

Healthwatch Cornwall

Annual
Report

2014/2015





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Note from the Chair



I am delighted to be addressing you as Chair of Healthwatch Cornwall. I joined in October 2014 as I wanted to use my skills and experience to contribute to ensuring that publicly

funded health and social care services are as good as they can be.

I have had a longstanding interest in health and social care services, with a 20 year career in the NHS, primarily in public health and partnership roles. I led on patient and public involvement for Central Cornwall Primary Care Trust and have always striven to ensure that the voice of the people whom the NHS serves is heard.

I have also been committed to tackling health inequalities, developing services which address the needs of those who are most vulnerable or excluded.

The opportunity to be part of an organisation which has these issues at its heart was my motivation for applying for the post of Chair, and in the months since October I have been impressed with the commitment of all involved in its operation.

I have been privileged to see the publication of a number of important reports - you can read more about these in this Annual Report and the impact that they have had.

As Chair, my role is to lead the Board in its strategic direction and provide leadership and support to the Chief Executive.

I am fortunate in having a highly skilled, experienced and knowledgeable team of people to work with and I would like to thank them all for their work over this last year.

As a Board we are actively involved in health and social care groups and committees including the Health and Wellbeing Board, Health and Social Care Overview and Scrutiny Committee, provider Board meetings, Safeguarding Boards, Patient Experience Committees and many others.

Alongside this, the Chief Executive and I met regularly with Chairs, Chief Executives and Lead Officers on a more informal basis to discuss current issues.

In this way our Board can make sure that our decisions and discussions are well-informed by the local picture of health and social care services.

The work of Healthwatch Cornwall is only made possible by the commitment and hard work of our staff team, partners and volunteers and I would also like to extend my thanks to them.

It has been a privilege to be part of this organisation and I look forward to my next year as Chair.



Note from the Chief Executive



This year has been a time of increased and focussed activity for Healthwatch Cornwall in which research projects, stemming from feedback, were developed and used for influencing change.

Additionally, the ability to collect a representative number of comments from the people of

Cornwall has improved significantly, with extra staff and volunteer capacity. This enabled us to report more confidently and regularly to a range of providers and committees and we have started to see results and changes to practice as a consequence of this.

Relationships with a number of providers and commissioners have matured and the increasing trust has allowed us to become involved more in the strategic direction of health and social care provision in Cornwall. Closer alliance with scrutiny organisations such as the Care Quality Commission, Health and Social Care Overview and Scrutiny Committee and the Quality Surveillance Group have allowed for effective reporting of issues as they arise, which can then be dealt with quickly by the relevant agencies.

The year saw the completion of 5 pieces of research and we were also involved in the Healthwatch England Special Inquiry into unsafe discharge, which has led to further focussed work on discharge after self-harm. You can read more about the findings from these later in the report.

As an outcome we are proud of the integrated mental health meetings for community

providers and/or GPs with Cornwall Foundation Trust. These aim to support patients with long-term conditions in the community in a responsive way.

Our research work has been made possible by the dedication of many volunteers working alongside our operational team – some of whom are part of our organisational structure, and others who have been involved on specific topics important to them. They have developed the methodology, posted and completed questionnaires and collected feedback all over the county in a variety of settings and events. This public involvement is very important to us and an area we wish to develop further in the next year.

Healthwatch Cornwall has been largely supported by other organisations involved in health and social care in Cornwall and can happily report that there have not been many obstacles to overcome.

It is an aspiration to work more closely with Primary Care providers and Patient Participation Groups in the coming year and also to expand our army of volunteers to increase our impact in various communities – with both significantly enhancing our reach.

But it is the public voice we always need to hear, so do get in touch to have your say and share your experience so we can work for you.



About Healthwatch Cornwall

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

Everything we say and do is informed by our connections to people in the county, and our expertise is grounded in their feedback. We are a Community Interest Company and are the only organisation with statutory rights looking solely at people's experience of the whole health and social care sector.

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

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

Our vision/mission

We will strive to make positive changes in health and social care for the benefit of the people of Cornwall, where necessary.

We achieve this in many ways, including working with contracted partners.

From April 2014 to March 2015, our partners were Young People Cornwall, Disability Cornwall, Age UK Cornwall, Cornwall Rural Community Charity, and Cornwall People First.

Our partners supported our work by having Healthwatch Cornwall Champions in their organisation and by making us aware of issues that their specific client group faced.

This helped us to reach out to the diverse communities within the county, including those with learning disabilities, older people, young people, those with mental health problems and those with a disability.

In the 2011 Census, Cornwall's population was 532,300. This has continued to grow and, in line with national trends, Cornwall's population is getting older as average life expectancy continues to rise.



