

Healthwatch Southampton



Annual Report
2014/15





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Note from the Chair & Manager

The year under review has been a busy one for Healthwatch Southampton as the changes brought about by the Health and Social Care act have begun to take effect. Increasingly various NHS and social care bodies realised their commitment to public engagement inviting us to engage with them.

Southampton is generally regarded as a good place to live; however, there are major health inequalities across the City. Life expectancy is 8.9 years lower for men and 4.5 years lower for women in the most deprived areas of Southampton than in the least deprived areas.

Healthwatch Southampton (HWS) is disproportionately busy for its size as the city has a very large regional specialist teaching hospital. It is also the headquarters of a community trust that serves Southampton, Portsmouth and large parts of southern Hampshire. In addition we have a large mental health hospital in the city.

We continued to build relationships with both commissioners and providers of health and social care. The local Clinical Commissioning Group (CCG) on which we have speaking



Harry F Dymond MBE
HWS Chairperson

rights on the main Board and on the clinical Governance Committee has been very active and we have been engaged with them on a number of issues to ensure that services are

designed to meet the needs of the city. We have worked very closely with the Acute Trust which provides general hospital, maternity and hospice care.



Rob Kurn
HWS Manager

During the year under review there was a high profile situation which caused national publicity and Healthwatch Southampton was quick to seek the necessary assurances of appropriate action. The hospital instituted internal reviews of its performance and we were directly involved. The Care Quality Commission (CQC) conducted its inspection in December and we were engaged with them prior to their visit and at the quality summit. We have agreed with the Trust to meet with them to review progress on their action plan prior to reporting back to the CQC.

HWS was also involved with an earlier inspection by the CQC of the community trust and in its thematic review of Mental Health in the city.

Healthwatch Southampton actively participates as full members of the Health and Wellbeing Board, Southampton Safeguarding Adults Board and the Wessex Quality Surveillance Group. In addition we contribute to the Health Overview and Scrutiny Panel. Our seat at the Health and Wellbeing Board has enabled us to influence the agenda in terms of mental health services, with a full review of the city's offer now underway by commissioners.



Community engagement continues to be a most important part of our activity and our community worker has been very active. He has attended well over 100 meetings of groups and societies as well as meeting individuals across the city, thus ensuring their views play a central role in all we do. Our website is now well developed and we reach over 2000 people through Twitter.

We have seen an increased demand for our signposting services and our work with the local Citizens Advice Bureau means that members of the public have convenient access to services. In addition, people contact our office directly.

We are conscious that people are still reluctant to complain about health services and we have made strenuous efforts to reassure patients that if they have cause to complain they can do so without fear of repercussions. We continue to commission SEAP to provide the independent complaints advocacy service.

Regular reporting from them ensures that we can build up a picture of common issues and deal with them as they arise. Satisfaction from users of this service remains high.

We have made slow but steady progress on our three main work items viz; mental health, registration with GP services and the Better Care programme. We have recruited a team of volunteers to help us undertake the increasing workload and we will continue to expand this in the coming year.

We have participated in Patient Led Assessment of the Care Environment (PLACE) inspections at the General Hospital, Western Hospital, South Hants Hospital, Princess Anne Hospital, the Countess Mountbatten Unit, the Southampton Treatment Centre, and the Spire Hospital. We have commented on the quality accounts of University Hospital Southampton FT, Solent NHS Trust and Southern Health FT.

We would like to take this opportunity to thank members of the Strategic Group and staff

team for their dedication, commitment and conscientious efforts on behalf of the citizens of the city.

We look forward to the next year in what promises to be a very challenging time for both health and social care in the city.

Harry & Rob



Harry Dymond and Sam Goold with members of a PLACE Team



About Healthwatch

Healthwatch is here to make health and social care better for ordinary people. We believe that the best way to do this is by designing local services around their needs and experiences.

Everything we say and do is informed by our connections to local people and our expertise is grounded in their experience. We are the only body looking solely at people's experience across all health and social care.

We are uniquely placed as a network, with a local Healthwatch in every local authority area in England.

As a statutory watchdog our role is to ensure that local health and social care services, and the local decision makers, put the experiences of people at the heart of their care.

Our vision/mission

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

Our strategic priorities

Issues raised by the public have been prioritised by Healthwatch Southampton Strategic Group, and have formed the basis of a strategic work plan. Progress has been made according to the strategic work plan over the last year. These issues are further explored throughout this annual report.

- **Access to GP services**
- **Adult Mental Health Services**
- **Integration of Health and Social Care**

**Healthwatch
Southampton**
your voice in
improving
health and
social care



Our Healthwatch Team (from left to right): Sam Goold; Rob Kurn; Janette Smith.



Engaging with people who use health and social care services

How local people's needs and experiences of health and social care services have been obtained.

Healthwatch Southampton uses a variety of methods to understand people's needs and experiences. Our primary approach has been ongoing outreach by our Community Development Worker, members and volunteers. We also network extensively throughout the city and using our contacts within the statutory and voluntary sectors.

Healthwatch Southampton collects experiences in a variety of ways; listening to people through open questions, surveys or campaigns and in person, or through our website and social media. We publicise ourselves through quarterly newsletters, local radio, and leaflets and posters at NHS and other public buildings. Our partnership work has included organising events such as with QualityWatch and a Mental Health Round Table with key stakeholders in the city.

Young people (under 21)

During the year, Healthwatch Southampton sought to get the views of young people in a number of ways:

Itchen College – We were invited to be part of the enrolment day for sixth formers at Itchen College and took the opportunity to carry out a survey. This revealed:

- **8 out of 30 students said they didn't have or didn't know if they had a GP**
- **A third said they didn't think at all or much about their health**
- **Getting appointments when they want was the top answer in regard to improving services**
- **Most said they would go to their GP or family for help with their health**
- **Most said improving their diet was the one change that would improve their health**

Case study - Easy read leaflet

Having identified the need for an easy read leaflet for people with learning difficulties, we co-produced an Easy read leaflet in conjunction with the Busy People group.

Our data and communications worker met with the group to discuss their needs and preferences for a leaflet. A prototype was then shown to the group for approval and review. After a few adjustments the leaflet was produced in September and presented to the group. The finished product was well received by Busy People and they expressed a wish to help in any future projects.





City College - Healthwatch Southampton gave a talk to City College Health & Social Care students and led a class discussion on some key health questions. A third said they didn't do anything in particular to keep healthy and most would go to a doctor first if they had a health problem (other answers included parents, Google or friends).

In terms of how health services can be better, students said; more GPs, quicker waiting times, out of hours' appointments, and not to restrict certain medicines to young people.

If there was one change that would improve their health, four said more exercise, seven eating more healthily, six said to stop smoking and one person said less stress.

University of Southampton - We have been in regular contact with students at the University of Southampton and sought views at a number of events including an Ideas Café, Make a Difference Day, Health Sciences Information Day, and Employability Week. We also teamed up with the University through their Student Consultancy Scheme asking a team of students to research student mental wellbeing. The team produced a fascinating and insightful report which is available at our website: www.healthwatchsouthampton.co.uk/news/student-mental-health

Southampton Children's Hospital Youth Partnership (SCHYP) -

Healthwatch Southampton gave advice in the establishment of the Southampton Children's Hospital Youth Partnership (SCHYP) which



The Student Consultancy Scheme team with their completed mental wellbeing report



launched in January. This brings together young people to develop ideas about how the Children's Hospital can be made the best experience for people who use it.

Views and issues of young people are also raised by a member of our Strategic Group who is Chief Executive of a young person's charity. She has highlighted problems facing young people, particularly in the area of mental health.

