



5 July 2016

To: Ms K Burrell, Director  
Dr M Davis, Director  
Mr G Molyneux, Director  
Ms M Whyham, Director  
Mr E Jackson, Director

The above Directors are requested to attend the:

**HEALTHWATCH BOARD  
MEETING**

Tuesday, 12 July 2016 at 3.00 pm  
at Empowerment Office, 333 Bispham Road, Blackpool, FY2 0HH

**A G E N D A**

**1 DECLARATIONS OF INTEREST**

Board Members are asked to declare any interests in the items under consideration and in doing so state the nature and extent of the interest.

If any Board member requires advice on declarations of interests, they are advised to contact the Company Secretary in advance of the meeting.

**2 MINUTES OF THE LAST MEETING HELD ON 17 MAY 2016**

(Pages 1 - 10)

To agree the minutes of the last meeting held on 17 May 2016 as a true and correct record.

**3 MATTERS ARISING FROM THE MINUTES OF THE LAST MEETING**

#### **4 EMPOWERMENT MANAGERIAL CHANGES**

Ms Michelle Smith, the new Chief Executive of Empowerment will update the Board on recent management changes.

#### **5 FEEDBACK FROM VARIOUS BODIES**

To receive verbal updates from the appointees on the Health and Wellbeing Board, Blackpool Clinical Commissioning Group (CCG) Governing Body and the Primary Care Commissioning Committee.

#### **6 FEEDBACK FROM THE HEALTHWATCH ANNUAL CONFERENCE** (Pages 11 - 16)

#### **7 WRITTEN RESOLUTION FEEDBACK AND UPDATE** (Pages 17 - 20)

This report is for information and update as the written resolution was agreed by Board members in June 2016.

#### **8 BUSINESS PLAN AND STRATEGY** (Pages 21 - 34)

To consider the draft Business Plan 2016/ 2017 and Strategy for 2016/ 2018.

#### **9 OPERATIONAL LEADS' REPORT** (Pages 35 - 94)

#### **10 FINANCE REPORT** (Pages 95 - 96)

To receive an update on the current Financial position.

#### **11 ROLES OF THE BOARD AND EMPOWERMENT** (Pages 97 - 102)

The purpose of this report is to define the relationship and roles of the Board and that of Empowerment to assist each in undertaking their duties.

#### **12 ANY OTHER BUSINESS**

#### **13 DATE OF FUTURE BOARD MEETINGS**

The Board is asked to note the date of future meetings as:

- Thursday 15 September
- Tuesday 15 November

#### **Healthwatch Blackpool**

**Registered Office:**  
Empowerment offices  
333 Bispham Road  
Blackpool, FY2 0HH.

Company Number: 8584258

**MINUTES OF THE MEETING OF THE BOARD OF DIRECTORS OF  
HEALTHWATCH BLACKPOOL  
HELD AT THE EMPOWERMENT OFFICE, BISPHAM ROAD, BLACKPOOL  
ON TUESDAY 17 MAY 2016 AT 3.00PM**

**Present:** Ms K Burrell, non-Executive Director  
Dr M Davis, non-Executive Director  
Mr E Jackson, non-Executive Director  
Mr G Molyneux, non-Executive Director  
Ms M Whyham, non-Executive Director (Chairman)

**In attendance:** Mr S Garner, Healthwatch Blackpool Manager, Empowerment  
Mr S Butterfield, Corporate Development Manager, Blackpool Council  
Mr M Towers, Company Secretary (Co Sec)  
Miss Y Burnett, Company Secretary Support.

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1.	<p><b>Welcome and Introductions</b></p> <p>The Chairman welcomed everyone to the meeting and around the table introductions were provided.</p>	
2.	<p><b>Declarations of Interest</b></p> <p>None.</p>	
3.	<p><b>Minutes of the Last Board Meeting held on 24 March 2016</b></p> <p><b>The Board agreed:</b> To approve the minutes of the Board meeting held on 24 March 2016 as a correct record.</p>	
4.	<p><b>Minutes of the Annual General Meeting held on 24 March 2016</b></p> <p><b>The Board agreed:</b> To note the minutes of the Annual General Meeting held on 24 March 2016.</p>	
5.	<p><b>Health and Wellbeing Board Strategy</b></p> <p>The Chairman explained that following her recent attendance at the Health and Wellbeing Board, she had invited Mr Scott Butterfield to attend the meeting to present to the Board the draft Health and Wellbeing Board Strategy as part of the on going consultation process and to ensure that the issues raised by Healthwatch Blackpool were fed into the consultation process.</p> <p>Mr Butterfield explained that the Strategy was a statutory requirement aimed at reducing health inequalities and the Health and Social Care Act 2012 stipulated</p>	

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<p>that in preparation of the Strategy the involvement of the local Healthwatch was paramount. He added that the existing Strategy had become unwieldy and in the process of refreshing the document it had been agreed to focus on four top priorities:</p> <ul style="list-style-type: none"> <li>• Housing</li> <li>• Substance misuse, including alcohol and tobacco</li> <li>• Creating community resilience and reducing social isolation</li> <li>• Early intervention</li> </ul> <p>The draft Strategy had been presented to the Health and Wellbeing Board at its meeting on 20 April and it had noted that:</p> <ul style="list-style-type: none"> <li>• The importance of describing and developing links to addressing Blackpool's economy;</li> <li>• The need to reference the importance of quality healthcare;</li> <li>• The importance of not pitching the strategy at too high a level, ensuring that the action plan was one that the Health and Wellbeing Board could own and monitor;</li> <li>• To be realistic about the impact it could make on areas subject to significant funding reductions;</li> <li>• The need to be clear about the plan for the third sector, so that they could adapt and develop an appropriate response;</li> <li>• The need for community development work in order to build resilience and</li> <li>• The important role that the strategy should play in shaping partner organisations' priorities and strategies.</li> </ul> <p>Mr Butterfield explained that it was important, as part of the consultation process to include the Health Services to focus on the needs of the community prior to them accessing services. He added that the role of the third sector partners was equally important in building resilience.</p> <p>The Board was advised that the Health and Wellbeing Board had requested that a short duration task and finish group was established to collate the on going work addressing the Social/ Community Resilience priority. The Chairman of the Board had also asked for a short consultation period with the aim of presenting the final draft Strategy to the Health and Wellbeing Board at its meeting in July 2016. Mr Butterfield explained that this deadline was flexible, if it was considered further work was required.</p> <p>Mr Butterfield sought the Board's opinion on how the members of Healthwatch Blackpool could be involved in the consultation process.</p> <p>In response to a question, Mr Butterfield confirmed that the Strategy would be delivered through the Better Care Fund.</p>	

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6.	<p>A number of Board Members pointed out that the Strategy appeared not to refer to equality issues, the hard to reach groups within the community, mental health issues and the gap between the Children and Adolescent Mental Health Services (CAMHS) and the Adult Mental Health Services. Mr Butterfield explained that the Equality Impact Assessment would take into account each individual needs and would work with Blackpool Council to ensure that those needs were fully considered and all groups were equally involved.</p> <p>He added that in reducing the priorities, some aspects had not been articulated, but mental health issues was included in the 'Creating community resilience and reducing social isolation' priority. Mr Garner agreed to provide Mr Butterfield with the Healthwatch Blackpool reports on the subject. Mr Butterfield reported that telephone consultation had proven successful in involving hard to reach groups and those with access issues.</p> <p>With regard to the gap in provision of mental health services for children and adolescents, Mr Butterfield agreed to liaise with Ms Claire Grant, Divisional Commissioning Manager, Blackpool Council, who was reviewing the Lancashire wide issues, to ensure that those issues were being addressed.</p> <p>In response to a question, Mr Butterfield acknowledged that there was an inconsistent approach in the PHSE programme in secondary schools and was not entirely reliant, but ensured that a rounded approach would be taken to address substance misuse.</p> <p>The Board was advised that the next steps would include the consultation of all partners, using social media, surveys and Healthwatch Blackpool. In response to a question regarding the possibility of involving the Patient Forum, Mr Butterfield welcomed this and other suggestions of areas of inclusion.</p> <p><b>The Board agreed:</b></p> <ol style="list-style-type: none"> <li>1. To note the draft Health and Wellbeing Board Strategy.</li> <li>2. To request that greater prominence in the Strategy be given to equality issues, the hard to reach groups within the community, mental health issues and the gap between the Children and Adolescent Mental Health Services and the Adult Mental Health Services.</li> <li>3. That Mr Butterfield and Mr Garner would work together to develop a joint approach to consulting with people associated with Healthwatch Blackpool.</li> </ol> <p><b>Articles of Association</b></p> <p>Mr Towers advised the Board that the original Articles of Association had been adopted when the Healthwatch Blackpool was formed in 2012 and the revised Articles would align to the contract, which Empowerment had won, to enable</p>	<p>SG</p> <p>SG/ SB</p>

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<p>the work of the Board to be supportive of the objectives of Empowerment.</p> <p>The Board was advised that one issue, which had caused some confusion with the Articles, had been the interpretation of the word ‘member’. The definition had been discussed with the previous Healthwatch Board, but no agreement had been reached. Mr Towers explained that in Part 1, of the articles, “member” had the meaning given in section 112 of the Companies Act 2006. This in effect meant that the subscribers of a company's memorandum were deemed to have agreed to become members of the company. The subscriber to those articles was the Council. However, later in the articles the word ‘member’ was referred to in relation to arrangements for Annual meetings. For those meetings it could not just be the Council, which was referred to (as the registered member) so any member of the public who attended had been allowed to speak and participate in the Annual meeting to ensure there was transparency and accountability.</p> <p>Mr Towers explained that the Articles were a legal and sound document, but this anomaly could be picked up in a future review, if for example Healthwatch Blackpool wished to become a charity. The Board could then work with the Council in developing governance documents to help it develop into a more self-sustaining organisation.</p> <p>In addition, Article 11 stated the need for a decision making policy to be agreed by the Board and published. The Board was presented with a proposed policy, based on a template used by a number of Healthwatch organisations and very similar to the policy previously used.</p> <p>The Board was advised that if the Board agreed the revised Articles of Association the Council would need to consider the Articles through its Executive decision making process within 28 days. Once agreed by the Council, the revised Articles of Association would then be lodged with Companies House within 15 days of the decision.</p> <p>In response to a question, Mr Towers acknowledged that the reference to the Local Healthwatch accountability to the “resident taxpayer”, detailed in the Department for Health and Local Government Association publication “Developing Effective Local Healthwatch” was open to interpretation and would seek to improve on the definition.</p> <p>In reviewing the decision making policy, the difference between public meetings and meetings of the Board held in public was discussed. It was confirmed that the public could attend Board meetings in an observational capacity and be excluded should there be information of a confidential nature discussed, but acknowledged that a suitable venue and the publication of meeting dates would need to be considered to accommodate this. The Board agreed that a mechanism to allow members of the public to ask questions would be appropriate.</p>	

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<p>On behalf of the Chairman, Mr Towers read out the written resolution to the Board Members for consideration if the Company thought fit, to pass a resolution to adopt the revised articles of association of the Company. A vote was taken and carried.</p> <p><b>The Board agreed:</b></p> <ol style="list-style-type: none"> <li>1) To approve the Written Resolution to adopt the revised Articles of Association of the Company and the statement as to how the Council (as registered member) could signify agreement.</li> <li>2) That the Chairman be authorised to submit the documents set out in 1) above to the Council.</li> <li>3) That the Chairman would arrange for the following to be delivered to the Registrar of Companies as soon as practicable: <ol style="list-style-type: none"> <li>a. The written resolution referred to above, once it had been duly passed by the Council;</li> <li>b. A print of the revised articles of association of the Company; and</li> <li>c. Companies House Form CC04.</li> </ol> </li> <li>4) To adopt the proposed decision-making policy and review the effectiveness of the procedures set out in the policy annually.</li> </ol> <p><b>7. Appointments to Various Bodies</b></p> <p>The Board was asked to consider the second appointment to the Health and Wellbeing Board and the attendance at meetings of the Blackpool Clinical Commissioning Group (CCG) Governing Body and the Primary Care Commissioning Committee.</p> <p>The Board was advised that under the Health and Social Care Act 2012 it was a statutory requirement that the Health and Wellbeing Board comprised of at least one member of the Healthwatch Board. The Board was reminded that at the last meeting, it was agreed that Mrs Whyham would fill the first position as Chairman and to defer to the next meeting the appointment of the second position.</p> <p>The Chairman advised the Board that she had regular informal meetings with the Chairman of both the Hospital Trust and the Blackpool Clinical Commissioning Group (CCG).</p> <p><b>The Board agreed:</b></p> <ol style="list-style-type: none"> <li>1. That Mr Eddy Jackson be appointed to the second position on the Health and Wellbeing Board.</li> <li>2. That Mr Greg Molyneux be appointed as a lay member to the Blackpool Clinical Commissioning Group (CCG) Governing Body.</li> <li>3. That Dr Mike Davis be appointed to the Primary Care Commissioning Committee.</li> </ol>	

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<b>8.</b>	<p>4. To review the appointments to the Health and Wellbeing Board and the other bodies at the November Board meeting.</p> <p><b>Board Expenses</b></p> <p>The Board was advised that the purpose of the expense policy was to define a criterion for the approval of expenses on the basis that no Board member should be out of pocket for undertaking their official duties. It was reported that following discussions with Empowerment, the Council had set aside a sum of money to cover all expenses claims from Board Members as part of the commissioning contract. Although the position of Board Members was not remunerated, the Council and Empowerment were keen to ensure that no Board Members would out of pocket for undertaking their duties with Healthwatch Blackpool.</p> <p>Mr Garner agreed to circulate the associated claim forms to Board Members.</p> <p><b>The Board agreed:</b> To adopt the Board Expenses Policy.</p>	
<b>9.</b>	<p><b>Performance Review 2015/ 2016 and Business Plan 2016/ 2017</b></p> <p>Mr Garner presented his report to the Board and highlighted eight draft aims and objectives for 2016/ 2017 as being:</p> <ol style="list-style-type: none"> <li>1. Develop a plan of work, which includes a range of large in-depth quality projects, and smaller scale consultations.</li> <li>2. Raise the public profile of Healthwatch Blackpool and consumer feedback.</li> <li>3. Improve and maintain relationships with Care Quality Commission (CQC).</li> <li>4. Create a Youth Healthwatch.</li> <li>5. Maintain the role of championing the consumer voice and effective communication, ensuring quality reviews, responsive to public concerns, and good joint working.</li> <li>6. Raise the level of service provider feedback, and ensure robust KPI reporting.</li> <li>7. Increase the number of volunteers and members of Healthwatch Blackpool.</li> <li>8. Develop sustainability opportunities.</li> </ol> <p>Mr Garner added that public consultation around the plan of work was ongoing, but hoped to be in a position to present this to the Board at its next meeting. There was concern that few people were aware of the existence and/ or purpose of Healthwatch Blackpool and that awareness raising was needed in order for it to become a visible body. It was suggested in addition to social media, existing links with local media could be utilised to advertise the launch of the new Board.</p>	<b>SG</b>



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10.	<p>The Chairman suggested that a Strategy, which would then shape the Board's Business Plan, was required and agreed to work with Mr Garner to produce a draft Strategy for the Board's approval. The Strategy needed to be simple, focussed and with measurable outcomes covering a two-year period.</p> <p>Mr Garner referred to the Key Performance Indicators (KPI's) contained within the report and advised the Board that a meeting was scheduled with Blackpool Council's Commissioning team to review the contract and the KPI's for 2016/2017.</p> <p>A financial overview was presented to the Board and it was noted that the two largest expenditures were PR and printing costs. It was reported that printing and postage costs had been high over the past financial year due to the monthly full colour newsletter, distributed to over 130 people. Mr Garner explained that since December 2015, the newsletter had been produced quarterly and physical printed copies had been reduced following a feedback survey.</p> <p>Mr Garner explained that the PR costs were the result of a large volume of leaflets and posters (additionally the annual reports) being printed in order for Healthwatch Blackpool to be able to better inform the public of its purpose and be visible in health and social care settings and a two page advertisement in The Gazette and a radio advert</p> <p>The Board was advised that those two areas of expenditures would be monitored over the next financial year, whilst also looking into additional sources of revenue.</p> <p>In response to a question as to whether or not there was sufficient resources to achieve the proposed aims of Healthwatch Blackpool, Mr Garner explained that there were two positions alongside his, a fulltime involvement officer and a part time (15 hours) information officer. He added that the possibility of an administration apprentice was also being perused.</p> <p>The Chairman suggested that obtaining Charitable status should be part of the two year Strategy, as the Board may struggle to attain this in a shorter period.</p> <p><b>The Board agreed:</b> To note the report.</p> <p><b>Appointment of Auditor</b></p> <p>Mr Towers advised the Board that Healthwatch Blackpool was exempt as a small business from needing to appoint an external Auditor, however it was recommended by the Department of Health and the Local Government Association as good practice.</p>	MW/ SG