It is therefore vital that people who use health and social care services at whatever age or stage of care have the opportunity to speak up about their experiences.

Healthwatch Cornwall can help people living in the county, and even those who visit, to share their views so that good practice can be celebrated and where provision is found to be lacking action can be taken to create solutions.



Our strategic priorities

Healthwatch Cornwall strategic priorities were set out to build on the success of its first year.

It was important for us to take the organisation to the next level in representing people to have their say.

During this time frame our strategic priorities included evolving collaborative working arrangements with additional voluntary and statutory groups. The aim of this was to ensure we engaged with under-represented people.

We also reviewed our contractual arrangements to release funds for more paid partnership working and brought the externally provided phone line contract in-house.

There was also emphasis on developing our work with young people. Along with our close working relationship with Young People Cornwall, this was achieved through the design of appropriate marketing tools, the creation of a Youthwatch page on the website and an increase in young person specific outreach.

Recruiting more volunteers, taking on new staff, collaborating with providers at their events, creating new marketing and communication plans, sourcing an evaluation process for the organisation and improving data input and the development of a robust research plan were also other priorities during this period.

Read more in the Annual Report to see how we achieved these priorities.

Healthwatch Cornwall's Operational Team: (seated) Chief Executive Debbie Pritchard. (Standing from left to right): Josie Purcell, Communication Officer; Jody Wilson, Volunteer Officer; Charlotte Gamble, Outreach Officer; Maisie Parkin, Administrator; and Eileen Rix, Outreach Officer.

Inset pictures: James Buist, Research Officer; Emma Squires, Outreach Officer (maternity leave).





Engaging with people who use health and social care services

We do our utmost to ensure anyone who wants to share their experiences of their health and social care can do so.

Throughout the year people told us their stories by:

- Calling our information freephone number 0800 0381 281; completing our website feedback forms at healthwatchcornwall.co.uk; taking part in our surveys; speaking with us at our events and external ones; and engaging through our contracted partners and external organisations.

To reach young people, we worked closely with our partner Young People Cornwall by holding forums and feedback sessions. We also created a [Youthwatch](#) page on our website to encourage interaction and provide an information portal. Our outreach included events such as Playfest, a 2-day festival of fun for youngsters, while we also nurtured relationships with Cornwall College that resulted in a student producing a report about young people and cancer.

To ensure older people had their voice heard, we established a closer working relationship with our Age UK Cornwall Champion that included visiting its day centres, and joint outreach at libraries and supermarkets which led to an increase in feedback. Older people were also represented through our participation in Healthwatch England's Special Inquiry.

We engaged with 3,789 people between April 1, 2014 and March 31, 2015.

Cornwall has millions of additional visitors throughout the year. Although not directly targeted, those visiting the county did share their comments about local services if they had had to use them. We also heard from people who live close to the county border via Healthwatch Plymouth.

To ensure we spoke with disadvantaged people, or people we feel to be vulnerable we worked specifically with voluntary groups that support people with learning disability, autism, abused women and new mothers; with mental health referral organisations to provide feedback we had received about their services; and commissioned Disability Cornwall to research Personal Budgets.

Our work relating to people who are seldom heard included commissioning external research into how people from black and minority ethnic backgrounds in county felt about their health and social care services.

The above are examples of what we have done to give everyone in county the confidence to talk to us about their care services but we are always conscious of working in ways that encourage conversations and interaction.

Read the [Impact Stories](#) to find out more about how our work has utilised people's feedback to bring about benefits in their health and social care services.



Our volunteers and outreach

Healthwatch Cornwall volunteers are at the core of its work and are vital in ensuring that the public view is represented.

In this year we had 30 volunteers including Board directors, Steering Group members, Community Champions and Enter and View Authorised Representatives.

They were involved in numerous activities such as speaking with people at outreach sessions in libraries and hospitals; attending events for specific groups of people such as Holi-day, a fun day for people with learning disabilities; taking part with us at Cornwall Foundation Trust's public engagement events; and helping at community lunches to support isolated people.

Individual volunteers also input data collected, and gave talks to organisations including carers and spinal injury support groups. In delivering our statutory activities, in addition

to our Enter and View representatives, they attended public consultations, national NHS England events, our Steering Group, and strategic meetings such as NHS Kernow's Children's Health and Wellbeing Review.

Some of our volunteers were also supported in becoming Patient Led Assessment of Care in the Environment (PLACE) assessors.

Our volunteer Board oversaw the governance of the organisation and set the strategic direction to ensure we met our objectives.

Our longstanding volunteer Patricia Brocklebank (pictured below) summed up her feelings about volunteering with us.

She said: "Being a volunteer for Healthwatch Cornwall has opened up such an exciting opportunity to make a difference in Cornwall.

