



Annual Report

2014/15

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healthwatch
Suffolk



Your
voice 
ecounts

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Please note:
If you require this report in another format or language, please contact our Information Team on 01449 703949.

1. Note from the Chair



I would like to welcome you to our second Annual Report.

This year has seen a considerable growth in our activities and it is likely that you will have seen our team in your local area.

We have a fantastic community team ([see page 9](#)) who would love to talk to you whenever they are nearby.

Some of our team work in our office and are responsible for the lovely graphics that you see in this report as well as for our surveys and reports. I would like to thank all of the team for their excellent work.

We started this year (2015/16) with the news that Annie Topping (our Chief Executive) has moved onto pastures new. We congratulate Annie on her appointment as Director of Quality and Patient

Safety at Northumberland Clinical Commissioning Group and wish her every success in her new role.

We continue to receive large numbers of stories (over 5,000) from people using our health or social care services. These stories are important to us. It is our job to use them to influence commissioners and providers of care. You will see some good examples in this report where we have managed to do just that.

Without a large number of stories as evidence we have less chance of improving care for people.

Thank you for the stories you have shared with us, please continue to share them. Ideally, we would like you to send us a story or a brief

comment every time you see a nurse, doctor, or social service provision. I should emphasise that good stories of excellent care are as important to us as stories of less than good care.

I must also thank the volunteers who help us in a variety of ways.

We now have around 60 volunteers and some have been training to become a part of our Enter and View team. They will have the right to access any care provider, whether a care home, a hospital, a GP practice, or other publicly funded care service ([see page 20](#)).

We still need more volunteers to work with us so if you have a wish to see care services improved in your part of the county please contact us. We will provide any training you need as well as ongoing support and expenses.



Thank you to all who have expressed an interest in Healthwatch Suffolk. If you have sent us your story then I am grateful to you for your contribution.

We face a few more years of austerity and probably a reduction in the budgets for social care and health care. This means that your stories are even more important in influencing providers and commissioners in Suffolk.

Finally, please look out for all of the details about our exciting new system for obtaining and analysing your views in 2015/16. This new approach means that it is easier than ever to share your views with us.

You can read all about it in the “Our Plans” section from [page 66](#).

Dr Tony Rollo
Chair



We are here to listen to your views on health and social care services. Tell us about the good and the bad. We will use your views to make a difference for everyone in Suffolk.

2. About us...

We are clear about our goal - To ensure that the public is heard and to make a difference by giving people the best possible health and social care services.



We aim to give you real influence over decisions about health and social care services by finding out what you think and then using your views to shape and improve them for everyone.



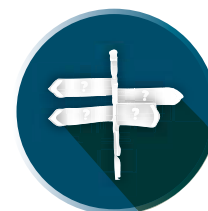
We want people to know that we get their voice heard where it matters; where decisions are made.



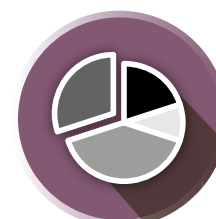
Our ambition is to ensure that what patients and carers experience within local services is seamlessly fed into local services; directly shaping health and social care for the future.



We have the strength of the law behind us. It means that the people who run and pay for health and care services must respond to our concerns explaining what action they will take.



We also provide information and signposting to help you to navigate the health and social care system and understand what to do when things go wrong (*see page 24*).



As an experienced team, we know that we can provide the NHS, care services, local authorities and others with a significant pool of evidence to help improve services.



Our vision, mission and values

Our vision:

The following statement sets out what we want to accomplish:

Championing the views of local people to achieve excellent health and social care services in Suffolk.

Our mission:

To achieve the vision we will:

- Work in partnership with a wide range of stakeholders.
- Promote and support the involvement of local people.
- Provide advice and information about access to local care services.
- Use our statutory powers to hold to account commissioners and providers

Our values

The following characteristics define how our staff and volunteers should behave towards each other, stakeholders, and the public. They are shared beliefs that drive our culture.

We are inclusive: We will never exclude people from being involved and will ensure that people can take part in different ways.

We are transparent: We will conduct ourselves in an open way so that people can trust that we are fair and honest.

We are accessible: We will ensure that people with different needs are able to talk to us and take part in a variety of ways.

We are accountable: We are responsible for the things we say. People should expect us to be able to explain our decisions.

We listen: We will listen to what people say and we will listen well. We will demonstrate that we are listening.

We are responsive: We will not be passive with intelligence. We will listen and we will respond where appropriate.

We are proactive: We will take a proactive approach to raising our profile across the county.



6
3

Engaging with
people who use
health and social
care services





Our Community Development Team



We have 3315 friends and members on our database.



Our experienced team of four Community Development Officers (CDO) have been active this year attending events, meetings and community groups across the county.

Each CDO has a nominated geographical area (determined by the district council boundaries) within which they operate. This means that communities have a named person through which they can link into our work or receive support.

The team:

- Raises awareness of Healthwatch Suffolk.

- Obtains feedback from local people and communities.
- Recruits and trains volunteers to support our work.
- Encourages participation in our research and projects.
- Develops relationships with key partners who work in the voluntary, private and statutory sectors.
- Develops mutual partnerships with organisations that can support our work and outcomes.
- Where appropriate, signposts people to information that can help them to get the best out of local services.
- Encourages people to become friends or members.



At least 142,965 minutes engaging communities across the county.



Over 13,000 people engaged at events, meetings and community groups.



1,000 + team activities across Suffolk.



64 volunteers recruited to help us with our activities and to obtain views from local people and communities.



2,000 comments obtained by our Community Development Team from the public about health and care services.





Our engagement

Our team has engaged local people at numerous events, meetings and groups across the county.

This has included partnership working with local bodies responsible for arranging health services in our county.

For example, our team joined the NHS West Suffolk Clinical Commissioning Group (CCG) on the road at a series of market stall events in towns across west Suffolk.

These events gave local people the opportunity to talk to us and CCG representatives about the health issues that matter to them.

Other community events of note have included but are not exclusive to:

- The Suffolk Show
- The Indian Mela
- Picnic in the Park (Haverhill)
- UCS and Suffolk New College Freshers Fairs

We have highlighted some specific examples of our engagement with groups and local communities on the following pages.

Who have we engaged?