Non-city Residents

Many people who volunteer, work and access health services in Southampton come from outside the city. When seeking the views of

this group of people our approach has been to have outreach events at health centres in the city which serve a wider population - most obviously at Southampton General Hospital and the Royal South Hants Hospital. By doing this, we have been able to build a picture of some of the issues facing people who may not live here. Transport and accommodation issues have been raised as has the inconvenience that comes from cancelled appointments. We have taken up these issues and welcome the work by Southampton General Hospital in seeking to improve car parking and accommodation for parents at the Children's Hospital.

Getting the views of...

Disadvantaged people, vulnerable people and people who are seldom heard

Since Healthwatch Southampton was established, we have always actively sought views from people that may be defined in these groups. Our outreach has continued this year and has included:





Enter and View

Healthwatch Southampton has established strong relationships with all providers of health care in the city and is currently working to build strong relationships with social care providers. As a result, we have not found the need to use our statutory powers to enter and view. This does not imply that we have not inspected services; on the contrary, we have been fully engaged and conducted several inspections. Due to the developed relationship we enjoy with providers and commissioners these are usually done by mutual consent and in fact they frequently ask us to comment on their services.

Possibly the most obvious example is a scheme established by University Hospitals Southampton FT which is an area/ward accreditation scheme, established a few years ago. This involves two or three 'assessors', one of which is a lay member, mostly members of Healthwatch, making an unannounced visit to an individual area. They use the 'fifteen steps challenge' as the basis of the inspection. Following the unannounced visit, there is a formal panel meeting with the manager of the area and the Matron to discuss the performance of the area. At the conclusion of the meeting the area may be fully accredited, accredited with improvement conditions, or referred for further assessment. Using these assessments, Healthwatch Southampton has seen considerable changes to some of the areas inspected. If, as a result of patient or public feedback, we become concerned about an area, we can request an inspection of that area.

In addition Healthwatch Southampton was heavily involved in the Patient Led Assessment

of the Care Environment (PLACE) inspections. For these inspections Healthwatch must be invited to participate. In Southampton we provide the majority of lay assessors. Inspections of NHS hospitals were performed at the General Hospital, Princess Anne Hospital, Countess Mountbatten Hospice, the Western Hospital, the Royal South Hants Hospital, as well as the two Private hospitals that treat NHS patients (the Southampton Treatment Centre and the Spire hospital). As a result of the PLACE inspection, many changes were made to the environment in these locations.

The Hospital Trust embarked on a series of Divisional reviews based on the new CQC approach to inspections. The reviews, which were intended to be developmental, were organised by the Medical Director and



Director of Nursing. Staff from the division were encouraged to be completely open and learn from the process and we were invited to participate as part of the review team. As part of the process we were able to speak freely to both patients and staff to gain their views. The process was very thorough and our feedback was actively sought.



Providing information and signposting for people who use health and social care services

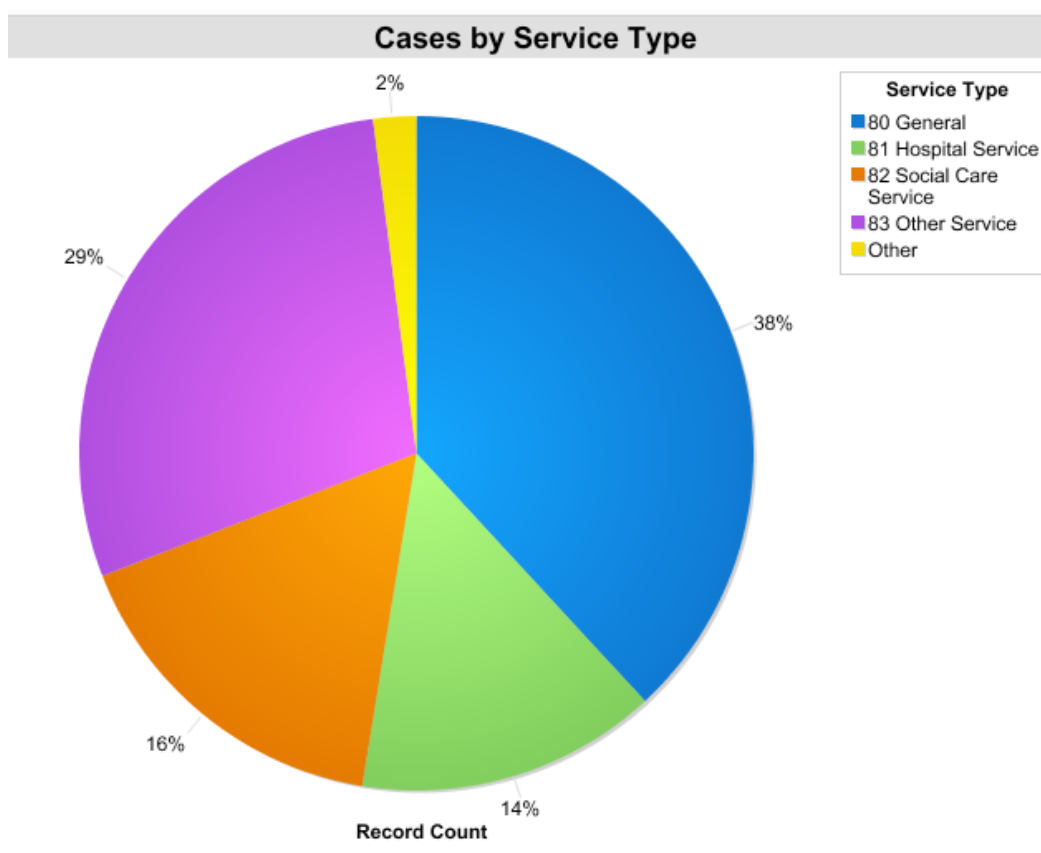
Healthwatch Southampton continues to provide information, advice and signposting in collaboration with Southampton Citizens Advice Bureau. We aim to respond quickly and efficiently to public enquiries, and if we do not have the information or answer, we will always seek to find the person or organisation who does.

Healthwatch Southampton also has partnerships with SEAP and Choices Advocacy to increase access to information and advice in health and social care.

Healthwatch Case Statistics

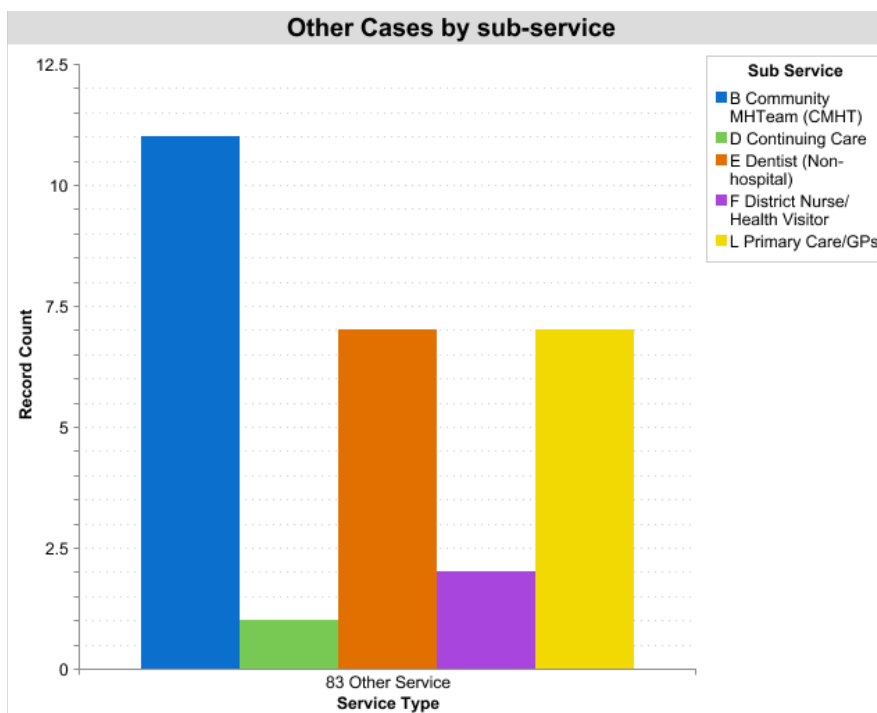
Along with enquires which came via SEAP and the CAB we received and worked on 97 direct enquires from the public during the year. Many of these were complex cases which required significant time to reach a satisfactory outcome for the client.

