

Lancashire County Council

Health Scrutiny Committee

Tuesday, 28th February, 2017 at 10.30 am in Cabinet Room 'C' - The Duke of Lancaster Room, County Hall, Preston

Agenda

Part I (Open to Press and Public)

No. Item

- 1. Apologies**
- 2. Disclosure of Pecuniary and Non-Pecuniary Interests**
Members are asked to consider any Pecuniary and Non-Pecuniary Interests they may have to disclose to the meeting in relation to matters under consideration on the Agenda.
- 3. Minutes of the Meeting Held on 10th January 2017** (Pages 1 - 8)
- 4. Lancashire Teaching Hospitals Trust - update on the revised Chorley Hospital Emergency Department and Urgent Care Centre Provision** (Pages 9 - 18)
- 5. Healthwatch Lancashire - Annual Review** (Pages 19 - 82)
- 6. Health and Wellbeing Board - Annual Review**
Presentation by: Clare Platt, Head of Service Health, Equity and Welfare Partnerships and Sakthi Karunanithi, Director Public Health and Wellbeing.
- 7. Report of the Health Scrutiny Committee Steering Group** (Pages 83 - 84)
- 8. Health Scrutiny Committee Work Plan 2016/17** (Pages 85 - 90)

9. Urgent Business

An item of urgent business may only be considered under this heading where, by reason of special circumstances to be recorded in the Minutes, the Chair of the meeting is of the opinion that the item should be considered at the meeting as a matter of urgency. Wherever possible, the Chief Executive should be given advance warning of any Member's intention to raise a matter under this heading.

10. Date of Next Meeting

The next scheduled meeting of the Health Scrutiny Committee will be held on Tuesday 11th April 2017 at 10.30am at County Hall, Preston.

County Hall
Preston

I Young
Director of Governance,
Finance and Public Services

Lancashire County Council

Health Scrutiny Committee

Minutes of the Meeting held on Tuesday, 10th January, 2017 at 10.30 am in Cabinet Room 'C' - The Duke of Lancaster Room, County Hall, Preston

Present:

County Councillor Steven Holgate (Chair)

County Councillors

M Brindle	B Murray
Ms L Collinge	M Otter
A Cullens	N Penney
B Dawson	A Schofield
G Dowding	D T Smith
Y Motala	

Co-opted members

Councillor Wayne Blackburn, (Pendle Borough Council)
Councillor Colin Hartley, (Lancaster City Council)
Councillor Bridget Hilton, (Ribbles Valley Borough Council)
Councillor G Hodson, (West Lancashire Borough Council)
Councillor Hasina Khan, (Chorley Borough Council)
Councillor Jackie Oakes, (Rossendale Borough Council)
Councillor Julie Robinson, (Wyre Borough Council)
Councillor M J Titherington, (South Ribbles Borough Council)

County Councillor L Collinge replaced County Councillor M Iqbal;
County Councillor B Dawson replaced County Councillor N Hennessy;
County Councillor A Schofield replaced County Councillor D Stansfield; and
Councillor J Oakes replaced Councillor B Ashworth as Rossendale Borough Council's representative at the meeting.

The following speakers were welcomed to the Health Scrutiny Committee meeting:

- Sam Nicol, Director of the Healthier Lancashire and South Cumbria Change Programme;
- Andrew Bennett, Lancashire North Clinical Commissioning Group (CCG);
- Sally McIvor, Pennine Lancashire Health and Care; and
- Mark Youlton, East Lancashire CCG.

The Chair also welcomed Sakthi Karunanithi, Director of Public Health and Well Being to the meeting.

1. Apologies

Apologies for absence were presented on behalf of County Councillor F Craig-Wilson and from District Councillors S Green (Fylde Borough Council) and R Leeming (Preston City Council).

2. Disclosure of Pecuniary and Non-Pecuniary Interests

County Councillor Lizzie Collinge, declared a general interest in relation to item 4 on the agenda in that her job at Lancaster University was funded by the Lancashire Care NHS Foundation Trust under an honorary contract arrangement and that her partner was an employee of NHS England.

3. Minutes of the Meeting Held on 22 November 2016

Resolved: Minutes from the meeting held on 22 November 2016 be confirmed and signed by the Chair.

4. Lancashire & South Cumbria Sustainability and Transformation Plan

Sam Nicol, Andrew Bennett, Sally McIvor and Mark Youlton provided a joint presentation on the STP for Lancashire and South Cumbria, sections of which were created to inform the Committee to the development of the Local Delivery Plan (LDP) with particular reference to the Morecambe Bay and Pennine Lancashire areas.

It was reported that the demand for services continued to grow and that there was a requirement to redesign the complex system of health and social care that had accumulated over the years. The STP would therefore provide the impetus for change by developing new models of care through the widest possible level of engagement and the appropriate use of financial resources. The Committee was informed that there was one STP plan for Lancashire and South Cumbria with five individual LDPs. Sam Nicol reported that three major gaps had been identified in the system of care for the area, these being; health and wellbeing, care and quality and finance and efficiency. In addition, eight priority workstreams or working groups had also been identified in line with national guidance and based on knowledge, local need and challenges in the Lancashire and South Cumbria area. The eight priorities were:

1. Prevention;
2. Primary Care Transformation;
3. Regulated Care Sector;
4. Urgent and Emergency Care;
5. Acute and Specialised;
6. Children and Young People Mental Health;
7. Learning Disabilities; and
8. Mental Health Transformation.

Andrew Bennett gave a presentation on the Morecambe Bay LDP. It was explained that patients did not want breaks in communication and that there was a considerable amount of work to be done with integrating services particularly around local communities and mental health. The Committee was informed that there had been some good engagement with Lancashire Police in relation to the demand on NHS services from patients with dementia.

It was reported that the LDP for Morecambe Bay would also concentrate on building a common platform through the sharing of resources such as information technology, human resources, finance and estates. Furthermore, there was a clear requirement for accountability in delivering and developing care through a single leadership team, shared decision making and the involvement of the public.

It was highlighted that there were eleven partners in delivering health care to the people of the Morecambe Bay area and that the premise of the LDP would require a significant change for staff in providing services in new ways. However, it was noted that the public felt they were not being listened to or acknowledged.

Mark Youlton, provided a presentation on the Pennine Lancashire LDP. The Committee was informed that work on the LDP started around 18 months ago with partners and that their approach was largely driven by issues with hospital services at that time. However, since September 2016, a series of public engagement events had taken place to review the case for change and emerging models of care. In addition staff were attending a combination of public meetings and targeted groups in order to raise public awareness. Furthermore, a series of Solution Design workshops had taken place which brought together clinicians, people from the Third Sector and various patient groups to support the development of the Draft Business Case. Regular newsletters and briefings had been distributed to staff and stakeholders. Briefings had also taken place with MPs to ensure that emerging proposals of care were also communicated.

It was reported that in the Pennine Lancashire area, there was an active social media network with an excellent uptake by followers on newly established Twitter and Facebook accounts. Press coverage had also been positive. A series of video case studies, animation and vox pops had also been developed in order to share and inform people of the transformation programme. It was recognised that there was a need to move away from NHS jargon and to switch to more meaningful correspondence with the public to help understand the process.

The Committee was informed that the Pennine Lancashire LDP would focus around the 'me and my family' concept and the provision of more care in the community. It was felt that better care services could be delivered in the community as many people would not require care in a hospital setting. The provision of clinical advice to people in nursing homes across the area with a qualified nurse via telemedicine was one such example whereby the use of technology had proven effective in delivering a service that previously would have required a hospital visit.

The Committee was informed that three distinct areas of around 30-50k people had been identified in the Pennine Lancashire area and that the LDP would focus on delivering primary care and the right care in a safe and affordable way for those localities and in turn developing resilient communities.

With regard to the way forward, the Committee was informed that there needed to be an agreement on what to implement at STP level (overall – Lancashire and South Cumbria) and what to pursue at the LDP level (Morecambe Bay, Fylde Coast, West Lancashire, Central Lancashire and Pennine Lancashire). Considerations also had to be given in respect of any further developments as a result of the Combined Authority in Lancashire and the Joint Health and Wellbeing Board. In addition it was recognised that there had to be shared decision making and the engagement and involvement of professionals and public in the development of new models of care.

The Chair in thanking the officers who gave the presentation invited Sakthi Karunanithi to provide the Committee with his view of the STP from a Public Health perspective.

Sakthi explained that his role was a statutory role to provide advice to the NHS, the Council and this Committee on improving outcomes of Public Health for the people of Lancashire. Sakthi confirmed that he was also involved with the development of the STP. In essence, it was confirmed that demand on the NHS was rising and whilst resources were increasing this was not necessarily in line with demand. Whereas resources in local government were decreasing. The Committee was informed that it was important for the NHS to play its fullest part from prevention to acute care and that there would be a need to constantly liaise with partners and neighbouring authorities in going forward.

With regard to prevention it was reported that there were three areas of focus:

1. Bringing communities together to understand and address local issues;
2. Joining services at local level across the Lancashire and South Cumbria STP area, ensuring that care is rolled out appropriately and consistently; and
3. Engage with all partners and establishing policies on matters such as housing, licensing, planning and air quality.

The Committee was informed that this was only a quick overview and reaffirmed that there was a need to constantly track and predict population health with the use of key measures such as life expectancy.

The Chair in summarising the meeting read the following quote from The King's Fund report on the Sustainability and Transformation Plans in the NHS:

"The original purpose of STPs was to support local areas to improve care quality and efficiency of services, develop new models of care, and prioritise prevention and public health. The emphasis from national NHS bodies has shifted over time to focus more heavily on how STPs can bring the NHS into financial balance (quickly). National NHS leaders are themselves under pressure from central

government to close gaps in NHS finances, at a time when the NHS faces an unprecedented slowdown in funding and dramatic cuts have been made to public health and social care budgets. It is therefore important to recognise the constraints facing national as well as local leaders in the NHS."

Members of the Committee were invited to comment and raise questions and a summary of the discussion is set out below:

- It was identified that there was a need to focus on prevention and the integration of services and that there should also be an honest debate in relation to the funding of non-essential treatments and prescriptions. Members felt that they did not have the full facts in relation to the financial situation and wondered whether there should be a general acceptance that NHS funds should merely keep up with demand. It was also suggested that rather than setting an emphasis on needing more money to deliver services to perhaps make use and fully utilise existing resources from as many sources as possible. The Committee was informed that ever since the NHS was established there was only a finite budget versus infinite demand and with 1.9m people in the Lancashire and South Cumbria area, it was recognised that transforming services for such a large area would present a challenge. Members were informed that there was a need to move away from acute based care to a more health and wellbeing approach.
- Members also expressed concern that any additional funding obtained through the bidding process with NHS England (NHSE) should not be used to cover any deficit.
- Members emphasised the importance of communication and engagement with not only the public but also with elected members. Members also emphasised the need to reduce the jargon for all to understand. It was suggested that a person friendly 'LDP Plan on a page' would be advantageous. In addition, it was suggested that district councils could also make a positive contribution to their respective LDPs.
- In response to criticism, the Committee was informed that whilst the STP and its subsequent LDPs were made available to the public, there was a requirement by the NHS England (NHSE) to produce this documentation in the format that it was presented in. Officers recognised that the use of language was important in engaging with the public and that they were hoping to create an approach that was less bureaucratic. It was agreed that a person friendly 'plan on a page' would be a good place to start. Furthermore, a suggestion was made that officers should provide real-life examples or to tell a story in their communication – especially in relation to unhealthy lifestyles.
- It was felt that the STP focussed too much on medical and sickness aspects of care and that it should perhaps move away from that direction as the theory for transformation. However, it was appreciated by members

that transforming from a predominantly sickness focus to a 'wellness' focus would take time.

- Members expressed concern that the take up/implementation of telemedicine facilities had been slow. It was reported that from experience, establishing such a system took considerable time in changing the way people worked and gaining the trust of staff to adjust to new ways of working. Additionally, there was also the requirement to provide advice and support throughout the implementation process. The Committee was informed that East Lancashire Clinical Commissioning Group had worked with Airedale Hospital for three years in establishing its telemedicine facility.
- Members also noted that there would be significant issues in relation to the implementation of joint I.T. systems across the Lancashire and South Cumbria area and the need to identify shared protocols in maintaining such systems to avoid confusion and delay on rectifying problems or creating enhancements.
- Concern was also expressed in relation to older people becoming socially isolated through an apparent lack of 'sense of community' especially for those living in rural areas. The subsequent effect being that those in isolation could be more vulnerable in developing mental health problems.
- Members highlighted the misuse of A&E services in that it had been reported to them that because of limited GP appointments, people were subsequently using the A&E service with the expectation that they must be seen within four hours. Members expressed concern that there needed to be a clear definition of what A&E services are used for, what to expect and what not to expect and to communicate that to the public.
- The Chair reported that the Steering Group recently met with the Fylde and Wyre Clinical Commissioning Group, where they had been informed of their intention to develop an MCP model through an alliance approach. The Chair asked if both the Pennine Lancashire and Morecambe Bay areas were aware of this model and whether they had a specific preference in mind for their respective areas. Both Pennine Lancashire and Morecambe Bay stated that they needed to be clear on how they were going to deliver services before identifying their preferred MCP contract option and that the 'alliance' contract was only one of a few types of contract available to choose from in co-ordinating such services.
- Members sought reassurance for both the Committee and the public on whether the STP would deliver a successful transformation of sustainable services for the area as there was some concern around fragmentation of services and an apparent lack of progression or practical application in resolving long standing issues. In addition, there was a public perception that the STP represented the route to privatisation of services. The Committee was informed that when NHSE released the five year forward

plan in 2014, there was a requirement to work on new care models for people to access the right care when they needed it and the STP had followed on from that process. The Committee was reminded that some NHS services were already being delivered by private care organisations.