We have engaged with many communities and groups throughout the year. To name a few:

- Waveney Heartcare Group
- Women's Register in Beccles
- Women's Institute groups and Annual Conference
- Rural Coffee Caravan
- Age UK Forget Me Not Groups
- Mid Suffolk Axis
- Suffolk Family Carers Carer Support Groups
- Voluntary and Strategic Partnership
- Disability Forums
- The Bridge Project
- Leading Lives
- Top Time Groups at Suffolk Libraries
- Alzheimers Society

The Healthwatch network is expected to engage some specific groups for their views on health and social care services. These include:

- Young people who are under the age of 21
- Older people over the age of 65
- Groups of people that we perceive to be vulnerable

People who are under the age of 21

Our team has been working to connect with schools. This has resulted in good outcomes with a number of schools agreeing to share information about us with parents via children's book bags.



We have also held information stands or attended to engage young people at a number of high profile events in the county:

- WSCCG Youth Engagement Event in Haverhill
- The Phoebe Charity - Self Esteem Conference for young girls
- Sudbury on Show Thomas Gainsborough School event
- Talking about mental health event in Elmswell
- Question Time events organised by Suffolk Assembly of Youth in Ipswich and Stowmarket

Partnership events in Hadleigh, Sudbury and East Bergholt

In the summer and autumn 2014, we were proud to work with South Suffolk Leisure to deliver free events for young people. The aim of the events was to signpost young people to sport, health and wellbeing in their community.

Events were held at Hadleigh Pool and Leisure, Ormiston Academy, Hadleigh and East Bergholt High Schools. One of the events included the opportunity to take part in a consultation to find out what young people need from health and wellbeing services.



Ipswich Hospital Listening Event

In January 2015, we worked with Ipswich Hospital to run a listening event for children and young people. Children's Matron Sarah Smith, Children's Unit Sister Ellen Farrance and the hospital's patient experience team were on hand at the event to listen to the feedback and ensure comments were taken forward.

"The event gave young people the chance to help shape the hospital's services. Young people were encouraged to come in to the hospital to have their say on how they would like to see things run, or what could be done to improve our services.

One of the ways we were told we could improve is by featuring more fun and child-friendly decoration on the newly decorated ward. We have already contacted University College Suffolk to invite their art and interior design students in to help instil some colour and vivacity back on the ward."

Dominic Mundy (Ipswich Hospital Patient Experience Manager)

Encouraging people to feedback to Suffolk County Council on support for Children and Young People

Children's centres are an essential part of delivering early support to children, young people and their families in Suffolk. In 2014/15, Suffolk County Council ran a consultation to determine the future provision of children's centres and the wider offer of support in communities. We

promoted the survey to as many people as possible to ensure that people had the opportunity to have their say.

Similarly, The Source is a website managed by the Youth Support Service within Children and Young People's Services at Suffolk County Council. We encouraged people to contribute to the development of its new virtual support system called "Ask the Expert", the aim of which was to improve access to health information and advice for young people.

Young Peoples Health Ambassador

We work closely with the Young People's Health Ambassador for Suffolk to ensure that children and young people know all about Healthwatch Suffolk, have the opportunity to engage with us and have their voice heard.

People over the age of 65

Hadleigh Dementia Action Alliance (DAA)

The Dementia Action Alliance is a movement with one simple aim: to bring about a society-wide response to dementia. It encourages and supports communities and organisations across England to take practical actions to enable people to live well with dementia and reduce the risk of costly crisis intervention.

Local Dementia Action Alliances bring together regional and local members to improve the lives of people with dementia in their area. They are seen as the local vehicle to develop dementia friendly communities. Members of local alliances sign up to the National Dementia Declaration (www.dementiaaction.org.uk/nationaldementiadeclaration) and complete an action plan describing what they will do to meet these outcomes.

In 2014/15, we joined the Hadleigh DAA. We have made a number of commitments as follows:

- We will seek to ensure that our staff are Dementia aware with appropriate training. We will encourage our

employees and volunteers to become Dementia Friends and appoint a Dementia Friends Champion to deliver the awareness sessions

- We provide Information and Signposting to local services for people with dementia and their Carers. We will use this interaction to gather feedback and on areas of both good and poor practice passing it on so that improvements can be made (see [page 24](#) for more information about our information and signposting service).
- We will actively engage with dementia patients and their carers listening and recording their experiences of using services.
- We will commit resources to take part in our Local Dementia Action Alliance and attend meetings where possible.
- We will advertise our commitments in our newsletter and website.

Talking to older people where they meet

Our team regularly visit communities to talk about Healthwatch and gather experiences of local services. Many groups have a specific focus on supporting older people and these have included:

- Age UK Suffolk Forget Me Not Groups
- Salvation Army Cameo Clubs
- Village Lunch Clubs

- Library Top Time Groups
- Visits to nursing homes
- Over 60's Clubs
- Rural Coffee Caravan
- Information project Golden Age Fairs





Our transport project

People in communities across the county have been telling us that problems with accessing patient transport to and from healthcare services (e.g. hospitals) in the county is causing a problem for many people and local communities. This is particularly true of older people.

Please see [page 64](#) for more information about this work.

Vulnerable groups

Our team engage with many individuals and groups that we may perceive to be “vulnerable” to obtain views and experiences. Some examples of note include:

- Visits to the Sunset Barn Care Farm
- Regular attendance at the Leading Lives hubs including the No 72 Cafe
- Regular engagement with Mid Suffolk Axis
- Obtaining views from service users supported by Headway

- Opportunities to talk with people at the Bridge Project in Sudbury
- Engagement with alcohol support groups

This engagement brings us into contact with many patients, service users and their carers, who have lived experience of services in support of a range of disabilities (e.g. mental health, learning disabilities, sensory impairment and physical disabilities).

Mental Health Service Users

Driven by our working partnership with the Suffolk User Forum ([see page 21](#)), we have engaged with mental health service users in several ways.

Our Mental Health Focus Group ([see page 21](#)) has been successful at bringing service users together with mental health service leaders to encourage open conversations in a safe environment.

We also completed a research project that sought to engage mental health service users about their

experience of being referred into the Norfolk and Suffolk Foundation Trust via its Access and Assessment Team (see [page 36](#) for all of the details and outcomes).