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11.	<p>The Board was reminded that the existing Auditors were John Potter and Harrison Chartered Accountants. However, as there was a shared accounts process with Empowerment it was suggested that the Company could use the same Auditors as used by Empowerment.</p> <p><b>The Board agreed:</b> To appoint Paul Clegg and Company, Chartered Accountants as the Company external Auditor for 2016/ 2017.</p> <p><b>Operational Leads' Report</b></p> <p>Mr Steven Garner, Healthwatch Blackpool Manager presented his report to the Board. He explained that social media and website engagement had been increasing month on month. Included in his report, for information, were a number of reports that had been prepared following Healthwatch Blackpool reviews and consultations. He explained that the Board prior to them being submitted to the service provider for a response would normally approve those reports, but due to changes to the Board, it had been necessary to send them to avoid any delays.</p> <p>He advised the Board that responses from the Head of Urgent Care (Accident and Emergency Report) and the Harbour Conversation were still outstanding, but a response to the Substance Misuse report was anticipated later in the week. It was suggested that the recommendations made in the reports should be followed up to see if, because of the reports, changes had been made by the service provider. This would also enable the impact of Healthwatch on the delivery of services to be measured.</p> <p>Details of the Annual Healthwatch Conference were included in the report and Mr Garner reported that it was a useful event to attend providing operational and governance workshops. It was decided that Mr Garner and Mr Robinson (Involvement Officer) should attend the Conference and provide feedback to the Board at its next meeting. The Chairman reported that she would possibly attend part of the conference, subject to other commitments.</p> <p>In response to a question, Mr Garner reported that there was little opportunity for professional development, but there were many events, such as the Healthwatch Conference, that provided learning opportunities. The Chairman agreed to discuss with the Chief Executive of Empowerment the clarification of roles between the Board and Empowerment and in doing so identify any potential development needs.</p> <p>It was suggested that the contact should be made with the Chairman of the Blackburn with Darwen Healthwatch, Mr Bill Taylor, as there was the potential for shared resources and their expertise could be invaluable. The Chairman agreed to contact Mr Taylor to seek guidance on how they had developed their Healthwatch Strategy.</p>	<p></p> <p><b>SG</b></p> <p><b>SG</b></p> <p><b>MH</b></p>

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12.	<p><b>The Board agreed:</b></p> <ol style="list-style-type: none"> <li>1. That future review/ consultation reports would be submitted to a Board meeting for approval, subject to timing. If outside the cycle of meetings, the reports would be circulated to Members, by email, for comments and finally approved by the Chairman. The reports would then be presented to the next Board meeting for ratification.</li> <li>2. To note the Operational Leads' report.</li> </ol> <p><b>Registered Office and Sail Address</b></p> <p>The Board was advised that a registered office was mandatory and was the official address of the Company where statutory mail and legal notices were delivered. A single alternative inspection location (SAIL) was a useful alternative and recommended for the retention and inspection of statutory company records, for which the Company Secretary was responsible. It was reported that the Council, on the formation of Healthwatch in 2012 had registered the Municipal Buildings as the registered office.</p> <p><b>The Board agreed:</b></p> <ol style="list-style-type: none"> <li>1. That the Registered office of the company be the Empowerment offices, 333 Bispham Road, Blackpool, FY2 0HH.</li> <li>2. That the Single Alternative Independent Location (SAIL) be Number One Bickerstaffe Square, Talbot Road, Blackpool, FY1 3AH.</li> </ol>	
13.	<p><b>Items for Next Board Meeting</b></p> <p><b>The Board agreed:</b> That in addition to items suggested during the meeting, the following items would be included in the agenda for the next Board meeting:</p> <ul style="list-style-type: none"> <li>• Operational Leads' report</li> <li>• Finance/ Performance report</li> <li>• Business Plan/ Strategy</li> <li>• Protocol outlining the responsibilities of the Board of Directors and those of Empowerment</li> <li>• Report outlining the performance measures in Empowerment's contract and the Board's role in helping to achieve those.</li> </ul>	
14.	<p><b>Any other Business</b></p> <p>a) The composition of the Board was discussed, noting that there could be a maximum of eight Members and a required quorum of three Members. It was suggested that through the recruitment panel a further one or two Members could be recruited to represent areas of the community not currently represented, subject to their skills set.</p>	

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15.	<p>Mr Towers advised that the current Board Members had been identified through an open advert, the Blackpool Business Leaders Group and recommendations. He added that he had received an expression of interest from a person with a Health and Social Care background and suggested that this could be progressed through the recruitment panel.</p>	Co Sec
	<p>b) The Chairman suggested that Service User representatives, related to the Strategy and Business Plan could be invited to attend future Board meetings to provide a presentation.</p>	Co Sec/ SG
	<p>c) Dr Davis advised the Board, having recently attended a National Haemochromatosis Group, that there had been representation from between 30/40 medically related charities, intermediaries of the Healthwatch Board. He sought the Board's opinion of their inclusion in the Strategy to develop a mutually beneficially partnership to raise awareness.</p>	
	<p><b>Proposed Dates of Future Board Meetings</b></p> <p><b>The Board agreed:</b> The dates of future meetings for 2016 as follows:</p> <ul style="list-style-type: none"> <li>• Tuesday 12 July</li> <li>• Thursday 15 September</li> <li>• Tuesday 15 November</li> </ul> <p>All meetings to be held at the Empowerment Office, Bispham Road, commencing at 3.00pm.</p> <p>It was also noted that a date in December, for the 2016 Annual General Meetings, would be confirmed at a future meeting.</p>	

The meeting ended at 4.55pm

**Signed by the Chairman**

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**Mrs M Whyham, 12 July 2016**



<b>Report to:</b>	<b>HEALTHWATCH BLACKPOOL</b>
<b>Relevant Officer:</b>	Steven Garner, Healthwatch Blackpool Manager
<b>Date of Meeting</b>	12 July 2016

## HEALTHWATCH CONFERENCE REPORT

### 1.0 Introduction

The Healthwatch Conference took place in Nottingham and was a fantastic opportunity to meet with other Local Healthwatch and view their methods of working and share success stories and materials. It was also a chance to discuss some of the ongoing and future issues as a collective organisation with changes within health and social care. Steven Robinson, Mary and I attended a range of sessions provided by other local Healthwatch and providers. The theme of this year's conference was "The Value We Bring". All materials, which were produced, are available from the Local Healthwatch who facilitated the session.

### 1.2 Working with mental health services

This session was hosted by Healthwatch and MIND, discussing a collaboration, which could raise the voices of service users. Together Healthwatch and MIND tackled access and waiting time strategies and were involved in the Crisis Care Concordat and NHSE Five Year Forward View (Feb 2016). This session provided a good opportunity to see how two organisations can work together to raise the service user experience. This may open up an opportunity to speak with Lancashire MIND ahead of our Adult Mental Health review.

### 1.3 Sustainability

This session discussed branding and selling points for local Healthwatch we well as potential ideas, sources for income generation such as the Better Care Fund and Public Health in the development of trading arms, and profiles for commissioned work. The use of the Social Value Act in writing bids and commissions was also highlighted. Healthwatch Cumbria has provided research in conjunction with a local University and training. One Local Healthwatch said that they use a standard of £10 per hour for a member for staff and base their commissions and bids on this. The session suggested looking to the fire service, police as well as CCGs, Local Authorities and providers.

#### **1.4 Patient Experience – Driving the improvement agenda**

These sessions discussed the collaboration of Healthwatch with Patient Advice and Liaison Service (PALS) and Patient Experience managers in order to gather the views of people who have used complaints processes. It also gave some insight into getting in on the ground floor and emphasised the importance of building relationships within the local hospitals in order to make sure that Healthwatch is asking the right questions and the recommendations are being taken seriously by the service.

There was also discussion of a maternity review around “Better Births”, which formed a working group with Healthwatch and the local hospital to read 197 responses. Out of this came 16 detailed case studies and the hospital is working towards introducing a “maternity guardian”. Person centred care was driving the agenda and people with special needs were given extra consideration such as the option of being provided with anaesthetic whilst in the hospital care park to ease stress and anxiety.

#### **1.5 Questions and Answers with David Behen (Chief Executive, CQC) and Susan Robinson (Acting National Director, Healthwatch England)**

An interesting session with some emphasis on the closer working of Care Quality Commission (CQC) and Healthwatch, given recent integration changes to Healthwatch England which has now moved into CQC offices. The sponsor branch in the Department of Health (DoH) has changed and so Healthwatch and CQC are accountable to the same Government minister. The Healthwatch England Business Plan for 2016 has three priorities emphasis on quality statements, influence and to be fit for purpose. Healthwatch Rotherham raised a question around why a patient experience piece of funded work did not go to Healthwatch Rochdale, which was responded to by David Behen who explained that Healthwatch does not have a monopoly on patient experience. This session left Local Healthwatch with a sense that CQC were still at arms length despite the closer working agenda.

#### **1.6 GP Appointments Research**

An interesting piece of research by Healthwatch Newcastle along with Northumbria University. This was a Discrete Choice Experiment (DCE) in relation to GP appointment times, which asked service users which preferences they had and which they were willing to forgo. For example, preferences showed that women were willing to wait longer to see their GP of choice, whereas men were willing to wait shorter times to see any GP. There were also findings on evening and weekend appointments and the data was broken down by age, ethnicity, disability and sexuality. It is not yet known how this data will be used to influence change, but Healthwatch Newcastle was preparing to attend a scrutiny committee on the subject.

## **1.7 Sustainability and Transformation Plans (STPs)**

Every health and care system in England will produce a multi-year Sustainability and Transformation Plan (STP) showing how local services will evolve and become sustainable over the next five years, ultimately delivering the Five Year Forward View vision of better health, better patient care and improved NHS efficiency. To deliver plans that are based on the needs of local populations, local health and care systems came together in January 2016 to form 44 STP 'footprints'. The 44 Footprints often cross over counties and local authority boundaries meaning that local Healthwatch must come together to find a cohesive way forwards to raise patient experience. This session discussed the future of STPs and "Success Regimes". Some transformation funds may be available however, they are limited.

## **1.8 Managing Volunteers**

This was a very good session and it was run by Kate from Healthwatch England. We discussed the differences between management and leadership and in a group talked about keeping and engaging volunteers. From these discussions, I have also decided to re-name the community networker role to 'Health watcher'. This role centres around attending forums and meetings is not popular, especially when you discuss both opportunities side by side so creating a unique role is going to make it stand out more. We also received an electronic copy of Kathy Gaskin's 'a choice blend'. This paper is brilliant at supporting people like me in managing and recruiting volunteers of a higher quality and making sure, they stay.

## **1.9 Engagement the Healthwatch commitment to seek and hear the voices of local communities**

This session was run by North Somerset and was a brilliant workshop designed to think of engagement methods we have not explored. I will be producing a report on Blackpool and an engagement plan for the up and coming year taking into account awareness weeks and potential engagement events. We discussed ideas and resources that are available free and one of the ideas that come up was pop up shops in the town centre. I had the idea of theming the days so Monday dementia, Tuesday volunteers, Wednesday cancer etc. If we can also create a semi regular, rolling events like Coffee with Healthwatch it would go a long way to engagement and building up the brand of Healthwatch Blackpool.

## **1.10 Presenting evidence**

It was interesting to learn the academic difference between data and information analysis and how to proof read. I think the session would be better if it was more applicable and gave us materials and methods to produce a report with infographic and charts instead of word documents and to rely on our IT skills.

We did receive a link to website that could help us generate images that allow us to explain information better. I mentioned that I send all our reports to Healthwatch England, we receive no information or feedback from them and we never hear if the reports are used again. I was told that the intelligence team now consists of one person and we have to ask for feedback from Healthwatch England. I also suggested that a repository of reports would be useful as it could save time and effort if other Healthwatch have done similar work.

#### **1.11 Using enter and view with residential care homes**

We found this session very interesting and a testament to why Local Healthwatch exists. Listening to the manager's experience of dealing with a stubborn Council and promoting the value of enter and view as a tool for positive change not an audit or an inspection. They explained their process and offered to send us their information they supply to care homes. The information covered a guide to Healthwatch, what to expect, what an Enter and View was and why they were conducting one. They also mentioned they put on care awards and give an award for most improved home and highest rated. I asked how their relationship is with the local authority now and they said it was stronger and has established Healthwatch as a trusted "critical friend". Many of the care homes in the Isle of Wight (the Healthwatch who ran the session) were Council run so there is a difference to Blackpool, but the methods they used are good and I will look into them to see if they could benefit us.

#### **1.12 Young Healthwatch – young people leading the commissioning of children's services**

This session was run by Healthwatch Leeds and a national charity. It was a good session with videos and links to more information about involving young people. I was very interested to learn that 25% of the UK population are aged 25 or under. If we are not speaking to them, we are missing a quarter of the population. We discussed methods to engage young people and the services they could help shape. Sexual health, school nurse teams and CAMHS are a few we could potentially involve them with. It was mentioned that it is easier to work with young people charities than to set up a youth group ourselves, although Healthwatch Blackpool has already taken steps to brand and create a Youth Healthwatch. We were also given a young people rights tool kit developed by local Healthwatch and NHS England that we can use in workshops or signposting, which was very useful.

#### **1.13 CAMHS – The Rotherham experience**

This session was very good and similar to the Enter and View with care homes, Rotherham has had some issues with CAMHS. There were many people in the room from other Healthwatch and it seemed common that people have issues with CAMHS all over so further work could highlight these issues. Rotherham is



infamous for several high profile child cases and CAMHS was an area that Healthwatch Rotherham was struggling with. I mentioned that our own CAMHS report got a lukewarm generic response like theirs and they suggested that pushing for a response from the commissioners and NHS England is a good way to highlight any issues we hear about if CAMHS do not give us one.

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<b>Report to:</b>	<b>HEALTHWATCH BLACKPOOL</b>
<b>Relevant Officer:</b>	Mark Towers, Company Secretary
<b>Date of Meeting</b>	12 July 2016

## WRITTEN RESOLUTION – FINAL ACCOUNTS

### 1.0 Purpose of the report:

1.1 This report is for information and update as the written resolution was agreed by Board members in June 2016.

### 2.0 Recommendation(s):

2.1 To note that the written resolution was agreed and the relevant information updated at Companies House.

### 3.0 Reason for Recommendations

3.1 To provide feedback to Members on the written resolution undertaken between the last meeting and this meeting.

### 4.0 Purpose of the Written Resolution

4.1 It had come to light that the accounts the Board had agreed at the meeting on 24 March had a page, which had not been updated from the previous year in relation to the achievements of the Company. Following discussion with the Chairman, Mary Whyham and the new Chief Executive of Empowerment, Michelle Smith, this page has now been updated. Board Members were supplied with the incorrect text and the amended text and the changes were agreed unanimously by Board members.

4.2 There were no changes to the accounts themselves and all the financial statements were the same and are correct.

4.3 The written resolution which was agreed is attached at Appendix 7(a). The accounts were due at Companies House by 15 June 2016 and this was achieved.

### List of Appendices:

Appendix 7(a) – Written Resolution

**7.0 Financial and Legal considerations:**

7.1 The annual accounts had to be submitted to Companies House by 15 June 2015 and the Board's agreement on these was required prior to that date.

**8.0 Other considerations:  
(Performance, Risk, Human Resource and Equalities)**

8.1 None.

**9.0 Consultation with Volunteers (if appropriate)**

9.1 No consultation was appropriate with this report.

# HEALTHWATCH BLACKPOOL

(A Company Limited by Guarantee)

## WRITTEN RESOLUTION of the DIRECTORS In accordance with article 9 of the Articles of Association

(Circulated on Tuesday 7 June 2016)

COMPANY NO. 08584258

REGISTERED OFFICE: 333 Bispham Road, Blackpool, FY2 0HH

### AMENDING THE DIRECTORS REPORT AND FINANCIAL STATEMENTS FOR PERIOD ENDING 31 MARCH 2015

THAT the Directors report and statement of accounts for the period ending 31 March 2015 agreed by the Board at its meeting on 24 March 2016 be amended as follows.

The page headed 'Main Achievements of the Company during the year' (page 3 only) to be replaced with that now attached.

With the exception of the updating of the names of the Directors and the registered office, the remainder of the Directors report and the financial statements to remain as agreed by the Board on 24 March 2016.