- Concerns were expressed in relation to Clinical Commissioning Groups (CCG) working in silos and not being aware of what each CCG was working on. It was highlighted that no less than three CCGs covered the Ribble Valley area. With this in mind, there was a clear need for each CCG to demonstrate that they work together.
- In response to a query around local MPs not being offered briefings on the STP, it was reported that they were all written to and offered one to one conversations and invitations to quarterly briefings.
- Concerns were also expressed in relation to deprived areas and peripheral matters such as unsuitable housing and the impact this had on people's lives, in particular those who were on a low income and had no funds to improve their standard of living.
- Members were informed that a Scrutiny Inquiry Day was currently being organised for the 9th March 2017, to focus on issues relating to workforce and that an invitation would be sent out to members and stakeholders in the near future. A request was also made to hold a future Scrutiny Inquiry Day into the financing of future service delivery.
- In response to a query around achieving sustainability over the next two years, members were informed that whilst the CCGs and NHSE were concerned, there was a general feeling that they were able to manage the financial risks. The Committee noted the statement that funding for local authority services would continue to reduce over the next four years which would pose a major challenge in the delivery of the STP.
- A comment was also made in relation to the extensive use of sugar in food and the need to reduce this to improve people's wellbeing.
- Members commented that the STP appeared to be a series of responses and did not necessarily contain any solutions or options or any assessment on what was actually deliverable. In addition there did not appear to be an end date regarding the consultation process or when the STP would be implemented. Members were reminded that the STP was a national imperative and a statutory process and that officers were under pressure to produce the STP in the format it had been presented. However, assurance was provided that a more public facing version would be ready within the next few weeks. Members were also informed that there was no specific deadline for consultation or the implementation of the STP, only that the process would be ongoing over the next five years and the subsequent roll out of any new models of care as time passes.

The Chair thanked officers for their contribution.

Resolved: That;

- i. The Committee agreed the Chair and Deputy Chair to summarise the comments and issues that were raised on their behalf to enable further actions to be formulated;
- ii. The public facing STP document be shared with the Health Scrutiny Committee prior to publication.

5. Report of the Health Scrutiny Committee Steering Group

No verbal report was given on the recent meetings held by the Health Scrutiny Committee Steering Group.

Resolved: That an update on the work of the Health Scrutiny Committee Steering Group since December 2016 be presented at the next scheduled meeting in February 2017.

6. Work Plan

The work plan for both the Health Scrutiny Committee and its Steering Group, including current Task Group reviews was presented to the Committee for information. It was reported that the Care in the home and suitability of housing item planned for the scheduled meeting in February 2017 would be replaced with an item from the Lancashire Teaching Hospitals Trust.

Resolved: That subject to the above change to the work plan, the report be noted.

7. Urgent Business

There were no items of urgent business.

8. Date of Next Meeting

The next meeting of the Health Scrutiny Committee will be held on Tuesday 28 February 2017 at 10.30am in Cabinet Room C – The Duke of Lancaster Room, County Hall, Preston.

I Young
Director of Governance, Finance
and Public Services

County Hall
Preston

Health Scrutiny Committee

Meeting to be held on Tuesday, 28 February 2017

Electoral Division affected:
Bamber Bridge and Walton-le-Dale; Chorley East; Chorley North; Chorley Rural East; Chorley Rural North; Chorley Rural West; Chorley South; Chorley West; Farington; Leyland Central; Leyland South West; Penwortham North; Penwortham South; Preston Central North; Preston Central South; Preston City; Preston East; Preston North; Preston North East; Preston North West; Preston Rural; Preston South East; Preston West; South Ribble Rural East; South Ribble Rural West;

Lancashire Teaching Hospitals Trust - update on the revised Chorley Hospital Emergency Department and Urgent Care Centre Provision (Appendix A refers)

Contact for further information:

Gary Halsall, Tel: 01772 536989, Senior Democratic Services Officer (Overview and Scrutiny),

gary.halsall@lancashire.gov.uk

Executive Summary

Officers from the Lancashire Teaching Hospitals Trust will provide the Committee with an update on the progress of the revised Chorley Hospital Emergency Department and Urgent Care Centre provision.

Appendix A – response from the Lancashire Teaching Hospitals Trust, Chorley and South Ribble and Greater Preston Clinical Commissioning Groups (CCGs) to the scrutiny review report, 'Emergency Care Crisis – Chorley' which was received at the Committee's meeting on 22 November 2016.

Recommendation

The Health Scrutiny Committee is asked to note the update from Lancashire Teaching Hospitals Trust and to formulate any further recommendations in relation to the progress of the revised Chorley Hospital Emergency Department and Urgent Care Centre provision.

Background and Advice

At its meeting on the 22nd November 2016, the Committee received the response from the Lancashire Teaching Hospitals Trust, Chorley and South Ribble and Greater Preston Clinical Commissioning Groups (CCGs) to the scrutiny review report, 'Emergency Care Crisis – Chorley' (see appendix A). Whilst the response was noted the Committee also requested to receive a copy of the Chorley Emergency Department Mobilisation Plan. To date the Mobilisation Plan has not been received. However, confirmation was received on 15 December 2016 from the Trust stating that the Mobilisation Plan was on track.

On the 18 January 2017, it was confirmed that the Emergency Department at Chorley Hospital would re-open on an 8am-8pm basis. In addition to this, new 24hr, seven day a week urgent care centres had also opened at Chorley and Preston Hospitals. It is hoped that these new integrated services at both hospital sites will ensure that people are seen by the most appropriate clinician for their need.

The Committee will recall that the integrated Urgent Care Centre contract had been awarded to GTD Healthcare (Go To Doc – www.gtdhealthcare.co.uk), which is a not for profit organisation who would provide their own staff thereby releasing those staff who ran the service to support the 12hr Emergency Department. In a stakeholder briefing circulated by the Trust by email on 16 January 2017, it was confirmed that anyone who arrived at the Emergency Department at Chorley when it was closed would be seen by GTD Healthcare and treated, or signposted, or transferred by ambulance to the appropriate hospital emergency department. The Trust stated this process had worked well over the past nine months and that there had been no patient safety issues.

According to the Chorley and South Ribble CCG website, the contract awarded to GTD Healthcare is for five years from November 2016 to October 2021 and is valued at £30m. The provider was selected through a 'Restricted' tender process and achieved the highest overall score against criteria set by the commissioners (Chorley and South Ribble CCG).

It should be noted that signage at both hospital sites is being refreshed and the Trust is currently looking at road signs in the Chorley area to convey that the Emergency Department is only open for 12 hours per day.

As part of both the Trust's and the CCG's press releases, residents in Chorley, South Ribble and Greater Preston CCG areas have been urged to use NHS services appropriately to help manage demand on hospital services. Each CCG and the Trust are currently running a campaign aimed at assisting people in choosing the right

service for their need i.e. NHS 111, self-care, local pharmacy, GP surgery, urgent care centres, 999 or emergency departments.

Consultations

N/A

Implications:

This item has the following implications, as indicated:

Risk management

This report has no significant risk implications.

Local Government (Access to Information) Act 1985 List of Background Papers

Paper	Date	Contact/Tel
-------	------	-------------

N/A

Reason for inclusion in Part II, if appropriate

N/A

Response to Lancashire Health Scrutiny Committee in relation to its report and recommendations on the temporary closure of Chorley accident and emergency department

1. **Recommendation:** The Trust should provide the Committee with a transparent, sustainable, realistic and achievable plan for the provision of services at Chorley by 22 November 2016.

Response: The Trust is fully committed to reinstating the emergency department at Chorley and we are working towards reopening on a limited hours' basis (12 hours a day) on 18 January 2017 when the new 24/7 integrated urgent care centre opens. Having the emergency department reopened at the same time as the opening of the new 24-hour urgent care service, integrating the two services, will provide additional resilience. This is an opportunity to enable the service to reopen without compromising patient safety. It has been agreed that it would not be practical or safe to reopen the department before this date, as it would require both additional staff and existing staff to work excessive hours, and would compromise the major trauma centre at Royal Preston Hospital. Furthermore, the independent review, jointly commissioned by NHS England and NHS Improvement, concluded that it is not feasible to reopen the department on a 24-hour-a-day basis.

We have developed a mobilisation plan for reinstating the limited hours' emergency department, which contains realistic, milestones for increasing the service provision at Chorley and details:

- Our focused recruitment plan to secure additional staff
- The changes we are making to improve medical patient flow
- The risks to mobilisation, particularly from a staffing perspective
- The inter-dependencies with the new provider of the urgent care service's mobilisation plan
- The estates limitations (whilst there has been significant investment to develop an urgent care centre at Chorley, there has been no capital investment on the Royal Preston site, which could impact on both the urgent care service mobilisation and the emergency department mobilisation plan)

Our mobilisation plan is monitored and reviewed on a bi-weekly basis by the System Resilience Group. The System Resilience Group will also be

reviewing the impact of the new 24-7 urgent care service on other services, including the emergency department and GP practices.

2. **Recommendation:** The Trust should provide the Committee with detailed information on how they are addressing their inability to meet the 4 hour target for A&E attendance at Royal Preston Hospital.

Response: Like many hospitals across Lancashire and nationally, the pressures on emergency services is an on-going challenge. Despite the best efforts of hard working staff, nationally hospital accident and emergency department performance is currently the worst it has ever been. In the first three months of this year only four of the 138 large A&E departments saw the required 95% of patients in four hours. One in 10 patients had to wait more than four hours, the highest level at this time of year since 2003/4.

The Trust works hard, both internally on its patient flow systems and externally with the wider health and care system, to ensure that patients receive timely and appropriate care and treatment. The Trust's aim is to ensure that all patients are seen, treated or discharged within four hours and we are committed to the national A&E improvement programme supported by NHS Improvement and NHS England. The Trust, however, has to prioritise seeing those patients that require urgent treatment for serious or life threatening conditions, and at times, this can create delays for those people who are less seriously ill.

The CCGs can provide an overview of the 4-hour target over specific timescales on request. Additionally, the Trust is working closely with the CCGs and a new provider to mobilise a new 24/7 urgent care service at both hospital sites, which should help reduce the pressures on Royal Preston Hospital, as it would allow A&E staff to be freed up to focus on the most acute and most life threatening cases, and enable the more minor cases to be treated in a timely way. (See response 8.)

3. **Recommendation:** The Clinical Commissioning Group to provide the Committee with evidence that it is supporting the Trust to explore all methods to recruit and retain staff.

Response: The local System Resilience Group (SRG) is chaired by the CCGs' Chief Officer Jan Ledward. The Group's work and discussions to support the Trust in the re-opening of the A&E at Chorley and South Ribble Hospital is fully documented on the Group's meeting minutes, which are published and publicly available on the CCGs' website.

In addition, the CCGs have been leading and administering a weekly project group meeting, the membership of which encompasses representatives from organisations across the health and care economy, including the Trust. The aim of the project group was to manage operational activity with a view to re-opening the A&E department at Chorley and South Ribble Hospital. This

remit has now been subsumed into a new time-limited version of the SRG, while the existing project has evolved to look at all A&E delivery for the whole of central Lancashire.

In relation to clinical recruitment specifically, there is of course a limit to what the CCGs can do to help with provider recruitment and the organisation's own retention levels, however, they are satisfied that the Trust has explored all of the options available to them.

Since before the current issue arose, the Trust undertook a proactive, comprehensive recruitment drive, both nationally and internationally. Job roles were revised to make them more attractive to potential candidates and a recruitment premia was introduced for emergency medicine doctors.

Recruitment processes were also improved to enhance the speed in which CVs received were considered, and to also speed up the process for arranging interviews and finalising job offers.

Vacancies are advertised on websites, via social media, and at the request of local stakeholders, in the national press. Also at the request of local stakeholders, 'off framework' recruitment agencies were used, but neither that nor the national press adverts produced any suitable leads.

Since April this year more than 150 CVs have been reviewed and 12 job offers have been made, although to date those applicants have declined the offers.

4. **Recommendation:** NHS England should undertake a review of the national issues identified within this report, namely:
 - a) The discrepancy between substantive and locum pay
 - b) The need for clear guidance relating to the application and/or removal of the agency cap
 - c) The number of emergency medicine trainee places

Response: We are unable to comment on this.

5. **Recommendation:** In the light of the failure of the Trust to communicate in a timely and effective manner with the public and their representatives in this case, NHS commissioners be asked to demonstrate how they will effectively engage and involve local residents in future service design.

Response: Whilst the Trust had escalated staffing concerns to NHS Improvement, NHS England and the System Resilience Group since June 2015, it is recognised that there was very little notice given to the public before the A&E department at Chorley and South Ribble Hospital was temporarily closed due to safety concerns.