“Forest Heath District Council is very supportive of Healthwatch Suffolk and is happy to offer assistance in communicating with the public where possible. We have several offices in local towns where we interact and serve local residents across a wide section of the community. Our Mildenhall offices also contain the Job Centre, the CAB and at times a breast screening clinic and a diabetic eye clinic. Healthwatch always gets a good response from residents accessing these services and we encourage visitors to provide their feedback”

Michael Dunling-Hall - Customer Services Team Leader, Customer Services & Transformation

“I am really pleased to have connections with organisations such as Healthwatch. Service Users can be signposted for voluntary work to suit their interests. It helps to build their confidence and further their journey recovery. One Service User referred to “enjoying meeting new faces whilst giving out leaflets.” It is great to have Healthwatch on side giving Service Users opportunities.”

Jacqui Fairley - Peer Support Worker for Adult Pathway (Bury South IDT), Norfolk and Suffolk Foundation Trust

Our volunteers...

Volunteers bring valuable skills and knowledge to Healthwatch Suffolk that we can draw upon to make a real difference.

Some people have experience of services as a patient or a service user and some have useful knowledge from previous professional roles. We know that much of our strength is rooted in their passion.

Our volunteers:

- Help us to make decisions about our work.
- Support our day-to-day activity such as administration.
- Help us reach local people and obtain views.

- Promote Healthwatch Suffolk in local communities.
- Enter and View local services.
- Gather experiences of health and care services on our behalf.
- Represent us on groups and forums.
- Represent us at GP Patient Participation Groups (PPG).
- Help us with our research projects.

All volunteers receive training and ongoing support appropriate to their role.

Role	Total
Board of Directors: Directors establish our vision, mission and values. They also oversee our strategic and operational activities (see page 69 for more information).	7
Operational Delivery Group: Our ODG volunteers support us to represent communities, obtain experiences and prioritise our work-plans (please see page 70 for more information).	8
Enter and View Management Group: Our Enter and View Management Group has the role to coordinate our Enter and View activity (see page 20 for more information).	4
Enter and View Authorised Representatives: Our authorised representatives will go into health and social care settings to observe and engage with patients or service users, their carers and the staff (see page 20 for more information).	15
Healthwatch Suffolk Information Panel: Our Information Panel has responsibility for the accreditation of information partners in Suffolk with the Suffolk Information Standard (see page 26 for more information).	7
Community volunteers: Community volunteers support our engagement activities with numerous roles as highlighted above. This includes representing us at local groups to gather feedback from local people.	21
Office Support: Office support volunteers provide a vital role of helping us to log people's views from across the county.	2



Our Operation Delivery Group Sub-Groups



Our BME and Diversity sub-group is one of the most productive means through which we are able to engage diverse communities in Suffolk and, in particular, communities that may be seldom heard.

It is a forum for sharing information, networking, and gathering feedback from different communities about local health and care services. A range of voluntary organisations are members as well as statutory partners including acute hospitals, Clinical Commissioning Groups and the Mental Health Trust.

Focus Group for Speakout (CQC)

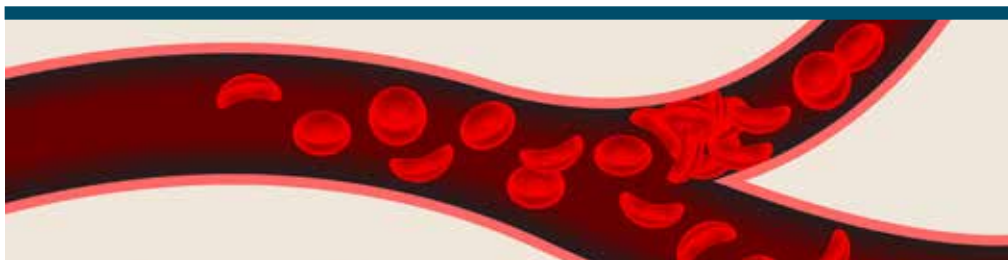
Our BME & Diversity Group is a member of SpeakOut. It is a national network of over 80 marginalised community groups that support the work of the Care Quality Commission (CQC). The network aims to ensure that marginalised voices are heard in the regulation services.

A focus group was organised and facilitated prior to the CQC planned inspection of Ipswich Hospital NHS Trust in January 2015. BME and diverse communities attended to share their experiences. Following on from this engagement, the BME & Diversity Group

You can read more about the work of our Operational Delivery Group in our section about governance and decision making from page 68.

members began an ongoing conversation with the Patient Experience Team at Ipswich Hospital. The hospital is using the lived experience of members to improve services for all who use them.

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Some inherited blood conditions mainly affect people of African, Caribbean, Mediterranean, Middle Eastern or Asian origin. They are called haemoglobin disorders. The most known are sickle cell disorder (SCD) and beta thalassaemia major.

Anetta Bradshaw and Helga Borges share their experience about how Healthwatch Suffolk has supported them to raise awareness in Suffolk. Both Anetta and Helga have first hand experience of family life living with Sickle Cell Disorder.



When our concern at the lack of information and support for Sickle Cell and Thalassaemia in Suffolk was raised at the BME and diversity group, we couldn't have imagined what it would lead to.

Members of the group include local service providers; all of whom really listened to our story. A year on and they have helped us achieve recognition and positive changes are happening to improve experiences for people using our healthcare services.

We have spoken at an Ipswich Hospital Board meeting, which has led to a number of positive actions including the desire to develop a Sickle Cell care pathway from primary care to acute hospital treatment, the placement of an alert on patient notes and a drive to increase staff awareness and training.

Public Health Suffolk are researching the needs of people with Sickle Cell and their families living in Suffolk so that appropriate services can be commissioned. It has also funded us to set up our own Thalassaemia and Sickle Cell Support Suffolk group. We've already met 12 people with Sickle Cell and hope, as our project develops, that word will be out and more families affected will feel supported.

Not only did HWS BME group give us the opportunity to speak out, but it really does make sure that what we are saying is heard!



THALASSEMIA SICKLE CELL
SUPPORT SUFFOLK

This work has also been supported by the Respect Project which is funded by the Big Lottery Fund.



“On behalf of the Norfolk and Suffolk NHS Foundation Trust (NSFT), I am pleased to say that we have a diversity Healthwatch group that exists in Suffolk. The group plays an essential role in connecting with the diverse group of people that lives in Suffolk. It is used as a way of coordinating and overseeing specific projects that can help address a wide range of health inequalities and provides a rich source of information for members to share with their network. As the Equalities and Engagement Manager of NSFT I am proud of the work that this group is currently doing and so far I have found the group helpful in engaging with our communities more effectively.”