Name of Director	Date agreement indicated in writing
Mary Whyham	7 June 2016
Eddy Jackson	7 June 2016
Dr Mike Davis	10 June 2016
Greg Molyneux	9 June 2016
Katie Burrell	10 June 2016

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# 2016/17 Business Plan

<b>Company:</b>	Healthwatch Blackpool
<b>Company Registration number:</b>	8584258
<b>Registered Company address:</b>	333 Bispham Road Blackpool FY2 0HH
<b>Operational Company Address:</b>	333 Bispham Road Blackpool FY2 0HH
<b>Contact telephone number</b>	0300 32 32 100 (opt #7)
<b>E-mail Address:</b>	<a href="mailto:hello@healthwatchblackpool.co.uk">hello@healthwatchblackpool.co.uk</a>
<b>Website:</b>	<a href="http://www.healthwatchblackpool.co.uk">www.healthwatchblackpool.co.uk</a>
<b>Date of plan to be carried out:</b>	April 2016 - April 2017



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## 1. PURPOSE OF HEALTHWATCH BLACKPOOL

Healthwatch Blackpool is the independent consumer champion of health and social care services in Blackpool. It listens to service user experiences on all areas of health and social care, and shares this feedback with service providers and commissioners at a strategic level in order to effect positive change.

**Our primary role** is to be an independent body which allows Blackpool residents the opportunity to express their concerns and compliments about local services, and also to find out more information and get advice about the health and social care options available to them.

**Our secondary role** is to work in partnership with the Blackpool Clinical Commissioning Group (CCG), Blackpool Council, and the Care Quality Commission (CQC), as well as other key health and social care providers (such as Blackpool Teaching Hospitals). These partnerships can allow Healthwatch Blackpool to represent the public voice on a strategic level and be a part of the shaping of local health and social care services.

## 2. BACKGROUND OF SERVICE

Healthwatch is a governmental statutory mechanism intended to strengthen the collective voice of users of health and social care services and members of the public, both nationally and locally. Healthwatch was created by Part 5 of the Health and Social Care Act 2012 (The Act) which paved the way for a national body (Healthwatch England) and a local organisation for each local council in England with social care responsibilities: local Healthwatch.

Locally, Healthwatch Blackpool has additional powers to those held by Local Involvement Networks (LINKs) which it replaces (including Enter and View capabilities). The Act established local Healthwatch from April 2013. Healthwatch Blackpool is a member of a network of independent local Healthwatch organisations in England. Healthwatch England provides a national focus for our work but exercises no control over our activities. We are a company limited by guarantee established by Blackpool Council. However, Blackpool Council has no members on the Healthwatch Blackpool Board and the company works independently from the Council and the NHS.

From April 2013-2015 Healthwatch was run by Groundwork, a local community charity. In April 2015 the contract that delivered Healthwatch was awarded to Empowerment; a local advocacy, dementia and domestic abuse charity.

### 3. 2016/17 AIMS AND OBJECTIVES

Based on the Healthwatch Blackpool 2018-17 Strategy, the following aims and objectives are as follows

1. Develop and carry out a plan of work which includes a range of large in-depth quality projects based on the priority of public concerns of health and social care services
  2. Increase and demonstrate Healthwatch Blackpool's influence in service delivery and commissioning of services
  3. Develop sustainability opportunities
  4. Hold internal Board Assessment review
  5. Increase number of volunteers to **20**
- 
1. Develop and carry out a plan of work which includes a range of large in-depth quality projects based on the priority of public concerns of health and social care services
    - In April and May 2016 Healthwatch Blackpool will undertake a public consultation in order to discover the health and social care issues that residents would like addressing.
    - Consider the local and national conversations on health and social care, potentially looking at umbrella projects such as *"The 24-hour NHS"* (with focus on GPs, urgent care and 111/999), Five Year Forward view of Adult Mental Health, and Care of the Elderly initiatives (e.g *Care Home Reviews tie in with CQC and service provider forums, and Dementia Services*).
    - Look at re-visiting previous work for follow up on service provision (e.g *Community Mental Health Team*).
    - Healthwatch Blackpool will devise and agree a plan of work for 2016/17.
    - To conduct reviews by working wherever possible with the co-operation of service providers and commissioners.
  2. Increase and demonstrate Healthwatch Blackpool's influence in service delivery and commissioning of services
    - Develop "You said, we did" reports in order to demonstrate the work of Healthwatch Blackpool has influenced service design and delivery
    - Develop feedback forms for service providers to explain how the input of Healthwatch Blackpool has directly contributed to positive change
    - Healthwatch Blackpool will hold open forums for the public to attend to allow them to voice their opinions in person. This could potentially be in the evening or on a weekend to maximise public input.
    - Healthwatch Blackpool will hold more stands in public places - outside of health and social care settings to raise the awareness of the service (e.g. in Blackpool Town Centre).
    - Healthwatch Blackpool will invest in branding such as polo shirts and banners to raise visibility in public spaces

- Hold a publicity drive on social media. To explore the options of paid targeted advertising, creation of video media, competitions/draws in which people who like and share our pages, give us their feedback on services or sign up to our newsletters can win items or experiences.

### 3. Develop sustainability opportunities

- Perform a skills analysis and develop training opportunities which can be sold to providers (such as social media, marketing, web design, accessibility etc.)
- Develop a formal list of chargeable services and fee structure
- Design and develop promotional materials and webpage for chargeable services
- Options Assessment to be conducted and provide forward planning for Healthwatch Blackpool's sustainability
- On the basis of Options Assessment, to being path to either charity status or profitable company
- Healthwatch Blackpool will extend its reach by including publications and marketing materials in community/health venues and look into advertising on in-house health service television networks.

### 4. Hold internal Board Assessment review

- The arrange an internal review with the board to review:
  - governance
  - size of the board
  - range of skills brought to the board

### 5. Increase number of volunteers to **20**

- Redraft volunteering roles, ensuring that they are branded well and are appealing to prospective volunteers.
- Create a Youth Healthwatch by promoting Healthwatch Blackpool at Blackpool and Fylde College, in particular their Health and Social Care department. Posters, talks, stands here will allow us to access those who are looking for a career in health and social care (both young people and adults), as well as promoting the work we do.
- Healthwatch Blackpool will hold more stands in public places - outside of health and social care settings to canvass for volunteers
- Healthwatch Blackpool will increase their visibility at Blackpool events (such as Ride the Lights, Fun Runs, concerts in Stanley Park etc.) to reach the wider public to garner members, support, interest online and volunteers.
- Healthwatch Blackpool will attend volunteering fairs, such as those at UCLan, and continue to attend Multi-Agency events to promote Healthwatch Blackpool and volunteering with us.

#### 4. Strengths, Weaknesses and challenges over 2016/17

Strengths	Weaknesses
Ample existing body of published reports to build on reputation as a professional and effective independent service user experience feedback service.	Following the potential achievement of charity status, Healthwatch Blackpool will be bidding for work in a competitive environment in which public sector funding is reducing.
Good backing from Blackpool NHS Teaching Hospitals and Blackpool Council department heads, based on work carried out over the last 12 months.	Healthwatch have limited bid-writing experience or expertise, but will be able to draw upon the vast experience of bid writing experience held by Empowerment.
Excellent working relationships within Blackpool Teaching Hospitals and Blackpool Council.	Existing information & advice and in-house feedback services such as PALS and “listeners” remain an alternative option for the public and for services to self-review.
Well established name in services Healthwatch Blackpool has reviewed.	The expected reduction in future funding from the local authority will strain an already small Healthwatch Blackpool team, requiring it to become more resourceful and encourage volunteers to join the service.

Healthwatch Blackpool will continue to effectively deliver both on its primary and secondary roles as outlined in section 1. However, sustainability remains a key priority for the organisation and presents challenges in the climate of reduced local authority funding.

Healthwatch Blackpool potentially aims to gain charity status in 2016 allowing it to compete for projects and additional sources of funding, depending on the outcome of the Options Assessment. This will require skills which Empowerment has within its organisation, however Healthwatch Blackpool must ensure that the work it bids for is appropriate and falls within the broad definition and focus on gaining service user feedback. This may impact on the amount of bids Healthwatch Blackpool can compete for, as it must ensure the projects it successfully gains are appropriate for the organisation and is in line with its purpose and KPI monitoring standards. This limit may impact upon the breadth of sustainability options for the organisation.

The organisation will develop a paid service, in order to allow services to request independent reviews for a fee. This requires the creation of a robust business model and promotion of services.

Healthwatch Blackpool is approaching Healthwatch England in order to find other Local Healthwatch in similar circumstances in order to gain a good outline of how the service should be operating in these conditions.

## 5. KPI and monitoring

The summary below contains the details of the KPI reporting standards set by Blackpool Council for the year 2015/16. Blackpool Council will meet with Healthwatch Blackpool in a contract review to formalise KPI and monitoring standards over 2016/17 which may provide more emphasis on the influence of the organisation on decision making and service delivery.

1. Number of People accessing Healthwatch Blackpool
2. Demand Management and Response Time
3. Diversity of People accessing Healthwatch Blackpool
4. Diversity of Healthwatch Blackpool - representation to reflect local communities and their needs
5. Increase in people being heard - the extent to which people feel confident to speak up for themselves and to be heard as a result of intervention by Healthwatch Blackpool
6. Increase in awareness of service available and people's rights, - the extent to which people are able to access services appropriately as a result of support received from Healthwatch Blackpool
7. Increase in choice and control - the extent to which people feel they are involved in planning their own care support and are in control of their own decisions as a result of support received from Healthwatch Blackpool
8. Changes in Health and Social Care Provision attributable to Healthwatch Blackpool activity
9. Changes in strategy and policy decisions attributable to the evidence provided by Healthwatch Blackpool

## 6. Financial Overview

**Date:** 10/05/16  
**Time:** 11:15:35

### Empowerment Charity

#### Nominal Ledger Departmental Analysis

**Nominal Code From:** 4000                      **Tran No From:** 1  
**Nominal Code To:** 99999999              **Tran No To:** 99999999  
**Tran Date From:** 01/04/2015              **Dept No From:** 82  
**Tran Date To:** 31/03/2016              **Dept No To:** 82

**Department Number**              **Department**  
:                      82              **Name :** Healthwatch Blackpool

<u>N/C Name</u>	<u>Debits</u>	<u>Credits</u>	<u>Balance</u>
Contractual Income		63000.00	-63000.00
Advertising	1235.00		1235.00
PR (Literature & Brochures)	2142.36		2142.36
Event Costs	10.02		10.02
Group Supplies	24.52		24.52
Refreshments Costs	74.89		74.89
Use of rooms rental	255.00		255.00
Mileage and Parking	1278.03		1278.03
Rail Travel	154.60		154.60
Taxi and other public transport	12.00		12.00
Printing	1161.86		1161.86
Postage and Carriage	506.14		506.14
Office Stationery	74.00		74.00
Internet	43.06		43.06
Mobile Charges	1.20		1.20
Trustees Expenses	20.00		20.00
Gross Wages	38103.18		38103.18
Employers NI	2642.36		2642.36
Recruitment Expenses	118.80		118.80
DBS Checks	104.00		104.00
Training Costs	100.00		100.00
Finance overhead	1952.88		1952.88
Office expense	2294.64		2294.64
Premises Costs	2402.05		2402.05
Professional Fees	1093.61		1093.61
Governance cost	331.99		331.99
ICT costs	1400.00		1400.00
Professional Fees	1900.00		1900.00
Total for Dept.	<b>82</b> <u>59436.19</u>	<u>63000.00</u>	<u>-3563.81</u>

## Financial summary:

Over the past financial year Healthwatch has ended in a strong position. The only underspend is the wages for the new manager post which was planned to be appointed in February, and so the costs are allocated in February and March.

In December 2015 Blackpool Council confirmed that an additional allocation of £21,346 was to be available to support additional Healthwatch activity as follows:

- 2015/16 £5,000
- 2016/17 £8,173
- 2017/18 £8,173

When Empowerment first took over the contract there was a £33k under spend in Healthwatch Accounts, leading to the Council requesting this money be repaid. It may be expected that Blackpool Council will request back any large under spends.

Printing and postage costs have been high over the past financial year. This is largely due to the monthly full colour newsletter being sent by post to over 130 people. From December 2015 the newsletter is quarterly, and physical printed copies have been reduced following a feedback survey requesting if members would like to continue receiving the newsletter.

The PR costs are the result of a large volume of leaflets and posters (additionally the annual reports) being printed in order for Healthwatch Blackpool to be able to better inform the public of its purpose and be visible in health and social care settings. Part of this spending also went towards a 2 page spread in The Gazette. It also commissioned a radio advert to be played, however it has been difficult to know how much interest this has generated.

In 2016/17 Healthwatch Blackpool will be required to monitor its scale of printing and PR spending over the financial year, whilst also looking into additional sources of revenue. Although the local authority is compelled to fund a local Healthwatch, it is anticipated that the level of Local Authority funding will not be maintained, and may reduce.



## Healthwatch Blackpool 2016/ 2018 Strategy

### Mission statement:

- To be the independent consumer champion for health and social care in Blackpool
- To effect measurable positive change in health and social care at a local level

### Where are we now:

Following the successful acquisition of the Healthwatch Blackpool contract by Empowerment in April 2015, progress was made in year one through engagement with over 2000 individual responses to surveys and undertaking reviews into 11 specific services and 11 individual care homes. We now have a body of work, which demonstrates our ability to review health and social care services professionally, present findings, and make recommendations where appropriate and to hold service providers to account.

### Where do we want to get to:

- Become a sustainable independent organisation
- Have an impact on health and social care services and influence decision making
- Larger public visibility and more volunteer involvement
- Be an example of good governance

### Strategic objectives:

By April 2017:

1. Build on catalogue of work done by reviewing specific services of concern to the public
2. Have a measurable impact on the delivery and decision making of local health and social care services and to demonstrate our achievements (*"You said; we did"*)
3. To explore sustainability options; To be in a position to generate revenue by bidding for commissioned projects, and identifying projects to be commissioned for Healthwatch Blackpool to carry out
4. Hold an internal Board assessment review
5. Increase number of frequently involved volunteers to **20**

By April 2018:

1. Continued statutory obligation to review specific services of concern to the public
2. Have a measurable impact on the delivery and decision making of local health and social care services and to demonstrate our achievements (*"You said; we did"*)
3. To have generated an additional **£2,000** of work through commission bids or revenue from paid services
4. To hold an external Board assessment review
5. Increase the total number of Healthwatch Blackpool volunteers to **40**

What is the objective	How/what channels?	Date to be completed by	Measure of success by 31 <sup>st</sup> March 2017
<b>Build on catalogue of work done by reviewing specific services of concern to the public</b>	<p>Conduct a survey of Blackpool residents asking which health and social care services are of a concern to them</p> <p>Agree a plan of work with Board and Commissioners based on the results of public survey</p> <p>Conduct individual service reviews through co-operation with service providers and commissioners, requiring response</p>	<p>31/06/16</p> <p>17/07/16</p> <p>31/03/17</p>	<p>All or Most reviews have a response given to the reports</p>
<b>Have a measurable impact on the delivery and decision making of local health and social care services and to demonstrate our achievements ("You said; we did")</b>	<p>Hold services to account and require a response to findings and recommendations</p> <p>Create a feedback form for service providers which seeks to discover what changes have been made as a result of HwB input</p> <p>Revisit some 2015/ 2016 reviews to get further update on changes made</p>	<p>31/03/17</p> <p>17/07/16</p> <p>31/03/17</p>	<p>All or Most reviews have a response given to the reports</p>
<b>To explore sustainability options; To be in a position to generate revenue by bidding for commissioned projects, and identifying projects to be commissioned for Healthwatch Blackpool to carry out</b>	<p>Conduct an Options Assessment to assess Healthwatch Blackpool's viability as a charity, or limited company</p> <p>Create a catalogue of purchasable services from Healthwatch Blackpool</p> <p>HwB to perform a skills analysis and develop training opportunities, which can be sold to providers (such as social media, marketing, web design, accessibility etc.).</p>	<p>31/03/17</p> <p>31/12/16</p> <p>31/12/16</p>	<p>Cohesive board</p> <p>Application for charity status begun / option chosen from Options Assessment</p> <p>Webpage/materials demonstrating and promoting HwB chargeable services</p>