"I find myself engaging with lots of people and listening to their diverse lives and experiences; it is such a privilege to share these moments."

Healthwatch Cornwall's volunteer Patricia Brocklebank.





To ensure we reached out to as many people as possible, we also engaged in a number of talks, meetings and sessions with external organisations who support people with a health and/or social care need.

They included, but were not limited to:

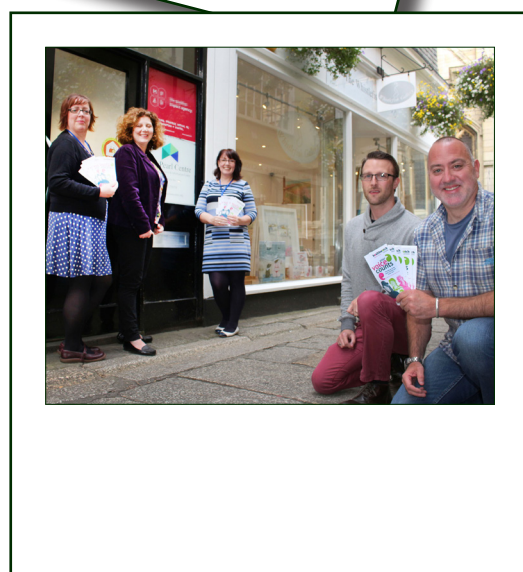
- Carers Forums
- National Autistic Society Parent Information Day
- British Lung Foundation
- British Legion
- Patient Participation Groups
- Addaction
- The Susie Project - domestic abuse support
- Action for Blind
- Homelessness conference
- Alcoholics Anonymous Roadshow
- Merlin Centre - spinal injury talk
- Maternity services



Our outreach work has been very varied to help us achieve our goals.

It has included, but has not been limited to:

- Royal Cornwall Hospital pop-ups
- Spectrum info sessions for people with autism and their families
- Be Active - Cornwall Sports Partnership
- Big Beach Day (for people with learning disabilities).
- Royal Cornwall Show
- Library drop-ins across county





Contracted partners' achievements.

As part of the sub-contracted agreement there is an expectation on our partners to provide relevant and timely information pertaining to their specialism.

In 2014/15 our partners Age UK Cornwall, Disability Cornwall, Young People Cornwall, Cornwall People First and Cornwall Rural Community Charity's mental health and carers support provided 225 comments.

Age UK Cornwall highlighted our role through its website, external and internal newsletters with a combined distribution of 4,580 recipients, displayed posters at its day centres, included our details in all staff inductions, and was actively involved in our social media.

Young People Cornwall has explained our role to its projects; connected via our social media; discussed what we can do at youth events and in one-to-ones; shared material for our website; and provided our literature to staff, parents and young people.

Disability Cornwall has promoted us through its website and phone service, and produced a commissioned report about how people access personal budgets.

Cornwall Rural Community Charity's Health and Wellbeing (mental health) and Cornwall Carers Service joined as our Champions in 2014. Since then they have held mental health forums, taken part in the Carers' Wellbeing Task Group and a self-harm research pilot.

Cornwall People First became a partner in early 2015 and they have since hosted forums and focus sessions for adults with learning disabilities to gather feedback.

Commissioned outreach

During this time frame 4 pieces of work were commissioned. They focussed on End-of-Life Care, Personal Budgets, Black and Ethnic Minorities experiences of health and social care services, and an evaluation of Healthwatch Cornwall to help determine our reach within the county to be used to influence future plans.

Representation

To meet our requirement of representing people's views to local commissioners and providers, Healthwatch Cornwall attended a number of strategic level meetings to input feedback and to keep abreast of potential changes to health and/or social care.

The following shows some of the meetings we attend and who represents us:

- Health and Wellbeing Board – John Evers and Debbie Pritchard/ Jayne Howard
- Health and Social Care Scrutiny Committee – Margaret Abban and Debbie Pritchard
- Quality Surveillance Group - James Buist
- Mental Health Expert Reference Group - James Buist
- Patient Experience Committee, Derriford - James Buist
- Patient Experience Group, Royal Cornwall Hospitals Trust - John Evers and James Buist
- Systems Resilience Group - Debbie Pritchard
- Joint Communications - Josie Purcell
- Royal Cornwall Hospital Trust Board - Margaret Abban



Enter and View

Healthwatch has statutory powers under the Health and Social Care Act 2012 to 'Enter and View' health and social care services. This can be on an unannounced or announced basis.

It is not an inspection but an opportunity for lay people to engage with people living and working in Cornwall.