Ravi Seenan (Equalities and Engagement Manager for Norfolk and Suffolk Foundation Trust)



“Public Health Suffolk has been involved in the BME and Diversity Healthwatch group for over a year and during that time we have found the group to reach out to groups who really need the health and support of a multi-agency partnership. The information gathered and shared at the meetings has been invaluable and has helped to shaped future decisions and services for the better. Healthwatch has effectively balanced information sharing, networking and delivery to meet the health needs of the people it aims to help. This is a proactive and supportive group will a range of services who all benefit from the work that is undertaken by the group. A useful group which makes a difference.”

Gemma Levi (Health Improvement Manager for Vulnerable Adults, Public Health Suffolk)

Enter and View Management Group

Enter and View is one of the powers that we have available to us to monitor and challenge health and social care services.

It means that we have the right to enter and view (announced or unannounced) any premises where publicly funded care is provided to people in Suffolk with the exception of services where care is provided to people under the age of 18.

Generally this applies to residential homes, nursing homes, GP practices and hospital wards.

We assess service quality from the perspective of the community, collect the views of users and make recommendations to the people who run and pay for services.

November 2014 saw the inaugural meeting of our Enter and View Management Group. It has the role to coordinate our Enter and View activity.

The recruitment of volunteer “authorised representatives” began soon after and, to date, we have trained a total of 16 visitors. Many were recruited through proactive contact with the editors of community magazines (*see page 23*).

Our authorised representatives will go into health and social care settings to observe and engage with patients or service users, their carers and the staff.

Each of our volunteers have received bespoke Enter and View training as well as important training in safeguarding, dementia awareness and report writing.

Our first Enter and View visits will take place in July 2015 with an emphasis on care homes. We will pay close attention to the resident’s quality of living as well as their interaction with staff, opportunities for leisure and nutrition.





Mental Health Focus Group (MHFG)

Suffolk User Forum (SUF) is a user-led mental health charity and, like us, is dedicated to speaking out for service users. Working together, we have been collating experiences and making them known to decision makers.

If you have a question regarding mental health, contact with SUF will provide support. Our partnership means that we will work to understand your views and improve services.

Our MHFG facilitates conversations between those responsible for mental health services, service users, carers and organisations. It is a forum for sharing experiences and is central to our work related to mental healthcare.

The strength of our working partnership with Suffolk User Forum informs the proceedings. Regular attendance by senior NSFT staff gives an immediate forum for feedback to service users and allows NSFT an independent view of how things are working.

In this year the group has focused on shortcomings in crisis services and has suggested radical improvements. It has also discussed the performance of the new Access and Assessment service which is the gateway to all secondary mental health services. Our research project highlighted a number of areas that could be improved (*see page 36*).

More recently the group has been working to inform a commissioning strategy that will set out how mental health services will be provided in Suffolk for the next 5 years (2015 - 2020). Work is also being done to provide information that will help commissioners when they look at the future provision of dementia services in the county.

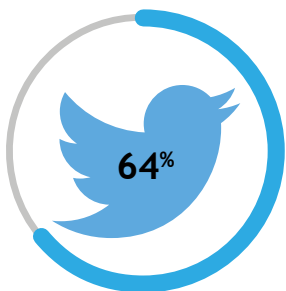


“The Mental Health Focus Group provides an excellent opportunity for all those key stakeholders to come together to discuss mental health in a way that no other meeting does. The people in the room are all passionate about the subject matter and it enables me as a commissioner to really hear about the things that matter to people.”

Alison Leather - Associate Director of Redesign (Mental Health/LD & Children's & Maternity) for NHS Ipswich and East Suffolk Clinical Commissioning Group

Engaging local people with effective communications

We know that not every person likes to communicate in the same way. That is why we have many channels through which we feedback on our work and engage people for their views on local health and care services.



A strong presence on social media platforms is essential to our success because it enables us to engage with a discursive online community around its local health and social care issues.

In 2014/15, we increased our followers on Twitter by 64% from just over 1,000 followers to nearly 2,000. We updated people with around 3,000 tweets throughout the year.



↑ 165% ↑

11,277 new visitors viewed our website. That's a 165% increase over last year. Our site received 38,478 page views. For 2015/16 we are changing the way we obtain views from people online about their experience of local services (*see page 66*).



In 2013/14 Healthwatch Suffolk achieved more mentions in the media than any other Local Healthwatch in England. It means everyone in Suffolk had the opportunity to read something about us at least five times.

To pay for the same coverage we would have needed to pay £191,304.87. We estimate that the total media circulation was 3,752,215 people.



Anyone can be a friend or member and it means that you stay up-to-date. Please see our website for more details or call us.

Our newsletters

Feeding back is important. It means that people remain engaged with our service. That is why we produce our quarterly newsletter. It is sent to all friends and members and distributed by our team around the county.

Many people prefer not to receive our information on a computer. Therefore, our newsletter is an important tool to ensure we are not preventing anyone from being involved. It is also very successful at encouraging people to feedback on local services.

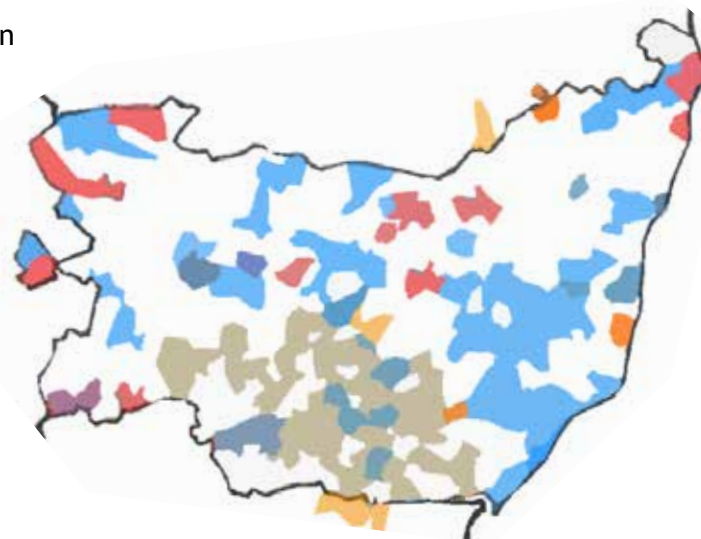
Our fortnightly update email was opened **16,889** times resulting in **2,490** recorded clicks through to content on our website. Due to the technique of tracking this data (based on image downloads) we expect that this figure could be much higher (some email providers block images by default).

We know that our updates are circulated across other networks (e.g. by voluntary organisations) but this activity cannot be tracked.

