset we have been determined to not exclude anyone from our offer. In light of this ambition we have worked in partnership with Choices Advocacy, providing some financial assistance to enable them to work closely alongside us to engage people within the Learning Disability community and helping us to ensure our communications are easily understood.

In terms of the different stages of life, we have worked with numerous older people's groups and charities serving younger people, such as No Limits.

Our aim was to conduct a 3 month listening exercise over the period between October 2013 and January 2014, to strengthen the intelligence gathered under the interim Healthwatch arrangements and to inform a prioritisation exercise with HWS Strategic Group, which has subsequently formed the basis of a proactive work-plan. In the course of this, our Community Development Worker compiled a report based on the main issues put forward.

At each meeting the Community Development Worker explained Healthwatch Southampton's role and aim to be a voice for patients and the public in health and social care. The majority of meetings

were spent listening to issues affecting groups and their members. These were written up and summarised in part of the final Community Development Report. We also used an Electronic Voting System with groups on occasion to record opinions to questions we raised.

Issues raised included:

Accessibility of GPs

Difficulties accessing GPs were raised. This included registering with a GP and consistent reports of long waiting times to get a GP appointment. Also, Southampton does not have GP surgeries well-spaced across the city.

Action: HWS exploring further work with GPs to identify solutions. Being mindful of the current pressures facing GPs we are working with Southampton CCG, Wessex Area Team of NHS England and Wessex Local Medical Committees to ensure we can take this work forward productively. These issues have been prioritised as a proactive work stream by HWS Strategic Group.

Meeting Community Groups and Representatives



Reduction in services

For example, Sensory Services, within Southampton City Council.

Action: Taking these issues forward with the commissioning body concerned. In particular attempting to ascertain where service users have been consulted through decommissioning processes.

Mental Health

People in the east of the city saying they are less well served due to closure of Hawthorn Lodge. Difficulties being able to contact care co-ordinators and mental health workers. Lots of restructuring affecting patients. Only one 'place of safety' available at Antelope House.

Action: Following prioritisation by HWS Strategic Group, a review of mental health services is being taken forward as a proactive work stream. Through HWS influence at Southampton Health and Wellbeing Board, it has been agreed that the Board will undertake a piece of work examining local service offer. HWS will play an integral role in this project, particularly in identifying the views and experiences of mental health service users and carers.

Young People

Lack of emergency accommodation in Southampton for young people. Hundreds of young people are sofa surfing and consequently at risk. Poor access to primary care services for young people living chaotic lifestyles, who may be lacking the necessary ID to register with a GP, therefore putting pressure on other areas of the health system.

Action: Working closely with voluntary sector partners to monitor the situation. This issue is also feeding into our GP workstream.

Health checks

Inconsistency in yearly health checks at local GP surgeries particularly for people with mental

health problems and those with learning disabilities.

Action: Raising this issue with commissioners & Public Health.

Transport

Lack of available transport for older and disabled people to get to services, particularly University Hospital Southampton.

Action: Working with voluntary sector partners to establish a transport strategy.

Isolation

Closures of day centres and lunch clubs, particularly for older people, means many are more isolated. This has an impact on health.

Hospital Discharges

Bed-blocking in hospitals due in part to separation between the NHS and social care. Also, GPs not aware when patients are discharged. Lack of care plans and ownership of care plans.

Lack of co-ordination

Lack of co-ordination between the voluntary sector and the public sector. For example, NHS staff have little knowledge about voluntary sector groups that could benefit patients. A lack of coordination between health and social services and other care staff was also reported.

Action: We are working proactively on the previous three points through our involvement in the Better Care Fund, which has been identified as a priority area by HWS Strategic Group. The Better Care Fund aims to integrate health and social care services around GP clusters in the City, deliver person centred care and form partnerships between the local voluntary and community sector.



Choices Advocacy

Including people with learning disabilities

Choices Advocacy are committed to encouraging and supporting people with learning disabilities to be able to contribute and participate on the issues that affect them. Health is obviously a major issues for the people we support. Therefore, we have relished the opportunity to be able to work in close partnership with Healthwatch Southampton. We hope that this close community relationship will continue to grow from strength to strength.

We have already had positive feedback, from one of the gentlemen we support, who took part in the recent interviews for the strategic and volunteer roles that were advertised within Healthwatch Southampton.

Matt King (Co-Chair of the Southampton Partnership Board) said:

"It was good to observe and gain some knowledge of how to interview someone."

"I felt honoured to be asked and I would definitely like to do it again."

"The best bit for me was being able to meet the candidates from different areas of the community"

"It was good to have the support of Choices Advocacy with me throughout the whole interviewing process as it helped me to understand everything."