What is the objective	How/what channels?	Date to be completed by	Measure of success by 31 <sup>st</sup> March 2017
<b>Hold an internal Board assessment review</b>	Assessment completed in-house of governance	31/03/17	Cohesive board with stable governance
<b>Increase number of frequently involved volunteers to 20</b>	<p>HwB to redraft volunteer roles to incorporate more flexibility and broader skill sets the organisation could utilise</p> <p>HwB to dedicate 1 month encouraging volunteering, holding Library stands, targeting retired communities, attending Networking events and approaching Voluntary Sector organisations</p> <p>HwB to create a Youth Healthwatch to encourage young people to review Health and social care</p> <p>HwB to work with Blackpool &amp; The Fylde College, and Blackpool Sixth Form College</p>	<p>31/07/16</p> <p>31/12/16</p> <p>31/09/16</p> <p>01/09/16</p>	Refreshed webpage and role descriptions
<b>Continued statutory obligation to review specific services of concern to the public</b>	<p>Conduct a survey of Blackpool residents asking which health and social care services are of a concern to them</p> <p>Agree a plan of work with Board and Commissioners based on the results of public survey</p> <p>Conduct individual service reviews through co-operation with service providers and commissioners, requiring response</p>	<p>31/05/17</p> <p>30/06/17</p> <p>31/03/18</p>	All or Most reviews have a response given to the report.
<b>Have a measurable impact on the delivery and decision making of local health and social care services and to demonstrate our achievements ("You said; we did")</b>	<p>Hold services to account and require a response to findings and recommendations</p> <p>Revisit some 2016/117 reviews to get further update on changes made</p>	<p>31/03/18</p> <p>31/03/18</p>	All or Most reviews have a response given to the reports

What is the objective	How/what channels?	Date to be completed by	Measure of success by 31 <sup>st</sup> March 2017
<b>To have generated an additional £3,000 of work through commission bids or revenue from paid services</b>	<p>HwB to utilise existing professional body of work, number of volunteers and independent status to promote paid services/training to various bodies (CCG, Blackpool Council, private healthcare providers, 3<sup>rd</sup> sector organisations).</p> <p>HwB to look at partnership working with other local/national charities</p> <p>HwB to explore potential pieces of existing funding which have a patient/service user feedback focus</p>	<p>30/09/17</p> <p>31/12/17</p> <p>31/04/18</p>	
<b>To hold an external Board assessment review</b>	<p>Assessment completed by external body to review governance of Healthwatch Blackpool</p>	<p>31/03/18</p>	<p>Cohesive board with stable governance</p>
<b>Increase the total number of Healthwatch Blackpool volunteers to 40</b>	<p>HwB to dedicate 1 month encouraging volunteering, holding Library stands, targeting retired communities, and attending Networking events</p> <p>HwB to promote volunteering throughout year, linking in with volunteer organisations</p> <p>HwB to hold a volunteer celebration event</p> <p>HwB to grow Youth Healthwatch with support from Blackpool Colleges</p>	<p>31/07/17</p> <p>31/03/17</p> <p>31/09/17</p> <p>31/12/17</p>	<p>Total number of volunteers reaches 40</p> <p>Total number of volunteers reaches 40</p>

<b>Report to:</b>	<b>HEALTHWATCH BLACKPOOL</b>
<b>Relevant Officer:</b>	Steven Garner, Healthwatch Blackpool Manager
<b>Date of Meeting</b>	12 June 2016

## OPERATIONAL LEADS' REPORT

### 1.0 Social Media and Website Engagement for Quarter One:

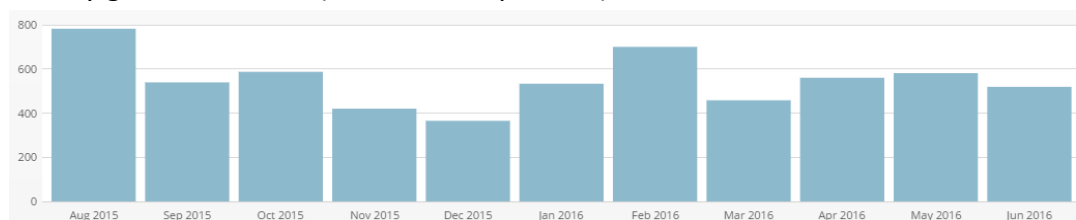
#### 1.1 Facebook

As Graph one shows that Facebook engagement has been consistent, although slightly lower over June. It remains a priority of Healthwatch Blackpool to extend its reach and is exploring paid opportunities to do this.



#### 1.2 Website

As Graph Two shows, we have a consistent visiting rate to our website. We still mainly get new visitors (about three quarters), which is an excellent rate.



#### 1.3 Twitter

Twitter remains a primary method of talking to people online. We average a good number of new followers each month. Use of hashtags, images, tagging of other agencies, tweets centred on national awareness weeks/ days, and retweeting other local organisations assists in maintaining and increasing reach.

---

APR 2016 SUMMARY

Tweets	Tweet impressions
<b>21</b>	<b>8,087</b>

Profile visits	Mentions
<b>595</b>	<b>15</b>

New followers
<b>24</b>

---

MAY 2016 SUMMARY

Tweets	Tweet impressions
<b>28</b>	<b>13.8K</b>

Profile visits	Mentions
<b>639</b>	<b>18</b>

New followers
<b>47</b>

---

JUN 2016 SUMMARY

Tweets	Tweet impressions
<b>19</b>	<b>13.5K</b>

Profile visits	Mentions
<b>347</b>	<b>6</b>

New followers
<b>29</b>

## **2.0 Reviews/ Consultations**

### **2.1 Responses from 2015/ 2016 consultations**

2.1.1 Accident and Emergency (Appendix 9(a)), Maternity (Appendix 9(b)) and Outpatients responses (Appendix 9(c)) have been received. The Dentistry and Substance Misuse reports have been followed up and the Substance Misuse Service Manager Shaun Callaghan is aware of the deadline of 11 July to provide a response. The Willows Care Home has not responded to the Healthwatch Blackpool report.

2.1.2 The Dentistry response is due imminently from Nick Barkworth (Contract Manager, Primary Care Dental, NHS England – North), who has asked Healthwatch Blackpool if they could do some engagement with residents of Blackpool who do not routinely access the dentist. They have the opportunity to develop a service that will address their needs, but would like some engagement with them.

## 2.2 Reviews

2.2.1 The reports for the Brooklands Care Home and The ARC (rehabilitation centre) are to be produced.

## 2.3 Consultations

2.3.1 The Mental Health Listening Event report (Appendix 9(d)) looks at two areas of change, which could be made to Adult Mental Health Services, with suggestions from professionals and service users and carers. The session looked at short term and long term changes, which could be made to improve mental health services. These will be looked at against the NHSE Five Year Forward View for Adult Mental Health and suggestions will be made and put to service providers.

2.3.2 The Priorities Public Consultation report survey report (Appendix 9(e)) consulted with 121 members of the public yielding 294 responses with each answer listed in the Raw Data report (Appendix 9(f)) and includes representation from learning disability groups, young people and mental health groups. The top five responses from the public were:

1. GP Surgeries
2. Emergency Services
3. Adult Mental Health
4. Blackpool Hospitals
5. Care Homes

2.3.3 By putting each of these top priorities in focus for longer periods of time, a “deep dive” of services will allow Healthwatch Blackpool to put in further groundwork with services ahead of reviews to build relationships and co-operation, potentially tie in to existing service provider’s action plans to increase the influence of Healthwatch Blackpool and the public voice. It will also allow for more focus groups in which to test prospective questions in surveys.

The proposed plan of work is as follows:

July and August 2016: Care Homes

September and October 2016: Blackpool Teaching Hospitals

November and December 2016: Adult Mental Health Services

January and February 2017: GP surgeries

March and April 2017: Emergency Services

2.3.4 The Health and Wellbeing 2016/ 2019 strategy consultation yielded 144 responses. Further information is to be provided by Scott Butterfield/ Venessa Beckett.

2.3.5 The Lancashire Care Foundation Trust (LCFT) Adult Mental Health Service is facing a Care Quality Commission (CQC) inspection week commencing 12 September. Consideration has been given regarding the timing of Healthwatch Blackpool's involvement with the Adult Mental Health Services. Healthwatch Blackpool does have the Mental Health report June 2015 and the Mental Health Listening Event report mentioned earlier at Appendix 9(d) conducted in May 2016 to present to CQC ahead of the inspection. As a result of the CQC inspection the Trust may form an action plan which Healthwatch Blackpool could assist in providing the public voice for.

2.3.6 Healthwatch Blackpool has completed the Annual Report (Appendix 9(g)), for comment and to be signed off by the Board. The financial section requires adjustments, which are due to be taken by the independent auditors for Empowerment in August 2016.

### **3.0 Work Plan for July/ August**

3.1 Three Care Home reviews are planned, with more to be expected when signing off the 2016/ 2017 work plan. Carers consultation has been prepared and is due to take place over the next two months to assist Blackpool Council in recommissioning of carers services. Preparation is underway for three Eliminating Mixed Sex Accommodation (EMSA) reviews in Blackpool Victoria Hospital over three quarters.

### **4.0 Joint working with Local Healthwatch**

4.1 A Memorandum of Understanding (MoU) meeting has been arranged with Healthwatch Lancashire and Blackburn with Darwen following The Harbour review. Lancashire and South Cumbria Change Programme Meeting has also been arranged with Healthwatch Lancashire and Cumbria to co-ordinate approaches.



### Victoria Hospital

Blackpool Teaching Hospitals would like to thank Healthwatch Blackpool for visiting our Emergency Department. We are very pleased to receive the encouraging feedback we have been given, and value the constructive feedback that has been raised.

The report has been shared with the respective teams at The Blackpool Victoria Hospital and the actions that have been taken are detailed below.

It is always great to hear when things have gone well and our staff or services have been praised. These positive comments will be shared with the individual teams involved.

Thank you Healthwatch Blackpool for the information you have provided to us.

Area	Issue	Response
A&E	<p><i>"We came in last night but there was a 5 hour wait and she wouldn't have got any pain relief until she was seen. We came back today [the following morning] for an x-ray."</i></p> <p><i>"I've been sat in the corridor in a wheel chair for 4hr 45mins. [I've had] no pressure relief. I've got my carer with me who's having to stay late. I've not been given information why I'm here I was told my blood results would be back in an hour it's now been over 2."</i></p> <p><i>"I was sent from cardiac centre; been here since 12:45 [it's now 18:35], I'm here alone, I've no money or food and I've not been offered any [food or drink]."</i></p>	<p>The A&amp;E Staff Triage all patients and if it is identified that pain relief is required this would prescribed and administered on initial assessment and prior to Senior Review.</p> <p><i>We apologies for not providing adequate information. This has been discussed with the team and they are aware of the need to administered regular pressure area relief.</i></p> <p>All patients that attend the Emergency Department should be offered regular drinks and food. If this was not the case on this occasion we would like to apologise. This has been shared and discussed with the ED team</p>

*"I've been waiting for 3 hours just to get an x-ray referral, why have I waited so long?"*

The X-ray facility in the A+E department is for Emergency Radiological examinations as such demand can be very high at times and unplanned. Therefore at times of high activity it may be that our patients have to wait longer than we would want. We would apologise if this was not communicated effectively to you.

*"I'm satisfied but it's a long wait, I saw the nurse on arrival. I think we're now waiting to see the doctor but not had further information."*

We are pleased that you were satisfied with the attention you received, however would like to apologise for the length of time you had to wait and how you were kept informed.

*"Parking is a nightmare. However the staff are lovely they even brought me a chair."*




I am sorry that you found parking difficult. The trust has invested in car parking in recent years this has seen an improvement in parking across the whole site. Thank you for your positive comments regarding our staff.

*"I came in last night but [A&E] didn't give me a bed so they asked me to go home. Then [A&E] asked me to come back at 2pm but they have just given me a scan and I'm waiting for them to find out what my issue is. I went for a chest x-ray earlier but there were no bays so I had to get changed in the toilets. My GP said to come for a scan but I've no idea what I'm supposed to do now."*

Thank you for your comments. It is not unusual for patients to attend and be asked to return the following day for non-urgent investigation. We would like to apologise for changing facilities not being available at this time and information not being provided.

**Families Division Action Plan  
 Healthwatch Blackpool Maternity Services Review  
 July 2015**

	Findings	Action	Responsible	Date Due	RAG
1	90% felt that having a named midwife was important, yet only 44% reported seeing their named midwife consistently throughout their pregnancy	New models of care for community midwifery were commenced in September 2015 and are part of on-going annual audit process. This will ensure that the woman is seen by the same midwife consistently throughout their pregnancy. The midwifery teams are now cohesive with 4-6 midwives. Time is allocated for clinics without conflicting duties.	Community Midwifery Manager	Complete	
2	73% did not know they could have or were offered a choice of where their ante natal appointment could be held	At booking the Community Midwife will ensure all options for antenatal and intrapartum care are discussed to ensure appropriate information is given. The issue was discussed with Healthwatch at the Maternity Services Liaison Committee where the women were aware of their choices with the option of changing location or midwife if required.  The postnatal options are being extended to include clinics.	Community Midwifery Manager	Complete and in progress	
3	27% of new Mum's felt they were in hospital too long	The discharge process has been reviewed A discharge coordinator has been employed on a substantive basis. This allows more time to care and streamlines the discharge process.	Ward D Manager	Complete	

	Completed
	Not completed but within date
	Not completed and overdue

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### Victoria Hospital

Blackpool Teaching Hospitals would like to thank Healthwatch Blackpool for visiting our Outpatient Areas. We are very pleased to receive the encouraging feedback we have been given, and value the constructive feedback that has been raised.

The report has been shared with the respective teams at The Blackpool Victoria Hospital and the actions that have been taken are detailed below. Blackpool Victoria Hospital has recently embarked on a redesign of the Outpatient department so comments received and the responses given will be aligned to the actions that are being taken in this redesign.

It is always great to hear when things have gone well and our staff or services have been praised. These positive comments will be shared with the individual teams involved.

Thank you Healthwatch Blackpool for the information you have provided to us.

Area for improvement	Comments
68% of patients received appointment within 4 weeks	We monitor our appointment waiting times very closely. Whenever there is a delay identified to us we do all that we can to try to address this? This may include adding additional outpatient sessions.
36% appointments running late, patients not kept informed	New Information screens are to be fitted throughout OPD as part of OPD redesign; this will help keep patients informed of current wait times. The details of this report have also been discussed at the OPD Staff meeting as has the Importance of keeping our patients informed.
Patients not always given a choice of where to be seen	Where possible patients are given the site of choice however as there are limited clinics held in outlying sites this could increase the waiting times. It was good to read that for many this would have been their first choice anyway.
Lack of information in clinic waiting rooms and no large print information in eye clinic	The department will contact N-Vision to arrange with assistance in reviewing the information that is displayed.
Electronic check in screens need to be situated better and in working order	The Electronic Screens are being updated as part of the Outpatient redesign. The location of these screens is also being reviewed as part of this process.

Area for improvement	Comments
Distance to OPD from main car park is issue, appointment cards / letters need to identify closer car parks to the Department	The travel map is updated on a regular basis and sent out with all first appointments. It is also about to be updated again. When the new main entrance car park opened the Whinpark 2 car park was also made available to service the outpatients department which has 90 spaces. There are also 20 disabled and 6 short stay parking spaces located directly outside outpatients. This area is highlighted on the map sent out.
Appointments cancelled	Wherever possible we try to avoid cancelling or rescheduling appointments. This is an area that Nationally we perform better than average. When unfortunately it is necessary we try to offer the next most convenient appointment.

# Mental health listening event

May 2016

Healthwatch Blackpool

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# 1 Introduction

## 1.1 Details of Listening event

Details of visit:	
Service Discussed	Mental Health
Date	26 <sup>th</sup> May 2016
Researchers	Steven Robinson & Steven Garner
Healthwatch Blackpool Contact details	0300 32 32 100 (opt #7)

## 1.2 Acknowledgements

Healthwatch Blackpool would like to thank the service users, visitors and NHS staff for their contribution to this Listening event. We would also like to thank the Blackpool centre for independent living for supplying the venue.

## 1.3 Disclaimer

Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.

# 2 Purpose of the Listening event

In 2015 Healthwatch Blackpool published 3 reports, Adult mental health, children and young people's mental well-being and CAMHS. Healthwatch Blackpool also worked with other local Healthwatch to review The Harbour a mental health Hospital in Blackpool. Healthwatch Blackpool has a duty to listen and engage with the public on many areas of health and social care that concern them. Mental health is always a topic which affects the people of Blackpool and after several discussions with the Blackpool Fylde & Wyre mental health forum, local concerned individuals and carers trust it came apparent that a fact finding events designed to see what could be done about the issues that Blackpool residents face.

Healthwatch Blackpool also endeavours to engage people in various different formats. Consultations are good for gathering qualitative information but lack a personable flexibility that often encourages dialogue and ideas. Bringing people together from different areas of health and social care, both carers and patients and staff and service users can create a dynamic discussion which benefits the participants.