We achieved an average open rate of **32%**, which is significantly higher than the expected industry rate suggesting that our content is interesting and engaging.

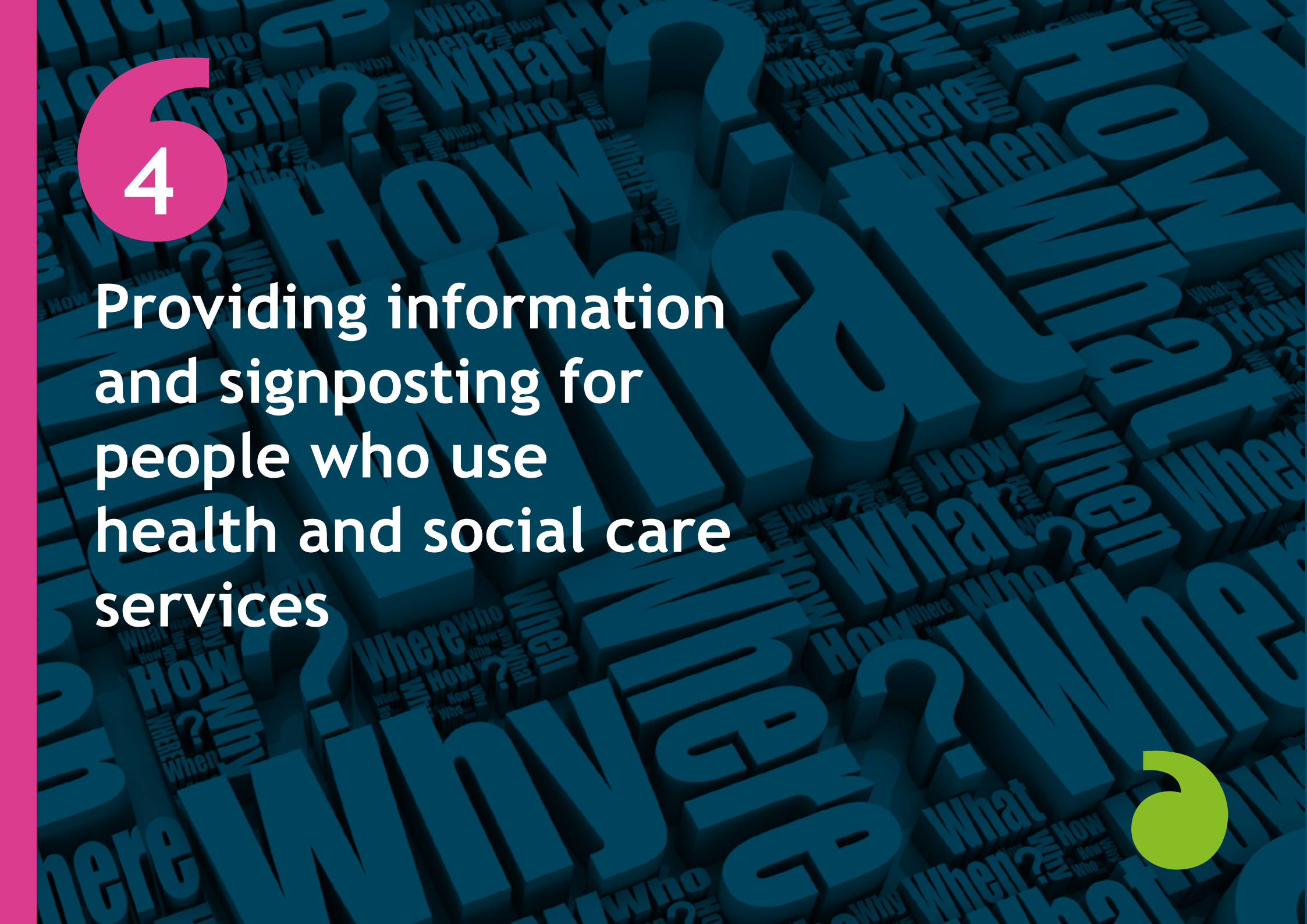
Community coverage

The map below shows the known coverage we have achieved in community newsletters and libraries. To date, we have identified 141 editors. They help us achieve good coverage across the county.



We estimate that we have the potential to reach at least **131,824** households that we would not reach by other means. Community coverage has been useful for recruiting to our Enter and View team; ensuring good representation from communities.

Please see page 66 for information about how we are using our website to obtain views from local people on care services across Suffolk.

The background is a dark blue field filled with 3D, blocky text of various question words like 'How', 'What', 'When', 'Where', 'Who', and 'Why'. These words are arranged in a dense, overlapping pattern, creating a sense of depth. In the top left corner, there is a large green circle containing the number '4'. In the bottom right corner, there is a large, stylized green quote mark.

4

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

Annual report 2014/15



Helping people to understand
the implications of the
Care Act 2014

care and
support
& you

Nearly everyone will experience care and support at some point in their lives. It is the term used to describe the help some adults need to live as well as possible with any illness or disability they may have.

The Care Act represents the biggest reformation of care and support in 60 years. It tells councils across England what they need to do if someone has social care needs and needs support either in their own home or in a care home.

The Care Act will impact on the lives of many people. That is why we developed an information page to help people understand what the changes might mean for their care and support or that of their family, carer or friends now and in the future.

Our page is hosted on our website:

www.healthwatchesuffolk.co.uk/the-care-act/

It includes basic information about the changes and many links to helpful resources and further information.

We know that the page has been extensively used by the public and professionals in the county. Other Local Healthwatch have also replicated its design and layout in other areas of England.

The page is used by Suffolk County Council as a primary signposting resource for people seeking information about care and support now and in the future.



If you have a question please contact us on 01449 703949. If we do not immediately know the answer then we will find somebody that does.

I have found being able to refer to one place for up-to-date and easy to understand information about the Care Act has been invaluable in my work in social care. Sitting on the Healthwatch Suffolk website means it has been easy to signpost colleagues and partners to the Care Act page. Everyone has access to the same information, so it has saved us all a lot of time.

Kate Turner (Suffolk Information Partnership Co-ordinator for Adult and Community Services)

Introducing the Suffolk Information Standard...

Many organisations produce information about health, care and wellbeing in Suffolk. It can vary greatly in quality, which means that it can be confusing for the public.

To help improve this, Healthwatch Suffolk is working with the Suffolk Information Partnership to deliver a local Standard. It will give the public confidence in information available in the county and show that adequate processes are in place to ensure that standards to promote quality information are maintained.