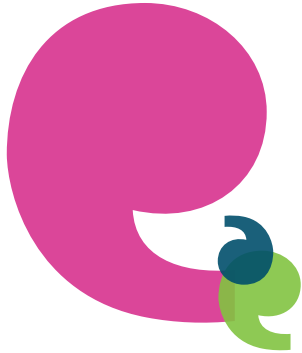
Case studies

The THAWN Club - electronic voting system

From the outset, Healthwatch Southampton has been keen to make the best use of technology to obtain views about health and social care. An example of this is the use of our electronic voting system which gives the opportunity to vote on questions.

Sam and Janette took the system to Thornhill Health and Wellbeing Network (THAWN) to ask about health matters important to members, the results of which are below. We received a very warm welcome from this inspiring group which runs weekly drop-ins, exercise and healthy eating sessions.

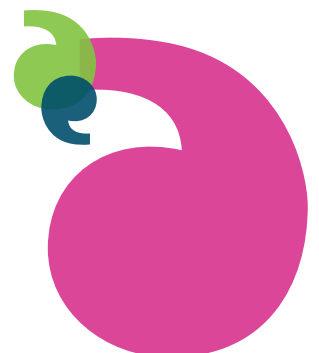
- Voters felt that eating well (45%) and exercise (32%) were necessary for keeping you healthy
- The overall quality of care from the NHS and Social Services was felt to be good or very good (56%) but 85% thought they need improving
- 81% of those who have experienced poor care had reported it
- 41% thought there was poor communication from the NHS and Social Services and 56% said that changes happened without consultation with users
- Face to face engagement with Healthwatch personnel was the best (71%)
- People felt that GP services (36%) and Mental Health Services (29%) need further investigating



Southampton East Ladies Support Group - Bringing a community group together with the health provider

The Southampton East Ladies Support Group meets weekly in Southampton offering mutual support to women who have experienced mental health problems. Sam, Healthwatch Southampton's Community Development Worker met with the group on several occasions to listen to experiences of services. Having heard feedback from members it was felt important to facilitate a meeting between the group and the main mental health provider. The group were supportive of this and subsequently members could explain in person the good and bad practice they had experienced.

As a result, communication and trust has improved and plans are in place for further opportunities to work together.



Groups we have worked with

Drug and Alcohol

MORPH
SHARP
Safe in Sound

Mental Health

Recovery College
Southern Health PALS
Southampton Service User Network
Solent Mind
Southampton East Ladies Support Group
Hampshire Constabulary
Depression Alliance
Steps 2 Wellbeing

Disabilities

SPECTRUM CIL— Consult and Challenge
Southampton Sight
Choices Advocacy (Busy People group)
Sonos
MS Society
Southampton Mencap
Shopmobility
Wayne Howard Trust
Positive Action
National Osteoporosis Society
Southampton and District Support group
Stroke Association
Stroke Association User Involvement Group (Freemantle)
McMillan Cancer Information and Support Centre

Homeless organisations

Two Saints
Homeless Healthcare Team
Society of St James

Young people

No Limits - Southampton and Shirley
A-Buzz parent/carers forum
Chapter 1
Solent University
University of Southampton—Experts by Experience,

Older people

Manston Court
Thornhill health and wellbeing network (THAWN)
Weston Court
TRIPP
Southampton City Council Supported Living Team
Southampton Voluntary Service Older Persons and Disability Forum
Independent Age





Black and minority ethnic

Avenue Multicultural Centre
Black Heritage
Sickle Cell service
Iranian Association
Asian Carers meeting (Carers Together)
Gurdwara Tegh Bahadar Sahib
EU Welcome Project
Kanes Hill Travellers site

Carers

Carers Together
Thornhill Carers Together

Other Community groups

Southampton City Council Community
Development
Public Health
West Itchen Community Trust
Citizens Advice Bureau
St Mary's Tenants and Residents Association
Health Trainers
Access to Communication (A2C)
Voice FM

Conferences, events and public meetings

Southampton City Clinical Commissioning
Group conference
Public Health Conference (London)
NHS England Wessex People Powered
event
Carers Rights Day
South Central Ambulance Service
patient's forum
Building the future for quality
rehabilitation across Wessex
Better Care (Southampton City Clinical
Commissioning Group, Southampton City
Council)
Learning Disability Health Promotions day
Strategic Review of accommodation-
focussed services for people with mental
health needs (Southampton City Council)

NHS and Social Care

University Hospital Southampton NHS Foundation Trust
Solent NHS Trust
Southern Heath NHS Foundation Trust
Southampton City Clinical Commissioning Group
Health and Wellbeing Board
Adult Social Care
Practitioner and Patient Services Agency
GPs
NHS Wessex



Healthwatch Southampton on the Radio

Rob Kurn, Healthwatch Southampton Manager, and Sam Goold, Community Development Worker, made their radio debuts as guests of Renata Bogus on her 103.9 Voice FM mid-morning show. Voice FM is a local community radio station reaching out to listeners in Southampton with a mixture of music and conversation. Rob and Sam were invited to talk about Healthwatch Southampton, explain some of our work, talk about some health issues affecting the city and how people can be involved. We felt very privileged to have had the air time and the chance to get our message across. Many thanks to Renata and the team for making us feel at home.