Enter and View is one way Healthwatch Cornwall gathers information needed about services, and collect views of service users, their carers and relatives, and staff. We have a team of volunteers who are named as 'Authorised Representatives' that have been specifically recruited and trained to carry out visits.

During 2014/2015 our Enter and View team took part in the planning and delivery of a number of pilot visits. These were carried out in different types of health and social care settings such as outpatient clinics, care homes and a community hospital. They have not been based on feedback received but have taken place to test our Enter and View process and give our representatives experience in conducting visits.

This proved to be a great learning opportunity and will inform the Enter and View plan for next year, with visits based on feedback.

We made 8 Enter and View pilot visits in this period.

From these a number of interesting points were fed back to providers. This included small in-house changes that could help to improve

care being received, and improvement to inter-agency communication and liaison such as quality of discharge information for people leaving hospital and going into a care setting. The ability to request a GP to visit a care home and provision of services such as physiotherapy were also noted.

The findings will help to inform Healthwatch Cornwall's future work plan.

"Thank you for the time you spent with us and for the completed report. We really value a different and independent perspective. The observations made within the report have highlighted a few improvements we can make."

Melissa Norman, registered manager
Porthgwara Nursing Home

At the end of March 2015, the named 'Authorised Representatives' were:

Liz Berryman - Julie Brewer

Michele Brown - Patricia Brocklebank

June Hackett - Kathy Doeser

Pat Hamling - Pam Pracey

David Simpson - Liz Spooner

Marycita Tinegate - Jill Trew



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

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

Healthwatch Cornwall has:

- Provided a freephone signposting and feedback contact number. Although not manned 24/7, this service has allowed people without access to the internet, or who want to talk to someone directly, the opportunity to get in touch - **353** calls were received.
- Offered an interactive website, which included the launch of a new look site in late March 2015. The website not only offers the opportunity to leave Have Your Say information, learn about our work, read our newsletter, and access our reports; it also includes a service-specific Rate and Review option. **9,316** visits were made to the site during this timeframe.
- Produced **12** newsletters throughout the year to showcase our work and share information about other health and social care news.
- Managed a proactive social media presence on Facebook and Twitter to share our information and develop relationships with other health and social care organisations and interested individuals.

Healthwatch Cornwall has a proactive media presence and took part in **76** press interviews for print, radio and TV. Coverage helped to raise our profile and afforded us the opportunity to direct people to our phonenumber or website to seek further assistance or leave feedback. Our stories have also been used by Healthwatch England in relation to national media articles.

Along with the active outreach that included attending **130** events, we also held a large-scale public information event in Falmouth during July 2014 called It's All About You to help raise awareness of our work.



This fun-filled interactive day was supported by a number of health and social care organisations such as the Royal Cornwall Hospital and the ambulance service.

"You did a great job on the It's All About You event - we would love the opportunity to support any future events you host."

Reuben Jenkins, Carers' Break



Healthwatch Cornwall received 353 calls via its information freephone number 0800 0381 281.

854
new members

2,129
total members

130
events attended



314 Facebook likes and 577 posts made

1,602 Twitter followers
1,100 Tweets made



Type of contact:

Phone - 7.34%
Outreach - 69.05%
Web - 9.06%
Partners - 9.95%
Research - 4.60%

Top 5 comment type:

Mental Health - 20.91%
Musculoskeletal - 16.79%
Dentistry - 13.49%
Cancer - 8.75%
Cardiology - 7.93%

3,789 people engaged with Healthwatch Cornwall

76 media interviews

20
compliments

9,316
website visitors



Influencing decision makers with evidence from local people

Producing reports and recommendations to effect change

During this time frame Healthwatch Cornwall produced 5 reports with recommendations to improve local care services.

They are as follows:

- Access to cross-border services
- GPs and mental health support
- Special Inquiry - Healthwatch England
- End-of-Life
- Personal Budgets

These have been forwarded to the appropriate commissioner and providers for formal response and showcased on our website, via social media and through press activity.

More detail about how services have been improved on the basis of our work can be read in the [Impact Stories](#) section.

We also carried out detailed research into urgent care services and Care at Home, with both reports and recommendations due to be forwarded to the relevant commissioners and providers in May 2015.

In addition to this we produced a number of information reports based on comments provided about specific services such as patient experience at Derriford Hospital, which have been forwarded to the appropriate body and can be viewed at

healthwatchcornwall.co.uk/our-work/our-reports/

Putting local people at the heart of improving services

Along with our own outreach and engagement, we encouraged people to take part in feedback opportunities with other health and social care organisations. The Poltair Hospital consultation public engagement process was overseen by us and we directed people to take part via our external communications, while our volunteers also took part in the Children's Health and Wellbeing Review to ensure feedback we had gathered was taken into account by the decision-makers.