Accreditation enables organisations concerned with health, care or wellbeing to demonstrate and provide evidence to service commissioners and the public that they:

- Provide information based on well-founded internal processes; consistent with other information providers in the county.
- Provide reliable up-to-date information and is part of an accreditation scheme.
- Are committed to giving trustworthy

information about services.

- Follow good practice by having a review procedure for information giving.
- Train staff and/or volunteers to provide quality information.
- Have fulfilled criteria and eligible to display the Suffolk Information Standard logo.

The Suffolk Information Standard is available to all organisations producing health and care information in Suffolk. There is no cost to apply for or receive the accreditation.



“The Suffolk Information Partnership (SIP) and Healthwatch have worked brilliantly together over the past year to implement the new information standard the Suffolk Information Partnership has developed. This means that we have raised the bar on the quality of information the people of Suffolk can access to support their health and wellbeing. Several organisations have completed the process and many more are beginning.”

Sue Gray (Suffolk Information Partnership Chair)



SUFFOLK INFORMATION PARTNERSHIP

We're working in partnership to improve information and signposting throughout Suffolk.

The Suffolk Information Partnership is made up of key voluntary sector organisations in Suffolk.

As a member of the partnership, we are helping it to facilitate the delivery of joined up ways of working with the voluntary and statutory sector.

In particular the Partnership is helping to provide a range of clear, quality information for people that enables them to make informed choices and improves the experience and

outcomes for those needing to access services.

It also provides a network of equals to strategically influence local organisations' thinking about the importance of effective, quality information.

The Suffolk Information Partnership has offered the Standard to Healthwatch Suffolk and we have responsibility for implementing the process of accreditation.

Progress so far...

To date, a total of nine organisations are accredited with the Suffolk Information Standard. These are:

- Healthwatch Suffolk
- Suffolk Mind
- Suffolk Libraries
- Clarke Care Ltd
- Age UK Suffolk
- Suffolk Family Carers
- The Hope Trust
- Suffolk County Council, Adult and Community Services (ACS)

Until now, we have been working to establish our process for accrediting information partners. This consists of a peer review that is supported by Healthwatch Suffolk staff.

Our aim for the year 2015/16 is to continue to grow and develop this important local standard; accrediting more partners to improve information quality for people in Suffolk.

The Care Act...

Information and advice is a key aspect of the Government's reforms to care and support in England.

It can increase a person's ability to exercise choice and is key to preventing need.

Local authorities are expected to understand, co-ordinate and make effective use of statutory, voluntary and/or private sector information resources.

Care Act guidance emphasises that information and advice should be accurate, up-to-date and consistent with other information and advice sources. It should also be of a good standard.

Accreditation will enable organisations to demonstrate to commissioners that adequate processes are in place to ensure the above and that standards to promote quality information are maintained.

For more information about the Suffolk Information Standard, please download our information pack or call us to request a hard copy.

Annual report 2014/15



Some tasks seem pointless, with others it's instantly clear why they have to be done and so it was with the application to acquire the Suffolk Information Standard. It wasn't hard or complicated and along the way we learnt a lot.

As a founder member of Healthwatch Suffolk's Information working party, I felt it was important that the Information Standard had to work for big, national charities and for charities, like Hope Trust, that are small and without a dedicated admin team. Not demanding but with enough stretch to make the journey from application to accreditation interesting.

What we didn't expect was for the process to help our small charity establish some simple, easy steps that meant our systems were more robust, helpful and easy to maintain.

So, what has changed?

The formalizing of informal practice means our information standards will remain high, regardless of who works here. The unexpected benefit has come from how others perceive the standard - as the mark of good practice that it is.

This gives our small charity a bit of a boost as we seek to punch above our weight. It has also allowed us to offer some limited information and signposting services to local organisations where we think they might be of benefit and the colourful accreditation mark gives weight to both our intent and ability to deliver; in other words - its a win, win, now what could possibly be wrong with that?

Sheila Taylor - The Hope Trust



Don't just hear it from us...

“We work hard to make sure that people can access information from us in a simple way. Being able to work confidently together with other organisations with the same standards, not only gives us greater confidence but also greatly improves and simplifies the way people access information.”

Carole Thain - Marketing Manager at Suffolk Mind

“The experience of applying for the Suffolk Information Standard has encouraged us to improve our processes for updating our public and internal information and has enabled us to raise the importance of keeping our information and procedures up to date amongst our colleagues. We are proud to have gained the Standard.”

Stephen Taylor, Development Manager for Libraries, Information and Culture

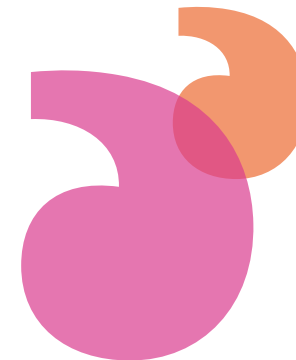
“As information is at the core of our business we want to make sure that, whichever way our customers receive information, they know that we have a robust system in place that means all information is up to date and meets their needs. The work that went into gaining accreditation is comprehensive. We found it allowed us to test our information systems and put stronger procedures in place to ensure the quality of the information we share.”

David Grimmer (Mental Health and Wellbeing Coordinator at Suffolk Libraries)

“I found the process of completing the Suffolk Information Standard accreditation documentation an ideal way of performing a pretty comprehensive review of my own documentation processes (a few last minute changes to meet the criteria made it a win-win...). Also to consolidate my various standards and processes into an editorial policy has been a useful improvement for my business. In my industry (Social Care), compliance to

best practice standards is held in high regard, now that I have achieved accreditation, it is a valuable asset I will be using when inspected by the regulator.”

Simon Curtis (ClarkeCare Ltd)



Helping people get what they need from local services

In addition to ensuring that the voices of service users, patients and the public are heard by decision makers within health and social care, we also provide an information and signposting service to the public about accessing health and social care services.

Our service:

- Provides a free and confidential service, independent from the NHS and care services.
- Will give you contact details for a range of services that best support your request. You will need to contact those organisations yourself.
- Provides information about choices you have to get help in relation to your health, social care and wellbeing needs.
- Can put you in touch with sources of information on NHS and social care services in Suffolk.
- Provides information about what to do when things go wrong and you don't understand how to make a complaint.



Nearly 100 people contacted our information and signposting service in 2013/14. 52 contacted us by telephone. The rest were made by email, letter or out in the community.