## 2.1 Methodology

Healthwatch Blackpool met with Carers trust and the Blackpool Fylde & Wyre mental health forum on the 11<sup>th</sup> of April 2016. We were brought together by several carers and individuals as we had all done projects and research towards mental health and service user engagement. It was felt that coming together and working towards positive change together would have more of an impact. After a short meeting it was apparent that without consultation with service users it was tokenistic at best to continue. Healthwatch Blackpool volunteered to host a listening event to engage services users, professionals and stakeholders to ascertain what changes could be made for the better.

Healthwatch Blackpool planned the session and publicised the event through its various channels and were greatly supported and advertised by the carers trust and mental health forum participants to help promote the session. The initial meeting highlighted that it was apparent that information and knowledge of the issues were needed as well as solutions. Therefore Healthwatch Blackpool decided to split the session into two groups each answering a specific question for 30 minutes to 45 minutes. After this time the groups swapped questions.

It was felt by the 3 partners that some would not be able to attend the event due to their illness or the location and difficulty of traveling. To combat this and allow people to participate Healthwatch Blackpool devised a short questionnaire to be sent to those too ill or unable to make the public event. This survey was sent out via social media and hard copies were dropped off at a local mental health charity called Blackpool inspirations.

The two questions we asked were;

- What small, inexpensive or low cost change could be made or added to services today that would have a positive impact on the way services are run and received by service users?
- What larger change implemented by 2020 would make the most positive impact in the way services are operated?

After the session finished Healthwatch Blackpool were responsible for producing a short report aimed at seeking a response to the feedback provided by the participants. This report would also include the questionnaire sent to Blackpool inspirations and circulated around Blackpool.

- 12 individuals attended the event
- We received 10 completed surveys form Blackpool inspirations. None were completed online



## 2.2 What small but important changes could be made that would have an impact on the way mental health services are run?

Healthwatch Blackpool's first question was centred on 'quick wins'. What small, inexpensive change would make a big difference in the lives of service users? We wanted not only to learn what issues were apparent but what small changes could be made to transform services for the better. Information, communication and reassurance were some of the main issues brought up by attendees at the event. GP's, care co-ordinators and professionals were often singled out as failing to provide adequate information on everything from knowledge of a person's diagnoses to other sources of support which may be available and beneficial.

Many people expressed their frustration with the services and felt that it was at a breaking point and the staff didn't have the time for them anymore. Some people told us they felt that staff weren't supportive and they didn't empathise with them. Patience and compassion were invaluable tools and many felt that services weren't engaging with them using these tools as much as they liked. One of the regular problems that came up in both groups was around appointments getting cancelled with no explanation or support in the interim. Many said that appointments were a period of stress and anxiety for the people attending them and when one cancelled at the last minute it can really put a strain on the

*"They [mental health services] are doing group meetings, I enjoy these"*

Male service user on what they like about the services

individual. Often when appointments are cancelled there isn't any support available in the meantime or even an excuse to why it's been cancelled. The groups understood that some service users are more ill than others and it's a good that they are seen sooner but cancelling an appointment without a phone call or letter as to why that decision was made was frustrating and often set them

back.

Regarding information, one of the groups said would be extremely helpful to have a hub for information regarding topics such as types of illnesses, medication and side-effects. Many said that pharmacists had told them of different adverse reactions and they were worried to take what had been prescribed. They didn't feel like they could speak to the doctors or care co-ordinators about this as they themselves often said they weren't sure and it was hard to contact them. Both groups felt that there needed to be more information about what diagnoses mean and types of different conditions, self-harm and helpful advice for parents of young people with mental health issues. This could be resolved by making changes to create a better mental health helpline. This service could provide information and support and also signpost individuals to other places they could receive support. It has the potential to be run via volunteers.

The groups also felt appointments, (both at home and at the gateway centre) times between getting them and their shortness and nature of the appointment agendas were an issue for service users. The groups felt that due to the

*"My support worker at CCTT has helped me so much, Groups have been cut but the Phoenix centre is very important to me"*  
Service user's feedback





appointments being stretched far apart only having an hour wasn't beneficial for them and they wanted to have more time. Due to the length of time in-between appointments the hour was spent often speaking about the past and not looking ahead. Some service users felt that they wanted to look forward and address the future not the issues that led them to become service users. Many said the appointments

was easy to travel to and the staff at the Gateway centre were mostly supportive but there biggest problem with the Gateway centre was the building itself. The rooms at the gateway centre and other mental health buildings that have service user's appointments were very ominous and uninviting. One person remarked *"I've been coming here for a long time to support my family member and they have only just got a box of tissues in the rooms you see a psychiatrist. They only have them because I put in a complaint"*. Both groups said that changes to the Gateway building at Blackpool football club would make it less stressful when visiting.

Out of hours care was a big talking point for both groups in particular the crisis team and at A&E. One person suggested that to combat out of hours and 'missed opportunities' staggered shifts could be implemented with them saying "They could help more people earlier this way". The groups felt staggered shifts could cover a wider range of hours and would be a cost effective way to do this.

Volunteering was a common suggestion from both groups and for both topics of inquiry. It was felt that community champions, those who had reached crisis and recovered from illness were uniquely suited to provide empathic support for those going through their own issues. Many of the service users who attended our event volunteered for several 3<sup>rd</sup> sector organisations aimed at supporting those with mental health. They said there was value of having



people with these skill as long as they were well managed and had a good support network. One individual said they would have no problem sitting in an office ringing up people to check in on them and offering them extra support if they needed it between appointments. Both groups said that due to the time between appointments (can be up to 6 months) having a volunteer led check in service would make service users feel more supported and less anxious. While this isn't a quickly implementable change both groups felt like it should be done sooner rather than later.



### 2.3 What larger change implemented by 2020 would make the most positive impact in the way services?

The main themes of the looking ahead to 2020 questions was around communication, crisis point, early intervention and staffing. When facilitating the question Healthwatch Blackpool didn't ask what priority or order the changes should be in as it was felt that keeping the conversation organic and non-linear would allow for better thinking and dialogue. There was also several ideas for change that were cross-overs from the 'what could be done immediately' question. For example have a single point of care and named nurse/physiatriest came up in both questions by both groups which would suggest that it's a high priority for service users both now and in the future.

The main singular area that was felt required the most change was the crisis team. Many people who attended had had negative experiences of the crisis team and told Healthwatch Blackpool that they were put off contacting it in the future as they were very unhelpful. One individual told us the Crisis team told them to, "*Ring back when they had calmed down*". They said they found this inexcusable and questioned the purpose of having a crisis team. The lack of compassion was felt by many service users from both groups. Many said that they have contacted the team on several occasions and no-ones answered. Upon further discussion the groups felt that the crisis team may not be able to support those with unique issues such as dementia or young people and self-harming. The group also mentioned the fact there is no back up to the crisis team and the next step is attending A&E. They felt the crisis team should do more to support people and should be more compassionate as it's difficult to get help out of hours and the crisis team should recognise that.

One of the area that felt needed to be enhanced and continued was the mental health helpline this is a vital communication mechanism for service users and many at the group felt it was an important early intervention tool for them to manage their condition themselves. The groups felt that trained volunteers could potentially support staff and offer valuable support due to their lived experience. Other communication shortfalls discussed where around the services ability to communicate access borders. Many people had been sent to mental health beds outside the area due to the national shortage and said there were problems with continuing care. For example, some were given an advocate who then no longer supported them because they were too far away but weren't offered support when they returned to Blackpool from anyone or anywhere else.



The two groups felt that by 2020 staff issues should be addressed. The groups both said that services need to be more supportive and build up relationships with individuals in their care. All the service users who attended said that seeing the same carer, psychiatrist and nurses was a lot better than having different people as you were able to build up a rapport and a bit more of a relationship between service and user. It was felt by the groups that this could potentially reduce the number of escalations to crisis point. If staff were more consistent and better trained in compassion the perception and reputation of mental health services would also be improved.



Finally the last area the groups discussed that would make a massive change to them was around diagnoses and regular contact with service users. It was felt by the group that when GP's diagnose someone they don't explain it to them fully in a way they understood. For some service users it can be hard to hear and process sometimes and people said that more attention to those newly or just diagnosed would be greatly beneficial. It was also mentioned that GP's should explain why they have come to the conclusion that someone has a particular mental illness diagnoses. *"When you break your leg you can see the bone on an x-ray, GP's don't explain mental illness to us"*. It was suggested by the groups that having someone check in regularly either personally or by phone would let the service user feel supported. Considering the Complex care team only work Monday to Friday from 9 until 5pm. Having someone contact and check in and available outside these hours would be a massive comfort to people diagnosed and under care.



Additional Comments from the surveys collected.



2.4 Findings & recommendations

It is the remit of Healthwatch Blackpool to ensure the voice of individuals is heard at all levels of health and social care and the recommendations and findings below are direct from the public and were made during the consultation and the questionnaire sent to Blackpool Inspirations.

**What changes could make a big difference to the services you use**

<u>Communication</u>	<u>Staff &amp; Volunteers</u>	<u>Other</u>
<p>It was felt that there was a lack of information and communication about groups, charities, other sources of help and referrals to other services in particular new pilot schemes aimed at tackling local issues. Some people weren't aware of these initiatives but had been in services for a long time.</p> <p>People felt that by having a central hub for knowledge would allow carers and professionals to help the service users more. Some said that including medication and self harm awareness could also be helpful</p> <p>Some appointments were being cancelled often with no explanation. This caused many to feel unsupported and cautious to seek help</p>	<p>To combat the issue of out of hours demand it was suggested that staggered shifts (e.g. 7am-3pm, 8am-4pm) could be implemented to help those outside the usual 9am -5pm</p> <p>Volunteers with lived experience were willing to help and support those in need but had no idea how to get involved.</p> <p>It was felt staff needed more training in compassion and patience. Some said staff could be too clinical and there was too much emphasis on looking back not planning for the future. Positive well-being is not being pushed as much as people want it to be.</p> <p>There was no check in service to see if your ok. It can be 6 months between appointments and there is little or no support in-between.</p>	<p>Parents felt there wasn't enough education or support for them.</p> <p>The Gateway building is not welcoming and can be intimidating, there are no pictures or calming features and it's sparsely decorated. It was felt that by having a comforting place to get support would make a big difference.</p> <p>There is a charge contacting the mental health phone line via mobile this put people of contacting as many are out of work and on benefits and cannot afford to ring to seek support.</p> <p>117 aftercare to be more active in its purpose. Some said this would help reduce frequent hospital visits.</p>

**Healthwatch Blackpool Listening event 2016**

We held a listening event aimed at learning not what the problems were but the solutions. We wanted to know where changes could be made and empower service users to have their say in the way the services are run.



**What changes could be implemented by 2020 to reduce hospital admissions?**

<u>Continuity &amp; Communication</u>	<u>Crisis Team</u>	<u>Other</u>
<p>The groups felt that seeing someone familiar especially within the complex care team. Home visits are very difficult having the same person support you would go a long way to building up trust and positive relationships with them. Carers often promise things (e.g. information/referrals) and then you never see them again to follow them up.</p> <p>GP's aren't referring people to mental health services. People felt they could have been supported better by their GP.</p> <p>Volunteers could be used to help support staff. Trained well managed volunteers could help continue the mental health helpline and offer positive support and understand from a lived experience.</p>	<p>It was felt by many at the event and those from survey responses that the crisis team wasn't "fit for purpose" Many said their experience contacting them for support was a waste of time and felt this was the largest issue within mental health care in Blackpool long term.</p> <p>Some said they have rang and not been able to speak to anyone. They said they wouldn't ring the crisis team in the future and would present to A&amp;E instead as it was the only way they felt they would be heard.</p> <p>The groups felt that There is no back up for some people who can't contact or don't contact the crisis team and there isn't much out of hours support either.</p>	<p>Some of the people who attended the event thought that regular reviews of their diagnoses would be beneficial and why the diagnoses was made in first place. Many felt they were labelled by having a diagnoses and felt they had come a long way. Others felt they have been diagnosed and not given additional information and support. A review could identify what other help people could receive.</p> <p>Staff attitude was another area people thought would help those close to crisis point. Many at the event in both groups said that staff were rushed and often not very caring this was not a reflection of all staff just some of them who had supported those at the event.</p>





## 2.5 Service Provider response

This report and its findings have been given to the service provider for a response and actions they will take as a result of them.

## 2.6 Demographic information

Healthwatch Blackpool spoke to 12 individuals who attended at the Blackpool Centre for Independent Living. We also received 10 completed surveys.

### 11 individuals told us they consider themselves to have a disability

<u>Gender</u>	<u>%</u>
Male	12
Female	10

<u>Background</u>	
White British	100%



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# Healthwatch Blackpool

2016/17 Priorities Survey

[www.healthwatchblackpool.co.uk](http://www.healthwatchblackpool.co.uk)



## About Healthwatch Blackpool

Healthwatch Blackpool is the independent champion of health and social care services. We listen to the views and experiences of the public, and feed these back to those who run and commission services in order to make positive change.

## Why did we do this?

Healthwatch Blackpool look into specific services, and gathers the experiences of those using them. In order to decide which services to look into, we wanted to know that the public thought were the biggest issues and priorities for health and social care in Blackpool. This would give us legitimate reason to visit these services.

We also want to find out areas of good practice in health and social care services, to report back to service providers and commissioners.

## How did we do this?

In April and May 2016 Healthwatch Blackpool has consulted the public in a broad survey asking what they believe is and isn't working well in Blackpool, and which services require looking into.

We held open forums in Blackpool libraries and in local supermarkets, and spoke with mental health, learning disability, young people and other community groups. We also publicised our survey across social media and on our website, encouraging all followers and partner services to share the questionnaire.

Ultimately we received 121 responses yielding a total of 294 responses on what individual services were a concern to them. Although we are disappointed with the relatively low number of individual responses, we are pleased that we reached out and consulted with a wide range of community groups and the seldom heard such as young people, the LGBT community, adults with learning disabilities, and young and adult carers. Throughout 2016-17 it will be a priority of Healthwatch Blackpool to extend its public reach in order to best represent and champion the public voice.

## What will we do with this information?

With this information Healthwatch Blackpool will seek to look into the services which received the highest level of concern.

We will also share this report with service providers and commissioners in order to work with them and review services with their co-operation and support.

This report will be made publicly available on our website to download.