However, since taking the decision to temporarily downgrade the emergency department, we have been actively engaging with all of our stakeholders through weekly stakeholder meetings and written briefings, and members of the public are encouraged to provide comments or feedback through our engagement portal, which is being hosted by the CCGs and can be found at www.chorleysouthribbleccg.nhs.uk and www.greaterprestonccg.nhs.uk.

A revised communications and engagement plan specifically for the temporary changes to the A&E department at Chorley has been put in place, to support communications while it is closed, and also communications in the lead up to its re-opening.

The health economy is also committed to ensuring that Health Overview and Scrutiny is given an early oversight should there be any early warning signs or indicators for similar pressures to affect other services, so that conversations can take place much earlier with local residents and stakeholders.

On a wider and longer term timescale, the central Lancashire transformation programme, Our Health Our Care is beginning, and between November 2016 and March 2017 there will be lots of opportunities for members of the public, staff and stakeholder organisations to get involved in service redesign, which will include how hospital services might be arranged in the future, including the longer term future for emergency and urgent care provision. The programme involves all local health and care organisations, and will be fully collaborative. Our Health Our Care will be the central Lancashire delivery element of the Lancashire STP, as central Lancashire's Local Delivery Plan (LDP).

6. **Recommendation:** The System Resilience Group should develop a plan that identifies the lessons learnt from this situation, in particular how communication and resource planning is managed. It should then be shared with wider NHS and social partners and stakeholders.

Response: Following the outcome of the review undertaken by NHS Improvement and NHS England, the CCGs will assess the review and see if any further reviews to inform lessons learnt are appropriate. (I.e. to see if there are any gaps in this area that have not been covered by this clinical review.) Any additional review work would need to take place with the agreement of the CCGs' Governing Bodies. If this does take place, the aim would be to provide positive learnings for the entire health and care economy. Outcomes would, of course, be reported publicly and fed into system planning for all organisations.

7. **Recommendation:** That the developing crisis in Emergency Care is given the required priority in the development of the Lancashire and South Cumbria Sustainability and Transformation Plan, and a plan for Emergency Care across Lancashire is developed as a key priority, and that the Lancashire

Health and Wellbeing Board are asked to take responsibility for the implementation and monitoring of this priority.

Response: Urgent care is a work stream and priority within the STP, which is now publicly available.

8. **Recommendation:** The Trust should make every effort to increase the Urgent Care Centre opening hours on the Chorley site to 6am – midnight as additional staff are appointed.

Response: The interim urgent care measures at Chorley and South Ribble Hospital (8am to 8pm) are in place to provide cover while the temporary closure of the A&E department is in place at the site.

Last year the local Clinical Commissioning Groups ran a tender process for a new 24/7 integrated urgent care service. The new urgent care provider will bring extra staff to the system, which gives more opportunity to reinstate the emergency department, and the urgent care centre will see a number of patients who would have previously attended the emergency department. Lancashire Teaching Hospitals will be recruiting extra nurses and consultants and our consultants have agreed to work extra shifts to help reinstate the service.

The Trust is therefore focusing on reopening the emergency department on a limited hours' basis (12 hours a day) on 18 January 2017 when the new 24/7 integrated urgent care centre opens. It is intended that the new urgent care service will be co-located to the emergency department. The emergency department will continue to treat injuries and more serious conditions that the new urgent care service cannot treat so we still expect to see a significant number of patients.

It is not practical or safe to reopen the department on a 6am – midnight basis, as it would require both additional staff and existing staff to work excessive hours, and would compromise the major trauma centre at Preston. Delivering a safe and sustainable service is our main priority and it is an unacceptable risk to patient safety to attempt to provide a service that is not staffed sufficiently by the necessary doctors. At the moment there is no plan to reinstate the emergency department 24-hours-a-day. The independent review commissioned by NHS Improvement and NHS England published in September recognises that reinstating the emergency department 24 hours a day is not currently realistic.

9. **Recommendation:** The Trust should actively seek best practice from other Trusts regarding staffing on A&E Departments.

Response: The Trust does this on a regular basis, but this was also the basis for formally requesting the review to take place, as led by NHS England and NHS Improvement. The Trust is always open to looking at new ways of

working and best practice, and will continue to welcome this input from other organisations and advisors.

With respect to the Trust's adherence to the agency cap as compared to other trusts, on 11 March 2016 the Trust formally wrote to Jim Mackey (NHS Improvement) to raise concerns about the inconsistent implementation of the cap nationally; in particular, the impact the lack of consistency has on an organisation's ability to recruit and retain doctors when other organisations are paying higher rates and there is no agency cap in other parts of the UK.

On 14 March 2016 Jim Mackey confirmed the importance of continuing to implement the cap. Despite this, on 16 March the Trust Board took the decision to not implement the cap for emergency medicine doctors on patient safety grounds; however this did not yield any further CVs.

10. **Recommendation:** For the future, a more open approach to the design and delivery changes to the local health economy needs to take place, working with wider public services through the Lancashire Health and Wellbeing Board to make our hospitals more sustainable and better able to serve the needs of residents.

Response: This will be fully incorporated into the Our Health Our Care central Lancashire transformation programme. All of the health and care organisations within the central Lancashire economy are committed to fully engaging with the public and wider stakeholders about any planned service change, however, it is important to note that the temporary change to the A&E department at Chorley was necessitated by a culmination of unpredictable events. This difficult decision was taken to keep patients safe. (See response 5.)

Health Scrutiny Committee

Meeting to be held on Tuesday, 28 February 2017

Electoral Division affected:
(All Divisions);

Healthwatch Lancashire - Annual Review

(Appendices A, B and C refer)

Contact for further information:

Gary Halsall, 01772 536989, Senior Democratic Services Officer (Overview and Scrutiny),

gary.halsall@lancashire.gov.uk

Executive Summary

Sheralee Turner-Birchall, Chief Executive of Healthwatch Lancashire will provide the Committee with a presentation on the work Healthwatch Lancashire has carried out since April 2016.

Appendix A - Healthwatch Lancashire's statutory responsibilities.

Appendix B - copy of Healthwatch Lancashire's Annual Report for 2015/16.

Appendix C - copy of the presentation to be delivered at the meeting (subject to any amendments between publication of the agenda and the meeting taking place).

Recommendation

The Health Scrutiny Committee is asked to note and comment on the presentation.

Background and Advice

Healthwatch Lancashire is the public voice on health and social care in Lancashire, ensuring that their views are listened to by those who manage and run local health and social care providers, report concerns to the health regulator – the Care Quality Commission (CQC) and feed intelligence on a national level to Healthwatch England.

The Committee will recall that it last received an update from Healthwatch Lancashire at its meeting in November 2015, from the then Chief Executive, Gill Brown and that members were encouraged to raise issues of concern with Healthwatch Lancashire either as a Committee or on an individual basis.

For information of the Committee, Healthwatch Lancashire produces reports on:

1. Enter and View;
2. Patient Engagement Days; and
3. Community Engagement Feedback.

In addition to the those reports, Healthwatch Lancashire also publishes its annual report as well as strategic plans, case studies, quarterly newsletters and activity updates. All this information is available from Healthwatch Lancashire's website at: <http://healthwatchlancashire.co.uk>.

Healthwatch Lancashire's statutory responsibilities are set out at appendix A. An extract of the Committee's terms of reference which relate to the Committee's ability to work with Healthwatch Lancashire (whilst retaining its independence) and vice versa is set out below (paragraphs 8, 15 and 16):

"

8. In reviewing any matter relating to the planning, provision and operation of the health service in the area, to invite interested parties to comment on the matter and take account of relevant information available, particularly that provided by the Local Healthwatch.
15. To draw up a forward programme of health scrutiny in consultation with other local authorities, NHS partners, the Local Healthwatch and other key stakeholders.
16. To acknowledge within 20 working days to referrals on relevant matters from the Local Healthwatch or Local Healthwatch contractor, and to keep the referrer informed of any action taken in relation to the matter.

"

It is worth noting that Healthwatch Lancashire will be producing their own workplan for 2017/18. The latest Healthwatch Lancashire annual report for 2015/16 is set out at appendix B. The annual report for 2016/17 will be published in June 2017.

Consultations

N/A

Implications:

This item has the following implications, as indicated:

Risk management

There are no significant risk implications contained in this report.

Local Government (Access to Information) Act 1985

List of Background Papers

Paper	Date	Contact/Tel
-------	------	-------------

N/A

Reason for inclusion in Part II, if appropriate - N/A

OUR STATUTORY RESPONSIBILITIES

- 1. Promote and support local people to be able to get involved in deciding what services should be paid for, where, when and we have to help local people examine the services for themselves**
- 2. Help local people check the standard of care on offer and whether the services can and should be improved**
- 3. Meet with local people and groups to gather information on their experiences of local care services and make your information known to the people who run, pay for and check these services**
- 4. Make reports about how local care services can and should be improved**
- 5. Provide advice and information about how to access local care services so people can make their own choices**
- 6. Express the views of local people to Healthwatch England**
- 7. Make recommendations to Healthwatch England to advise the Care Quality Commission to conduct special reviews and investigations when there may be concerns about a service. We also request that Healthwatch England publish reports about particular issues, to raise awareness nationally**
- 8. Provide Healthwatch England with the information and understanding it needs to perform effectively**



Healthwatch Lancashire

Annual Report 2015/16

Contents

Message from our Chair	2
Message from our Chief Officer	3
Healthwatch Lancashire's year at a glance	4
About Healthwatch Lancashire	5
Listening to people who use health and care services	9
Sharing information and informing people in Lancashire of our work	16
How we have made a difference	20
Our work in focus	25
Our plans for 2016/17	30
Our people	32
What people have said about Healthwatch Lancashire	35
Our finances	36
Contact us	38



Message from our Chair

In the ever-changing world of health and social care, we said “au revoir” to Gill Brown, our Chief Executive, at the end of March and welcomed Sheralee Turner-Birchall as our new Chief Officer.

Sheralee has been with the organisation since its inception, and has established a great track record of working with the team and especially volunteers in representing the interests of patients and service users at all levels in the NHS and local government.

I am delighted that she agreed to take on the leadership role: her strong commitment to our principles and her dedication to the cause will see us go from strength to strength.

I am pleased to say also that Gill Brown will continue to advise us from time to time on specific projects.

Another sign of the times is that we are exploring with our counterparts in Blackburn, Blackpool and Cumbria how we might best represent the interests of patients as the new NHS ‘Sustainability and Transformation Plan’ for Lancashire and South Cumbria gathers steam.

Neil Greaves, our gifted Communications Manager, is spending some of his time working with Lancashire and South Cumbria Change Programme, whose main task is to give a Lancashire (and now also South Cumbria) twist to the NHS Five Year Forward View. This is really vital work as health and care begin to move in wholly new directions.

I wish to express my thanks to all the members of our team, for their commitment to patients and families, and for their skills in recording what they



say, presenting their stories in an arresting way, so that we can let providers know just what is the impact of their services.

Our volunteers also do a magnificent job in supporting all we do. Their commitment and dedication is crucial to the work of Healthwatch Lancashire.

I must also express my appreciation to our Board members for their guidance of our work, and for the skills and experience they bring. Three of our original stalwarts stepped down recently: their contribution from the earliest days of Healthwatch Lancashire have made us who we are. New faces will shortly appear; please keep an eye of our web-site to see more.



As the Chinese proverb has it ‘we live in interesting times’.

Mike Wedgeworth
Chair of Healthwatch
Lancashire

Message from our Chief Officer

As the newly appointed Chief Officer, I am delighted to be offering you an overview of the work of Healthwatch Lancashire.

As we are all aware, there are significant challenges faced in health and social care and it is vital that as your local healthwatch we enable you, the people of Lancashire, to have your say about the care you receive and ensure that your feedback influences the future of health and social care across Lancashire.

Over the past 12 months we have developed a varied programme of work to create as many opportunities to gather the opinions of the people in Lancashire.

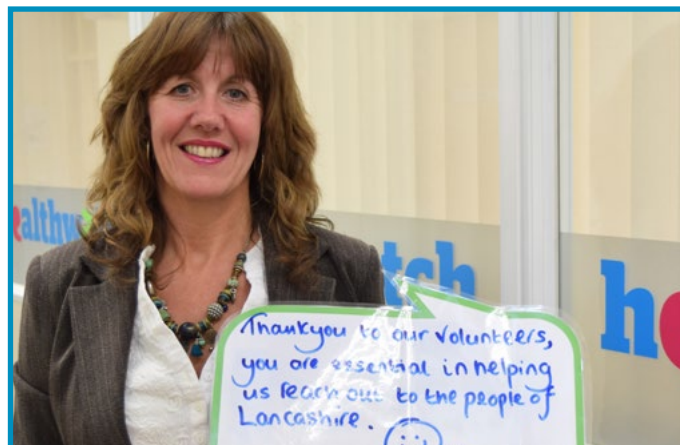
We have shaped our community engagement strategy to reach those people who rarely have their voices heard. This has involved the team speaking to people in locations such as bus stations, street markets, community fayres and through speaking to community groups to find out what really matters to them. This information is not only shared with providers and commissioners of services but also informed our programme of work in 2016/17.

We have conducted a programme of Patient Engagement Days in all the hospitals across Lancashire. The feedback we have received has been shared with each of the trusts who have responded with actions to the points we have raised.