The majority of these were categorised as 'General' or 'Other Services' with 16% relating to 'Social Care Services' and 14% relating to 'Hospital Services'.

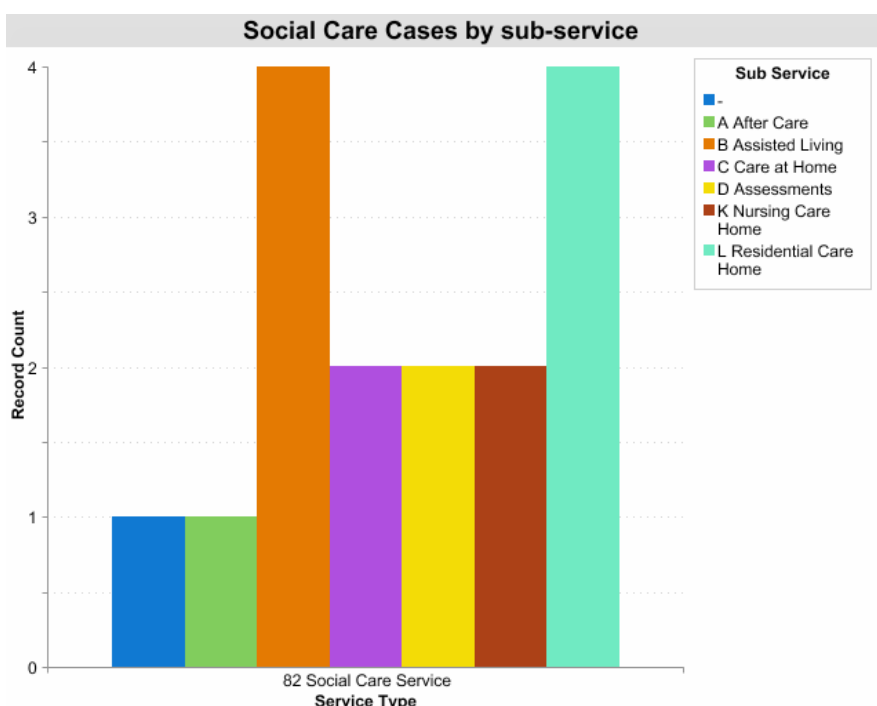




Within the 'Other Services' category, 12 cases related to mental health, followed by dentists (7) and primary care/GPs (7).

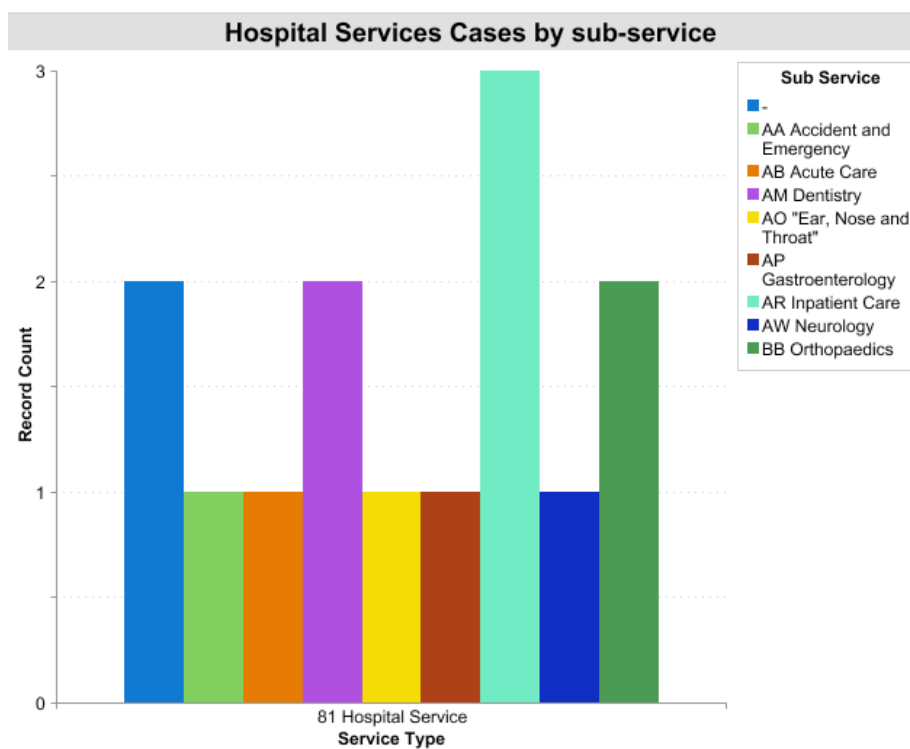


Within the 'Social Care Services' category most cases concerned assisted living (4) and residential care homes (4).

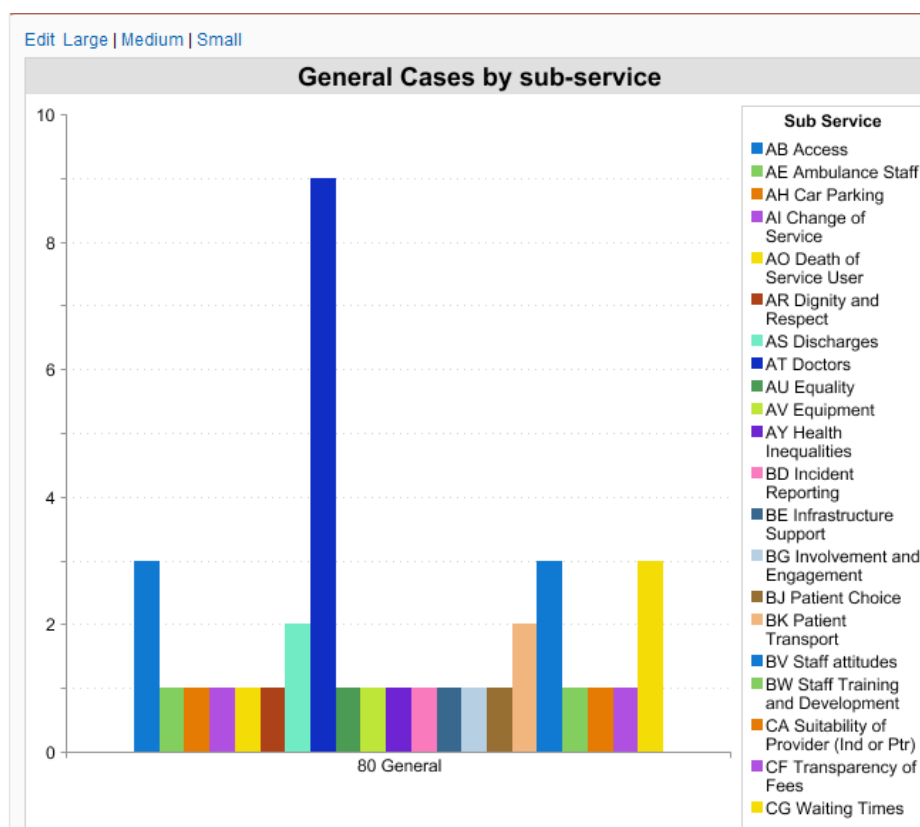




Within the 'Hospital Services' category most requests for information and advice were regarding inpatient care (3).