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### Healthwatch Blackpool

333 Bispham Road, Bispham, Blackpool, FY2 0HH



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[www.healthwatchblackpool.co.uk](http://www.healthwatchblackpool.co.uk)



[www.twitter.com/HealthwatchBpl](https://www.twitter.com/HealthwatchBpl)

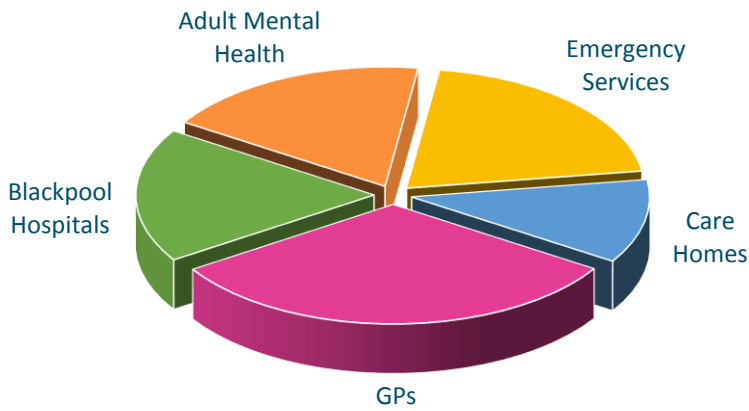


[www.facebook.com/healthwatchblackpool](https://www.facebook.com/healthwatchblackpool)



**We asked: Are there any specific issues/services which are a concern to you which you think Healthwatch Blackpool should look into?**

**Five Most Reported Services of Concern**

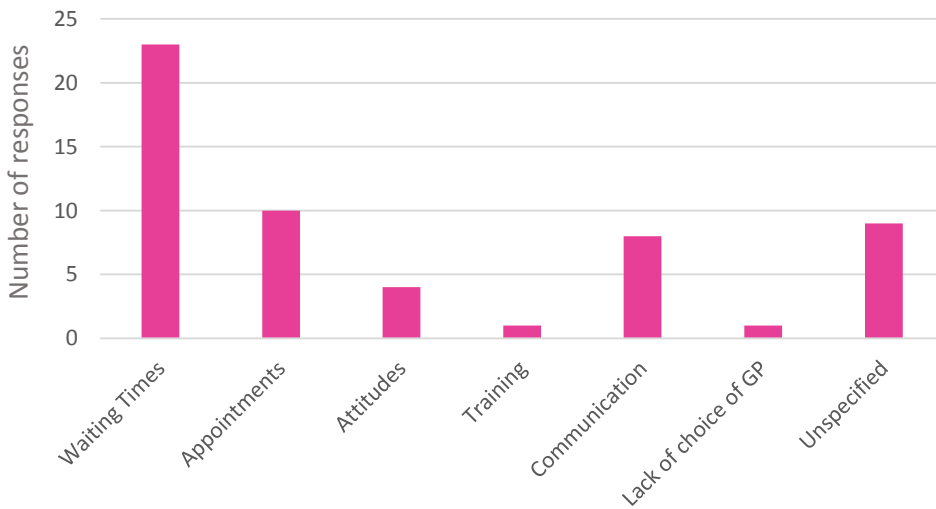


The top 5 services highlighted as concerns by members of the public were:

1. GP Surgeries
2. Emergency Services
3. Adult Mental Health
4. Blackpool Hospitals
5. Care Homes

**Services of Concern Broken Down by Issue**

**GP Surgeries**



**Waiting times** for GP appointments came out as the highest concern in this category.

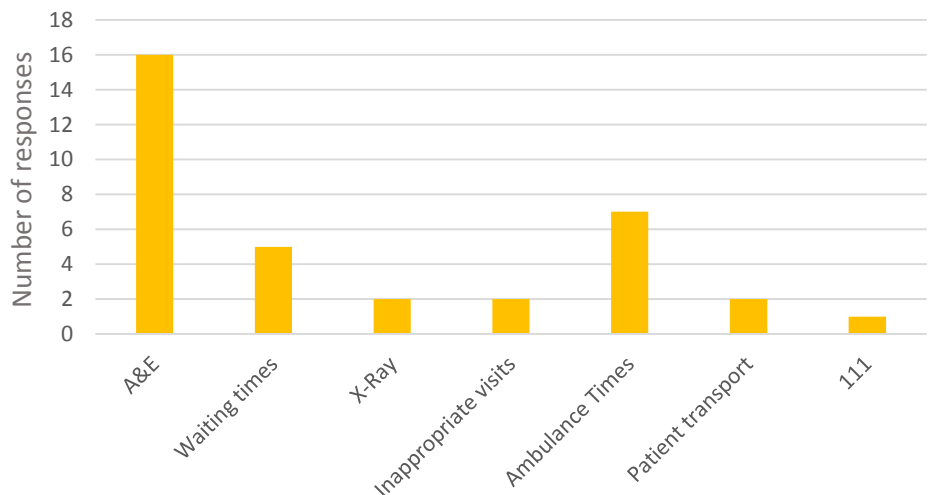
**Appointments** includes concerns around cancellation, length, lack of flexibility and options for home visits.

**Communication** includes responses and issues such as "not listening", Easy Read, and sharing information with other services.

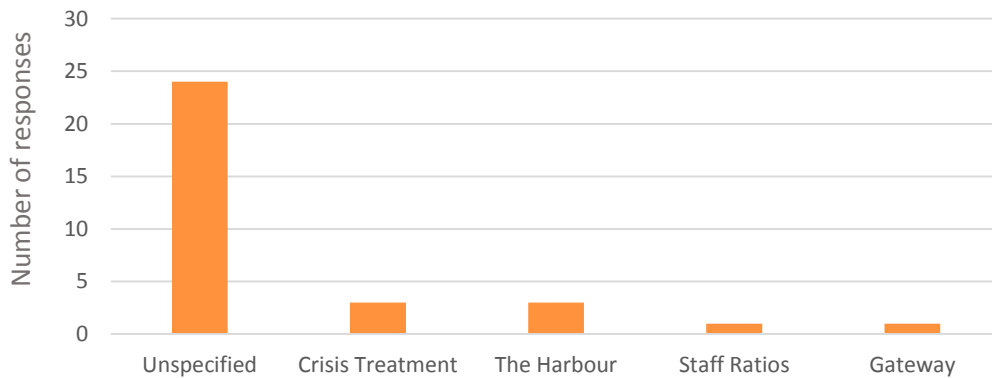
Within Emergency Services **A&E** was the biggest issue, which was often mentioned without additional information, though more specific answers were given which included **Waiting Times**, and **Inappropriate Visits**. Combining these responses show **A&E** to be the biggest concern in this area.

**Ambulance Times** was a notable statistic, although more information was not provided.

**Emergency Services**



## Adult Mental Health Services



Issues within Adult Mental Health Services were largely **unspecified**.

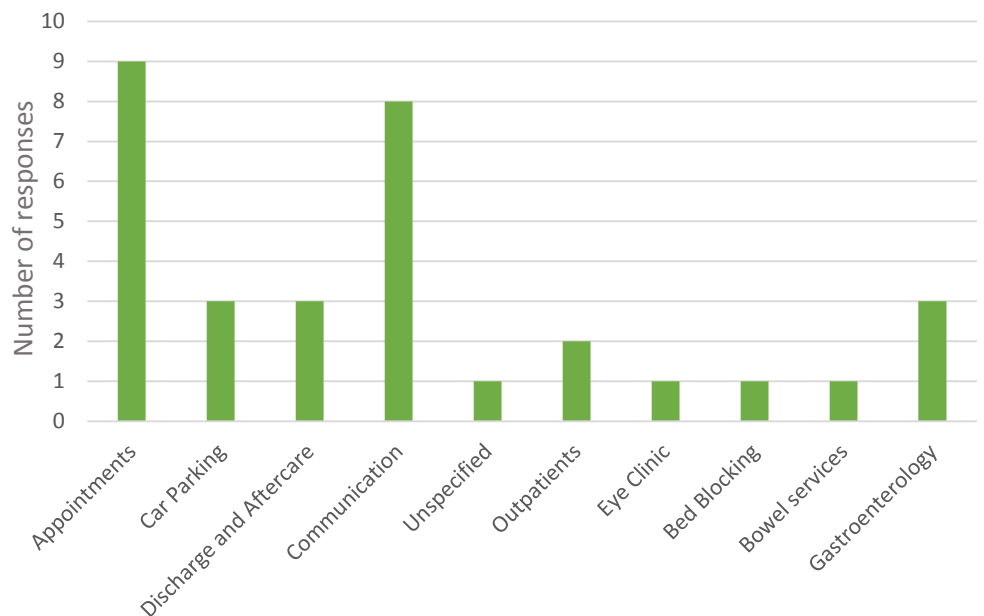
Where specific answers were given **The Harbour** included lack of beds and staffing.

**Appointments** included waiting times, and cancellations.

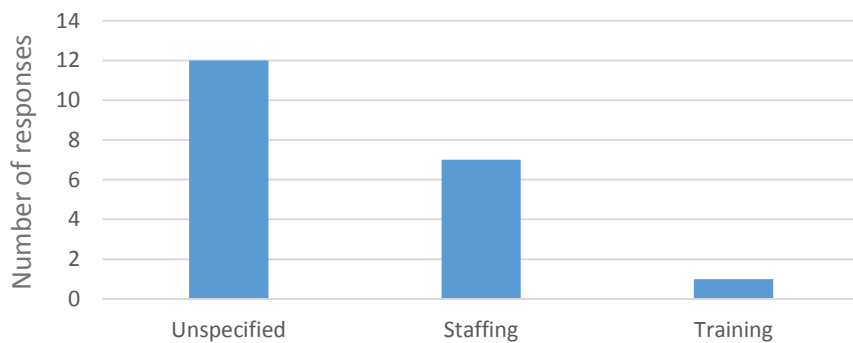
**Communication** included speaking to parents instead of young people, communication with patients on wards, as well as communication between hospital departments.

The other biggest concerns were **car parking, discharge and aftercare**, and the **Gastroenterology department**.

## Blackpool Hospitals



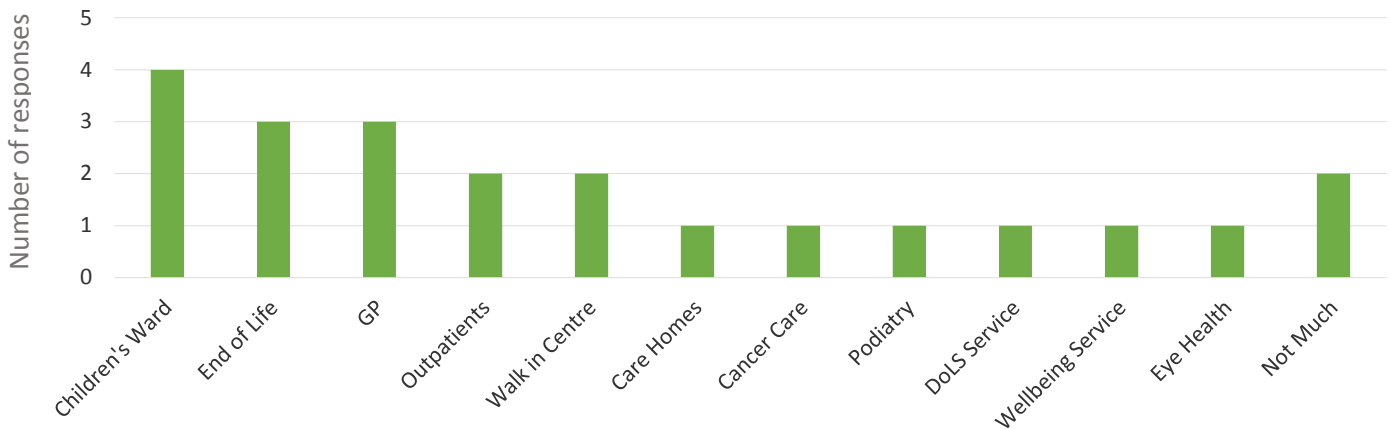
## Care Homes



Issues within care homes were largely not reported, but were instead reported as a general concern.

Where issues were reported however, they were around **staffing** and **training**.

## We asked: What is working well in Blackpool?



*"I visit my GP and nurse often, they are very helpful and I appreciate the pressure they are under and think they do well in these circumstances."*

*Podiatry/foot and ankle clinic have provided an excellent service to me recently.*

*Walk in centre and out of hours [services] means that we have good access to urgent care services, and I get the impression this is much better than in some other areas of the country.*

## We asked: Is there anything else you would like to tell us?

*"I think our Hospital in Blackpool does an exceptional job considering the lowering of funding from Government. They don't seem to take into account the high volume of visiting that may happen in the holiday season. It's like doubling your work load."*

*"There should be a 5 button emoji where you can rate the service as you leave."*

*"I don't find supported housing that beneficial. I keep wanting to go back into the care home. It was more calm in the care home, and I wasn't made to go into the noisy street if I felt scared. Yet supported housing places a lot of pressure on unwell tenants. I didn't really choose to live like this. My mental health team told me I "had no choice". I don't understand that. It's not like I murdered anyone."*

*"I feel that emergency mental health care is totally inadequate. I am particularly concerned about suicide and people affected by it. When someone is in a state of mental anguish it is no good for them to be ringing so called emergency services to be told that there is no one available or the phone is constantly engaged. It is also inadequate for them to be told to go to A&E (which is already at breaking point) to wait hours to see someone. My daughter spent 8 hours in the hospital before being seen by a mental health practitioner, 4 hours of which she spent lying under a table in an office while she was in severe mental anguish."*

*I have nothing but total admiration for the mental health service my daughter has received from both the man she saw at hospital and the people who have helped her since, but feel the lack of immediate emergency help needs to be addressed. I wonder how many people's lives would be saved if there was someone there for them when they need it most."*

*"The prevention agenda is being forgotten and those with the least powerful voice are being brushed under the carpet. Healthwatch Blackpool need to champion their voice to the statutory services and hold them to*

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**Healthwatch Blackpool  
Priorities Survey**

**April/May 2016**

**Raw Data**

**We asked: Are there any specific issues/services which are a concern to you which you think Healthwatch Blackpool should look into?**

Service	Issue	Amount	TOTAL
Emergency Services			<b>36</b>
	A&E	16	16
	Waiting times	5	5
	X-Ray	2	2
	Inappropriate visits	2	2
	Ambulance Times	7	7
	Patient transport	2	2
	111	1	1
CAMHS			<b>8</b>
	Waiting Times	1	1
	Unspecified	7	7
Care Homes			<b>20</b>
	Unspecified	12	12
	Staffing	7	7
	Training	1	1
Carers Services			<b>4</b>
	Unspecified	3	3
	Carers for disabled children	1	1
Speech and Language Therapy (SALT)			<b>1</b>
	Unspecified	1	1
Dementia			<b>4</b>
	Unspecified	4	4
Dentists			<b>10</b>
	Waiting Times	2	2
	Unspecified	7	7
	Attitude	1	1
Orthodontists			<b>4</b>
	Unspecified	4	4
Drug and Alcohol Services			<b>6</b>
	Unspecified	6	6
GPs			<b>56</b>
	Unspecified	9	9
	Waiting Times	23	23
	Appointments	10	10
	Attitudes	4	4
	Training	1	1
	Communication	8	8
	Lack of choice of GP	1	1

Hospitals			<b>32</b>
	Appointments	9	
	Car Parking	3	
	Discharge and Aftercare	3	
	Communication	8	
	Unspecified	1	
	Outpatients	2	
	Eye Clinic	1	
	Bed Blocking	1	
	Bowel services	1	
	Gastroenterology	3	
Adult Mental Health			<b>32</b>
	Unspecified	24	
	Gateway	1	
	Staff ratios	1	
	The Harbour - unspecified	2	
	The Harbour - lack of beds	1	
	Crisis Treatment	3	
Social Care			<b>13</b>
	Unspecified	2	
	Care Planning / Reviews	1	
	Home Care	9	
	Cuts	1	
Accessibility			<b>6</b>
	Easy Read	3	
	Lip Reading	1	
	Large Print	1	
	Sign language	1	
OTHER/Not health or social care related			<b>5</b>
	Homelessness	1	
	Bus services	2	
	Housing	2	
OTHER/Health and social care related			<b>25</b>
	Healthy walking schemes	1	
	Patient Choice	2	
	Prevention in poor health	2	
	Smoking	1	
	24 Hour NHS	2	
	Gaps in Services - Male domestic abuse support	1	
	Communication between Health and social care	5	
	Young people not being listened to	10	
	Care and Repair	1	

HEALTH CONDITIONS			<b>20</b>
	Obesity	2	
	Diet/Weight	3	
	Diabetes	2	
	Cancer	6	
	HIV	1	
	Cardio/heart issues	1	
	Sexual Health	1	
	Hearing	1	
	Wellbeing/Wellness	3	
Pharmacists			<b>3</b>
	Unspecified	2	
	Prescriptions	1	
Occupational Therapy			<b>2</b>
	Waiting Times	1	
	Unspecified	1	
Walk in Centre			<b>2</b>
	Unspecified	2	
Statutory Advocacy Services			<b>1</b>
	Unspecified Services	1	
111			<b>1</b>
	Appointment booking with Primary Care	1	
Supported Living			<b>1</b>
	Unspecified	1	
End of Life Care			<b>1</b>
	Unspecified	1	
Opticians			<b>1</b>
	Unspecified	1	
		<b>TOTAL</b>	<b>294</b>

# Healthwatch Blackpool

Annual Report 2015/16





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# Message from our Chair



It is a real privilege to be the incoming Chair of Healthwatch Blackpool. I should like to congratulate everyone who has been involved in delivering the substantial achievements of 2015- 2016. Special thanks to the previous Chair, Joan Rose, and her Board of Directors and the former Operational Lead, Claire Powell.

Going forward into 2016 we welcome Steven Garner as our new Operational Lead and we have a new Board of Directors. Our aim is to continue to make health and social care better for the people of Blackpool.

We aim to involve many more of you in our surveys and activities and to increase our number of volunteers. There has never been a more

important time for local people to have a voice in relation to their health and social care services and for that voice to be recognised and acted upon.

*“I should like to congratulate everyone who has been involved in delivering the substantial achievements of 2015- 2016.”*

This coming year, Healthwatch Blackpool will be increasing its profile as we connect and engage with you during the next twelve months. We look forward to a productive and effective year.

Mary Whyham  
Healthwatch Blackpool Chair



# Message from the operational lead



**It has been an excellent year for Healthwatch Blackpool. The experiences and voices of service users has been driving the agenda for change in health and social care service delivery.**

Firstly I would like to say a huge thank you to the staff and volunteers who have supported us this past year for bringing their passion, dedication and commitment to Healthwatch Blackpool. Also a thank you to all of our partners within Blackpool and Lancashire health services, the local Council and other 3<sup>rd</sup> sector organisations. We couldn't have made these massive achievements and raised the voice of so many people without the co-operation and support of everyone involved.