Our Enter and View programme of work in care homes has provided the local authority, the NHS and the Care Quality Commission with valuable insight from the service user and relative perspective into what it feels like to receive care in a residential or nursing home. We have published 20 reports and have used this information to create a best practice publication, which will be published in 2016/17.

Our Mystery Shopping activity in Pharmacies has influenced a report which has opened discussions with the Local Pharmacy Network about raising awareness and consistency of pharmacy services in Lancashire.

Our work does not stop there, we also have been involved directly in scrutinising health settings through our involvement in the annual PLACE



inspections, mock Care Quality Commission inspections, patient walk-throughs.

To ensure your experiences are heard, myself and the team attend and participate in meetings, events and conferences across the county.

Healthwatch Lancashire would not be able to undertake our work without our dedicated team of volunteers, who are truly amazing and have participated in a wide range of activities from gathering experiences in health settings and conducting Enter and View and PLACE visits to co-facilitating our Care Circles – a big heart felt thank you to you all!

A particular highlight for me has been the recognition of our work as a finalist at the North West Coast Research and Innovation Awards for our programme of work on Patient Journeys on Ward 39 at Royal Lancaster Infirmary.

In conclusion, I am so proud to be part of the Healthwatch Lancashire team and would like to thank the staff, our volunteers and Board for their dedication, hard work and commitment.

Most importantly, I would like to thank the people of Lancashire for their time in sharing with us their experiences and look forward to another year of engaging with you.

Sheralee Turner-Birchall
Healthwatch Lancashire Chief Officer

Healthwatch Lancashire's year at a glance

This year there were more than 26,700 visits to our website.



Our volunteers contributed more 1,772 hours to supporting Healthwatch Lancashire projects and activities.



We listened to more than 6,000 people about their views and opinions on health and social care.



We've made more than 471 visits to local health and social care services



We published 50 reports tackling issues from accessing services to gathering experiences.



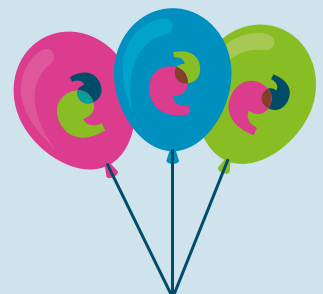
The average number of people who we reached on Twitter each month is more than 30,000.



90% of people said that they had not shared their experience with any other organisation or service.



Between September 2015 and March 2016, Healthwatch Lancashire carried out a total of 29 Enter and View visits.



About Healthwatch Lancashire

Healthwatch Lancashire is the public voice for health and social care in Lancashire and exists to make services work for the people who use them. 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. Our focus is on understanding the needs, experiences and concerns of people of all ages who use services and to speak out on their behalf.

It is often those closest to the process who are best placed to give useful feedback on the way services work and how they can be improved. As patients and relatives are the ones who experience the process or service first hand, they have a unique, highly relevant perspective.

Patients and relatives input into designing services can be invaluable as seeing services from their point of view opens up real opportunities for improvement that may not have been considered before.

Healthwatch Lancashire was established following the introduction of the Health and Social Care Act in 2012.

Our vision

Healthwatch Lancashire is committed to listening to patients and members of the public in Lancashire and making sure their views and experiences are heard by those who run, plan and regulate health and social care services.

Healthwatch Lancashire also has a seat on Lancashire's Health and Wellbeing Board, and we are the only statutory body in Lancashire looking solely at people's experiences across health and social care.

Healthwatch Lancashire is an independent not-for-profit company, limited by guarantee, commissioned by Lancashire County Council and is a member of a network of more than 150 independent local Healthwatch organisations in England, with a local Healthwatch in every local authority.



Our statutory responsibilities

Healthwatch Lancashire's statutory responsibilities are:

1. To promote and support local people to be able to get involved in deciding what services should be paid for, where and when. We have to help local people examine the services for themselves.
2. To help local people check the standard of care on offer and whether the services can and should be improved.
3. To meet with local people and groups to gather information on your experiences of local care services and make your information known to the people who run, pay for and check these services.
4. To produce reports about how local care services can and should be improved.
5. To provide advice and information about how to access local care services so people in Lancashire can make your own choices.
6. To express people in Lancashire's views to Healthwatch England.

7. To make recommendations to Healthwatch England to advise the Care Quality Commission to conduct special reviews and investigations when there may be concerns about a service. We also request that Healthwatch England publish reports about particular issues, to raise awareness nationally.

8. To provide Healthwatch England with the information and understanding it needs to perform effectively.

Pictured below: Healthwatch Team members (from left to right): Ilyas Patel, Natalie Cotterell; Amanda Higgins, Aysha Desai, Becky Willshaw, Sheralee Turner-Birchall, Neil Greaves, Liz Thatcher, Michele Chapman and Linda Brown..





Pictured top left: Healthwatch Team members from left to right: Aysha Desai; Ilyas Patel and Amanda Higgins.



Pictured bottom left: Neil Greaves speaks to residents in Rossendale during a collaborative event with Macmillan Cancer Support.

Our staff

The operational team is driven and dedicated to ensuring that all people in Lancashire are given the opportunity to have their say and voice their views. As of 31 March 2016, the team comprises 12 members who plan and undertake high quality engagement projects, Enter and View activities, creative communications and marketing, administrative and clerical support for board members and volunteers amongst many other disciplines.

Our operational team members are:

- Sheralee Turner-Birchall (Chief Officer)
- Neil Greaves (Communications Manager)
- Liz Thatcher (Executive Assistant)
- Linda Brown (Senior Project Officer)
- Ilyas Patel (Project Officer)
- Amanda Higgins (Project Officer)
- Aysha Desai (Project Officer)
- Christina Morley (Communications Officer)
- Becky Willshaw (Intelligence Officer)
- Natalie Cotterell (Project Officer)
- Lesley Miller (Administrator)

Our volunteers

Healthwatch Lancashire recognises the benefit from engaging a cohort of local volunteers with appropriate skills and expertise.

Volunteers not only enrich the organisation by sharing their extensive local knowledge and intelligence but also support the Operational Team with our work by planning and carrying out our statutory responsibilities.

As of 31 March 2016 Healthwatch Lancashire supported a cohort of 32 local volunteers who all reside in Lancashire.

All Healthwatch Lancashire volunteers are subject to an enhanced Disclosure and Barring Service check and undergo induction and other relevant training.

As of 31st March 2016, the volunteer cohort included 28 white British, 1 Scottish, 1 Irish, 1 Chinese and 1 Eastern European.

Our authorised Enter and View representatives

Below is a list of authorised members of staff and volunteers who are permitted to undertake Enter and View assessments for Healthwatch Lancashire.

- Michele Chapman
- Linda Brown
- Sheralee Turner-Birchall
- Neil Greaves
- Becky Willshaw
- Ilyas Patel
- Amanda Higgins
- Aysha Desai
- Natalie Cotterell
- Deborah Mckno
- Doreen Lee
- Carolyn Stuart
- Neil Greenwood
- Tim Snashall
- Selina Coppin
- Ann Clarke
- Keith Middleton
- Peter Osborne
- Liz Butterworth
- Alison Balkas
- Peter Dargue
- Gill Green

Volunteer locations

Map shows the location of Healthwatch Lancashire volunteers within the 14 districts of Lancashire as of 31 March 2016



Listening to people who use health and care services



Listening to people in Lancashire

In 2015/16, Healthwatch Lancashire listened to more than 6,000 people about their views and opinions on health and social care.

We have focused our work on the acquisition, collation, analysis and communication of good quality data and soft intelligence from the people of Lancashire which we have used to improve local health and social care provision.

We have developed a number of programmes which have been focused on listening to people in Lancashire about their experiences in hospitals, GP practices, dentists, care homes, pharmacies and other health and social care services.

Since July 2015, we asked 1,007 people who else they had shared their feedback with and more than 90% said that the information they shared with Healthwatch Lancashire had not been shared with any other organisation or service, demonstrating the value we add to the system.

Patient Engagement Day Events

The Patient Engagement Days project was established in May 2015 by Healthwatch Lancashire and takes a team approach to gathering feedback from local people about hospital services.

One of the key reasons for undertaking the approach was to tackle the geographical challenge Healthwatch Lancashire faces and to provide high quality intelligence by collecting larger samples of data within each of the hospital sites in Lancashire. This approach aimed to ensure that Healthwatch Lancashire is providing valuable input to the six main hospital trusts in Lancashire and to enhance the organisation's reputation and brand awareness.

In 2015/16 Healthwatch Lancashire delivered 28 hospital Patient Engagement Day events where in total 2,024 patients, relatives, carers and staff were listened to by teams of Healthwatch Lancashire staff and volunteers.

The Patient Engagement Day approach was adapted for use at both Calderstones and The Harbour where specific sets of questions were asked relevant to each of the services.

"I've Had My Say"



Healthwatch Lancashire has undertaken a number of creative projects and campaigns to demonstrate that the organisation is giving people in Lancashire the opportunity to say "I've had my say".

In May 2015, we launched a 'Real People of Lancashire' social media campaign to help us to understand what matters to people when it comes to health and social care. The findings from more than 80 people who shared their photos and what matters to them were published in a report. The findings have been used to inform Healthwatch Lancashire's projects and activities throughout the year. For example, one of the main themes from the report was access to services and as a result this has been a key aspect of engagement activities, particularly in relation to dental, GP and hospital services.

In November 2015, we launched the “I’ve Had My Say” campaign which included a programme of Care Circle events taking place with community groups across Lancashire. These Care Circle activities allowed the Healthwatch Lancashire team to listen to views from more than 30 seldom-heard groups, including older people, carers, those with learning disabilities, those with visual or hearing impairments and young parents. Reports from our community engagement activities are now published each month and shared with health and social care providers and commissioners. The groups we visit are shared on the Healthwatch Lancashire website.



Listening to residents online

The Healthwatch Lancashire website has seen considerable developments throughout the year since its relaunch in February 2015. This has resulted in 1,156 people sharing their feedback by contributing to surveys or reviewing health and social care services through the Healthwatch Lancashire website.

Healthwatch and Macmillan On Tour

Healthwatch Lancashire teamed up with Macmillan Cancer Support, Healthwatch Blackburn with Darwen and Healthwatch Blackpool to deliver a series of interactive events, which gave seldom-heard groups the opportunity to discuss their views on cancer services.

Healthwatch Lancashire delivered three events with students at Preston College, a Seniors Together In Rossendale group and a Fylde Community Lesbian, Gay, Bisexual and Trans Friends group in Lytham St Annes.

The events were delivered with the support of drama-based training company, AFTA Thought, who encouraged the group to share their views using scenarios and real life case studies provided by Macmillan Cancer Support.

Enter and View Programme

In July 2015, Healthwatch Lancashire recruited an experienced team of Project Officers to focus on a programme of Enter and View visits in residential care homes across Lancashire. The project was undertaken as a result of funding challenges facing adult social care in Lancashire and the vast number of care homes providing care in Lancashire.

Between September 2015 and March 2016, Healthwatch Lancashire carried out a total of 29 Enter and View visits, which have supported service improvement, the sharing of intelligence and has developed a strong relationship with local CQC Inspection Managers.

We developed a clear key message which supported the innovative programme of Enter and View visits which was that they are a ‘mum’s test’ and that we gather views of residents, relatives and staff to provide an answer to the question: ‘Would you want your loved ones to be cared for in this home?’ Local Care Quality Inspection Managers commended this approach and the benefits Enter and View visits could have to their local inspections.

In 2016/17, Healthwatch Lancashire will utilise the findings of the project by producing a ‘Best Practice Guide for Care Homes’ which will highlight areas of best practice that have been observed by the Enter and View visits to care homes in 2015/16. The guide will include a useful

checklist for members of the public to use when deciding upon which care home provider to use for a relative or friend.

Lifting the Lid

On 26th November 2015, we supported Lancashire BME Network and East Lancashire Clinical Commissioning Group to deliver “Lifting the Lid”, a public event which focused on the health and wellbeing issues faced by Black, Asian and Minority Ethnic communities in Lancashire.

47 people attended the event which discussed challenging topics including mental health, culture and diversity, genetics and reproductive health within Black, Asian and Minority Ethnic communities in Lancashire and lifted the lid for further discussions.

Healthwatch Lancashire published a report summarising the opinions from the attendees about where they feel more research is needed and what they think are the key issues affecting BME communities in Lancashire. The report was shared with East Lancashire Clinical Commissioning Group.



PULSE: our young peoples' group

From 1st April 2015, the Lancashire Children and Young People's Health and Wellbeing Participation Group, PULSE, became a part of Healthwatch Lancashire to ensure that young people from Lancashire are given the opportunity to have their say on health and social care services in the county.

PULSE was set up in 2012 supported by Lancashire County Council. Healthwatch Lancashire commissioned The Children's Society to engage, listen and learn from the experiences of young people in Lancashire by continuing the positive work of the PULSE group.

The young people from PULSE have been given the opportunity to develop their own ideas and projects along with being able to participate in the activities and campaigns of Healthwatch Lancashire.

Key contributions from the PULSE group are the creation of a poster to encourage young people to speak to Healthwatch Lancashire and providing valuable feedback that was used to improve our communications materials.

According to the Lancashire Children and Young People's Trust, more than 274,000 of the 1,180 million people in Lancashire are children and young people and the group will develop in 2016/17 to support Healthwatch Lancashire to listen to their voices.

