

# **Healthwatch Lancashire Ltd**

## **Annual Report 2013/14**

### **Introduction**

Healthwatch Lancashire began life in April 2013. We are the successor body to the Lancashire Local Involvement Network known as Lancashire LINK. Since the abolition of Community Health Councils in 2003, Healthwatch is the third attempt by Government to create a sustainable system of public engagement with health and social care. Previous attempts – Patient and Public Involvement Forums and LINKs – both lasted for five years before being abolished. Each change churns the system, disrupts continuity and changes organisational structures and personnel. For very good reasons successful public engagement with the care sector is very important for the public and for the sector. Frequent change does not make it easy to be successful.

As we approach the General Election season, it is reassuring to note that the main political parties have indicated that Healthwatch will be allowed to continue after the election. It is important that Healthwatch is given a chance to establish itself and become a name that resonates in the public consciousness.

Lancashire LINK had been supported by a third party organisation, which had also been given the task of establishing Healthwatch. It was however decided to set up Healthwatch in Lancashire as an arms-length company of the County Council. This change was quite disruptive to our start-up process, with decisions having to be made very quickly. Healthwatch Lancashire Ltd is a company limited by guarantee. This is a common structure for non-profit organisations and all of our income is invested in our activities. We are a social enterprise because there may be opportunities to generate additional sources of income that will allow us to do more for local people and make us less dependent on Government funding. Funding for Healthwatch Lancashire originates in the Department of Health and comes to us via the Department for Communities and Local Government and Lancashire County Council.

We are quite independent of LCC. They have no representation on our Board and do not interfere with our decisions. They do provide company secretarial support to the Board and a number of other useful support services.

2013-14 has been very focused on start up. We are a brand new organisation and although LINK staff were transferred over to Healthwatch, a new Chair and Board had to be recruited to be accountable for Healthwatch Lancashire. Our directors are all local people, all volunteers and all committed to making HWL a success. Staff and directors worked very hard to maintain continuity between the LINK and Healthwatch, we continued an active programme of meetings and engagement with local people and organisations across the county, but there was initial uncertainty and a degree of disruption.

We relocated our offices and the Board decided to appoint a Chief Executive, who took up post in September. Following a period of active engagement with local partners, the Board adopted a business plan that focussed on the main health and social care issues facing the people of Lancashire and took a more strategic approach to dealing with them. This included prioritising issues such as ageing, physical disability and mental health and moving away from working in geographic localities. As a result we withdrew from our offices in Lancaster and Burnley. Staff

still have a locality focus, but they carry that alongside the issues and other project responsibilities. The business plan also commits the organisation to a major investment in online. It has been encouraging in 2013/14 to see a steady increase in our social media traffic. We have set performance targets for 2014/15 to increase these significantly

The Board was very concerned that HWL was both financially sustainable and operationally flexible. A new structure based on the business plan was developed and staff were formally consulted with. The Board invested time and resources to make sure that this was done properly and that staff were treated fairly and as well as possible. At the end of the consultation period, some posts were deleted from the organisation and individual staff given notice. The outcome of this process was a smaller core staff team with the financial capability to buy in specific skills in support of individual projects. The Board wishes to place on record its thanks for the professionalism and commitment of all staff through this period of uncertainty.

During this period we were also able to negotiate a three year funding deal with Lancashire County Council. In light of the financial pressures facing LCC, we believe that we achieved a good deal which gives us some security and shows LCC's commitment to Healthwatch Lancashire.

Although we have made a lot of progress, both Board and staff have found 2013/14 a frustrating year with far more of our time and resources than we would have liked being spent on start-up, governance, structures and staffing. However we do now have a committed Board and staff team in place, a coherent plan to deliver our work and a budget that will enable us to make an impact. This began to happen in the fourth quarter of 2013/14 and we are looking forward now to next year and delivering the projects and activities within the business plan. We have set ourselves ambitious performance targets and we believe that the people of Lancashire deserve nothing less.