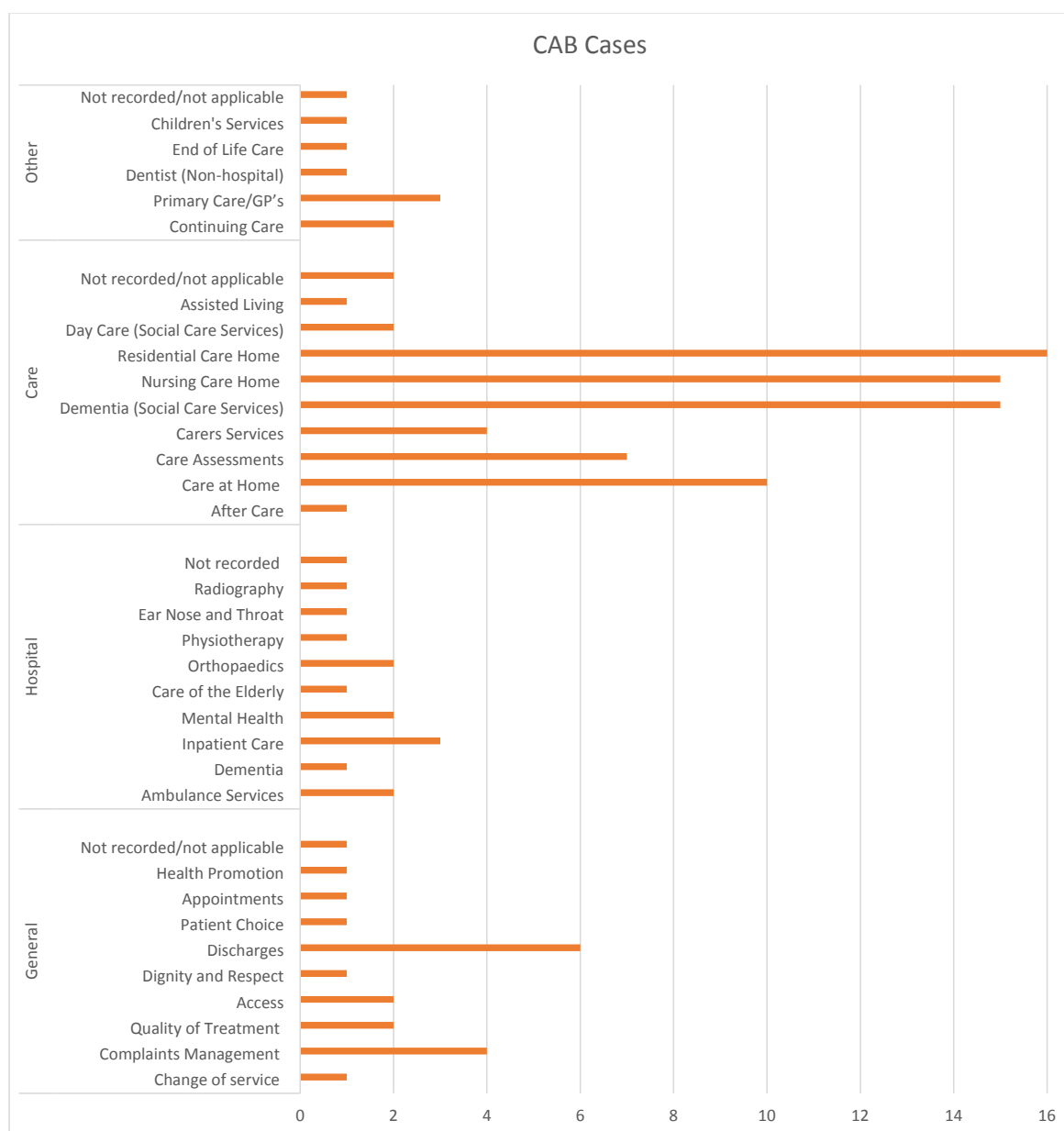
And cases under 'General' show that information and advice regarding doctors (9) was most requested.





Citizen's Advice Bureau

Through joint-working we have provided information and advice to people using CAB services in the city. During the year, most requests for information and advice via the CAB concerned social care. The fact that there is currently no independent complaints advocacy service for social care may be a contributing factor and this is an issue that we have escalated to Healthwatch England.





Case study

The client was infected with Hepatitis C more than 40 years ago possibly due to blood transfusions when in an NHS hospital for childbirth. A biopsy initially established her problem was mild. Recently, however, the client's condition deteriorated and she was diagnosed with Cirrhosis.

She appealed to the Skipton Fund Appeal Panel, as she was unable to benefit from ex gratia payments. According to the refusal letter she received, the client had failed to prove that her blood

was contaminated as samples do not exist anymore. Medical records have also been destroyed. The refusal letter establishes there is an option to appeal to the High Court via judicial review and advises her to contact CAB or a solicitor to explore this or other options. From the information provided by the letter, it was established that the client will need help at a higher level and was therefore signposted to solicitors offering free initial consultation in medical negligence.



Irene Warrican and Anne Cato, HWS Community Supporters



Healthwatch Impact Stories

Case Study Snap Shots



Mr H contacted Healthwatch Southampton with the issue of accessibility at a local GP surgery. Two heavy doors open outwards and are impossible to open for a wheelchair user. We called the Practice Manager who recognised this as a problem but said that it had not been a priority. She said she would chase this up with her team and get automatic doors fitted.

Following outreach work, our Community Development Worker met Mr Z who has been waiting several months for the renewal of his Blue Badge. This was particularly important as he cares for his wife and needs a car and parking access for shopping. We contacted the council who resolved the matter the next day.

A young couple who had recently moved from Lordshill were trying to register with a new GP practice. He had recently moved into temporary accommodation and she was staying with him unofficially. She was also pregnant and needed to see a doctor but

couldn't afford to travel to her old GP. Neither knew where their nearest GP practice was or had identification, which is often asked for. We directed them to their nearest practice and let them know that they couldn't be turned away due to not having proof of identity. We followed-up with a call to see that they were registered.

Mrs B is a carer for her husband. They live on the Channel Islands and came to Southampton General Hospital for an appointment. This was cancelled due to a lack of beds. Mrs B wanted to enquire whether she can get any compensation for the travel and hotel costs. We contacted the Patient Advice and Liaison Service (PALS) team at the hospital.

Healthwatch Southampton received a call from Mrs P who lost her Care Co-ordinator in October and was not allocated a new one. She had also not seen her psychiatrist for a long while and felt 'in limbo'. We contacted mental health services on her request. She then called again about who could sign her bus pass as her GP wouldn't do it. We contacted the council who explained any medical practitioner can do this and then contacted Mrs P to explain this. She said mental health services had just called her, had offered to sign the bus pass and were on the case with arranging a new Care Co-ordinator. Mrs P said she was sure that mental health services had been in touch thanks to Healthwatch Southampton's intervention.





Case Study Snap Shots...

Mr G called regarding his mother's house boiler which had stopped working. He failed to get anywhere with the boiler insurance company as they needed to speak to his mother, but she has dementia and cannot communicate well. He needed to get the boiler fixed but was not sure where to go. We referred him to the Age UK helpline in Southampton.

We were called by Mr K regarding a friend who recently died and is in the mortuary at hospital. She was a British Citizen but had no family here. Her family live in another continent and want her body flown there for burial but there is no money for this. Healthwatch Southampton researched this area and recommended speaking to a funeral director to get advice. There is government help for funerals but this was unlikely to cover repatriating the deceased to such a distance. She may have had insurance or credit card insurance and this needed to be checked. This information was given to the caller.