Your Dentist, Your Say

In July and August 2015 Healthwatch Lancashire undertook a research study with 1,059 residents of Lancashire participating to identify issues relating to access to NHS dental services.

The remit of the research was to engage with local residents across Lancashire with a short survey to find out whether or not people are registered with a NHS dentist and to identify how people would like to be able to access dental services in the future.

The report shows that across Lancashire 63% of people said that they are registered with a NHS dentist, 19% said that they are registered with a private dentist whilst 18% of people said that they were not registered with a dentist.

NHS England confirmed in January that the findings from our report had already been used to change the opening times of a new practice being procured in Lancaster.

NHS England also stated that new funding is being invested in the county on dental access meaning that existing practices can open earlier, for longer hours or at the weekend.

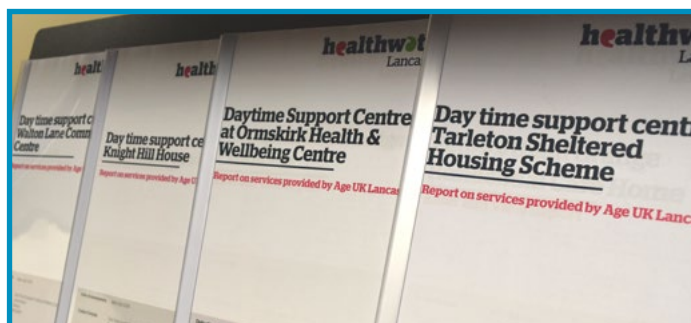
In 2015/16 Healthwatch Lancashire will continue to deliver engagement activities with those who are using or are not currently accessing special care dentistry services and will feed this information into NHS England Lancashire Area Team.

Views on daytime support centres

Between May and July 2015, Healthwatch Lancashire captured the experiences of service users and their relatives in a number of daytime support centres at locations across Lancashire including Walton Lane Community Centre, Ormskirk Health & Wellbeing Centre, Knight Hill House and Tarleton Sheltered Housing Scheme.

Age UK Lancashire requested an independent assessment of four of their daytime support centre services by Healthwatch Lancashire to gather views of service users and their next of kin to inform their quality improvement programme.

Healthwatch Lancashire volunteers, supported by staff, took part in the four events.



“Age UK Lancashire is committed to a culture of continuous improvement. We took the unusual step of requesting a visit from Healthwatch Lancashire because we believed this would provide the most independent and objective view of our service to inform our quality improvement plans. I was delighted to see our managers, staff and volunteers embrace the report, leading to some quick and effective improvement straight away.”

Stephanie Tufft, CEO at Age UK Lancashire

Access to GP services

In January and February 2016, Healthwatch Lancashire engaged with residents in Lancashire to gather their views and experiences about access to GP services.

The remit of the survey was to engage with local residents across Lancashire with a short survey to find out whether people feel that their GP practice is convenient and to understand how people would like to access their GP appointments.

1,044 people took part in the survey and a report will be published in early 2016/17 with the findings.

Understanding the views from the lesbian, gay, bisexual and trans community

In May 2015, Healthwatch Lancashire and Lancashire LGBT published a report about the barriers lesbian, gay, bisexual & trans people face when accessing routine healthcare.

Lancashire LGBT have confirmed that the report, which highlighted that one in four lesbian, gay, bisexual and trans men and women in Lancashire think that their sexual orientation affects the way

they are treated by healthcare professionals, has been used to influence a number of projects which aim to improve people's experiences of using health and social care services.

Healthwatch Lancashire presented the report to lead clinicians within the clinical commissioning groups in Lancashire and will continue to share the results of the study with health and social care professionals.

Healthwatch Lancashire has continued to engage with members of the lesbian, gay, bisexual and trans community through Healthwatch and Macmillan on Tour events and care circle community engagement activities.

NHS Patient Centred Care programme

In February 2016, we produced a number of "Real People" videos, which bring to life what matters in relation to health and social care to people living in Lancashire.

The videos were produced as part of an NHS England Person-centred Outcomes project, which aims to influence the way health and social care services are provided.

Healthwatch Lancashire's Real People videos gave four people the opportunity to have their voice heard and share what it is like for them to live with conditions or to use services. The videos enabled the individuals to influence service planning and development without having to sit on a committee or make a complaint.

Healthwatch Lancashire heard from Len, Elaine, Pam and Debs, who each shared their stories of living with health conditions, living without hearing or experiencing end of life hospice care. The videos are available to watch on the Healthwatch Lancashire website and more of these videos are planned for 2016/17.



healthwatch
Lancashire

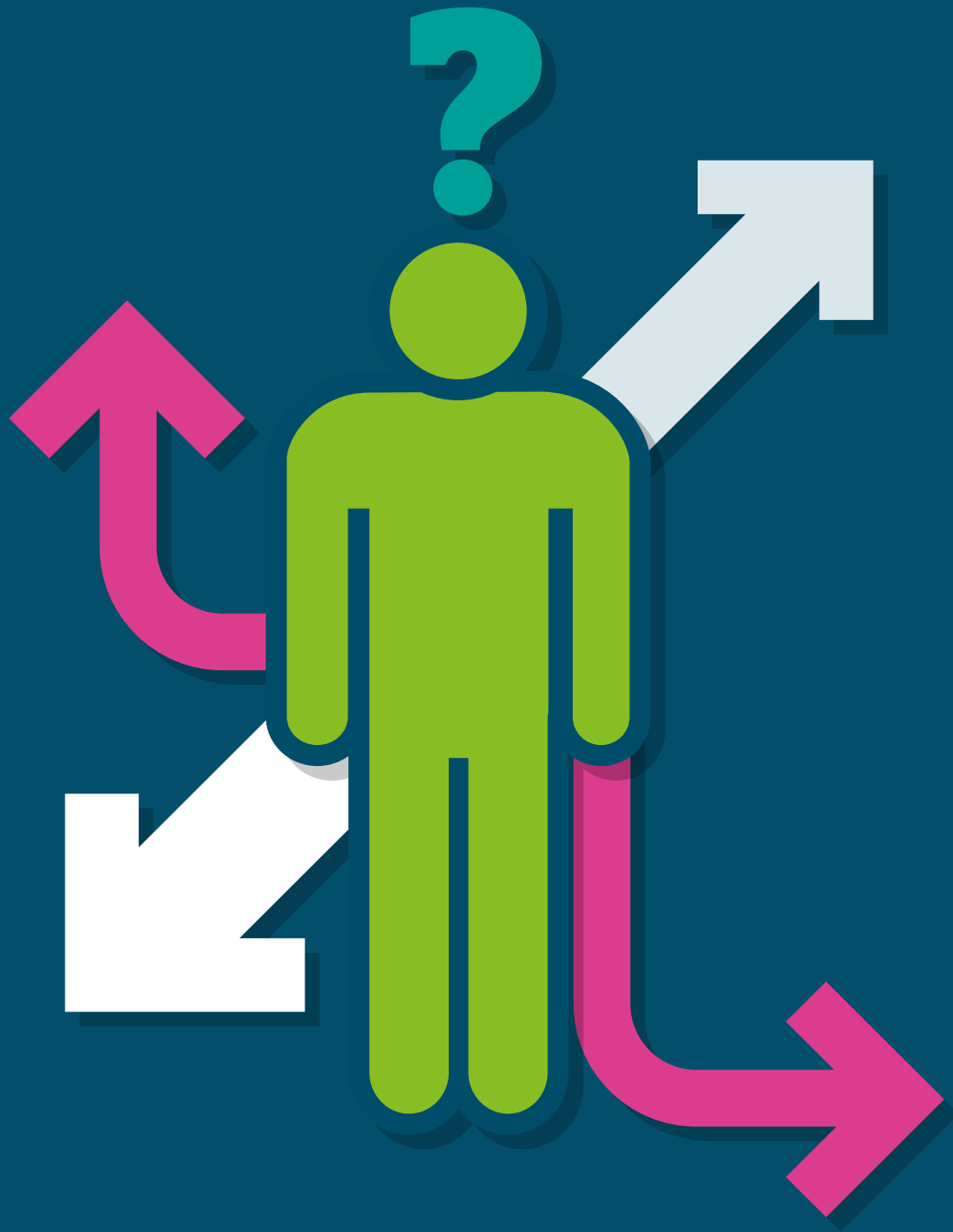
Your voice counts!

Have your say on health and social care in Lancashire



Healthwatch Lancashire's 'Real People of Lancashire' poster - February 2016

Sharing information and informing people in Lancashire of our work



Delivering a clear message

Healthwatch Lancashire developed a strong communication strategy and plan to raising brand awareness. Considerable success was achieved through developing engaging website content, establishing a strong social media presence and by developing good relationships with local media and communication teams within the NHS and local government.

In May 2015, Healthwatch Lancashire launched a series of Tweet Chats on Twitter using the hashtag #ShareAboutCare to encourage members of the public to share their views and to develop brand awareness. The average number of people who were reached on Twitter each month between May and July, when the campaign ran, was more than 54,000.

Healthwatch Lancashire produced issues of the Lancashire's Voice newsletter for Spring 2015, Autumn/Winter 2015 and Spring 2016. More than 8,000 newsletters were distributed by post to our public contacts database and in a variety of formats for those who requested. These include large print and text only versions in addition to Issues being distributed by email.

By developing strong relationships with local media and press, Healthwatch Lancashire was featured in 192 stories with an equivalent advertising value of £102,355.

In July, we launched a Healthwatch Lancashire video which gave an overview of how we work and in August, we published an infographic (see page 19) to help people to understand how their views are used to make a difference.

Providing helpful information

We created a Help Centre on the Healthwatch Lancashire website which gives people in Lancashire the opportunity to find services and information about health and social care in the county. An example of this is our 'How to complain' page which gives easy to understand guidance of who people should speak to if they are concerned about the care they have received.

In early 2016/17, we will be undertaking a project to improve our signposting to services in Lancashire supported by a mystery shopping project to ensure people are directed to the correct services..

We used a strong digital presence to share information from clinical commissioning groups, hospital trusts, charity organisations and the Care Quality Commission. This includes the sharing of Care Quality Commission reports published in Lancashire and news stories from health and social care services on our website.

Healthwatch Lancashire has supported the Care Quality Commission in encouraging members of

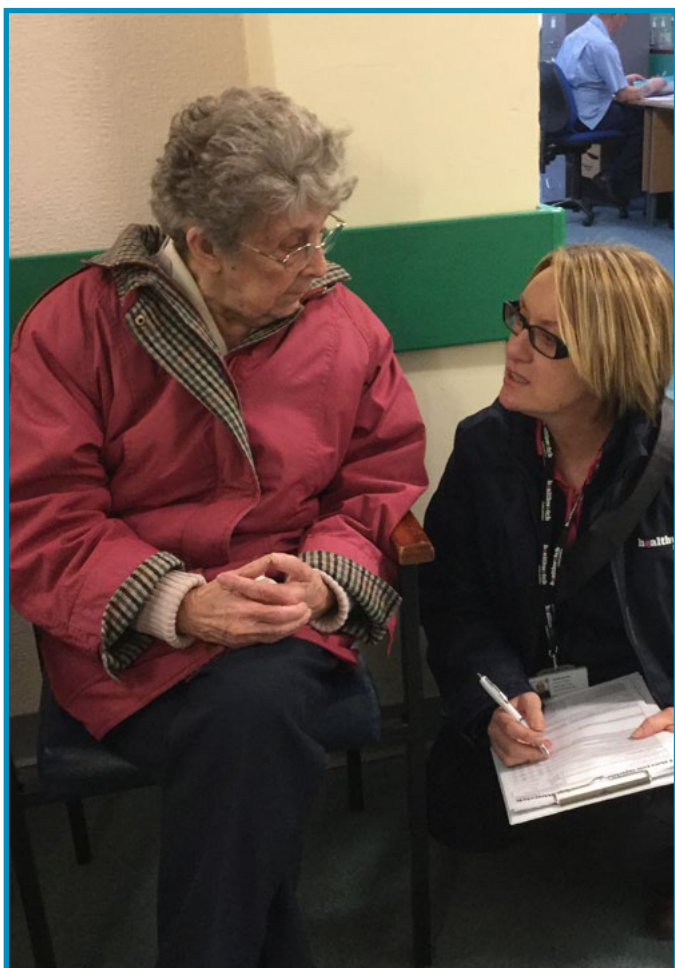


the public to contribute to inspections across all our communication channels.

Healthwatch Lancashire volunteers and staff have engaged with members of the public by delivering more than 220 stands in hospitals, GP practices and community services across Lancashire. During these activities Healthwatch Lancashire representatives listened to people's views and signposted to support services such as Patient Liaison Services, advocacy services and complaints information.

We developed a procedure to signpost and track members of the public who we have signposted to advocacy services which including sharing intelligence.

We have utilised system which allows our team to analyse intelligence received from engagement activities and understand trends, themes and sentiment in health and social care services. This



system allows for members of the public who are sharing reviews of services to state if they would like information for how to complain. These people were contacted and signposted to support, advocacy and complaints services.

Our contacts database

We continued to develop our public contacts database that went live at the end of 2014 where a campaign was undertaken to engage with a representative sample of approximately 4,800 members of the public in Lancashire to provide their details for future engagement purposes.