Online Communication and Awareness Raising

In addition to face-to-face time with communities, HWS has developed a range of online offers to help us start a conversation with people. This has included the use of the website developed by Healthwatch England, social media platforms such as Twitter and Facebook, and a monthly blog and quarterly newsletter. Some basic statistics showing how people have engaged through these means are shown in the quotes.

1821
Twitter
followers

Members

Total members: 376
Public Members: 305
VCS Members: 54
Affiliate members: 8
Strategic group members: 9

61 Very active participants who open and click our mailings very often
65 Active participants who open and click our mailings

Facebook
79 Likes
504 friends

Blog
66 visitors
128 views

In terms of more traditional marketing HWS has distributed over 4000 leaflets outlining our offer to communities. These have been distributed in health, social care settings and other public places across the city.

Website since analytic tracking started (Feb 2014)
391 new users
536 total users
3127 page views
615 sessions

Building relationships

To be a successful Local Healthwatch means not only networking with the public, patients, services users and the voluntary and community sector, but also building relationships with decision makers within commissioning and provider organisations. This enables the feedback that has been collected to be meaningfully discussed and solutions sought.

Given the extent of whole system change within health and social care, coupled with financial pressures, it is necessary for local Healthwatch to be a major voice at a strategic partnership level. This is pertinent to ensure that change programmes are designed with the needs of people at the centre; at a time when the unprecedented level and rate of change means it is all too easy to focus on the needs of systems and organisations.

To this end HWS has invested in relationship building with our partners within health and social care, both through one to one relationships with key organisations and through our involvement in a multi-agency strategic partnership context.

Following HWS' Strategic Planning Day, key partners were identified and Strategic Group members have taken on responsibility for nurturing relationship in their chosen areas of interest. Furthermore, we have prioritised the key strategic partnerships in which we need to be involved, to ensure our evidence based representation is being heard and taken into account in the areas where we need to focus our attention and enable public voice.

Organisations

Southampton CCG | Southampton City Council | Wessex Area Team | Southern Health NHS Foundation Trust | Solent Health NHS Trust | University Hospital Southampton NHS Foundation Trust

Strategic partnerships

Health & Wellbeing Board | Better Care Implementation Group | Think Local, Act Personal Steering Group | Health Overview & Scrutiny Panel

Southampton Health & Wellbeing Board

HWS is a statutory member of the Health & Wellbeing Board (HWB), a committee of local government aiming to bring together key health and social care players at a strategic level. Representation to date has been through the Healthwatch Manager, with this responsibility being handed over to Paula Barnes, HWS Strategic Group member in summer 2014.

HWS has played an active role in HWB meetings. Two points of note have been our input into the Better Care Fund plans, where we have been able to influence the initial submission, and, raising issues relating to mental health provision, which is leading to a HWB sponsored review of local services, of which HWS will play a key role. HWS is keen to continue to play the role of critical friend, ensuring the views of communities are reflected in discussions, focusing on solutions and challenging the Board where necessary.





Partner feedback...



“Both Healthwatch Southampton and Southampton’s Health & Wellbeing Board have recently celebrated first year anniversaries as new statutory players in the redesigned local health and social care system. During a period of massive change and upheaval - including some major financial challenges to NHS, Council and voluntary sector organisations - Healthwatch Southampton has made excellent progress and it provides much-valued input from a citizen perspective to the local leadership of the care system.

Healthwatch Southampton has played an enormously important role in helping to shape the City’s Better Care Fund bid; members of the strategy group were not afraid to challenge the Health & Wellbeing Board on some important aspects of this massive game-changer - e.g. in respect of leadership, governance, community engagement - and this was very well received and enabled us to make a number of improvements to our original submission to ministers.

Healthwatch Southampton has a really important role to play as our critical

friend and I look forward to strengthening relationships, through their representative on the Health & Wellbeing Board, with the City’s wider civic society over the coming year. Not only has Healthwatch Southampton been a critical friend to commissioners it is also demonstrating leadership and growing influence with a wide range of system players (including politicians, providers and regulators.)