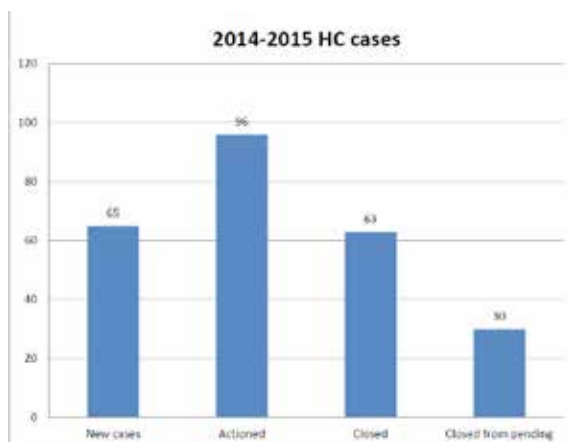
Healthwatch reviewed some of the promotional materials for a Southampton City CCG campaign aimed at giving people knowledge to help access appropriate services. We joined members of staff and volunteers in handing them out to the public at various locations across the city.





Case overview

SEAP Health Complaints advocacy has supported 96 clients with direct advocacy support for the year 2014-2015. In addition to this, SEAP has also supported an additional 30 clients by use of the Self Help Information Pack (SHIP pack) containing letter templates, information, and advice. These cases have been recorded as 'closed from pending'. These clients have also accessed support from our duty advocates and have then chosen to pursue their complaint independently upon receipt of the SHIP pack.



SEAP advocates continue to deliver on the networking strategy:

Southampton libraries:

The SEAP advocates have supplied Health Complaints posters and leaflets to be distributed to all libraries within the city.

Southampton Carers Forum:

SEAP advocates attended the Southampton Carers Forum and gave a short presentation about Health Complaints Advocacy. A short article was also placed in their newsletter.

Mr H had a bad experience at a dental surgery in Southampton. He had an infected tooth which was extracted whilst the tooth was infected and caused him intense pain for two weeks. He went to a walk-in dentist who X-rayed him and gave stronger pain killers which were never offered by the original dentist. He has written an email to complain but wanted advice. He was referred to SEAP.

Referral to SEAP

Solent NHS Trust:

A meeting was arranged with Sarah Logan - Complaints Manager. Sarah agreed to include our leaflets with each acknowledgement and confirmed that there is a paragraph regarding our service in the letter itself. Solent NHS Trust agreed to display the posters within all their services, clinics and wards. 100 posters were supplied to start this process.

University Hospital Southampton NHS Trust:

After several meetings with the UHST Complaints team, it was agreed that they would support any complaints by supplying our Health Complaints leaflets and display joint Healthwatch/Health Complaint posters.

Southern Health NHS Trust:

SEAP advocates met with Cathy Lakin and her team. They have agreed to send a Health Complaint leaflet with each acknowledgement letter and confirmed they have a paragraph



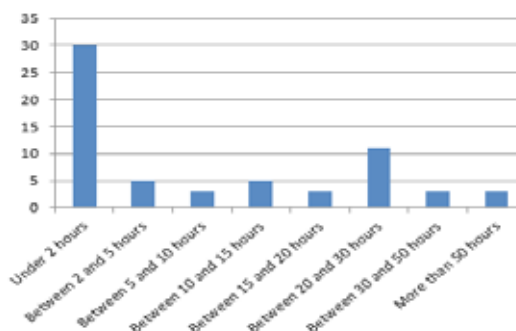
SEAP Advocacy

on their response letter referring the patients to our service. The leaflets and posters are being placed in the waiting rooms of Cannon House, College Keep and Antelope House. Southern Health NHS trust have also received an electronic copy of the Health Complaint leaflet.

GP and Dental Surgeries

Advocates have continued to contact GP and Dental surgeries. Many of the Practice managers are now including our leaflets with their correspondence and displaying posters in their surgeries. However, this is an ongoing networking strategy that SEAP will continue to monitor.

However, 17% of the year's cases were recorded as being between 20 - 30 hours. These cases would have involved Local Resolution meetings and are more complex. SEAP believes that this also demonstrates the high level of vulnerability for many clients and also the slow process when Health Ombudsman involvement is required.



Referral to SEAP

We received a call from Miss R regarding ongoing problems with her GP. She feels that she was not being listened to regarding her pain issues and treatment. This had been ongoing for a number of months and as a result she has had to stop her studies. She was referred to SEAP for complaints advocacy.

Closed Case Time:

47% of the years closed cases were recorded as under the two-hour period. This indicates that these clients were able to gain a fast resolution to their complaint without the necessity for Local Resolution meetings. This demonstrates empowerment for clients as they were in control from the start of the process.

Mr X had to wait over an hour at his appointment at hospital. The appointment had already been rescheduled as it had run out of time. Mr X questioned the wait but was told he would just have to wait longer. He had to be at work so couldn't wait any longer. When he tried to complain to the complaints department at the hospital he was told "It's your fault because you left". Mr X was very angry about this as he still hasn't been seen by his consultant and was blamed personally for missing the appointment. Mr X was referred to SEAP for complaints advocacy.

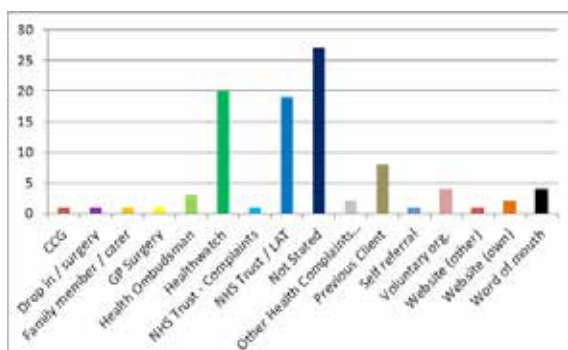
Referral to SEAP



SEAP Advocacy

Referral Source:

We have broken down the referral figures to help identify the routes clients are taking to be referred to the Advocacy Service. This data is used to identify areas that may require more awareness raising or intervention.



We have continued to see an increase in referrals directly from Healthwatch, now standing at 21% of the yearly figure. This is due to the advocates being contacted directly by Healthwatch. This speeds up the process and ensures a seamless service. Local Authority and NHS routes now account for 20% of the referrals received.

“I found my advocate to be very helpful in preparing letters and wording everything correctly”.
Client feedback

Other referral routes have not yet seen significant increases but SEAP continue to deliver the networking strategy to raise awareness in these areas. We also have experienced a slight increase in clients returning to the service with new service complaints. 8% of the referrals for 2014-15

were from returning clients, although with new issues. SEAP believe that this demonstrates the client’s confidence in the value of our service.

“It was very helpful to have an advocate attend the meeting with the complainant and to see the advocate support them.”
NHS Professional

Outcomes of interventions:

SEAP is able to report the following outcomes for patients at Southampton General Hospital

- **The Ethnicity Inclusive Network (EIN) is now working with the hospital to help it deliver on its public sector equality duties concerning race equality for the benefit of both patients and staff. They have staff who are undertaking some detailed work looking specifically at the dietary requirements of patients from different ethnicities.**
- **Senior management changes to ward D5. The ward leadership has been reviewed and changed including the appointment of a new Senior Sister and Junior Sister team. The Senior Sister has been transferred from another area and is more experienced. She has, with the Matron’s support, led an extensive review of practices**



SEAP Advocacy

and processes on the ward. This has assisted staff to improve and develop the overall care patients and families receive.

“Thank you for your kind and much appreciated help. It is invaluable to me and takes away so much of the anxiety.”

Client feedback

- Clients’ complaints have been shared with all staff as part of learning outcomes “so they can see how managing a person’s perception with good communication plays a vital role in care.”

We were really impressed with SEAP and in particular with the agenda we had provided for the meeting which was very clear”.