We actively promote a range of resources on our website to help people find local services and seek information to help them make appropriate choices.



Nearly half of our signposting enquiries were from people that needed help to make a complaint about the care they have received within health and social care services.



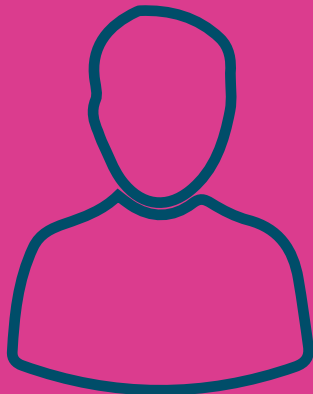
Mrs X called us because she needed help to get to her appointment at hospital. Her normal Dial-a-Ride service was unable to transport her on the day of her outpatient appointment and she did not know how she could get to hospital otherwise.

A quick search on directories of information enabled us to help by advising of other community based transport services nearby. We provided Mrs X with the details she needed and she was able to find an alternative option and make it to her appointment.



Mr Y is an older person who contacted us because he had seen an advertisement about a health screening event near to his community. As an older person, Mr Y was concerned about his health and was keen to explore the screening options available to him. He was nervous because he did not want to be “scammed”.

We checked the company providing the screening to see if they had been registered with the CQC and were meeting safe standards of care. We also signposted Mr Y to talk to his GP about the options available to him and what the essential screening options were for his age group.

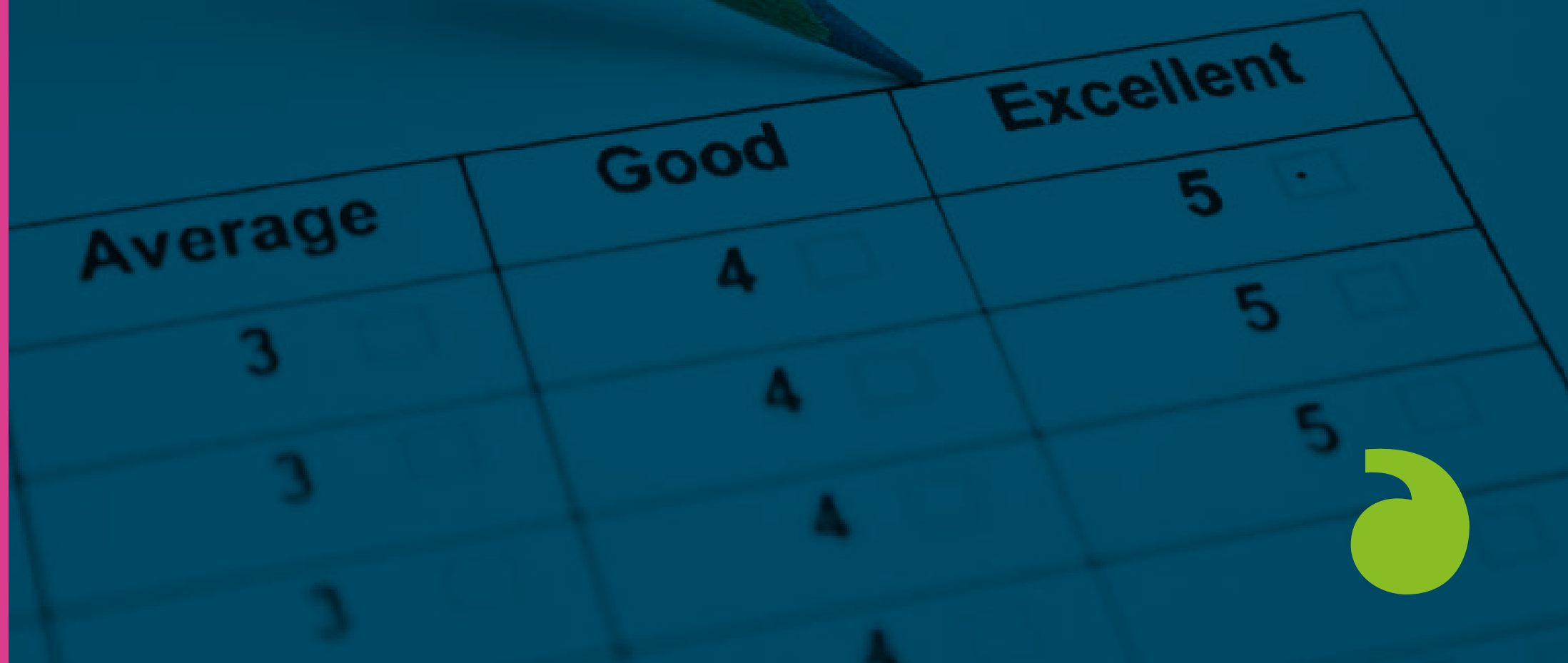


Mr Z called us for help with his sight loss. He lost sight in one of his eyes some time ago but recently noticed a change in his ability to read and assess depth of field.

We signposted Mr Z to local organisations with a base in Suffolk that could provide good advice and ongoing support to people with sight-loss including Sensing Change and the West Suffolk Association for the Blind.

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5

Influencing decision makers with
evidence from local people



Producing reports and recommendations to effect change...



We worked with Suffolk Community Healthcare (SCH) to explore experiences of using the wheelchair repair service in Suffolk. Service users shared feedback in a survey and also in telephone interviews.

- 72% were positive about the wheelchair repair service.
- 79% of service users said that it was easy or extremely easy to contact the service, while 11% found it difficult or very difficult.
- 21% were dissatisfied or extremely dissatisfied with the length of time it took for engineers to arrive.
- 58% of service users who complained to the service said that their complaint had not been dealt with promptly and 39% of service users felt that their complaints had not been listened to.

A number of recommendations have been made for service improvement and these include keeping people informed of progress and demonstrating learning from service user complaints.

We considered that the service must ensure good complaint handling, with

regard to both the practice and the culture. This will be a powerful way to improve the services; enhancing reputation and increasing trust among the people who use it.



We are very grateful to Healthwatch Suffolk for providing feedback on our service delivery and for the suggestions on how it might be improved to meet the needs of service users. We are pleased that the majority of users feel they have experienced a good level of service, however, we apologise to those who have been frustrated by a lack of information provided by us while they were waiting for their wheelchair repairs.

We have listened to what service users have said around the need for better communication and information and as a result we have implemented Terms of Reference for communicating outstanding work orders. These detail the frequency and accountability for communicating with service users to provide updates on the order through to completion. These were agreed with our colleagues in our clinical teams to ensure they met user expectations.