Health and Wellbeing Board

This Board works with relevant organisations to improve health and wellbeing and to tackle health inequalities.

- Our two seats and voting rights at this Board ensure we can influence decisions made. Our representative is fully briefed, and supported by our Chief Executive. In this year, we pressed for a 'bugs and drugs' health education programme to be rolled out in schools following our interest in a report by the Anti-Microbial Resistance Group, and that public consultation relating to wellbeing become part of the Joint Strategic Needs Assessment process. We report quarterly to this Board on all of our findings.



Working with others to improve local services

Working collaboratively with commissioners and providers is very important to us at Healthwatch Cornwall. We believe that the independent feedback we can provide is a vital part of any decision-making process that affects health and/or social care services.

One example of our collaborative work relates to spinal cord injury.

We reported concerns on planned and emergency hospital admissions from patients with this condition, which meant care teams at the Royal Cornwall Hospitals Trust (RCHT) and South Western Ambulance Service Foundation Trust received details about their worries. A 'patient passport' for the person to take with them to outline their needs has been developed and key contacts in RCHT who are trained to support these patients have also been highlighted to all staff.

"Working together with a variety of providers has helped enormously in creating effective results."

*Debbie Pritchard, Chief Executive
Healthwatch Cornwall*

From this work we also learned about the Carers' Passport – an agreed document that allows carers from home to support the care of the cared-for while in hospital.

Working closely with the Cornwall Autism Partnership, we began the development of a proposal to support people with high functioning autism through the use of advocacy and the voluntary sector.

We attended 6 Cornwall Autism Partnership meetings and supported 8 sessions with Spectrum to gather autism-related feedback .

- RCHT and Peninsula Community Health (PCH) shared their inspection reports, and have met with us quarterly to discuss matters arising.
- We attended the formal provider meetings following Care Quality Commission (CQC) inspections. At the PCH meeting our End-of-Life report was highlighted and will be used to help steer on-going end-of-life care improvements.
- We have joined other South West-based Healthwatch to discuss regional issues and share data. We also support the national Healthwatch network via an internal online resource to share good practice and intelligence.
- Healthwatch England used our work around access to an NHS dentist as part of a national presentation. We also sent our reports, newsletters and press releases to them, with some work highlighted as 'Story of the Week' in the national e-bulletin. Information to bolster their national review of GPs charging for letters in support of benefit claims is still continuing to be used.



“Thank you for the information you are sending through to us.”

Melanie Hutton, Regulation Inspector,
CQC Hospital Directorate

Working with the Care Quality Commission

During this year we reported issues relating to 3 care homes to the CQC that resulted in inspection.

We will continue to raise safeguarding concerns with the CQC.

The CQC also requested information from us to inform their planned inspection visits. These related to the inspections of PCH, RCHT and Cornwall Foundation Trust.

Regular updates about their inspections were provided to us by the CQC, which we were then able to use to monitor the quality of care services they had inspected and inform any potential new work.

Working with the Cornwall's Health and Social Care Overview and Scrutiny Committee.

Throughout the year we attended 6 meetings of this committee.

Having 2 seats enabled us to take part in discussion, and challenge and question decisions being made. We informed the officers of issues we were aware of to ensure that they were able to act or incorporate our feedback in their work.

Cornwall's Health and Social Care Scrutiny Committee has responsibility for the scrutiny of services which look after the health and social care needs of people in Cornwall.

This includes local NHS organisations, Public Health, Adult Social Care and Children's Social Care. The committee may set up Select Committees which allow members to find out more information about a particular issue by calling in specific witnesses and gathering information.

- All providers and commissioners responded to our information requests in this timeframe.





Impact Stories

Case Study One

Care at Home

A call for urgent remedial action to improve Cornwall's Care at Home.



In the autumn of 2014 some of Cornwall Council's Care at Home Framework providers told us that they felt home care services could be in jeopardy if problems they faced due to it were not ironed out.

The seriousness of their concerns, which included claims that financial and administrative procedures led to cashflow problems, staff leaving and problems with being able to provide the required care service, instigated the creation of a Task Group and further research to include gathering feedback from non-Framework providers, paid carers and the cared-for.

Cornwall Council introduced its new £50 million Care at Home Framework in August 2014, to reduce the number of approved providers with a view to improving care at home delivery.

A meeting for Framework and non-Framework providers that we arranged in January 2015

was attended by more than 40 organisations that were keen to share their concerns about the current system.

"It is paramount to me that we have a system that is fit for purpose and the Council is now considering the option to review the Care at Home Framework."