I am delighted to announce that I have recently taken the reins as service manager of Healthwatch Blackpool, however it has been my privilege to work within the service for the past year taking part in the fantastic work we have been doing.

Our work this year has demonstrated the ability of Healthwatch Blackpool to have a meaningful impact on service shape and delivery, from large scale strategic

commitments on reducing mental health waiting times to the little changes which can make a huge difference to people's wellbeing.

In such a short period of time we have amassed a great body of work to build on, and I feel extremely proud to have been involved and to take this forwards.

The shape of health and social care is ever changing at local and national levels and we do face some challenges ahead. It is our duty to ensure that Healthwatch Blackpool remains sustainable and influential in order to retain its position of the independent consumer champion.

*“In such a short period of time we have amassed a great body of work to build on...”*

I am thoroughly looking forward to the task ahead of raising the public voice across Blackpool and to ensure that their experiences of services are heard by those who run and commission them. I remain convinced that in order to understand how well a service operates and can improve, the fundamental way to do this is by listening to those who have used them. I am truly honoured to represent people's experiences at this level and encourage positive change within service delivery.

Steven Garner  
Service Manager

# The year at a glance

This year we have reached over 20,000 people on social media!



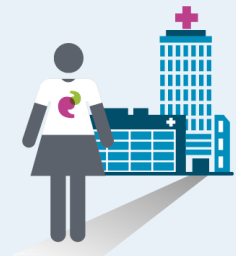
Our volunteers help us with everything, from engagement with the public to our many consultations



We've spent over 5 months covering mental health for all ages; children, young people and adults



We've visited over 30 local services that many residents use daily.



Our reports have tackled issues ranging from mental health to outpatients to dentists!



We've listened to your experiences and provided a public voice to the people who need to hear it.



# Who we are

Healthwatch Blackpool is the local independent consumer champion for health and social care services, and we are here to make services better for local people. We believe that the best way to do this is by designing local services around people's needs and experiences.

We listen to people's experiences of health and social care, and feed these back to those who run and commission them in order to make positive changes.

It is our duty to make sure that local providers and commissioners put the experiences of people at the heart of their processes when they are designing services.

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

## Our vision

Healthwatch Blackpool's vision is clear. We want members of the public to have a say in how the services they use are run.

We want to empower people to speak up and share their experiences of all areas of health and social care, and represent them in discussions with key decision makers, providers and commissioners.

We want to signpost and support people to help them make the best decision they can in their health and social care needs.

We want to make sure that you are up to date with the improvements and changes in health and social care that affect you.

We also want to showcase and share good practice so people feel proud of the services they use every day.

## Our priorities

Using information gathered directly from local people, the 2015/16 priority was to create a plan of work looking into the following services:

- Adult Mental Health
- Maternity
- Outpatients Services
- Dentistry
- Domiciliary Care
- Children and Adolescent Mental Health Service (CAMHS)
- Care homes
- Urgent Care
- The Harbour (adult mental health hospital)
- Substance Misuse Services

Additional work was identified:

- Children and Young People's Wellbeing research
- A cancer awareness production for the seldom heard in conjunction with Macmillan Cancer Support and other local Healthwatch Lancashire and Blackburn with Darwen.

## Meet the team

In April 2015 Empowerment (a local health and social care charity in Blackpool) took over the reigns of Healthwatch Blackpool from the charity Groundwork. New staff were introduced to Healthwatch roles to form the basis of the service.

- Claire Powell - Service Manager
- Steven Robinson - Involvement Officer
- Steven Garner - Information Officer

This core team became the Healthwatch Blackpool trio!

Steven Robinson's role is to recruit, train and look after the volunteers. It is also his key responsibility to engage the local community in consultations, represent the organisation at multi-agency meetings and events, and inform them of Healthwatch Blackpool and the valuable work we do.

Steven Garner's role is to educate and

share information with the public, creating regular newsletters, maintaining a social media presence and ensuring that information on the website is up to date, and easy to navigate.

Healthwatch Blackpool has signposting and information duties and his role is to ensure people know we we are and how to get in touch.

Claire Powell, the services manager moved on from Healthwatch Blackpool in January 2016. Her involvement and dedication helped open many doors for Healthwatch and helped structure our reports and how we operate.

## Volunteers

We have an expanding core team of 6 regular volunteers who assist us in our reviews and we couldn't achieve this without their continued support.



Our Healthwatch Team (from left to right): Steven Garner; Claire Powell; & Steven Robinson.

# Listening to people who use health and care services



## Gathering experiences and understanding people's needs

Healthwatch Blackpool has undertaken extensive engagement with people using specific services and with the wider public in a variety of ways.

At the beginning of the year we consulted with the wider public using community engagement in popular community settings such as supermarkets, as well as a big push online and through the Healthwatch Blackpool membership of over 300 people. The aim was to identify what people thought was working well in Blackpool, and which services were a concern to them.

Our *Concerns* survey consulted with around 450 Blackpool residents.

Along with this wide scale public consultation and our reviews of specific services we consulted with seldom heard groups:

- We hosted a Cancer Awareness roadshow in conjunction with other local Healthwatch and Macmillan Cancer Support which spoke with the Learning Disability community.
- We have spoken with service users of mental health groups such as Making Space and through the Mental Health Forum.
- We engaged with Boys and Girls Clubs, and local school pastoral teams for our Children and Young People's Wellbeing survey.

Our Young People's Health and Wellbeing Survey spoke to over 200 young people.



Macmillan Cancer Support awareness session for adults with learning disabilities

## What we've learnt from visiting services

This year we have not undertaken any *Enter and View* activity. Instead our focus has been on engaging and co-operating with services in order to maximise the impact of Healthwatch Blackpool's input.

As a result of undertaking service reviews with co-operation we have produced findings based on service user feedback and recommendations (where relevant) which services have warmly welcomed.

*“CAMHS would like to thank Healthwatch for carrying out this review capturing some of the experiences of those using CAMHS & Connect during the visits, and thank the children, young people, parents and carers who took part. We welcome this feedback and the learning that can be taken from it. It's good to hear the positive comments made about the services, and acknowledge there is further work that we need to do.”*

David Eaton, Service Manager  
Blackpool CAMHS

We intend to build on the working relationships with services as we believe the positive results Healthwatch Blackpool have achieved are in part attributable to them, opening up an invaluable platform for service user feedback.

*“We are pleased with the feedback that our young people gave to Healthwatch and feel it is a fair report. The feedback was positive and staff felt the consultation was well run and they were kept informed throughout. We will be looking into the findings in more detail to look at the possibility of introducing changes in line with these findings.”*

Jackie Crooks  
Advanced Practitioner - The Hub  
Blackpool Council

Links with other networks within Blackpool Council and CCG has enabled us to extend our service provider reach.

*“Healthwatch was established to have a role in promoting public health and tackling inequalities. In recent years its focus has primarily been on the important issue of promoting consumer rights for users of health and social care. As a key member of the Blackpool Health & Wellbeing Board we are keen to see the expansion of the role of Healthwatch into an independent community led advocate for action on inequalities.”*

Dr Arif Rajpura, Director of Public Health at Blackpool Council

Links with other groups has enabled us to extend our community and service provider reach.

*“Blackpool, Fylde & Wyre Mental Health Forum have worked very closely with Healthwatch Blackpool (HWB) over the past twelve months and is privileged to have representation from Healthwatch at its regular Forum meetings. This close working has been mutually beneficial to both parties. Members of the Forum have had the opportunity to view and comment on HWB reports ... so that the views of service users are heard. The Forum then plays its part in disseminating the findings of these reports to relevant bodies, including Members of Parliament. We hope to continue this joint working in times to come and applaud HWB for the work it has done to raise the profile of Mental Health.”*

Christina McKensie-Townsend, Chair of Blackpool, Fylde and Wyre Mental Health Forum

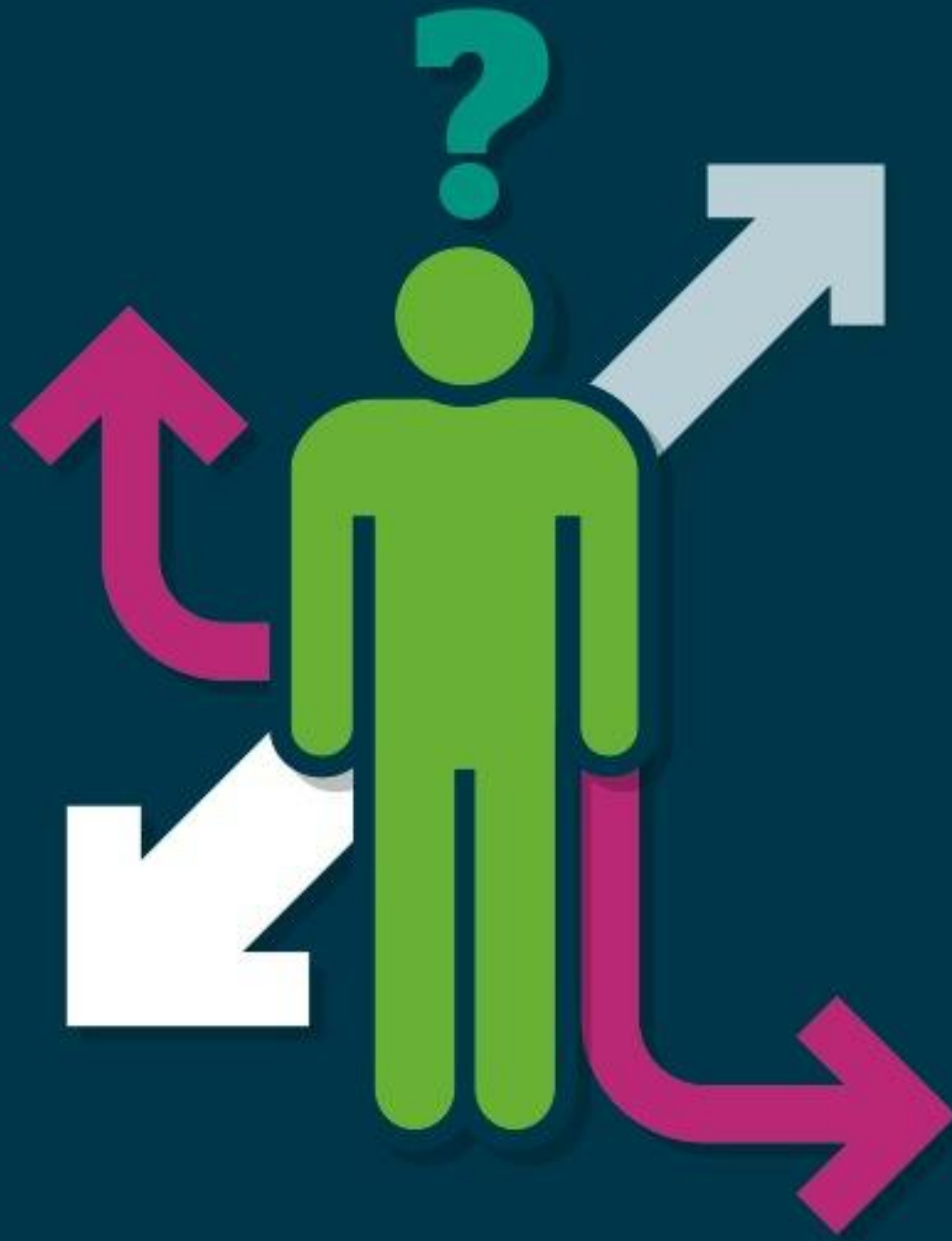
Blackpool Council and CCG have also acknowledged the value of service user feedback.

*“We do appreciate that we continually need to improve services and the experiences of the service users is vital feedback to inform our commissioning.”*

David Bonson, Chief Operating Officer of Blackpool CCG

Karen Smith, Director of Adult Services of Blackpool Council

# Giving people advice and information





## Helping people get what they need from local health and care services

Part of our core activity is signposting, supporting individuals with advice and information and bettering health and social care through public involvement.

- We held regular listening tables in Blackpool Victoria Hospital, The Harbour and the libraries in and around Blackpool.
- We work with forums and groups and seek a stronger voice together.

**“Every comment counts”**

Service user

In the start of April 2015 and after researching the accessibility needs various individuals in Blackpool, we found that for a lot of people the internet is the quickest way for us to hear from them. We wanted to ensure everyone could reach us and not only find out about our service but also other services which could help them too.

### Advice at your fingertips

Anyone can contact us via our new re-designed website. We added several big read, audio tags and other extras to ensure everyone can access the information. We regularly update this with various events and happenings going on in Blackpool with the aim to promote health and social care and support smaller charities and groups.

Social media is also a large part of our digital presence our facebook and twitter have grown by 150% since last year.

Many people do not have access to the internet so we endeavour to get out there as much as possible to provide signposting duties. We have an active phone line and also when ever we visit premises we hand out information to people to contact us in the future if they need us.



Often when we conduct reviews of services we bring our tables in case someone needs help and support.

Visiting forums and local events allows us to expand on what Healthwatch knows but allows us to listen to the voices of residents in unique situations.

**We have reached over 20,000 people through social media. That's one in 7 people in Blackpool!**

Social media, engagement days and a busy phone line are some of the many ways we are there for the diverse people of Blackpool. Moving forward we hope to involve more volunteer networkers to get out there and help even more people!

# How we have made a difference



## Our reports and recommendations

In order for Healthwatch Blackpool to be the successful independent consumer champion for health and social care it is vital that services adapt as a result of hearing the voices of service users. This section provides a snapshot of what has changed as a result of Healthwatch Blackpool's involvement.

## Working with other organisations

As part of our approach of not conducting *Enter and View* visits, this has enabled us to work collaboratively and openly with service providers and commissioners in order to focus on gaps which they may have already identified. It has also assisted in creating a culture of transparency in services which has improved Healthwatch Blackpool's reviewing processes.

We have also developed a closer working relationship with CQC:

- Our close relationship with local CQC departments has enabled us to share concerns, evidence and information which we have gathered during our reviews, complementing and supporting local CQC monitoring, inspection and regulatory activity.

## Adult Mental Health Services

A formal joint response was submitted to Healthwatch from Blackpool Council and Blackpool Clinical Commissioning Group (CCG). The CCG have a waiting list initiative in place to reduce waiting times for IAPT; Blackpool Teaching Hospitals

(BTH) are aiming to meet the targets by April 2016.

A Blackpool mental health alliance board was established, at which BTH, Lancashire Care Foundation Trust (LCFT) and the council are represented at a senior level monthly meeting chaired by the Blackpool CCG Chief Operating Officer.

Several new initiatives are being piloted in Blackpool, for example the police and a mental health nurse on duty undertaking street triage. This is aimed at reducing crisis issues and resolving things quickly rather than conveying to a busy A&E department which is not always the right environment for people when they are distressed by life events.

## Maternity Services

In response to only 44% seeing their named midwife consistently, New Models of Care commenced in September 2015 which will ensure consistency. Midwifery teams are now cohesive with 4-6 midwives, and time is allocated for clinics.

In response to 73% of respondents not knowing their choices of venue for antenatal appointments, Community Midwives will ensure all options for antenatal and intrapartum care are discussed to ensure appropriate information is given, and the postnatal options are being extended to include clinics.

In response to 23% of new mothers believing they were in hospital for too long, the discharge process has been reviewed, and a discharge co-ordinator has been employed on a substantive

basis. This allows more time to care and streamlines the discharge process.

## CAMHS

*“This report helps to capture some of the experiences of our current service users and will form part of our on-going engagement with children, young people and families who use our services.”*

David Eaton, services manager at Blackpool CAMHS

## Outpatients Services

In response to 36% of appointments running late and patients not being kept informed, new information screens are to be fitted throughout Outpatients Departments (OPD) as part of a redesign. The details of this report have also been discussed at the OPD Staff meeting.

The department will contact N-Vision to arrange with assistance in reviewing the information that is displayed in response to a lack of information in clinic waiting rooms and no large print information in the eye clinic.

## Urgent Care

In response to a vulnerable service user concern of being sat for around 5 hours in a wheelchair, the department apologised for not providing adequate information. This has been discussed with the team and they are aware of the need to administer regular pressure area relief.

In response to a service user waiting for 6 hours without food or drink being offered, the department iterated that all patients that attend the Emergency

Department (ED) should be offered regular drinks and food, and would like to apologise. Offering food and drink has been discussed with the ED team.

## Substance Misuse Services

*“We will be looking into the findings in more detail to look at the possibility of introducing changes in line with these findings. We are starting a recovery group in the immediate future for our young people and will look at continuing this if there is sufficient interest.”*

Jackie Crooks, Advanced Practitioner - The Hub, Children's Services Department

## Care Homes

**Hollinsbank Care Home:** Further menu choice has been offered to the service users. Smokers have been moved so they will not disturb non-smokers. A new activities organiser has been employed.