The progress that has been achieved is down in no small part to the dedication and hard work of key people from SVS, the voluntary sector representatives on the strategy group and members of the former LINK organisation. I was also pleased that members of the Council were able to play a supportive role in the successful transition from LINK to Healthwatch and I would like to pay thanks to them, too.”

Councillor Dave Shields, Portfolio Holder for Health and Adult Social Care Chair, Southampton Health & Wellbeing Board

Partner feedback...

“Healthwatch has been involved in our Patient Forum and helped us with our PLACE inspection. It’s been great having them on board as we constantly look to improve our patient experience.”

Southampton NHS Treatment Centre, Care UK

“The Hospital wants to achieve excellent health care for all our patients. It is important that we have feedback on their experiences. We greatly valued working with the Southampton LINK and are very pleased to have the opportunity to now work with Healthwatch. They are already involved in assisting us in environmental reviews, being members of our Clinical Accreditation Scheme and advising us on how we improve our information for patients. They have also had a key role in commenting on our quality improvement performance and priorities, ensuring patient concerns are addressed. We want to continue our very positive and constructive relationship with Healthwatch, getting the Hospital experience right for all patients is our number one priority”.

Judy Gillow, University Hospital Southampton NHS Foundation Trust

“Healthwatch have been part of the People Directorate transformation, offering critical challenge and support to the plans to redesign services. This involvement has ensured that service users and carers have remained central to the process of change. In addition Consult and Challenge have been involved in designing and purchasing our customer portal, ensuring the service users and carers have easy access to make decisions about their care and support. The People Directorate is really grateful to both organisations for their positive contributions.”

Alison Elliot, Director of people, SCC

“Southampton Healthwatch and the Wessex Area Team are working together this year to involve patients and users in improving the quality of ‘Children and Adolescent Mental Health Services’ and maternity services. Patient and user feedback is to be sought and used to inform how care is designed and delivered. We are also developing a model for working together in future on similar improvement patient experience focused projects.

Southampton Healthwatch regularly attends the Wessex Quality Surveillance Group, which brings together a range of organisations to share information and intelligence about quality across the system. This Group acts as an early warning mechanism of risks to quality and provides opportunities to co-ordinate actions to drive improvement.”

Nicola Priest, Assistant Director of Nursing, Wessex Area Team, NHS England



“ The really close working with Healthwatch has been extremely beneficial across a range of projects. This has been especially effective with the development and implementation of “Better Care Southampton” where colleagues from Healthwatch have provided ideas, challenge and ensured a “person” perspective. The expertise around signposting, community development and effective communication has been really valuable. Healthwatch have been a key element of the multi agency work.

In wider work with Southampton City Clinical Commissioning group Healthwatch have provided a strong contribution within the Governing Body and sustained a focus on quality through Clinical Governance. “

Stephanie Ramsey, Director of Quality and Integration Integrated Commissioning Southampton City CCG / SCC

“We have had the pleasure of working with Healthwatch Southampton since its establishment 9 months ago. We consider it vital that we move from the traditional centralist, paternalistic ways of the old NHS, and work with our local community, regarding patients as partners. Healthwatch have helped us by working with us on engagement (particularly through our City Health Conference), bringing problems to our attention (such as the problems encountered by homeless people registering with GP practices), and providing a patient representative for our governing body.”

Dr Steve Townsend, Chair Southampton CCG, Vice-chair Southampton Health & Wellbeing Board

“We have welcomed the opportunity to work with Healthwatch Southampton over the past year. Members from Healthwatch were involved in our PLACE inspections during March 2014 and have also regularly attended our Patient Engagement and Public Involvement group. We were also delighted that a representative from Healthwatch Southampton attended our Care Quality Commission summit in June to hear about the outcome of our recent inspection.

We are looking forward to working with our newly appointment Healthwatch representatives, and building on our work, over the coming year.”

Dr Tony Snell, Interim Chief Executive, Solent NHS Trust

“At Southern Health we are committed to creating more opportunities for co-creation and collaboration with the people who use our services. We also want to better understand the experiences people have of our care, so we can keep improving what we do. As part of this, we are actively exploring ways to work more closely with Healthwatch Southampton for the benefit of people in the city.

Earlier this year, we shared our draft Quality Account with Healthwatch at an early stage and as in previous years, we welcomed comments and feedback. We hope to continue developing positive professional relationships with our Healthwatch colleagues.”