### **Statutory Activities**

Although a start-up year HWL was able to refer the issue of medical assessments to determine benefit eligibility to Healthwatch England. This was based on a report carried out by a local Citizens' Advice Bureau.

Throughout the year we sign posted local people to appropriate local services. We gathered the views of local people and fed them back to service planners and providers. We used this information in a wide range of meetings with statutory organisations to influence and attempt to improve services.

We shared information with the CQC, worked closely with them where appropriate and publicised and promoted their activities in relation to local inspections.

Although some of the formal activity will happen in 2014/15, we have been working closely with those local Trusts affected by Keogh and by other issues requiring special measures. It is in the interests of everyone in Lancashire that these Trusts return to an improved normality as soon as possible and HWL seeks to work positively with these organisations.

### **Engaging with People**

HWL engages with local people in variety of ways. We attend a large number of meetings and events across the county, using these to build networks and contacts and gather local

intelligence. Staff run information stalls at events and exhibitions, often at the weekend. Board members also attend a wide variety of external meetings. Throughout 2013/14 Board and staff met local health and social care voluntary organisations, NHS and local government commissioners and providers, independent sector care providers and individual local people with issues that they wanted to raise. We work very closely with the Care Quality Commission and attend events and meetings that they organise around their local inspection work.

People write to us, phone us and send us emails. They go online and tell us about their experiences of being a service user or carer. They tweet us and message us on Facebook. We capture all of this information and use it to develop a local evidence base of the state of the care system in Lancashire. A system that includes hospitals, GPs, residential care homes, pharmacists, mental health services, opticians, district nurses and so on.

We need to become better at this and in 2014/15 we will broaden and deepen our engagement activities. As a new organisation it takes time to build a public profile. It was noticeable that as 2013/14 progressed we began to get more emails, calls, Facebook 'likes' and twitter followers. We still have a long way to go and the investment in our new website and digital platform will be key to this. However we are acutely aware that there are still many people who are not online and that they are often the people who the system treats least well. We will continue to meet with people and produce material in more traditional ways.

The purpose of all of this engagement is to develop a large database of so-called 'soft evidence' that we can use to influence, change and improve local services. All information that we receive, regardless of how it is communicated to us, is fed back to the social or healthcare organisation it relates to. Where the original information did not come from an anonymous source, we will always try to feedback to the person who raised the matter with us. We share the information with the CQC where appropriate. The primary aim is to use the data to detect trends. So not just Mrs Smith had a good/bad experience at a hospital, but did several people have a similar good/bad experience and what might be done about. In 2013/14 no particular trends about local providers emerged beyond common generic concerns about, for example, poor communication. As our evidence base expands it will become easier to spot trends and it will become a more useful tool for CQC, local Clinical Commissioning Groups and so on.

### **The Role of Volunteers and Lay People**

The new staff structure of HWL approved by the Board includes a full time Volunteer Co-ordinator. The post was filled at the end of the year. In 2013/14 we worked with a group of 15 volunteers. They were primarily involved Patient Led Assessment of the Care Environment, (PLACE) activity. This is where a team of people, appropriately trained, undertakes inspections of NHS providers. Volunteers are very important to HWL. The purpose of creating the post was to ensure that we recruit, support and deploy volunteers to a high professional standard. During the year our volunteers made a real difference to the quality of patient care in Lancashire and we are very grateful to them for their commitment.

The Board of HWL (another 9 volunteers) has set a performance target of recruiting at least 100 volunteers by the end of 2014/15. We are on target for this and the Volunteer Co-ordinator has already begun to create strong stakeholder networks. Most of our projects rely on a strong volunteer contribution. More information on volunteering with HWL can be found here <http://healthwatchlancashire.co.uk/volunteers>.