**Annacliffe:** The home are in the process of employing another co-ordinator for morning activities.

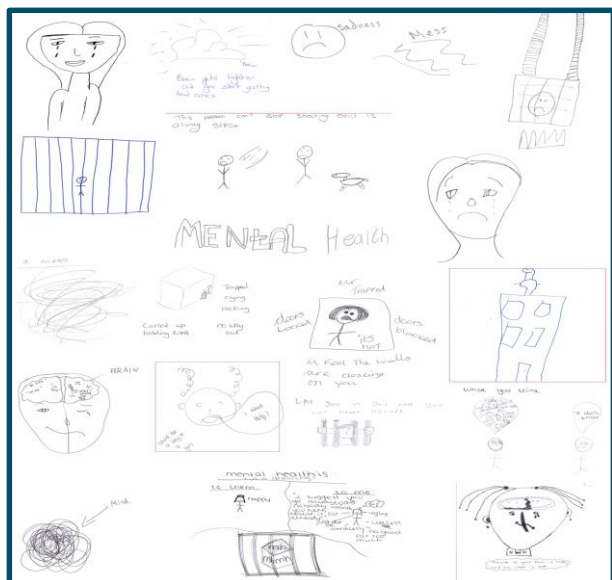
**Broadway:** The full 4-weekly menu will now be displayed for residents. The home will also display activities in several places around the home.

**Langdales:** New chefs have been recruited at the home. New menus are now on view on dining tables and in the reception area, with alternative choices of meals available. The home is recruiting an activities coordinator. Staff training now ensures they allow time for residents to respond after knocking before entering the room.

# Our work in focus



# Our work in focus: Mental Health



*We asked young people to draw what they thought about mental health.*

We have produced 3 comprehensive reports covering people's experiences of mental health and their thoughts.

- Blackpool has some of the highest rates of mental health illness in the UK.

From our *Concerns* survey in May 2015 we identified 3 areas Healthwatch Blackpool needed to look into: Adult mental health, young people's mental health and children and adolescent mental health services (CAMHS).

It became apparent from our research that mental health is a topic many people feel passionate about and also one of the key areas that Blackpool service providers need to work together on to ensure there is effective service delivery.

We spoke to over 300 individuals of all ages about the services they use and importantly what they thought about mental health in the area.

## They told us:

- Issues around self and body image, bullying and the pressures of school and exams are the most common issues for the children and young people of Blackpool.
- 19% of the children and young people felt that they might have a mental health issue.
- Most people do have support networks they can turn to in times of need and it was reassuring to find that many turned to their parents or friends. However only a minority of the children felt able to talk to their school or teacher if something was worrying them.
- 30% of the adults we surveyed reported to have had an assessment with a mental health professional within 3 weeks. 52% had to wait up to 3 months and 8% had to wait over 6 months.
- There appears to be a lack of community support available for those who do not meet eligibility criteria for mental health services. 67% said they had been unsuccessful in accessing appropriate support.

# Our work in focus: Care homes



Retirement in Blackpool care homes is a popular choice for many people.

Healthwatch Blackpool created a “Resident’s Voice” survey aimed at gathering information about the experience of living in a care home in Blackpool, including quality of life factors such as activities and choices.

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*We chose not to undertake the visits as Enter & Views but approach these reviews from a perspective of a “critical friend”.*

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Working alongside the CQC (Care Quality Commission) Healthwatch Blackpool contacted 11 Residential Care Homes in Blackpool. We asked if we could come into their homes and speak to the residents. Overall, from the perspective

of residents the quality of care was very good in all the homes that we visited and no major issues were identified. Many homes committed to recommended changes to improve service delivery.

## The homes we visited

- Annacliffe Care Home
- Belgravia Care Home
- Broadway Care Home
- Chaseley Care Home
- Feng Shui Care Home
- Haddon Court
- Highcroft Care Home
- Hollins Bank
- Langdales
- Layton Lodge
- Waterside Care Home

We had great success working co-operatively with care home managers and provider. One care home told us:

*“The residents commented that the visit by Healthwatch Blackpool was extremely positive. The team were more courteous they felt than any other coming into the home.”*

Feng Shui House

# Our plans for next year





## Future priorities

**In 2016-17 Healthwatch Blackpool must ensure that it remains influential and sustainable in order to retain its position of the local independent consumer champion.**

**There will be opportunities presented to Healthwatch Blackpool and other local Healthwatch in transformation plans being produced across Lancashire.**

### Remaining Influential

In order to remain influential, Healthwatch Blackpool will seek closer working relationships with key partners in services to ensure that service user feedback is not only valued, but used effectively as a tool to inform and enhance service delivery.

It will also be a priority for Healthwatch Blackpool to work with commissioners of services in order to use service user feedback to shape the development of services.

### Sustainability

In order to remain sustainable, another key priority for Healthwatch Blackpool will be to look into sustainability options. With reduced Local Authority funding across the country, it is necessary for Healthwatch Blackpool to explore additional revenue streams and options in terms of its structure and governance. An Options Assessment will allow Healthwatch Blackpool to best assess its ongoing status as a limited company, and other available options such as independent charity status.

### Closer ties with CQC

We will seek to build on the existing relationship between CQC and Healthwatch, and seek to work closer with the Care Quality Commission. We provide regular updates to the CQC with any information Healthwatch Blackpool has gained, in particular related to services CQC are due to inspect. Our aim is to develop and enhance this mutual relationship to ensure that Healthwatch Blackpool is more knowledgeable of CQC actions, and that the information we provide to the body is used to form some of the basis of their inspections.

### Develop a plan of work

To replicate the method of forming a work plan for this last year, we first want to discover which services are of most concern to Blackpool residents. In order to do this we will undertake a wide scale public consultation which will take place online and in public places both within and outside of health and social care settings.

### Raise the profile of Healthwatch Blackpool

In order for Healthwatch Blackpool to remain successful in its aims, it must endeavour to reach the wider community. With this in mind we will aim to host more public stands and information days, and invest in our visibility.

We also intend to expand our volunteer base in order to successfully undertake more reviews and bring more skills and expertise to the work which we do.

# Our people



## Decision making

*All of Healthwatch Blackpool's work in 2015/16 was dictated by the public. We review and look into services that the public tell us to.*

In April 2015 when the Healthwatch Blackpool contract was taken over by Empowerment we polled over 500 residents and asked them what areas we should begin to look into. We received an incredibly diverse range of areas to narrow down.

**Blackpool rates amongst the highest areas in the UK in terms of substance misuse, suicide, poverty, malnutrition and many more challenging issues.**



Mental health, substance misuse and the hospital were the biggest areas but people often said that Dentists, domiciliary care, outpatients, maternity services and care homes were areas for us to look into. We developed an intensive but progressive workplan. One consultation a month, which is a research based report and one consumer review a month - a report based on a visit to a service provider.

## How we involve the public and volunteers

This year we have involved our volunteers in all areas of our work. They have been involved in:

- Board meetings
- Planning sessions
- Reviews and consultations
- Public stands and events

It is vital that in order for Healthwatch Blackpool to be successful it develops and nurtures its loyal volunteer base to set an excellent volunteering standard.

*“Volunteering for the community researcher role is a unique opportunity to work with the public, hopefully making a difference to the residents of Blackpool. As an ex-health Professional I have considerable experience in health and social care but not from the other side's perspective. I've found that gathering opinions and experiences of various issues gives people a stronger voice to create positive change I look forward to visiting more services and speaking to more people and continuing my involvement and endeavours to improve services for the communities in Blackpool.*

Kim Rushton,  
Healthwatch Blackpool Volunteer

We have involved the public at every stage and in order to remain transparent we have promoted all the work we do across all social media and in newsletters which are publicly available.

# Our finances



Please be advised that these accounts are still in draft as adjustments have not been made by the independent auditors of Empowerment Charity. These records will be updated following this audit, which is due in August 2016.

Over the financial year Healthwatch has ended in a strong position. The only underspend is unspent wages for a service manager post which was vacant over February and March.

In December 2015 Blackpool Council confirmed that an additional allocation of £21,346 was to be available to support additional Healthwatch activity as follows:

- 2015/16 £5,000
- 2016/17 £8,173
- 2017/18 £8,173

Printing and postage costs have been high over the financial year. This is largely due to the monthly full colour newsletter being sent by post to over 130 people. From December 2015 the newsletter is quarterly, and physical printed copies have been reduced following a feedback survey requesting if members would like to continue receiving the newsletter.

INCOME		£
Funding received from local authority to deliver local Healthwatch statutory activities		£63,000
Additional income		£0
Total income		£63,000
EXPENDITURE		
Operational costs		£6,992.68
Staffing costs		£46,014.83
Office costs		£6,428.68
Total expenditure		£59,436.19
Balance brought forward		<b>£3,563.81</b>

# Contact us



## Get in touch

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333 Bispham Road,  
Blackpool,  
FY2 0HH

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

**Address of contractors:**

Blackpool Council  
Bickerstaffe House  
1 Bickerstaffe Square  
Talbot Road  
Blackpool  
Lancashire  
FY1 3AH

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, CQC, NHS England, Clinical Commissioning Group/s, Overview and Scrutiny Committee/s, and our local authority, Blackpool 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.

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<b>Report to:</b>	<b>HEALTHWATCH BLACKPOOL</b>
<b>Relevant Officer:</b>	Steven Garner, Healthwatch Blackpool Manager
<b>Date of Meeting</b>	12 July 2016

## FINANCE REPORT

Please note the balance brought forward from 31 March 2016 of £3,563.81 is estimated and has not been independently audited and so the balance brought forward from Quarter 1 is also in need of adjustment.

Operational costs have been higher than usually expected with much travel and expenses attributable to the Healthwatch annual conference in Nottingham. Please also be advised that not all expenses from this have been paid out yet, as June expenses were submitted on 1 July 2016 and may not all be updated into the system.

There is an ongoing underspend of a vacant Information Officer position, which at Quarter 1 equates to an underspend of £1,909.80. It is expected that this role will be filled and options are being explored of apprenticeships, which would allow for a full time position (rather than 15 hours per week) and still yield a small underspend.

The office costs account for around 20% of income, however the precise financial distribution of funds has not been updated on the system in the first quarter and so this remains an estimate.

INCOME	£
Funding received from local authority to deliver local Healthwatch statutory activities	£14,500
Additional income	£0
<b>Total income</b>	<b>£14,500</b>
<b>EXPENDITURE</b>	
Operational costs	£588.80
Staffing costs	£6,791.94
Office costs	£2,900 (est.)
<b>Total expenditure</b>	<b>£10,280.74 (est.)</b>
<b>Balance brought forward</b>	<b>£7,783.07 (est.)</b>

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<b>Report to:</b>	<b>HEALTHWATCH BLACKPOOL</b>
<b>Relevant Officer:</b>	Mark Towers, Company Secretary
<b>Date of Meeting</b>	12 July 2016

## ROLES OF THE BOARD AND EMPOWERMENT

### 1.0 Purpose of the report:

1.1 The purpose of this report is to define the relationship and roles of the Board and that of Empowerment to assist each in undertaking their duties.

### 2.0 Recommendation(s):

2.1 To consider the draft outline of the roles and relationships between the two bodies attached at Appendix 11(a)

2.2 To consider at the next meeting the commissioning relationship between Empowerment and the Council in relation to the delivery of local healthwatch.

### 3.0 Reason for Recommendations

3.1 To seek clarity for Board members and officers from Empowerment with regard to their roles and responsibilities.

### 4.0 Formation of Healthwatch Blackpool

4.1 The Health and Social Care Act 2012 required all local authorities to commission a local Healthwatch. Healthwatch was to be the new local health and social care consumer champion and would represent the views of local residents of all ages, advocating and influencing the delivery and commissioning of health and social care services on their behalf. From 1 April 2015, Empowerment was successful in winning the contract from Blackpool Council for delivering Healthwatch in Blackpool.

4.2 Whilst Empowerment has this role this has to be delivered through a body corporate. Healthwatch Blackpool is a company limited by guarantee and fulfils that purpose. This Board as Directors are aware, has been appointed to work with Empowerment in delivering the objectives of Healthwatch. At the last Board meeting, the revised Articles of Association were agreed by the Board, subsequently agreed by the Council and are now lodged at Companies House.

Healthwatch Blackpool  
Company Number: 8584258

- 4.3 However, in order to make this relationship work between the Board and Empowerment, it is advantageous to have a clear understanding of roles and responsibilities. Attached at Appendix 11(a) is a document, which aims to set out the differing roles between the Board and Empowerment. The responsibility for the Board rests with the Chairman of the Board and the responsibility for Empowerment rests with the Chief Executive of Empowerment.
- 4.4 The Board is asked to consider and agree this relationship protocol and keep it under review.

**List of Appendices:**

Appendix 11(a) – Roles and Responsibilities Protocol

**7.0 Financial and Legal considerations:**

7.1 None.

**8.0 Other considerations:  
(Performance, Risk, Human Resource and Equalities)**

8.1 The duties of the Board cover regular financial reporting and performance management. A mutually understood set of roles and responsibilities will help Healthwatch Blackpool perform more effectively.

**9.0 Consultation with Volunteers (if appropriate)**

9.1 No consultation was appropriate with this report.



Role of the Board	Role of Empowerment
<b>PERSONAL RESPONSIBILITIES</b>	
To be sufficiently knowledgeable about the company to be able to answer for its actions.	To ensure that Directors receive all information that is relevant to discharge their duties in an accurate, timely and clear form.
To not interfere in the day to day running of the organisation.	To keep the Board of Directors regularly updated in the work of the organisation highlighting to them key issues and events when they occur at meetings and in between meetings.
To constructively challenge the issues raised at Board meetings whilst acting at all times in the best interests of the company.	To provide sufficient information and considered options to enable Directors to make informed decisions.
To make themselves available to attend Board meetings and any other duties/ role undertaken with or on behalf of the Board.	To ensure that new Directors receive a full tailored induction and thereafter relevant training to update their knowledge and skills.
<b>STRATEGY AND DEVELOPMENT</b>	
To develop a strategy and vision capable of delivering the objectives of the company	To provide the Board of Directors with draft proposals and options to help the Board develop a strategy and vision.
To monitor the implementation and evaluate the outcomes from the strategy.	To implement the strategy within the guidance and direction of the Board.
To ensure that the organisation has the resources in place which will deliver the objectives of the company.	To provide the Board with relevant information to enable the Board to be assured that its strategic role can be achieved.



Role of the Board	Role of Empowerment
To work together as a Board to enable adequate time is available for substantive discussions to be held on strategic and material issues.	To work with the Chairman to ensure that agendas are compiled with relevant reports comprising sufficient information to allow the Board to consider pertinent issues in relation to its role.
<b>GOVERNANCE, FINANCE AND PERFORMANCE</b>	
To be assured that controls and risk management systems are robust and defensible.	To provide regular updates to the Board on risk issues providing assurance as to how these are managed and mitigated.
To be satisfied of the integrity of financial information.	To provide regular financial updates to the Board to allow it to be assured that its work can be undertaken within current financial resources and allow it to plan from an informed position.
To monitor performance of the company against any mutually agreed indicators and evaluation reports.	To provide on a regular basis performance information.
To ensure that any obligations to the commissioning contract held by Empowerment to deliver local Healthwatch are met.	To raise awareness with the Board of Directors of the details of the commissioning contract and the obligations attached to it.
<b>STATUTORY HEALTHWATCH DUTIES</b>	
To identify issues and themes from information provided from Empowerment on behalf of the people of Blackpool regarding their views and concerns about their local health and social care services.	To enable the people of Blackpool to share their views and concerns about their local health and social care services and provide this information to the Board to allow it to identify issues and themes.



Role of the Board	Role of Empowerment
To provide authoritative, evidence-based feedback to organisations responsible for commissioning or delivering local health and social care services.	To provide the people of Blackpool with information about choice and access to their local health and social care providers and to signpost them to organisations who can advise and support them when things go wrong with their health and social care.
To alert Healthwatch England and / or the Care Quality Commission regarding concerns about specific care providers.	To communicate any relevant feedback on behalf of the Board to organisations responsible for commissioning or delivering local health and social care services.
To provide the Blackpool Health and Wellbeing Board with evidence and information to ensure the views and experiences of the people of Blackpool, inform the Blackpool Joint Strategic Needs Assessment (JSNA) and the associated Health and Wellbeing strategy.	To provide the Board with the evidence and information required to enable the Directors to draw conclusions and then to communicate this feedback to the Health and Well Being Board or if this was being communicated by the Chairman to support her in undertaking this.

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