Dr Shanaya Rathod, Clinical Director of Mental Health- Southampton, Southern Health NHS Foundation Trust



Information, Advice and Signposting

Context and development

Recruitment issues led to a rethink of how to develop this aspect of HWS - which has led to us working with Anne Hutchins on a time limited contract basis to help develop the model. Whilst we had entered into a sub-contract with Southampton CAB to offer part of the face-to-face delivery, we were also keen to identify the existing gaps in information, advice and signposting provision (IAS) in the city to ensure we avoided duplication and added value to existing services, whilst meeting the needs of the public.

We were also aware we were not alone in needing to scope the provision and gaps within the city. The need for clear, coordinated IAS was also relevant to the local authority's transformation programme, including the SEN Local Offer and requirements of the Care Act, the Think Local, Act Personal (TLAP) agenda, the Better Care Fund integration programme, as well as a local coalition of voluntary sector organisations operating under the banner of SASA (Southampton Advice Services Alliance).

As a cross cutting theme of so many local programmes the Health & Wellbeing Board had also taken an interest in this area. Since February 2014 we have been able to draw together partners from the voluntary sector, health and local authority to bring collaboration and coordination to these developments within the city. This has been seen as highly positive, as it is not only tying together plans that have been being developed in isolation, but it is also enabling HWS to plan its unique offer within the local context.

Furthermore, we have been able to engage with voluntary sector IAS providers to better understand the pressures they, and their beneficiaries, are facing in the current climate of funding pressures and public sector transformation.

Anne commented, "The SASA partners have been invaluable in helping to form ideas around health and social care information needs in the city."



Southampton CAB Healthwatch Review

Southampton Citizens Advice Bureau commenced the following activities in January 2014 as part of the Healthwatch contract:

1. Distribute Healthwatch information posters and leaflets at numerous outlets including Southampton Central Library outreach open Monday to Friday (300,000 library visitors per annum)
 2. Southampton CAB drop-in centre at the Central Library offers two internet connected PCs for online information and health feedback, including complaints. This includes an assisted CAB service
 3. The CAB has undertaken internal education for volunteers and staff including Healthwatch (SVS) training sessions and a recently revised briefing pack of Healthwatch and health related matters. The revision is in the process of being rolled out to all staff and volunteers
 4. Externally, advice partners in Southampton are aware of the CAB role in collating data for information and advice
- Training for capturing data from CAB clients in regards to health (and specific to Healthwatch coding) has been undertaken in March 2014. Results to date are:

AIC Part 1	AIC Part 2	AIC Part 3	Times used
Health & Community Care	Healthwatch - Social Care Service	After Care	1
Health & Community Care	Healthwatch - Hospital Services	Care of the Elderly	1
Health & Community Care	Healthwatch - General	Complaints Management	1
Health & Community Care	Healthwatch - Children's Services	Child and Adult Mental Health Services	1
Health & Community Care	Healthwatch - General	Doctors	1
Health & Community Care	Healthwatch - General	Primary care/GP's	3
Health & Community Care	Healthwatch - General	Financial Viability	1
Health & Community Care	Healthwatch - Hospital Services	Cancer services	2
Health & Community Care	Healthwatch - Hospital Services	Maternity	1
Health & Community Care	Healthwatch - General	Records Management	2
		Total	14

The data does not include individuals who seek specific leaflets or use library CAB PCs as it is not possible to collect this data. This, it is estimated, will double above figures.

Although the data sample is currently small, other CAB have been able to establish trends as numbers increase. This can help build patterns in issues which raise social policy cases, written reports of local issues which are taken up by the CAB. Detailed anonymised information is available for each case (as indicated in the case studies below).

Case Study One

The client attended Southampton Citizens Advice Bureau to discuss a decision made about him by the Court of Protection. He has no friends or family nearby. The client has been living in Southampton for approximately 2 years, previously residing in a hostel.

In 2009, the client suffered a brain tumour, which resulted in some cognitive deficit. The client's brother became concerned after learning the client had debts totalling £20,000 and Southampton Adult Social Care Department were contacted.

On 3rd January 2014 a deputy was appointed to manage the client's property and financial affairs. The client was unhappy with the court's decision to appoint a deputy and wanted information on how he could issue proceedings against the social care department regarding their alleged mismanagement of his affairs.

His visit was prompted by a decision made by his deputy to reduce his daily income. In addition, the client's Employment and Support Allowance was stopped when the DWP learned he had been briefly employed by an agency (for one day) so his only income is now Disability Living Allowance, Housing Benefit and Council Tax Reduction. This fortunately meets the rent on his

council flat in full but not bills (e.g. his mobile and home phone lines have been cut owing to arrears). There are concerns that this vulnerable client is slipping through the net.