Jim McKenna, Portfolio Holder for Adult Care - Cornwall Council

Working closely with Cornwall Council, we secured its commitment to reviewing the Framework and the establishment of a regular, open dialogue meeting with its providers to address their concerns. Healthwatch Cornwall has also attended these discussions, which began in February.

An update report was provided to the Council in March. From this, the Council requested we gather even more feedback from those being cared-for, which we were happy to do.

The final report and recommendations will be sent to relevant organisations in May 2015.

Visit the [Our Work](#) page on our website to follow progress on this.





Case Study Two

Dentistry success from cross-border research

Dental success puts a smile on man's face.

Derek Simpson, 71, found a new dentist after he read about the NHS dental helpline in our newsletter. We hope he represents others who have benefited due to our work on this.

"It was perfect timing as the day after the call a filling came out."

Derek Simpson

This information was published following our work into cross-border health and social care access that took place in January to March 2014.

Our report and recommendations, based on the responses of 673 people, were published in June 2014 and highlighted that access to a dentist was one of the main problems.

44% of the 663 respondents to the question, "Are you registered with an NHS dentist?" said they were not.

This led to us working with NHS England to find ways to help people access a dental practice. We made three recommendations:

- To explore NHS dentist provision in Bude, Liskeard, Launceston and Callington to bring about improvement.
- Better awareness of NHS dentists' places.
- That dentists consider later opening times.

NHS England confirmed it has sent the helpline signposting information to all GP practices, and that it would be using data collected from the helpline to review unmet need by location. A first phase of a review in Falmouth and Helston was already underway.

A Liskeard practice had also been running a pilot of extended opening hours since July 2014, with uptake from existing patients filling the places available. NHS England planned to use this initiative in discussion with other NHS dentistry providers about potential changes to opening times.

343 new patients accessed an NHS dentist in Looe.
7,000 new places in Helston and Falmouth by October 2015, with extended opening.

The best result for us was to hear from Mr Simpson who called to tell us that it was our newsletter story and information that had spurred him on to try and find a new dentist.

"I couldn't secure an NHS dentist and paying for private care had become too costly and as time has gone on it's not been so easy to travel to the private dentist", he said.

"I read about Healthwatch Cornwall's research into access to NHS dentists and this acted as the trigger for me to take action.

"I decided to give the dental helpline number a go and lo and behold within a few days I had a call offering me a place."



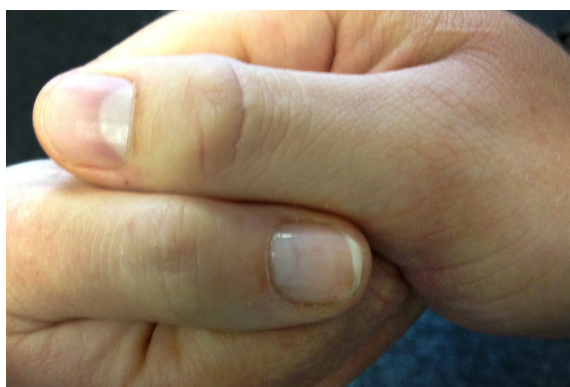


Impact Stories

Case Study Three

End-of-Life Care

Positive response to End-of-Life Care report.



Support from health and social care commissioners and providers has been given to our recommendations in relation to end-of-life care.

In 2014, we heard a number of heart wrenching stories about people whose wish to die at home could not be met such as a father who lived just outside a care providers catchment area dying in hospital as alternative care could not be organised in time.

This led to us commissioning Activmob, a Community Interest Company that specialises in bringing together people, local communities and service providers to capture real life experiences, to conduct end-of-life research in early 2015.

From this we recommended that a plain English information pack about end-of-life planning, choices and support should be created; a meeting with commissioners to

consider gaps in services, the advantage of evening carers or assisted living technologies be arranged; and that gaps in skills and confidence that front line workers from multiple providers may have that prevent them offering fuller support be identified.

In response to the report recommendations, all commissioners and providers committed to taking part in a workshop in 2015 (date to be confirmed) to look at current best practice, review gaps in provision and determine a clear pathway for individuals and families who need to seek support.

“We are extremely pleased to have our recommendations so warmly welcomed by those commissioning or providing services.”

*Debbie Pritchard, Chief Executive
Healthwatch Cornwall*

This work has also been reflected nationally by Healthwatch England and the Parliamentary and Health Service Ombudsman.

Read more at healthwatchcornwall.co.uk/our-work/our-reports/





Impact Stories

Case Study Four

GPs and mental health support

Young people most dissatisfied with GP mental health support.

People in Cornwall with mental health problems had told us that they felt let down by their GPs.

Our research to find out more showed that 75% of the young people aged 17 and under who responded felt most dissatisfied, particularly in relation to how clearly their doctor spoke to them about their condition and treatment.