## **Response from the System**

On the whole the health and social care economy has been very responsive and very positive to HWL. There was, almost inevitably, a degree of initial uncertainty, new faces, new people, but this has settled down to a set of generally positive relationships. Our Board members initially attended Clinical Commissioning Group board meetings as members of the public but we have been able to negotiate formal ex officio places for Board members. This allows us to contribute to discussions more effectively and at the same time maintain our independence. By early 2014/15 we expect to have representation on all of the CCGs.

We are represented on patient experience and quality sub- committees in most of the Trusts and, as noted below, we are formal members of the local Health and Wellbeing Board. We met with the Lancashire Health Scrutiny Committee to discuss collaborative activity and we have met with a number of the district scrutiny committees. We are members of the Lancashire Quality Surveillance Groups for acute and primary care. We have been able to develop a very productive relationship with the NHS England Lancashire Area Team and this has led to HWL being invited to join the Lancashire Leadership Forum, a gathering of the senior figures in health and social care. We are invited, on a regular basis, to join task and working groups across the care economy in Lancashire.

We have a very productive relationship with Lancashire County Council. HWL is an arms-length company formed by LCC, but there is no question that they respect our independence, do not interfere in our work and have no direct representation on our Board. We work closely with departments across LCC, particularly Public Health and Adult Services. Part of our statutory role is to ensure the provision of local advocacy services and we support council colleagues in their oversight of these. We are also in conversation with LCC about the possible joint commissioning and branding of Lancashire's online Health and Wellbeing Directory. This will fulfil our statutory signposting role and also raise our public profile.

In spite of the frustrations caused by starting up a new organisation, 2013/14 has been a successful one for HWL in terms of building relationships with the system. Of course the purpose of all of this work is to take the voice of the public to the places where decisions are made and we will continue to build networks and relationships with the system in 2014/15 and beyond.

## **Lancashire Health and Wellbeing Board**

Gail Stanley, the Chair of Healthwatch Lancashire, sits on the Lancashire Health and Wellbeing Board. Leslie Forsyth, our Chief Executive, attends the Joint Officer Group that supports the Health and Wellbeing Board. We have a productive and friendly relationship with the members of both organisations and our membership undoubtedly gives us more influence and access to information.

It is still early days for the Board, but we believe that, with the commitment of its members, it will become a very significant source of leadership for health and social care in Lancashire. HWL will continue to play as active a role in the Board's work as we can.

We are increasingly aware of the work being undertaken by the District Councils in Lancashire on health and wellbeing issues. This work is of great value to local people and we have begun

to build good relationships with colleagues at district level. We will develop these relationships further in 2014/15.

### **Contact and Financial Information**

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Facebook: facebook.com/lancshealthwatch

Twitter: @HW\_Lancashire

In 2013/14 HWL negotiated a three year funding deal with Lancashire County Council. In 2013/14 HWL received a total of £743,000. This included elements for the start-up costs of the new organisation. During 2013/14 HWL spent a total of £456,956. Lack of time during the year meant that we were unable to commit to three significant projects, the digital platform, online health and wellbeing directory and the household survey. Delays in implementing these were the primary cause of the underspend in 2013/14. These are key elements of our work and it has been agreed that this money will be carried forward into 2014/15, enabling these projects to be commissioned as soon as possible.

Otherwise HWL spent its budget on start-up costs, staff salaries, recruitment, information technology, publicity and promotional material in support of public engagement, volunteer training, restructuring and redundancy costs. Although not required to, HWL will publish a set of audited accounts for 2013/14. These will be on our website.

### **Other Reporting Requirements**

Healthwatch Lancashire Ltd confirms that it is using the Healthwatch Trademark when undertaking our statutory activities as covered by the licence agreement.

The 2013/14 Healthwatch Lancashire Annual Report will be made available primarily via the website and social media. Hard copies will be made available.

### **Board Members in 2013/14**

Gail Stanley MBE JP DL – Chair

Professor Patricia Chilton

Linda Williams JP

David Ashley

Averil Sparrow

Keith Knaggs

Stephen Dean

Ishwer D Tailor MBE JP DL

Dr Kadaba Srinath Vasudev DL