The client was advised that no-win-no-fee arrangements, or conditional fee agreements were generally only available for personal injury claims; something the client acknowledged he had learned. The client was advised that we may be able to contact his deputy with regards to his current money difficulties to see whether she could provide an explanation for him.

The Bureau called SEAP on behalf of the client, asking about referring the client to SEAP's "Independent Mental Capacity Advocacy" service. SEAP advised that the only service available to the client on the basis of his residential address is their "independent health complaint advocacy". A letter was also written to Southampton City Council from the CAB, stating his complaints, both in regard to his deputy and the fact his ESA had been stopped.

A letter was received back from SCC, the outcome of which was that :

- The client's ESA had been (i) reinstated and (ii) backdated to the date in December 2013 when it originally stopped
- His daily allowance had now been increased as a result of the reinstatement of ESA
- The daily allowance excludes bills, which continue to be met by SCC outside of this allowance
- His current income now properly meets his bills.
- His debts (to include pay day loans) are being managed by SCC on his behalf, and SCC have arranged payment plans to settle debts, to include bank charges which SCC will ask to be waived upon receipt of the order.



Case Study Two

The client came to Southampton Citizens Advice to discuss the treatment her son had received.

The client has a 14 year old son. He was feeling ill and had white spots/boils on his tongue. Client rang their GP who said it was probably a viral infection. By the evening her son was getting worse so the client got an emergency appointment. A doctor looked at him and diagnosed scarlet fever. The doctor prescribed antibiotics but did not do any other tests.

The next morning, after 2 doses her son was getting worse so she phoned 111 and an ambulance was sent. Her son went into a coma and the hospital told the client that if he had been left another couple of hours he would have died. Her son was diagnosed with diabetes and was in hospital for a week. The client has consulted a solicitor about medical negligence but was told that because the problem was resolved in about 24 hours, there is no case. She wanted a second opinion on this and how to complain about this doctor for the trauma that his/her misdiagnosis has put them through.

Client wants to complain to someone above surgery level to try to prevent this traumatic experience from happening to anyone else.

The client was directed to Healthwatch for help on dealing with her complaint.



Healthwatch Southampton Complaints Advocacy Service



Project Status Report Status

This is an overview of the last 12 months of delivery of Health Complaints Advocacy Provision for residents of the city of Southampton.

Project Overview

Delivery of the service is by 2 experienced health complaints Advocates that originally worked for the ICAS service. Cherie Gallin and John Eavis, both based as home workers, are managed and supervised by Eleanor Kenneally and Natasha Russell.

Since commencement of the service we have been working with Healthwatch and have attended regular meetings to discuss the delivery of the service and share relevant information with them. Reporting to Healthwatch is a key part of our role to highlight any trends or complaints that are coming from a specific area.

Areas of concern include the availability of mental health beds for Southampton residents, as reports indicate that they are currently being sent outside of the area, and issues with the provision of maternity services.

SEAP are working jointly with SVS and SEAP have the use of space in their offices. The Advocates are able to book private rooms for 1:1 meetings with clients when it is not appropriate to meet in the client's home. We, as a team, can also use this space for supervision and team meetings.

We have not yet been successful in recruiting any volunteers to the service and this will be an area we will concentrate on in the next 12 months

We currently have 20 cases, 4 dormant awaiting Parliamentary Health Ombudsman Service response. Referrals are received via our website or by telephone calls to our Contact Centre. Experienced call handlers discuss the case with the client and a proforma and self help information pack is sent to the client. Client information is uploaded to our database and when the relevant paperwork and consent form is received, they are then allocated to either Cherie or John.

Cases are allocated immediately and we pride ourselves in having no current waiting list. The Advocate will contact the client within a week of being allocated, either by letter or telephone introducing themselves and the service.

The SEAP Advocates continue to develop networking and awareness-raising within the public and private sectors and in the community.



Client work

SEAP Advocates have worked with a total of 79 clients supporting them with health complaints in the year 2013 -2014. Over the current year we have received 44 new cases from a variety of referral sources. We have identified that 16 referral sources were not stated.

SEAP are addressing this issue and future reporting will reflect this.

SEAP are now in the process of refining these categories to reflect issue and sub topics. This will enable the team to more effectively filter down and identify specific issues and trends.

The client age band indicates that the majority of cases came within the 45-59 age band followed by the 65-74 and 75-84 groups. The under 30s referral rate is very small but we have been unable to identify any specific reason for this.

SEAP as an organisation have looked at the database to identify a more accurate way to record issues within the health complaints.