“Feedback is always welcome within General Practice.”

GP and locality lead for NHS Kernow

The investigative survey, which took place from January to April 2014, also indicated that most people felt they had not been offered a choice of treatment and medication was often an easy option for the GP; more than 25% disagreed that their doctor referred them to a suitable support organisation; and the younger and older respondents found it most difficult to book an appointment.

On the basis of the findings, we made eight recommendations to NHS England and other health and social care providers to address the issues raised.

The recommendations included making the appointment booking process easier, with double time slots offered; a review of current training for GPs in relation to young people and mental health; meeting GP

representatives in county to discuss better use of communication technology; an expansion of pastoral education in secondary schools and colleges; and having a named GP for patients with a diagnosed mental health condition.

Some of our recommendations had already been put in to practice by GPs and commissioners/providers but our findings also revealed that some people were not receiving any care as they were deemed too serious for minimal support but not serious enough for in-depth and enduring support.

We arranged follow-on discussions with mental health providers and commissioners to address what could be done to stop people falling through this gap in provision and spoke with Cornwall Foundation Trust, Outlook Southwest and NHS Kernow. An integrated mental health meeting between providers now takes place to ensure people not fitting the standard referral criteria are given appropriate support.

Read the full Quality of Mental Health Services provided by GPs report at healthwatchcornwall.co.uk/our-work/our-reports/





Impact Stories

Case Study Five

Special Inquiry and Self-harm

Considering unsafe discharge from care settings.



Healthwatch Cornwall supported Healthwatch England in its first Special Inquiry to find out why things go wrong when people, particularly the homeless, elderly and those with mental health problems, are discharged from care establishments.

“Sadly, it’s when people fall through the gaps between the different health and social care services that serious problems occur ...”

*Anna Bradley, Chair
Healthwatch England*

Examples of what we heard locally include one patient who suffered so much anxiety and stress due to lack of discharge support that they were quickly readmitted to hospital, and another patient being released with no discharge plan following a heart attack.

Healthwatch Cornwall had previously spoken with the commissioners NHS Kernow, Cornwall

Council and other care providers such as the Royal Cornwall Hospital Trust to determine how people are supported when they return home and how they work together to help ensure no one is left without appropriate care.

Cornwall received Pioneer status from the Government for its plans around integrated care. Its Living Well process aims to minimise hospital admittance while other schemes such as pharmacists making home visits to older people to ensure they are taking the right medications once discharged from a care setting are all working to ensure the right support is in place at the right time.

The response to our research indicated that a number of people had a bad discharge experience with no follow up in place. This led to a focussed study into support provided to those who had attempted suicide or were self-harming being trialled in March 2015 by our partners Young People Cornwall and the Health and Wellbeing Service. It is expected that this work will continue until autumn 2015 when a full report and recommendations will be made.





Impact Stories

Case Study Six

Personal Social Care Budgets

Investigating the experiences of people who receive a personal budget.

More than 4,000 adults in Cornwall were in receipt of a personal budget during this year and we wanted to find out what they felt about the process of assessment and how they manage the budget.

After hearing from people about their experiences of personal budgets, including incorrect assessment due to fluctuations in medical condition on a daily basis, we commissioned our partner, Disability Cornwall to conduct research. This was to clearly identify the definitive policy and process for accessing a personal budget and gather more experiences of individuals receiving a budget.

24% are in receipt of a direct payment for social care.

56.9% of respondents received a decision on their application in less than 3 months.

"I think the process could be explained more. The way I was just paid and left to it made things very hard for me. I didn't know what I could use the budget for..."

Person with disabilities in receipt of a personal social care budget.

The report focussed on timeliness, satisfaction and management of personal budgets. From the feedback we made 5 recommendations to Cornwall Council, including the development of performance indicators for length of time taken from receipt of application to start and completion of assessment, more clarity as to how the budget can be spent and staff training to make the whole process more seamless.

A formal response is due to this work post March 2015. We are considering further research around the assessment process for personal budgets and continuing health care.



Read the report at healthwatchcornwall.co.uk/our-work/our-reports/





Our plans for 2015/16

Opportunities and challenges for the future

At the time of producing this Annual Report, Healthwatch Cornwall's contract is due to end in March 2016. We have decided to progress with our work with the mind-set that the organisation will be recommissioned to represent people's opinions post March 2016.

Therefore, the focus of our on-going work will also have potential to continue into 2016 and beyond, while also providing a legacy to base future patient and public input on.

As we gather more and more information from people wishing to share their health and social care experiences we will review our operational staff requirement to ensure that we are able to respond to the increased demand and workload.