NHS Professional

- The Trust now uses Visual Infusion Phlebitis Score (VIPS). Cannulae are also inspected daily and changed routinely every three days.
- Staff have been advised that complaints/problems are to be reported at the time they occur.

Issues and trends within Southampton Health Complaints:

SEAP continues to collect and record evaluation data and pass this onto Healthwatch Southampton to assist in shaping services and continue to raise the quality of the services delivered.

“Very appreciative of our support and information. Very impressed at efficiency of service.”

Client feedback

For example, our advocates have identified difficulties for clients wishing to access telephone support at Cannon House. Clients are being expected to leave a phone message and they are not receiving timely responses to these.

“Many thanks for all your help, kindness and support given to me in making my complaint. It was invaluable and much appreciated.”

Client feedback



SEAP Impact Stories

Case study

The client is an elderly gentleman with a wife from an ethnic minority. They are both suffering from mental health problems, but have not had any input from mental health services since moving into the area from a different part of the country. They also felt they were experiencing racial tension from various neighbours.

The advocate assessed the case and arranged a home visit. The advocate discussed all support needs with the client and his wife, and it was agreed with the client that Age UK would assist with rehousing and racial tension problems, whereas SEAP would deal with the health complaints side of their support needs. The SEAP advocate contacted mental health services on the clients' behalf and arranged for a home visit by a case worker. The advocate supported the client during a home visit at the client's request.

The culmination of the complaint resulted in the client and his wife receiving mental health treatment and having a care plan put in place. Age UK also managed to find new accommodation for them.

In conclusion, we think this is a good example of interservice cooperation working well through signposting. It also highlights the strengths and advantages of health complaints advocacy when intervening on behalf of clients directly, with NHS mental health services.

Case study

The client is a woman who suffers from severe anxiety problems many of which are linked to medical care. The client required a knee operation and was very worried about it. Because of this, a detailed care plan was agreed prior to surgery with the surgeon and anaesthetist who were both very understanding. Unfortunately, on the day of the operation the anaesthetist was unable to be present and many of the details agreed in the plan were changed or ignored. As a result, the client suffered a severe panic attack and pain which led to her becoming unwell. The client wanted to know why the plan had not been followed and had many other questions. Ultimately, she knew that she would have to return to the hospital at some point and wanted reassurance that this wouldn't happen to her again.

The advocate visited the client and her husband at their home and provided support by writing to the Trust on the client's behalf and helping her to process their response. Eventually, the advocate arranged and attended a very successful resolution meeting with the client, her husband, and managers of the departments involved. As well as agreeing to use the complaint as a learning tool, the Trust also agreed to add notes to the client's medical records regarding her specific needs and made arrangements for her should she have to return to the hospital. Following the meeting, the client felt that she could return to the hospital for treatment if needed.



Influencing decision makers with evidence from local people

HWS Influence

Healthwatch Southampton aims to influence decision makers within health and social care, in both the commissioning and provision of services. Through our strategic priorities we have worked proactively to influence the agenda in Mental Health Services, Access to GP Services and the integration of health and social care through Better Care Southampton. Activities and outcomes on these priorities are reported below.

Throughout the course of our day-to-day engagement with patients and the public, and through the relationships we have built with commissioners and providers alike, we also create many other opportunities to bring about change in public services. We have illustrated below some of the changes we have influenced.



Healthwatch Southampton Annual meeting 2015



Influencing decision makers...

Mental Health Services

Throughout our engagement work, mental health services have been raised many times. This led to us undertaking focused engagement with mental health groups and service users in the city. By raising their issues at Southampton Health and Wellbeing Board (HWB), HWS was able to influence the Board's agenda, and push for a review of local services. This process started in December 2014 at an event badged as a Mental Health Roundtable, attended by 80 local stakeholders. Furthermore, the HWB has now appointed a Mental Health Champion (Cllr Lewzey), with Healthwatch Manager playing a supporting "deputy" role.

Whilst other parties had raised the issue of local services, including the Health Overview

and Scrutiny Panel (HOSP) and Hampshire Police, the additional engagement with services users undertaken by HWS played a central role in influencing the uptake of this issue. Furthermore, over the coming year we are working closely with Southampton University to undertake a piece of qualitative research to better understand the experience of people living with mental health problems in Southampton.

HWS has also worked closely with Southern Health NHS Foundation Trust in the redesign of the Psychosis Care pathway. Our main role was encouraging the involvement of service users at an early stage of the redesign, to better understand their experiences and needs and to ensure they are fully engaged in the process.



World Mental Health Day



Influencing decision makers...

World Mental Health Day

Healthwatch Southampton facilitated a debate on mental health for World Mental Health Day. The event took place at the Open House Drop-in at the Central Baptist Church, Devonshire Road. We discussed several issues on the theme of mental health including causes of mental health problems, getting help, barriers to getting help and living with schizophrenia - which was the theme of World Mental Health Day. Over the course of an hour there were many contributions and results from the debate showed:

- The phrase 'mental health' tended to have negative connotations when compared to 'physical health'
- Causes of mental health problems varied according to the group
- Barriers to getting help include a lack of understanding or a hostile attitude from others
- There were many good suggestions for overcoming these barriers
- There is a question mark over what schizophrenia is and whether it is used to 'fit the box' for treatment.

For more information visit: www.healthwatchsouthampton.co.uk/news/world-mental-health-day

GP Registration - Translating need and experiences into change

During a number of Healthwatch outreach sessions, individuals and groups had raised the issue of problems in being able to register at GP practices. This was due to practices regularly asking for proof of identity or address and people being turned away if they didn't have any. With further research we established this disproportionately affected groups such as people who are homeless and recently homeless, young people, refugees and asylum seekers, women and older people. Without being able to register there were potentially serious health consequences to individuals along with added pressures to other health services, such as A&E.

Healthwatch Southampton raised this as a priority with a wide variety of NHS organisations in an effort to establish the policy behind it and to seek change. This included meeting with the Southampton City Clinical Commissioning Group, the Wessex Local Area Team, Wessex Local Medical Committees and the Southampton Practice Manager's Forum.



Rob speaking at the Mental Health roundtable event



Influencing decision makers...

As a result of work throughout the year an agreement was reached with Southampton GP practices and the support of the Wessex Local Medical Committees (LMCs). This offered the following guidance:

“Under the terms of the GMS contract there is no obligation to ask for verification of identification. However, if your local practice protocol includes this, please remember that no patient should be refused registration if they cannot produce the necessary documents. There should be a process in place, within your practice, to ensure that patients without ID can register.”

Wessex LMC’s New Patient Registration – April 2015

And the work is now seeing results:

“I just wanted to let you know that I believe we are experiencing the winds of change

with regard to our patients registering with local GPs when they are ready to move on.

“I believe we are experiencing the winds of change with regard to our patients registering with local GPs”

We are finding that they are less frequently asked to present photographic ID or utility bills as proof of address.

So I would like to thank you for the hard work you put in raising the awareness of this issue among practice staff.”

Pamela Campbell, Consultant Nurse Homelessness and Health Inequalities, Solent Healthcare.

Dr Nigel Watson, Chief Executive, Wessex LMCs, said: *“We were delighted to work with Healthwatch Southampton last year in order to agree up to date guidance for local GP practices on good practice in registering new patients.”*



Tiffany Ridd and Christine Beal, HWS Community Supporters



Influencing decision makers...

Better Care Southampton - User Involvement

HWS has been involved as a partner in the Better Care integration programme, at both a Board and operational level. HWS focus has been to ensure that there is high quality communication with the public about Better Care, and that those who will benefit from the integrated Better Care approach are fully involved in the programme in terms of their views and experiences being fed back into the design of interventions. HWS is now working closely with commissioners to pilot focus groups in two of the GP cluster areas to gain patients perspectives on engagement and involvement mechanisms that can be taken forward to ensure patients are at the centre of Better Care Southampton's development as a system.