Nature of referral	No. issues
Care & treatment - medical	17
Care & treatment - diagnosis	6
Care & treatment - nursing	0
Care & treatment - other	2
Access/ referral to services	1
Attitude of staff	2
Access to records	1
A&E	1
Accommodation	1
Medication	0
Failure to follow guidelines, processes	0
Discrimination	0
Discharge and aftercare	1
Other non-medical issues	1

Care Quality Commission Pilot

SEAP are entering into a pilot project with the CQC. The objectives of the pilot are to establish effective working relationships between CQC local NHS inspection teams and health complaints advocacy.

Staffing

We currently have two members of staff working 37 hours and two Managers/ Supervisory Advocates working 37 hours.

Supervision

The Advocates have monthly one-to-one supervision to discuss practice dilemmas, cases and delivery of service and discuss the current networking strategy. The Advocates also attend monthly group supervision which is facilitated at our main office based in Portsmouth city centre.

Breakdown of referrals by age

Age group	No.
0-17	1
18-19	1
20-24	4
25-29	1
30-44	9
45-59	13
60-64	1
65-74	4
75-84	4
85+	1

Not known 5

Advocates are able to request supervision at any time and often contact one of the Managers if there are issues that cannot wait until their supervision.

Staff are appraised annually and professional development is discussed. An annual plan is then formulated to support their professional career development as in line with SEAP Policy.

Service Promotion

SEAP Advocates and Managers have been promoting the service to the CCG, Healthwatch, Solent Mind, Complaints Managers and to the local community. SEAP have a network, service promotion and evaluation strategy that has been acted upon in the last quarter. There has been a steady increase in referrals in the following months.





Client and Professional Evaluation

Currently SEAP have developed a new evaluation strategy and this has been implemented recently. Our contact centre is manned Monday to Friday and they contact clients at the end of the Advocacy process and ask a number of questions about how they found the service. The results are uploaded to the database and reports are generated. These are shared with senior managers, the team, commissioners and stakeholders.

This essential feedback has and will enable us to identify unmet needs, make service delivery changes as required and provide a more streamline and efficient service overall.

As an organisation we also gather client comments and feedback made either during or after the advocacy relationship. These soft outcomes help to evidence the impact of the advocacy intervention. Feedback given via evaluation forms, telephone evaluations and information given directly to John and Cherie includes the following:

Mrs W told us that she found her advocate to be very helpful in “preparing letters wording everything correctly”. She found contacting SEAP very easy and the Self-Help Information Pack (SHIP) fairly helpful.

An email from one service user included the following comment: “Thank you for your message, and your kind and much appreciated help. It is invaluable to me and takes away so

much of the anxiety and I look forward to hearing from you.”

One service user stated on an evaluation form that she “would just like to compliment my advocate on her sensitive and professional approach. She made me feel at ease and gave me confidence.”

Another service user completed an evaluation form and stated that the advocate was very helpful “in providing the correct links to individuals of organisations” and in the future she “would ask SEAP for advice”.

One evaluation form was returned stating that the SHIP was satisfactory, the advocate very helpful in ‘explaining what would happen at different stages’. The service user ticked boxes indicating that we followed her wishes very well, she was very satisfied with the service overall and would recommend the service to others.



Case Studies

Please see below two case studies which indicate some of the wider benefits to the NHS that come from complaints.

Mrs W - Southampton

Mrs W's complaint is surrounding a lack of appropriate GP and midwifery care in the early stages of pregnancy. Mrs W suffered from severe HG (Hyperemesis Gravidarum) and found that none of the prescribed medication helped. She was told that she could not be given an anti-emetic called Ondansetron as it is dangerous for the foetus. Faced with the likelihood of the death of her child at a later date she opted for a TOP (termination of pregnancy). After this she changed GP and was informed that she could have been prescribed Ondansetron safely. She also wanted to complain about the midwifery service not acting sooner on the urgent referral from her GP. By the time they had contacted her she had already undergone the TOP. Mrs W wanted to understand why she was not given enough information or support. Mostly she wished to improve maternity services in Southampton, particularly the provision of district nursing care for mothers suffering from HG.

The advocate visited the client at home and wrote to the relevant Trust about maternity services on her behalf. This letter was responded to favourably and this section of the complaint was resolved locally. The advocate arranged a local resolution meeting with the GP surgery and accompanied the client and her husband. The doctors were willing to make changes to prevent reoccurrence. Actions agreed by the surgery at the meeting include:

- GP surgery to begin asking patients if they are happy with the option they have chosen when requesting a home visit.
- GP surgery to consider implementing, as a policy, explanations by medical staff regarding medication effects and advice on when to return following lack of improvement.
- British Medical Journal with other GPs at the next TARGET meeting. This article made it clear that Ondansetron could be prescribed

to pregnant women as a counter-measure to HG.