In 2015/16, 624 new members of the public were added to the contacts database and as of 31st March 2016, there were 5,759 subscribed members of the public on the database.

We currently engage with approximately 202 people aged 16-19 years and 1,326 aged 65 and over who are on our database.

We have shared more than 17 email newsletters with those registered to the Healthwatch Lancashire public contacts database in addition to 1,513 people from health and social care organisations.

Improving our phone systems

We improved our telephone system to help people contacting Healthwatch Lancashire to get to the department they needed quicker using a recorded voice message with options which people said they liked.

We've listened to concerns that were raised about people being unsure of the costs to call our 0300 phone number and in February 2016 changed our main phone number to 01524 239100.

Your voice can make a difference...

Healthwatch Lancashire works with health and social care services in Lancashire to make sure that your views and experiences make a difference to the services we all use.



How we have made a difference



Influencing service improvement

We have been focused on influencing improvements in the experiences people in Lancashire have when they are using health and social care services.

In 2015/16 Healthwatch Lancashire published a total of 50 reports presenting the experiences and views of people in Lancashire when it comes to hospitals, care homes, community services, GPs, dentists, hospices and more.

All our reports have been shared with Lancashire County Council, clinical commissioning groups, NHS England, Care Quality Commission, Healthwatch England along with other relevant stakeholders.

We have submitted reports to contribute to Care Quality Commission inspections and has shared intelligence at inspection summits.

Making a difference through Patient Engagement Day events

Healthwatch Lancashire has published 13 Patient Engagement Day reports as of 31st March 2016 with responses and actions being undertaken shared as a result by East Lancashire Hospitals NHS Trust, Lancashire Teaching Hospitals NHS Foundation Trust, University Hospitals of Morecambe Bay NHS Foundation Trust, Southport and Ormskirk Hospital NHS Trust, Blackpool Teaching Hospitals NHS Foundation Trust, Spiral Health CIC and Ramsay Health Care UK.

As a result of the pilot Patient Engagement Day at Royal Lancaster Infirmary in May 2015, Sue Smith, Executive Chief Nurse for University Hospitals of Morecambe Bay NHS Foundation Trust, provided a list of actions, which were as a direct result of the report. These included the reviews of clinics

by teams, which include managers, doctors, nurses and patients, to understand both good practice and issues. She stated that the work provided an opportunity to identify, make and evaluate improvements.

One of the most significant pieces of evidence to support our influencing of service change is that East Lancashire Hospitals NHS Trust have published a report which demonstrates that Healthwatch Lancashire's Patient Engagement Day intelligence has contributed to their site development plans at Burnley General Hospital.

East Lancashire Hospitals NHS Trust provided responses to five Patient Engagement Day reports and acknowledged in their response that our reports highlighted areas where the trust can improve. A representative provided the following response: "We take all feedback very seriously and constantly strive to ensure all our patients and relatives have a good experience when using the Trust's services. We will be taking on board all the comments received and ensuring any issues raised are looked at in further detail and any changes or improvements communicated to the public in due course."





Lancashire Teaching Hospitals NHS Foundation Trust's, Associate Director of Quality, Steve O'Brien, said in response to a Patient Engagement Day report of Royal Preston Hospital, "We welcome Healthwatch Lancashire's report and thank the team for not only undertaking this work but also for the support they provide to us as we continually strive to improve the experiences of our patients and their families."

"As stated in the report, we have already started work to make a number of improvements, including installing extra seating on the corridors to make it easier for patients with mobility problems to get around, increasing the availability of wheelchairs for patients who may need one when they arrive, and ensuring water is available for patients attending fracture clinic."

Improvements in care homes

Between September 2015 and March 2016, Healthwatch Lancashire carried out a total of 29 Enter and View visits and published 20 reports with the remaining being published after 1st April 2016. These reports have supported service improvement, the sharing of intelligence and the

development of strong relationship with local Care Quality Commission inspection managers.

Following an Enter and View visit, Christina Durnan, Registered Manager at Fleetwood Hall Care Home, commented: "The visit itself was very helpful to us as it has provided us with additional insight into what our residents like and don't like about the service that we provide, and more importantly, gives them a voice. It was great that the residents were the main focus of the visit, which I felt empowered them, both during and after the visit, knowing that their voices had been heard and that their opinions matter."

Shehmaz Saiyed from Abiden Care said in response to a report: "It is pleasing to note that this is different aspect of seeing the daily life of the residents in a care setting instead of ticking boxes. This can only be a positive way forward and more beneficial to the welfare of the care sector."

In addition, Healthwatch Lancashire has been invited to be involved in East Lancashire Clinical Commissioning Group's Quality Improvement Plan Multi-agency Working Group to help service providers understand the importance of quality services and engaging their service users.

We distributed news releases highlighting where services have made a significant number of changes as a result of Enter and View visits. The press coverage that these achieved during February 2016 totalled £2,733.84 in equivalent advertising cost.

Contributing to protecting adults

Sheralee Turner-Birchall, represented Healthwatch Lancashire at the Lancashire Adult Safeguarding Board and sub-groups across the county.

Healthwatch Lancashire is able to contribute by presenting information which has been shared with us to prevent Safeguarding incidents occurring.

In addition, Healthwatch Lancashire has:

- Contributed to Lancashire County Council's quality improvement plan programme with care homes
- Contributed to the implementation of quality improvement plans by Lancashire County Council and clinical commissioning groups
- Shared intelligence and reports with RADAR multi agency safeguarding working group which includes representation from Care Quality Commission and Lancashire County Council.

Reporting on projects and campaigns

14 reports were published that were a result of Healthwatch Lancashire campaigns and projects such as a 'Real People of Lancashire', "Your Care and Getting There", "Your Dentist, Your Say", "Lifting the Lid" and reports from a collaboration with Macmillan Cancer Support and local Healthwatch.

Our "Your Dentist, Your Say" report aimed to help understand how people in Lancashire would like to register for NHS dental treatment and when and where they would like this to take place. NHS England confirmed in December 2015 that the findings had already been used to change the opening times of a new practice being procured in Lancaster.

NHS England have also stated that new funding is being invested in the county on dental access meaning that existing practices can open earlier, for longer hours or at the weekend.

Innovation award finalist

Healthwatch Lancashire received a finalist award for the Research Innovation category of the North West Coast Research and Innovation Awards.

The award was in recognition of the project 'Patient Journeys at Royal Lancaster Infirmary', from February 2015, which resulted in a significant number of changes being made throughout the hospital after Healthwatch Lancashire were invited, by University Hospitals of Morecambe Bay NHS Foundation Trust, to follow a group of patients and listen to their experiences during a full week on Ward 39.



Pictured above (left to right): Neil Greaves, Sheralee Turner-Birchall, Dorothy Jopson (Clinical Leader, from University Hospitals of Morecambe Bay NHS Foundation Trust) and Gill Brown.

Supporting innovation in the approach to friends and family tests at Calderstones

In January 2016, Calderstones Partnership NHS Foundation Trust undertook a project to restyle their “Friends and Family” test, with help from service users and Healthwatch Lancashire.

A working group looked at the way the current Friends and Family test questions are written, and how they could be changed and improved for service users at Calderstones. Service users were encouraged to develop their own questions to be used as part of the Friends and Family Test for Calderstones.

Funded by NHS England, service users revised all the questions and added video to ensure the questions were appropriate to people who are detained, and to make it feel less like a test.

Amanda Higgins, Project Officer, supported the project by listening to service users at Calderstones. This valuable input from service users has been used to develop the questionnaire to best suit service users.

Service users were also given the opportunity to ask Calderstones Partnership NHS Foundation Trust staff why it is important to listen to service users, what happens to the feedback, and what difference does it make.

This new Friends and Family Test Questionnaire was held up as an innovative project at the “NHS England Improving Patients Experience of Care” event in March 2016.

Supporting PLACE assessments in hospitals

Healthwatch Lancashire volunteers made significant contributions to providing a patient voice during Patient-led Assessments of the Care Environment (PLACE) in hospitals across Lancashire in both 2015 and early 2016.

In 2015, volunteers undertook 38 days of PLACE assessments with ten hospital trusts and a similar contribution is expected in 2016/17 with 4 assessments already being undertaken prior to 31st March 2016.



Our work in focus



Intelligence supports hospital developments



East Lancashire Hospitals NHS Trust published details of Healthwatch Lancashire's contribution to their Phase Eight Outline Business Case which was included in their board minutes for the meeting on 24th February 2016.

The document includes findings from intelligence published in Healthwatch Lancashire's Patient Engagement Day Report for Burnley General Hospital in their business case for developments to the hospital site.

Kevin McGee, Chief Executive of East Lancashire Hospitals NHS Trust, commented in his blog: "Our Board approved the Outline Business Case for the next phase of development (Phase 8) on our Burnley General Hospital site."

"This really is a fantastic development for Burnley and represents a capital investment of £18m, bringing the total recent investment in that site to over £80m. The Full Business Case will be considered in July and work is expected to start in October for two years."

Healthwatch Lancashire has delivered a programme of Patient Engagement Day events in

hospitals across Lancashire to listen to people's experiences and influence service improvement.

28 Patient Engagement Day events have taken place since in 2015/16 with more than 2,000 people sharing their experiences of the care they received on that day.

East Lancashire Hospitals NHS Trust, Blackpool Teaching Hospitals NHS Foundation Trust, Lancashire Teaching Hospitals NHS Trust and University Hospitals of Morecambe Bay NHS Foundation Trust have all provided responses to the Patient Engagement Day reports along with actions of how their patients' experience is being improved.

In addition, East Lancashire Hospitals NHS Trust responded to the Patient Engagement Day report for Clitheroe Community Hospital to state that there are plans in place to increase the number of car parking spaces in the near future, which will ease the concerns raised in the report about parking on the Clitheroe hospital site.

Sheralee Turner-Birchall, Chief Officer said at the time: "It is very pleasing to see that what people are saying to Healthwatch Lancashire is having such a significant impact and is informing developments at both Burnley General Hospital and Clitheroe Community Hospital."



We listened to issues with transportation



Healthwatch Lancashire published a report in March 2016 summarising responses to a survey from people in Lancashire about transport to primary healthcare service.

A “Your Care and Getting There” report has been published by Healthwatch Lancashire based on the findings from a survey undertaken by 742 residents of Lancashire to identify issues relating to how they get to appointments in primary care services which include GPs, dentists, health centres and pharmacies.

The report shows that across Lancashire 88% of people said that they find getting to their appointment convenient whilst 15.6% of people said that they have had to cancel appointments due to transport issues.

24.9% of people who do not travel to their appointments by car said that they were concerned for the cost of transport with Chorley (32.4%), Burnley (28.6%) and Lancaster (28.2%) receiving the highest percentages of people who are concerned about the cost of getting to appointments.

Members of the public using community transport services were also given the opportunity to have their say when members of the Healthwatch Lancashire team listened to their views whilst joining them on the journey to their appointments. The report shows that 56% of people who used community transport said that they had an issue with timing and 37% of people did not describe their experience as positive.

57% of people who were given lifts to their appointment by friends or family said that they are concerned about inconveniencing those who gave them a lift.

We heard from Ron in West Lancashire who shared his experience of getting to an appointment at the eye clinic for an operation. Ron said, “A taxi would have cost too much to the hospital and home again. I tried to arrange community transport but I found it extremely difficult. Services need to be more joined up and communicate with each other to improve a patient’s journey.”

We spoke to David from Helmshore in Rossendale. David said: “The troubles we face here in Haslingden are mainly due to the infrastructure of the roads. It makes it very difficult to get anywhere as there are always congested roads and queues of traffic at peak times. Local journeys in-and-out of Rossendale Valley have excessive journey times compared to the actual distance travelled.”



Almost one in five not registered with a dentist



Healthwatch Lancashire spoke to the public and published a report in December 2015 which is being used by NHS England to understand the demand for dental care in Lancashire.

A “Your Dentist, Your Say” report has been published by Healthwatch Lancashire based on the findings from a research study with more than 1,000 residents of Lancashire to identify issues relating to access to NHS dental services.

NHS England have provided a response to the findings which is included in the report which show that although many people are happy with receiving private dental care there are those who would like NHS dental treatment but have been unsuccessful in accessing services.

The report shows that across Lancashire 63% of people said that they are registered with a NHS dentist, 19% said that they are registered with a private dentist whilst 18% of people said that they were not registered with a dentist.

The survey, which was developed by a group of NHS dentists, aimed to help understand how

people in Lancashire would like to register for NHS dental treatment and when and where they would like this to take place. NHS England confirmed that the findings have already been used to change the opening times of a new practice being procured in Lancaster.

NHS England have also stated that new funding is being invested in the county on dental access meaning that existing practices can open earlier, for longer hours or at the weekend.

Healthwatch Lancashire heard from Joanne in Morecambe who said, “I am currently suffering from severe wisdom tooth pain after it was not removed completely by an emergency dentist. I have so far had to wait 14 weeks for oral surgery which is affecting my work and also my well-being.”

We heard from Carol in Chorley who commented, “I think the NHS dental service is far from what it used to be. Dentists do not offer the same standard and consistency of treatment from area to area and I have therefore lost confidence in the standard of care. It is appalling that dentists recommend you see the practice’s hygienist at extra cost and that this has been made into a separate treatment.”