CCG approach to difficult decisions

HWS was critical of the CCG's approach to its Winter Pilot in Autumn 2014, particularly concerning its engagement around the closure of Bitterne Walk-In Centre - views which were vocalised at a public HOSP meeting about this issue. Through subsequent meetings with John Richards, Southampton City CCG CEO, Steve Townsend, SCCC Chair, and Dawn Buck, SCCC Head of Stakeholder Relations and Engagement, HWS was able to articulate its view that the CCG needed to open an honest dialogue with patients and the public about the very real and difficult decisions it is facing regarding resources, set against the context of a changing city demographic.

The CCG has embraced HWS views about these issues and has designed an



Sam at a University outreach event



Influencing decision makers...

engagement approach that takes on board our feedback. HWS is now a member of the steering group for the future consultation on the closure of Bitterne Walk-In Centre, our role being one of critical friend with a focus on the process SCCCG is undertaking. We are pleased to see that pre-consultation the CCG has undertaken numerous engagement activities focusing on the issue of resource allocation, service prioritisation and the context within which these decisions are being made. We welcome these developments and feel this is adding transparency to the decision making process.

Wessex Community Voice

Throughout the last year we have collaborated with the local Healthwatches across the Wessex region (Dorset, Hampshire, Isle of Wight, and Portsmouth) to undertake a piece of work with NHS England (Wessex) and NHS Wessex Strategic Clinical Networks and Clinical Senate. Wessex Community Voice aims to encourage public and patient involvement in strategic commissioning decisions. The project developed a toolkit for commissioners about meaningful patient engagement, with ideas tested by voluntary sector organisations. A series of training sessions were delivered to



members of the public who are keen to get involved in public engagement opportunities in the future. Healthwatch Hampshire developed a short film about the project which is available on our website.

Over the next year we are keen to build on this initial project and find further opportunities for collaboration between both NHS Wessex and our neighbouring local Healthwatches.

One Change

Since July 2014, we asked people for 'One change that would improve my health.' Having collected over 300 replies, a report was written, shared with health professionals and placed on our website. It showed:





- Changes to improve exercise and diet made up half the responses
- The third most popular answer was giving up smoking and/or drinking
- Followed by less waiting times for GP appointments
- The range of answers was very varied and some imaginative answers were given (e.g. safer bike lanes).

The survey proved to be a popular way of engaging with the public and we believe it shows people are aware and engaged with their own health and how to improve it. What also stands out is that the majority of answers to improve health were outside the traditional medical model.



Call Bells - Southampton General Hospital

As part of a CAS (Clinical Accreditation Scheme) inspection visit we became aware of a potentially serious problem in the Emergency Department at the General Hospital. As a result of ward reconfiguration a whole section of the majors' area was without functioning call bells. This was reported as part of the standard procedure but then escalated to the Director of Quality at the hospital. The Trust quickly confirmed the findings and took immediate action by installing a temporary system pending a full review of the area; a completely new system has since been installed.

Complaints Process

A major theme that we hear during consultation with the public, and one which is repeated nationally, is that members of the public find the complaints process very difficult to understand and negotiate and as a result a large proportion are put off bothering; it is estimated that at least 50% do not bother. Recognising the difficulty for Southampton patients about how to express their concerns, Southampton CCG decided to create its own Patient Experience service to deal with complaints. Healthwatch Southampton worked with them to ensure that our complaints advocacy service (SEAP) was promoted where appropriate. The issue of complaints and the lack of patient information about how to complain were brought up by NHS England (Wessex) at a Quality Surveillance Group meeting and Healthwatch Southampton confirmed that



Influencing decision makers...

it had experienced problems with providers in Southampton. Following this meeting, the subject was raised with the management of University Hospital Southampton Foundation Trust, who are responsible for the General Hospital and Princess Anne Hospital. Subsequently, Healthwatch Southampton worked with the patient experience department of the hospital to produce a revised leaflet which gives patients explicit details of how to provide feedback about the service and in particular about how to make a complaint and how to contact SEAP if required. These leaflets are now on prominent display throughout the hospital.

Patient Booklet

We are also working with the Trust to update and issue a booklet for patients coming into

hospital entitled 'Your stay in hospital'. This booklet will provide comprehensive guidance and information and will be available to all elective patients; patients admitted as an emergency will be provided with a copy on admission.

Patient Experience

Each of the trusts that have hospital or community facilities in Southampton have involved Healthwatch Southampton in a number of trust committees connected with patient experience and patient safety. In particular we attend the Quality Governance Steering Group of University Hospital Southampton Hospital Foundation Trust (UHS FT). Via this mechanism we have influenced the trusts and ensured that patient experience dominates the decision process.



Lise Marron & Daithí of Capable Creatures



Influencing decision makers...

As part of their statutory requirement each of the trust submits its quality account for our consideration and we have responded with full comments. In addition we have an input into the Patient improvement framework of the trusts.

As part of the Care Quality Commission (CQC) inspection process, we submitted a detailed report of our dealings with the Trust and held a telephone conference call with the lead inspector. Healthwatch Southampton was involved in the quality summit and has agreed to work with the trust to monitor the progress on its action plan.

The situation surrounding the child, Ashya King, being taken from the local hospital naturally led the media to seek our comment. The line that we adopted was we did not know the facts and would not add to the speculation but would seek reassurance from the Trust that correct procedures were followed. The

Chair of Healthwatch Southampton sent a letter to the Trust with a list of 19 questions. We received an immediate answer from the medical director who forwarded our questions to the Chair of the internal enquiry. Our questions were considered as part of the enquiry and we were kept informed as the enquiry progressed. We have now received verbal feedback from the Chairman of the enquiry on the same basis as other major stakeholders and with answers to our specific questions. The enquiry was validated by an independent expert and we have received a copy of the letter written by him to the Chairman of the internal enquiry. We have also seen a copy of the Root Cause Analysis Investigation Report. We are satisfied, as far as we can judge, that the enquiry has been thorough and that the Trust is determined to learn from this highly unusual situation.





What our partners say..

Stakeholder Feedback

University Hospital Southampton

“University Hospital Southampton has welcomed continuing joint work with HealthWatch to further improve the patient experience.

HealthWatch members have continued to be active members of the Ward Quality Accreditation reviews and worked closely with the Trust on developing Patient Information leaflets.

The ongoing feedback from HealthWatch members representing patient views has been invaluable in helping the hospital continuously improve its services to patients and their carers.

The Trust management has also welcomed representation on various sub-committees such as Quality Governance by senior HealthWatch members, which further develops the collaborative partnership to improve the experiences of local patients.

The Hospital wants to continue and further develop its links with HealthWatch over the coming year.”

*Judy Gillow MBE
Director of Nursing*



NHS England (Wessex)

“This year we have continued to work successfully with Southampton Healthwatch on the jointly developed ‘Wessex Community Voice’. This project supports the sharing of good practice in patient and public commissioning and involves local people in choosing and buying health and care services. Our aim is to continue to work with Southampton Healthwatch in 2015/16, ensuring the project continues to grow and increasing numbers of local people can be involved in the commissioning of services.”

*Nicola Priest
Assistant Director of Nursing (Patient Experience)*



Healthy Selfies are there to remind us about living well



Stakeholder Feedback

Southern Health

“Southern Health works closely with Southampton Healthwatch in order to effectively develop our mental health services in the city. In the last year this work has included the local launch of the Crisis Care Concordat, the development of Operation Serenity (improving emergency response for people in crisis) and the Liaison and Diversion service (supporting those with mental health problems as they progress through the criminal justice system). Currently the Trust is working with Southampton Healthwatch in an ongoing review of mental health services in order to ensure those provided best meet the needs of service users and patients in the city. The insight provided by our colleagues at Healthwatch is important in all aspects of our work and we find this to be a very valuable relationship.”