- Dr Simpson to raise the possibility of having intravenous injections at home for some patients with the Clinical Commissioning Group.
- Surgery to consider including some information regarding TOP procedure in locum packs.

Ms S - Southampton

Ms S wanted to complain about a metal fence post outside a health centre that was sticking out and had torn her coat. She was concerned that the post presented a health and safety issue and that her suede coat had been damaged beyond repair. She wanted to ensure that the fence post was mended because she was concerned about the damage that would be caused if a child ran into it and she wanted to receive a payment from the Trust to reimburse her for the damage to her coat and reimbursement for the taxi she had taken to go home and change when it had happened.

The incident occurred just before the reorganisation of the NHS in April 2013 and the health centre involved was taken over by another Trust so there was some confusion as to whom the complaint should be taken. Her advocate submitted the complaint and received a very negative response from a complaints officer. The advocate then escalated the complaint to her manager, who gave us a favourable response. The health centre repaired the fence post immediately to ensure that it was not a danger to the public and after a short correspondence the Trust apologised both for the incident and the attitude of the complaints officer and gave the client a £50 cheque. She was very happy with this and felt that local resolution had been successful.



Future Plans

HWS plans are set for the six month period following publication of this report until the end of December 2014. In broad headlines these are as follows:



- **Listen to communities and represent their views** - We will continue to listen to communities and ensure their views are represented and heard by providers and decision makers within health and social care.
- **Involving local people** - We will continue to build our involvement of local people through volunteering, focus groups, membership and other engagement methods.
- **Proactive Work Plan** - We will continue to drive forward activity on the three work streams highlighted in this report, Mental Health Provision, Better Care Fund, GP Review. These work streams be our main focus over the period.
- **Local Healthwatch Collaboration** - A programme of work is being planned with local Healthwatches across Wessex to ensure public voice is included in strategic commissioning decisions by specialist commissioners NHS Wessex Area Team, who are funding this work.
- **Information, Advice, Signposting Services** - By the end of the second quarter we will have completed our development of this aspect of our offer and will be in a position to recruit an information worker.
- **Building Relationships** - The Strategic Group and executive support team will continue to build relationships and understanding with key players in the local health and social care system.
- **AGM** - We will hold our first AGM.



Below is a breakdown of our income and expenditure over the last year, as taken from SVS' annual accredited accounts: available from www.southamptonvs.org.uk.

Description	Interim	Healthwatch	Total
INCOME	£24,000.00	£150,002.00	£174,002.00
EXPENDITURE			
Refreshments	£918.34	£54.00	£972.34
Website/Advertising/stationery/postage	£5,606.87	£1,330.33	£6,937.20
Volunteer & Staff Travel expenses	£696.08	£609.83	£1,305.91
Consultancy	£900.00	£2,535.70	£3,435.70
SEAP		£37,500.00	£37,500.00
CAB		£2,500.00	£2,500.00
Recruitment	£948.75	£1,678.75	£2,627.50
Room Hire	£681.00	£627.00	£1,308.00
Salaries and Man charge	£39,562.30	£70,983.24	£110,545.54
AS PER STATUTORY ACCOUNTS YE 31/03/2014	£49,313.34	£117,818.85	£167,132.19 £167,132.19
Net surplus/(deficit)	(£25,313.34)	£32,183.15	£6,869.81

For transparency we have also included a breakdown from our sub-contractors.

SEAP Accounts

	Budgeted to date	Actual to date	Difference
Contract value	£52,760	£52,760	0
Staff costs	£40,128	£40,688	(£560)
Staff expenses, training and recruitment	£3,208	£1,165	£2,043
Premises and office supplies	£831	£912	(£81)
ICT costs	£1,870	£2,360	(£490)
Volunteers, publicity and other costs	£2,145	£1,768	£377
Support services	£5,880	£5,880	0
Transfers	0	0	0
Total	£54,062	£52,773	£1289
Net surplus/(deficit)	(£1,302)	(£13)	



CAB Accounts

Of the £2,500 received by Southampton CAB for period November 2013 - March 2014, the following activities were undertaken:

1. Recruitment of a Healthwatch Champion to undertake a review of the project in June 2013 and re-draft training and briefing documentation (internally and externally)
2. Management time for setup and monitoring
3. Training sessions internally x 3
4. Briefing papers to staff and volunteers internally x 2
5. Public assistance by paid staff at our Central Library location
6. Travel expenses for staff and volunteers to Healthwatch events

Breakdown of how the funding was used

- Staff and management - £450
- Recruitment - £700
- Training - £1,200
- Volunteer expenses - £150





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