Primarily, in the coming year we will look to achieve the following:

Increase engagement with Primary Sector through targeted work with GPs, dentists, pharmacists and PPGs

Establish a method for engaging more directly with people who use services from acute and community mental health provider

Develop a team of volunteer Community Champions across Cornwall to support our outreach, engagement and research work

Develop more extensive use of case study and short films for influence and promotion

Establish ways to become more involved with external engagement and consultation activity

Develop collaborative ways to involve a wider section of the voluntary community so they can express their concerns

Continue to use research approach to influence change in areas of public concern.

Hold workshops on end-of-life care and pharmacy issues.

Our current and potential topics include carers' wellbeing, booking GP appointments, pharmacy services and health and social care assessment processes.

Opportunities we will be progressing include the implementation of the Care Act with its emphasis on wellbeing and advocacy; working with more Patient Participation Groups; developing a reactive Enter and View programme of visits; and the potential to support the Francis Report recommendation for Freedom To Speak Up guardians to be employed in health care settings.





Our governance and decision-making

Our Board

Led by our Chair Jayne Howard, our Board is actively involved in deciding the strategic direction of the organisation. Our directors come from a variety of business and health and social care backgrounds, including medical consultants and a former social worker. Their mix of experience enables the Board to consider our approach in a comprehensive manner. Some have also taken part in media interviews.

Who's Who

- Jayne Howard - Chair
- John Evers - director
- Margaret Abban - director
- Roger Sinden - director
- Jon McLeavy - director
- Nadia Hewitt - director
- Gareth Dix - director

Healthwatch Cornwall also has a Steering Group, which is made up of volunteers, staff, our partner Champions and other relevant participants. The Steering Group is led by volunteer Chair, Jeremy Preedy.

The role of the Steering Group is primarily to review the feedback we receive to inform the work we take forward. Two Board directors also take part in the Steering Group to have oversight of decisions made.

How we involve lay people and volunteers

We have a dedicated Volunteer Officer within the operational team who works hard to recruit and retain volunteers.

- This involves a supportive interview process to ensure that lay people and volunteers are clear about their roles, responsibilities and who they are accountable to.

Our volunteer Board manages the governance, while our Steering Group, in the main, decides on the activities we undertake. Once a topic has been approved for further research a Task Group of volunteers and lay people will be created to determine issues such as timescale, how to collect feedback, costs and whether there is the need to sub-contract. The Task Group will also oversee whether a report or recommendations will be made, or if the issue needs to be referred.

Our Enter and View Authorised Representatives decide, with guidance from the Volunteer Officer, where they will visit (to be based on information received).

We also have representatives, made up of volunteers and/or staff, attending a variety of meetings to ensure we keep abreast of health and social care issues across the county.



Financial information

Healthwatch Cornwall has received £327,372.42 in this financial year. The funding is provided from the Department of Health via Cornwall Council.

- In this financial year there has been an underspend of £31,960.79. These are unaudited figures - audited figures will be available in October 2015.

INCOME		£
Funding received from local authority to deliver local Healthwatch statutory activities		327,372.42
Additional income		
Total income		327,372.42

EXPENDITURE		£
Contracted partners		43,449.25
Recruitment and training		7,930.36
Office support		17,584.08
Staffing costs		143,834.09
Office running costs		24,723.99
Operational costs		6,829.95
Volunteer expenses		14,447.42
Marketing		14,859.63
Communications		3,666.41
Events		2,812.78
Outreach		2,332.82
Research		12,940.85
Total expenditure		295,411.63
Balance brought forward		31,960.79



Contact us

Get in touch

Address: Mansion House, Princes Street, Truro, Cornwall, TR1 2RF

Phone number: 01872 273501

Email: enquiries@healthwatchcornwall.co.uk

Website: www.healthwatchcornwall.co.uk

Address of contractors:

- Age UK Cornwall, Boscawen House, Chapel Hill, Truro, Cornwall, TR1 3BN.
Telephone: 01872 266388
- Young People Cornwall, 61 Lemon Street, Truro, Cornwall, TR1 2PE.
Telephone: 01872 222447
- Disability Cornwall, Guildford Road Industrial Estate, Hayle, Cornwall, TR27 4QZ.
Telephone: 01736 756655
- CRCC, 2 Princes Street, Truro, Cornwall, TR1 2ES.
Telephone: 01872 273952
- Cornwall People First, The Lescudjack Centre/Penmere CI, Penzance, Cornwall, TR18 3PE.
Telephone: 01736 334857

We will be making this annual report publicly available on June 30, 2015 by publishing it on our website and circulating it to Healthwatch England, Care Quality Commission, NHS England, NHS Kernow Clinical Commissioning Group, Health and Social Care Overview and Scrutiny Committee, and our local authority, Cornwall 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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