Katrina Percy
Chief Executive



Solent NHS Trust

“Solent NHS Trust have appreciated the role of Healthwatch in helping shape services for the benefit of patients. Healthwatch have been part of the development of our strategic vision, working with us to ensure that we prioritise patients’ needs when difficult financial decisions are to be made. Healthwatch reviewed and supported the city bid to become a Vanguard site for the NHS New Models of Care Programme. This is a bid to create integrated health and social care provision in the city with the voluntary and community providers working as partners with the statutory organisations. Their input has helped ensure the proposals are fully person centred. On a day to day basis, Healthwatch provide us with useful feedback on our services in order that we can improve the care we provide patients.”

Alex Whitfield
Chief Operating Officer





Stakeholder Feedback



Southampton City Council

“I am delighted with the excellent progress that continues to be made by Healthwatch Southampton and I was really pleased earlier this year to join with them and other Healthwatch’s in the Wessex Region to look at some really innovative approaches to improving public involvement in commissioning.

This has been a challenging year for local government social services and the future financial position for the City Council - sadly - is far from rosy. Over the past 12 months I have had to oversee consultation on particularly difficult changes to some of our adult respite care, day care and residential services. Healthwatch Southampton’s contribution as a critical friend provided us with some useful additional insight from the consumer’s perspective and this will be helpful to us with implementing necessary change both now and into the future.

Healthwatch Southampton has been a resolute and staunch ally on the Health & Wellbeing Board both in our championing of mental health and in our Better Care programme - especially with the Community Solutions workstream> this provides us in Southampton with a very sound platform on which to address some of the big challenges that lie ahead with health and social care service integration and, possibly, devolved powers from central government to a combined authority.”

*Cllr Dave Shields
Portfolio Holder for Health & Adult Social Care
Chairperson - Southampton Health & Wellbeing Board*





Stakeholder Feedback

Health Overview and Scrutiny Panel (HOSP)

“Healthwatch Southampton have a standing invitation to attend Southampton City Council’s HOSP but are not Panel members. They always send a representative and engage in a constructive manner to influence the recommendations of the committee.

I understand that Healthwatch in Southampton is building its influence with commissioners in the Integrated Commissioning Unit (joint between the Clinical Commissioning Group and Southampton City Council) and is ensuring that the voice of residents and patients is reflected at the start of the commissioning process so assisting the goal of commissioning services that meet the needs of local people. They have recently been party to and influenced the CCG’s consultation that has just started on the potential closure of the Bitterne walk in centre to fund



alternative approaches to out of hours primary care. They were also very helpful in the recent Scrutiny Inquiry carried out by the Committee into Homelessness and health issues in the city.”

*Cllr Sarah Bogle
Labour Councillor for Bargate ward
Southampton City Council*





Our plans for 2015/16

In autumn this year HWS will hold its first voting AGM, at which two elected members of HWS Strategic Group will stand down and new members will be elected from the membership. Once the new members are inducted, HWS will revisit its strategic priorities, taking into account new data that has been collected, and prioritise its strategic workstreams the following year.

Given the collaborative work we have undertaken with NHS Wessex and our neighbouring local Healthwatches under the guise of “Wessex Community Voice”, we are keen to further develop this work over the coming year and strengthen our relationships with both NHS Wessex and our local Healthwatch colleagues across the Wessex region.

Some other key pieces of work and issues we will be addressing over the coming year include:

- Proposed closure of the Bitterne Walk-in Centre consultation - HWS will be validating the process and taking

oversight of the evidence collected and recommendation.

- Mental health research with Southampton University - A qualitative research project exploring the experience of people living with mental health conditions in Southampton and their experiences.
- Access issues for people with sensory impairments - Following evidence from our members and the public we are keen to look into access issues for those with sensory impairments across health and care services in the city.
- Redesign of the front entrance of Southampton General Hospital - we are keen to have input into the plans to provide information and advice in the newly designed reception area.
- Privacy on wards - an issue raised with us by the public that many wards have no areas where people can speak privately.





Our governance and decision-making

HWS Strategic Group

- **Jo Ash - SVS**
- **Paula Barnes - Nominee**
- **Shoreh Doost - Nominee**
- **Harry Dymond - Chair**
- **Lesley Gilder - Public Member**
- **Annabel Hodgson - VCS Member**
- **Nadine Johnson - Public Member**
- **Jeff Page - VCS Member**
- **Will Rosie - VCS Member**

How we involve lay people and volunteers

Governance

Healthwatch Southampton sits within the governance structure of Southampton Voluntary Services (SVS), which is Registered Charity (No 1068350) and a Company Limited by Guarantee (No 3515397). SVS' Executive Committee are volunteers who are elected in line with the governance framework set out by SVS in its Memorandum and Articles. SVS Executive Committee are ultimately accountable for all SVS activity, including that of HWS.

HWS has its own Strategic Group, made up of volunteers, as set out within its governing

document. This includes three elected public members, three elected voluntary and community sector members, two members appointed to make up the skills and qualities mix and a link members to the SVS Executive Committee. The election and appointment of the HWS Strategic Group is overseen by an Independent Nominations Committee.

The HWS Strategic Group make "relevant decisions" as set out in "Understanding the Legislation: An overview of the legal requirements for local Healthwatch". The HWS Strategic Group meets at least six times a year in public, and also undertake a variety of engagement and scrutiny activities, as well as acting as strategic links to key statutory organisations.





Volunteering

HWS believes in the power of social action and we have therefore developed volunteering opportunities throughout our organisation. Opportunities currently being offered include:

- **Community Healthwatch Volunteers** - this is our central volunteering opportunity and involves the volunteers being our eyes and ears in the community as well as raising awareness of Healthwatch and how we can help.
- **Healthwatch Media Trackers** - this office based role involves keeping abreast of media stories and news relating to health and care in the Southampton area. Our Media Trackers enable the strategic group to stay abreast of local developments and opinion.
- **Healthwatch Enter and View Volunteers** - These volunteers are trained in Enter and View powers, but also undertake other inspections such as PLACE.
- **Healthwatch Admin Volunteers** - these volunteers are indispensable around the office, helping with a variety of tasks to help HWS run smoothly.



Janette Smith during outreach at the Royal South Hants Hospital



Financial information

INCOME	£
Funding received from local authority to deliver local Healthwatch statutory activities	200,000.00
NHS England (Wessex)	99,995.00
Total income	299,995.00

EXPENDITURE	£
Office costs	2,566.12
Staffing costs	94,644.32
CAB	5,507.90
SEAP	50,000.00
Consultancy	1,740.00
Volunteer & Staff expenses	1,146.55
Training	2,662.08
Engagement Activities	7,384.83
Wessex Community Voice	99,995.00
Total expenditure	265,646.80
Balance brought forward	34,348.20





2014/15 SEAP Accounts

INCOME	£
Funding received from Healthwatch	50,000.00
EXPENDITURE	£
Staff costs	39,964.00
Staff expenses, training & recruitment	2,152.00
Premises and office supplies	40.00
ICT Costs	1,134.00
Volunteers, publicity and other costs	376.00
Support Services	6,334.00
Transfers	0.00
Total cost	50,000.00
Net surplus/(deficit)	0.00

2014/15 CAB Accounts

INCOME	£
Funding received from Healthwatch	5,507.90
EXPENDITURE	£
Staffing and management	3,000.00
Training	1,200.00
Volunteer expenses	407.90
Apportionment of overheads	900.00
Total Expenditure	5,507.90



Contact us

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

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

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

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