We heard from Nicola in Lancaster who said, “I’ve kept my dentist in Morecambe because there are so few NHS dentists. My children go there, she knows my fear of needles and I’m really happy with the service.”





We listened to community groups

Between November 2015 and March 2016, Healthwatch Lancashire gave community groups the opportunity to have their say about the health and social care services they use such as hospitals, GP services, dentists, care homes, pharmacies and adult social care.

The Healthwatch Lancashire team reached into communities to find out what really matters to people through a range of community engagement activities including delivering 25 'Care Circle' group activities, which were particularly successful.

Activities were carried out with a wide range of groups in Lancashire such as cancer support groups, parent carer forums, learning disability groups, residents' associations and mother and baby groups.

The reports were shared with those who manage and commission health and social care services in Lancashire to give people in Lancashire a voice and to influence service improvement.

Reports from Healthwatch Lancashire's engagement activities will continue to be published on a monthly basis in 2016/17.



Our plans for 2016/17



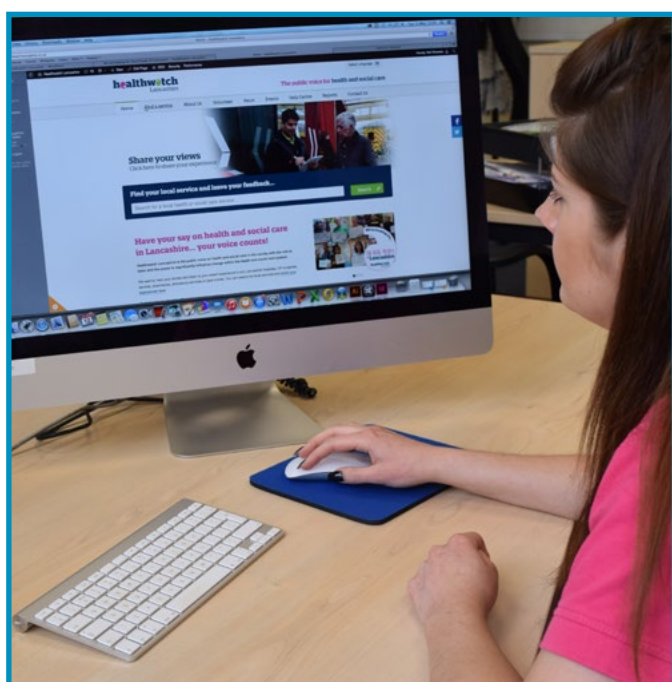
Health and social care provision constantly faces significant challenge. We are living longer therefore we are seeing a rising elderly population with increasingly complex health issues. The NHS remains fragmented following radical reorganisation and is confronting a major resource challenge and social care provision also continues to be under significant pressure.

The current situation facing health and social care provision provides an opportunity for Healthwatch Lancashire. Local health and social care providers in Lancashire are responding to the Francis, Keogh, Kirkup and Clwyd reports by acknowledging that the scale of change facing health and social care can only be delivered with public consent and are therefore seeking a more meaningful and productive dialogue with the public about future service provision.

Healthwatch Lancashire can act as the channel for such conversations with the people of Lancashire. However our key challenges are that we need to continue to deliver our statutory obligations and also improve and increase the profile of Healthwatch Lancashire, therefore our plans for the year ahead have been developed to reflect this.

Early in 2016/17 we will publish a new strategy and business plan, focusing on our statutory responsibilities, but giving particular emphasis to the following projects:

- Focus on community engagement
- Supporting Lancashire's Sustainability Transformational plan
- Continue to develop our volunteer cohort
- Continue to develop our Enter and View programme
- Continue to develop our Patient Engagement Day programme in GP practices
- Raise brand awareness for Healthwatch Lancashire demonstrating that we listen to patients using creative and innovative communications
- Improving our signposting service to health and social care services, particularly in relation to complaints and providing feedback to local services



Our people



Real People of Lancashire

In October 2015, we published a 'Real People of Lancashire' report following a creative campaign designed to help us to understand what matters to people in Lancashire when it comes to health and social care.

The report, which summarises responses to Healthwatch Lancashire's Real People of Lancashire campaign, shows that access to services, communication, technology, public health and how we staff our services are important to people in Lancashire.

The report shows that people are appreciative when efficient health and social services are delivered by friendly caring staff who show compassion. One of the main areas of concern is access to services with people wanting to see improvements in waiting times and adequately staffed services.

A significant contribution from our volunteers

Our volunteers continue to make a significant contribution to Healthwatch Lancashire this year by supporting our projects and activities. In total volunteers contributed more than 1,772 hours to Healthwatch Lancashire's activities which often made projects and activities possible.

Volunteers undertook 38 days of Patient Led Assessments of the Care Environment (PLACE) at the beginning of 2015/16 with ten hospital trusts. Four mini Patient Led Assessments of the Care Environment were also carried out by volunteers

Volunteers supported seven mock Care Quality Commission inspections with University Hospitals of Morecambe Bay NHS Foundation Trust, East Lancashire Hospitals NHS Trust and Lancashire Teaching Hospitals NHS Foundation Trust.

Four patient walk-through activities were carried with Lancashire Teaching Hospitals NHS Foundation Trust. These are an opportunity to visit services and see them from the perspective of patients, understanding the journey they take during a visit.

Supported by our volunteers we ran 25 'Care Circle' activities with community groups across Lancashire between November 2015 and March 2016.

Healthwatch Lancashire volunteers participated in a project to gather the experiences of service users and relatives at four daytime support centre sites in Lancashire provided by Age UK Lancashire.



In December 2015 and January 2016, volunteers participated in a mystery shopping exercise in pharmacies to assess the availability of flu vaccinations. More than 200 pharmacies were visited across Lancashire as part of the project.

Our Board

The Board of Healthwatch Lancashire comprises a Chair and lay non-executive directors who are responsible for ensuring effective governance of the organisation.

In September 2015, Mike Wedgeworth MBE, a Canon at Blackburn Cathedral and former Chief Executive of Hyndburn Borough Council, was appointed as the Chair to the Board of Directors of Healthwatch Lancashire.

Mike Wedgeworth was awarded the MBE in 2010 for services to Further Education and the Community of Lancashire and brings a wealth of third sector experience to the role as the former Independent Chair of Third Sector Lancashire.

Healthwatch Lancashire has established effective relationships with both NHS commissioners and providers. Healthwatch Lancashire board members and members of the Senior Management Team sit as non voting members on the governing bodies of six clinical commissioning groups in the catchment area of Lancashire County Council.

Board members attend local Health and Wellbeing Board meetings and act as ambassadors for Healthwatch Lancashire.

This year has seen changes to the Healthwatch Lancashire Board of Directors.

Members of the board:

As of the 31st March 2016, the non-executive directors on our board are:

- Mike Wedgeworth (Chair)
- Alex Rocke
- Adrian Leather
- Davina Hanlon
- Naz Zaman
- John Fell

Contributing to the Lancashire Health and Wellbeing Board:

The Chair of Healthwatch Lancashire has succeeded the previous Chair on the Lancashire Health and Wellbeing Board. The purpose of this board is to lead on the strategic coordination of commissioning of health, social care and health related services across the NHS, social care and public health within the county.

Healthwatch Lancashire's position on the Board is to ensure that the public voice is heard and that this voice can influence decision making in health and social care issues. As decisions are increasingly being reached on more detailed health and social care issues, the Chair will become more dependant than in the past on advice from the Chief Officer and the Operational Team for effective input into the meetings.

What people have said about Healthwatch Lancashire

“I passionately believe that everyone should have access to high quality healthcare and Healthwatch Lancashire gives me the opportunity to contribute to making this ideal into reality. I particularly like that Healthwatch Lancashire focus on the voices not usually heard.” - Jan Banker, Healthwatch Lancashire volunteer

“The authorised representatives were very professional, polite and unobtrusive during their visit. It is pleasing to note that this is different aspect of seeing the daily life of the residents in a care setting instead of ticking boxes. This can only be a positive way forward and more beneficial to the welfare of the care sector.” - Shehmaz Saiyed from Abiden Care, following an Enter and View visit.

“You have a fabulous team of volunteers you should be very proud off yourselves at Health watch, the knowledge and skills they have brought to the table this year is excellent.” - Lisa Grendall, from East Lancashire Hospitals NHS Trust, in relation to PLACE assessments in 2016.

“I would like to thank the team at Healthwatch Lancashire for the continuous support you give to patients and service users of the Trust.” - Sue Smith, Executive Chief Nurse for University Hospitals of Morecambe Bay NHS Foundation Trust.

“Healthwatch Lancashire volunteers and staff are thanked for the work undertaken to support the Trust in highlighting findings from patients and their families.” - Chris Pearson, Director of Nursing for East Lancashire Hospitals NHS Trust.

I enjoy being a Healthwatch Lancashire volunteer because I feel I am contributing to the ‘bigger picture’ and helping make improvements to services. I am supported throughout by Healthwatch Lancashire and my opinions are valued.” - Liz Butterworth, Healthwatch Lancashire volunteer.

Our finances



TURNOVER		£
Public Sector Income Contribution		595,358
Other income		1,722
Total income		597,080

ADMINISTRATIVE EXPENSES		
Wages and Salaries		275,071
Directors' remuneration		6,519
Employer's National Insurance contributions		23,246
Staff pension costs		4,964
Staff expenses		29,255
Premises costs		49,521
Printing, postage and stationery		24,415
Publicity & Communication		13,764
IT & Telephony		39,955
Research		11,292
Legal and professional fees		39,166
Consultancy fees		48,429
Audit fees		6,000
Other non-audit fees		2,856
Volunteers expenses		2,408
Staff welfare		25
Sundry expenses		1,111
Community Engagement		12,000
Subscriptions		6,719
Depreciation		1,119
Total Administrative expenses		597,835

Operating (loss)/profit	(755)
--------------------------------	--------------

OTHER INTEREST RECEIVABLE AND SIMILAR INCOME		
Bank interest received		755
(Loss)/Profit before taxation	0	4.10%

Contact us



Get in touch

Address:	Healthwatch Lancashire Leyland House Lancashire Business Park Centurion Way Leyland PR26 6TY
Phone number:	01254 239100
Email:	info@healthwatchlancashire.co.uk
Website:	www.healthwatchlancashire.co.uk

We will be making this annual report publicly available by 30th June 2016 by publishing it on our website and circulating it to Healthwatch England, Care Quality Commission, NHS England, Clinical Commissioning Groups, Overview and Scrutiny Committees, and Lancashire County Council.

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.

© Copyright Healthwatch Lancashire 2016



www.healthwatchlancashire.co.uk

info@healthwatchlancashire.co.uk

Twitter: [@HW_Lancashire](https://twitter.com/HW_Lancashire)

Facebook: facebook.com/lancshealthwatch

Presentation to Health Scrutiny Committee

Sheralee Turner-Birchall

Chief Executive

28th February 2017



Our Statutory Responsibilities

1. Promote and support local people to be able to get involved in deciding what services should be paid for, where, when and we have to help local people examine the services for themselves
2. Help local people check the standard of care on offer and whether the services can and should be improved
3. Meet with local people and groups to gather information on their experiences of local care services and make your information known to the people who run, pay for and check these services
4. Make reports about how local care services can and should be improved
5. Provide advice and information about how to access local care services so people can make their own choices
6. Express the views of local people to Healthwatch England
7. Make recommendations to Healthwatch England to advise the Care Quality Commission to conduct special reviews and investigations when there may be concerns about a service. We also request that Healthwatch England publish reports about particular issues, to raise awareness nationally
8. Provide Healthwatch England with the information and understanding it needs to perform effectively

How we undertake our work

PERSONNEL

- Staff team of 12 (9.8 full time equivalent)
- Currently we have * 55 volunteers of which 9 are our Non Executive Directors
- * *Giving 1000 hours and 30 minutes by undertaking 184 different activities*

PROGRAMME OF WORK or 'Our Tools'

1. Enter and View visits – health and care settings
2. Patient Engagement Days - health settings
3. Community Engagement through Care Circles and Pop Ups
4. Mystery Shopping
5. Gathering of Case Studies
6. Campaigns and Projects
7. Commissioned work
8. Partnership work

SUPPORTING ACTIVITY

- Social Media
- Annual Report
- E-bulletins – database of Lancashire residents and organisations
- Quarterly newsletters

HEALTHWATCH REPRESENTATION @

- CCG Meetings: Patient Groups, Quality Committees, Governing Body
- Hospital Trust Meetings: Patient Groups, Trust Board, Governing Body
- NHSE: Lancashire Quality Surveillance Group, Primary Care Quality Forum
- Sustainability & Transformation Plan - Lancashire & South Cumbria Change Programme: Programme Board, work stream groups and sub groups
- Lancashire Safeguarding Adults Board: Board and sub groups
- Health & Wellbeing Board and Partnership Groups
- Others !

1. Enter and View visits – health and care settings

Care Homes – 20 visits

Focussing on observations of the environment, interactions between residents and staff (being cared for with dignity and compassion whilst maintaining high standards of care and safety). Observations supported by feedback from residents and families in relation to what is important to residents when residing in a care home setting.

Hospitals – 2 visits

Focussing on a revisit to Ward 39 at Royal Lancaster Infirmary and the Fracture Clinic services at Royal Blackburn Hospital

GP's – 6 visits

(note prior to 1st January 2017 these were undertaken as Patient Engagement Days)
Focussing on access to same day/urgent appointments, opinion on on-line access for patients, quality of care and patient involvement via Patient Participation Groups

2. Patient Engagement Days - health settings

Hospitals - 28 days

Project 1. Focussing on the pathway from notification by GP of requirement of hospital appointment through to attending the appointment (*note this 'phase 2' programme was a direct result of our earlier generic Patient Engagement Days, where we identified this to be a significant issue*)

Project 2. Focussing on hospital A & E departments to observe and hear about the effect that 'winter pressures' have from a patient perspective

Other settings – 1 day

Focussing on the provision of services at The Minerva Centre (part of a wider LCFT programme of work)

Pharmacies – 10 days (on-going project)

Focussing on public awareness of the range of pharmacy services (including these services being seen as an alternative to attending the GP or A&E), interaction between staff and patients/customers, quality of services, environment

GP's – 38 days (*on-going project - though with effect from 1st January 2017 these are now conducted as Enter & Views*)

Focussing on access to same day/urgent appointments, opinion on on-line access for patients, quality of care and patient involvement via Patient Participation Groups
Includes 'a week in the life of a GP surgery'

3. Community Engagement through Care Circles and Pop Ups

Care Circles – 67 of which

- 31 linked to our generic 'fact finding'
- 14 linked to our Homelessness and Deprivation project (Sep – Oct 2016)
- 22 linked to our mental health project (Nov 2016 to Feb 2017)

Pop Ups – 31 of which

- 26 linked to our generic 'fact finding'
- 6 linked to our mental health project (Nov 2016 to Feb 2017)

4. Mystery Shopping

Four projects:

- GP access to on-line medical records and services
- Accessibility of LCFT on-line service directory
- Making complaints to health and social care services
- Access to hospital appointments for those living with a visual impairment

5. Case Studies

10 patient / service user stories gathered



6 and 7. Campaigns and Projects

4 projects as part of our core work programme (surveys)

- Your GP your Say
- Complaints Survey
- Specialist Dental Service
- Cervical Cancer Screening

5 projects as part of our commissioned work programme

- Patient Engagement Day at Morecambe Dental Access Centre (NHSE)
- Screening and Immunisation (NHSE)
- STP Public Facing Document Focus Groups (HLSCCP)
- Safer Care Homes / Enter & View Impact Assessment (NWC IA or AHSN)
- Improving Outcomes Through the Service User Voice – Care Homes (ELCCG)

8. Partnership work

This area of work involves Healthwatch undertaking activities from a 'lay person' perspective coupled with scrutinising the activities to ascertain that they are 'fit for purpose' public engagement

Examples:

- Participation in the Local Delivery Plan engagement events
- Macmillan and Healthwatch on Tour
- Consultation for public leaflets
- Thematic working groups
- Patient Led Assessments of the Care Environment (PLACE) and mini PLACE
- CQC mock inspections
- Attending stakeholder Annual Reporting events

Direct public feedback

In addition to our programme of work members of the public contact Healthwatch Lancashire to share their experiences, this is either by:

- telephone or by email- this feedback is logged on our website database
- Accessing 'have your say' on our website

HEALTHWATCH LANCASHIRE FEEDBACK APRIL 2016 - JANUARY 2017

Website Email and Phone

Category	Total No. of Reviews	Of which is positive sentiment	Of which is neutral sentiment	Of which is negative sentiment
Dentists	8	7	0	1
GPs	40	15	0	25
Hospitals	33	23	1	9
Opticians	4	3	0	1
Pharmacies	10	4	0	6
Social Care	15	6	0	9
Other	3	1	0	2
Totals	113	59	1	53

Care Circles and Pop Ups

Category	Total No. of Reviews	Of which is positive sentiment	Of which is neutral sentiment	Of which is negative sentiment
Dentists	19	13	2	4
Emergency Care	16	5	0	11
GPs	211	84	36	91
Hospitals	246	126	29	91
Pharmacies	8	2	0	6
Social Care	5	0	0	5
Other	9	2	3	4
Totals	514	232	70	212
TOTAL	627	291	71	265

Our intelligence

All feedback gathered by Healthwatch Lancashire is utilised in the following ways:

- Feedback from all our programmes of work are detailed in our reports, all of which are shared with relevant stakeholders – the public, service providers, commissioners and the regulator Healthwatch England and *Formally through meetings and via contacts with stakeholders*
- CQC request intelligence and information prior to their inspections
- Feedback relating to significant areas of concern and / or safeguarding issues are shared with the CQC, relevant CCG and where appropriate with the local authority (feeding into RADAR)

****Between the 1st April 2016 and 31st January 2017 Healthwatch Lancashire produced and published 81 reports these can be found on our website www.healthwatchlancashire.co.uk***

Moving into 2017 - 2018

- New programme of work for 2017 – 2018 currently being planned
- Healthwatch Lancashire now delivering the Healthwatch Blackpool contract

Challenges for Healthwatch Lancashire

- Understanding what the STP will bring?
- The public appetite to be actively involved in influencing health and social care for the future
- “So what !”

One of our significant challenges has been to evidence and challenge the impact of our work. 2017 will see Healthwatch Lancashire as a member of Lancaster Universities Health Hub embark on a project to interrogate our intelligence and scrutinise what changes and improvements have been made as a direct result of Healthwatch Lancashire's programme of work and the service user voice.



Thank you
and
any questions ?

Contact details:

Sheralee Turner-Birchall
Chief Executive
Healthwatch Lancashire
Leyland House
Lancashire Business Park
Centurion Way
Leyland
PR26 6TY

Tel: 01524 239108

Mobile: 07809309275

Email: sheralee.turner-birchall@healthwatchlancashire.co.uk

Website: www.healthwatchlancashire.co.uk

Health Scrutiny Committee

Meeting to be held on 28 February 2017

Electoral Divisions affected: None

Report of the Health Scrutiny Committee Steering Group

Contact for further information:

Gary Halsall, 01772 536989, Democratic Services,
gary.halsall@lancashire.gov.uk

Executive Summary

Proposed mechanism for receiving future information from the Steering Group in response to the Health Scrutiny Committee's resolution from its meeting held on 22 November 2016.

Recommendation:

The Health Scrutiny Committee is asked to agree the proposed mechanism to receive agendas and minutes of all future Steering Group meetings by email.

Background and Advice

At the Committee's meeting held on 22 November 2016, it was resolved that a review of how information from the Steering Group is provided to future Health Scrutiny Committee meetings be undertaken.

A review has now been undertaken in consultation with the Chair and Deputy Chair of the Committee. It is proposed that all future agendas and minutes published for the Steering Group be issued to the full membership of the Health Scrutiny Committee by automated email. Each email will contain a link to the specific agenda and minutes on the County Council's website. It is worth noting that Steering Group meetings are not held in public. Therefore, each County Councillor will be required to use their standard County Council login credentials issued to them. For all Co-Opted members their login credential would be their district council email address (or preferred email address they have registered with the County Council in becoming a member of this Committee) and a temporary password that will be issued to them through separate correspondence from Democratic Services.

It is also worth noting that the work plan for the Health Scrutiny Committee already provides a brief outline on the activities of the Steering Group.

For information, the Scrutiny Committee approved the appointment of a Health Scrutiny Steering Group on 11 June 2010 following the restructure of Overview and Scrutiny approved by Full Council on 20 May 2010. The Steering Group is made up of the Chair and Deputy Chair of the Health Scrutiny Committee plus two additional members, one each nominated by the Conservative and Liberal Democrat Groups.

The main purpose of the Steering Group is to manage the workload of the Committee more effectively in the light of the increasing number of changes to health services which are considered to be substantial. The main functions of the Steering Group are listed below:

- To act as the first point of contact between Scrutiny and the Health Service Trusts;
- To make proposals to the main Committee on whether they consider NHS service changes to be 'substantial' thereby instigating further consultation with scrutiny;
- To liaise, on behalf of the Committee, with Health Service Trusts;
- To develop a work programme for the Committee to consider.

It is important to note that the Steering Group is not a formal decision making body and that it will report its activities and any aspect of its work to the full Committee for consideration and agreement.

Consultations

The Chair and Deputy Chair of the Health Scrutiny Committee have been consulted on this matter.

Implications:

This item has the following implications, as indicated:

Risk management

This report has no significant risk implications.

Local Government (Access to Information) Act 1985 List of Background Papers

Paper	Date	Contact/Directorate/Tel
-------	------	-------------------------

N/A.

Reason for inclusion in Part II, if appropriate

N/A.

Health Scrutiny Committee

Meeting to be held on Tuesday, 28 February 2017

Electoral Divisions affected: All

Health Scrutiny Committee Work Plan 2016/17

(Appendix 'A' refers)

Contact for further information:

Gary Halsall, 01772 536989, Senior Democratic Services Officer (Overview and Scrutiny),
gary.halsall@lancashire.gov.uk

Executive Summary

The Plan at Appendix 'A' is the work plan for both the Health Scrutiny Committee and its Steering Group, including current Task Group reviews.

The topics included were identified at the work planning workshop that members took part in on the 9 May 2016 and also additions and amendments agreed by the Steering Group.

Recommendation

The Health Scrutiny Committee is asked to note and comment on the report.

Background and Advice

A statement of the current status of work being undertaken and considered by the Committee is presented to each meeting for information.

Consultations

N/A

Implications:

This item has the following implications, as indicated:

Risk management

This report has no significant risk implications.

Local Government (Access to Information) Act 1985
List of Background Papers

Paper	Date	Contact/Directorate/Tel
-------	------	-------------------------

N/A		
-----	--	--

Reason for inclusion in Part II, if appropriate		
---	--	--

N/A		
-----	--	--

Health Scrutiny Committee – 2016/2017 Work Plan

Updated – 28.02.17

Meeting Date	Topic
26 April	Lancashire Teaching Hospitals Trust (Chorley A&E) - investigation into temporary replacement of A&E Department with an Urgent Care Centre. Explanation from the Trust
24 May	Lancashire Teaching Hospitals Trust (Chorley A&E) - investigation into temporary replacement of A&E Department with an Urgent Care Centre. Recruitment issues
14 June	Lancashire Teaching Hospitals Trust (Chorley A&E) - investigation into temporary replacement of A&E Department with an Urgent Care Centre. Sustainability issues
26 July	Meeting cancelled
20 September	<ul style="list-style-type: none"> NHS England Specialised Commissioning – proposals for in-patient services for adults with learning disabilities. Report on the emergency care crisis in Chorley
18 October	<ul style="list-style-type: none"> Healthier Lancashire & South Cumbria Change Programme – Case for Change NHS Improvement
22 November	<ul style="list-style-type: none"> Response to the Emergency Care Crisis – Chorley report from LTHT Health & Wellbeing Partnerships – role of influence

Health Scrutiny Committee – 2016/2017 Work Plan

Updated – 28.02.17

Meeting Date	Topic
10 January	<ul style="list-style-type: none"> Sustainability & Transformation Plan - update
28 February	<ul style="list-style-type: none"> Health & Wellbeing Board – annual review Healthwatch – annual review Lancashire Teaching Hospitals Trust - update on the revised Chorley Hospital Emergency Department and Urgent Care Centre Provision
11 April	<ul style="list-style-type: none"> Mental Health services – focus on inpatient provision

Steering Group	Progress
Occupational Therapy	Update on service under new structure arrangements
Southport & Ormskirk Hospital Trust	Outcome of senior management suspensions
Care Home sector	Regular updates from Lancashire Care Association
West Lancashire Community Services procurement	Updates on the procurement of services
Rossendale Task Group report on NWAS	Update on response to recommendations

Health Scrutiny Committee – 2016/2017 Work Plan

Updated – 28.02.17

Steering Group	Progress
Update on Adult Social Care issues	Periodic updates provided by Tony Pounder
Mental Health Services	Met with officers to discuss service issues Feb SG meeting at the Harbour
Adults with Learning Disabilities	Met with officers from the CCG and then NHSE Specialised Commissioning Team
Improved access to GP services in East Lancashire	Met with CCG
Our Health, Our Care – Chorley South Ribble and Greater Preston CCG ongoing design of new models of care	Met with officers from CCG and LTHT Ongoing engagement through solution design events
Lancashire Care Association	Regular meetings with Paul Simic
North West Ambulance Service	Meeting with Trust to discuss data sources and information sharing
Sustainability & Transformation Plan	Regular meetings and event to be organised for early March
Multi Community Providers	Update from F&WCCG
Vanguards	Update from LNCCG

Health Scrutiny Committee – 2016/2017 Work Plan

Updated – 28.02.17

Steering Group	Progress
Virgin Care – Community Health and Urgent Care Services in West Lancashire	Met with officers from Virgin Care and West Lancs CCG to discuss the contract awarded to Virgin Care which would commence from 1 st April 2017. Matter to be revisited around September 2017 unless there is a need to meet earlier.
Single-led GP practices – Termination of contract	Met with NHS England and West Lancs CCG who wished to consult Steering Group on matters relating to a notice given by a single led GP practitioner to terminate their contract. Matter to be revisited by Steering Group in March 2017.

Task Groups:

- Shortage of Nurses – request presented to Scrutiny Committee 13 November. Approved.