Sam Hockman (Director of Operations)

A photograph showing a person from the waist down, wearing a pink shirt and blue jeans, using a silver metal walking frame. The person's hands are on the handles of the frame. The background is a blurred outdoor setting with green grass and trees.

Your views and experiences of Community Equipment Services in Suffolk

Throughout the year, the Suffolk Health Scrutiny Committee has been considering how well the services provided by Suffolk Community Healthcare, and in particular its Community Equipment Services (CES), have been serving the needs of Suffolk residents.

A number of problems had been reported and these included delays in receiving equipment, a lack of equipment availability, difficulties with orders and problems with contacting the service.

The service provides people with specialist equipment, such as hoists and grab rails, to help them remain independent for longer.

To help the service improve, we worked with Suffolk Community Healthcare (SCH) to explore patient and service user experience. A survey was developed and this was supported by telephone interviews. 131 people responded in total.

Our findings were generally positive and show that the service has demonstrated improvement since initial problems with it were reported.

Users of the service have however highlighted a need for improved communication and administration within the service. Better systems to keep service users up-to-date with progress will undoubtedly serve to ameliorate and enhance service user experience of the CES further. This should be a priority in any improvement plans.



I am very pleased that the vast majority of patients who responded to the survey are satisfied with the Community Equipment Service, and that the improvements we've implemented have made a real difference to their experience of the service.

We know there are further changes we need to make to the way we keep service users up-to-date which is something we are working hard to improve. We remain committed to delivering the high quality service that patients rightly expect.

Pamela Chappell (Director of Nursing, Therapies and Governance for Suffolk Community Healthcare)

Key Highlights



98% said that their delivery driver was polite



Currently the Community Equipment Service is falling short of “good” information dissemination.



However, all of the interviewees spoke of the telephone operators having little knowledge of community equipment and the delivery/collection timetable.



The majority (85%) of respondents were satisfied or extremely satisfied with the length of time between their assessment and the delivery of their equipment



77% of respondents were happy with the length of time it took the community equipment service to replace or repair faulty equipment.



1 in 5 survey respondents were not informed of a delivery date & 1 in 5 were not informed of who to contact if their equipment malfunctioned



Experiences of referral into mental health services in Suffolk

We worked closely with NSFT to seek the views of service users as to their experience of referral into mental health services via its Access and Assessment Team (AAT). The ATT is the single point of assessment for mental health services in Norfolk and Suffolk.

Upon discharge, service users were invited to give views through surveys, telephone interviews and drop-in sessions. Findings show that staff provide a high level of service to the majority of service users. We conclude however that professionals could refine practice to improve experience.

- Service users were happy with treatment from staff and felt listened to.
- Some people said they had not been kept informed throughout the referral process or about what would happen once discharged.
- Some people felt that had not been treated with dignity and respect.
- Information received on first contact is a key issue.

We have made a number of recommendations on a range of issues including information and communications, which is a clear theme. It will be important that the Trust identifies more opportunities to update service users regarding the progress of their referral and about what will happen

to them next. Furthermore, we consider that service users should always feel listened to and that they have been able to shape and influence their particular treatment plan where appropriate.

In order to build trust and demonstrate listening, the Trust must make continued drives to connect with service users on these issues. There are plans to address issues highlighted by the CQC in its recent inspections and we have asked the Trust to use this report to inform those required improvements.

“I welcome the opportunity to work with Healthwatch Suffolk on this important piece of work. I’m very pleased that our staff were found to be caring and helpful, and we will work to make sure that this is experienced by everyone who is in touch with our Suffolk services in the future.”

Jane Sayer (Director of Nursing, Quality and Patient Safety at Norfolk and Suffolk NHS Foundation Trust)

Key Highlights



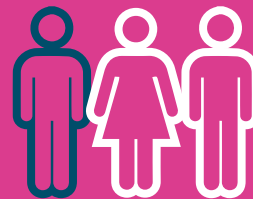
32% of respondents said that their GP did not explain what would happen after they had been referred for assessment by AAT



Some people felt that the Access and Assessment team failed to provide adequate information about what would happen after referral



78% found that their views about the treatment that they needed were listened to



1 in 3 did not know the classification of their mental health



Of respondents stated that they were satisfied with their treatment



Waiting times were not excessively long

Response from the Trust...

A number of outcomes have been reported by the Trust following the publication of this report.

Participants were invited to share how they thought the AAT could be improved. We have highlighted the common themes and the Trust response below (in blue).

Waiting times

“Every effort is made to inform service users when an appointment has to be changed and flexible alternatives offered”.

“Contact is made through our administration team. All service users are given the contact number for the service and are informed on their appointment letter the name of the clinician they will be seeing”.

Treatment (Dignity and Respect)

The Trust fully accepts the recommendation that:

“All service users who are referred through the AAT should be treated equally and appropriately by all members of staff associated with NSFT. Considering some service users reported that they felt that had not been treated with

dignity and respect this may highlight a need for additional care to be taken by staff when interacting with service users”.

“This has been discussed with the team, all staff are encouraged to be mindful that their interventions may be the first or only contact service users have with mental health services and this will influence their ability to engage with other services on their recovery journey”.

Listening and communication

“The team considered the use of contact letters, information to GPs and the NSFT website that can be readily accessed”.

“Improvements and standardisation of information for service users and carers includes, a new Carers pack and 2 new information leaflets (one for adults one for children and young people) have been developed for GPs and other referrers to give to service users who are referred to AAT”.

“A Survey monkey encouraging service users to feedback on their experience of the service and also leave contact details if they would like to become involved in service development and

planning is now operational”.

“Information from NSFT website on IDTs and other NSFT services has been uploaded; this is printed and passed to service users being referred on following assessment. All NSFT information is linked to Suffolk Infolink”.

“Service users now receive a copy of their assessment letter, this is shared with the referrer and the GP. A new clinical system (Lorenzo) has been introduced in NSFT and this supports the sharing of information between all teams across the organisation”.

“Roll out of e-mail communication over a secure link to GP practices is being finalised this will enable the service to provide rapid acknowledgement of referrals and feedback updates and information to GPs that can then be directly uploaded onto primary care clinical systems”.

Staff

“Clinicians are encouraged to spend some time at the beginning of sessions explaining the same and answering questions that may be raised. Service user involvement in formulation and treatment



planning is supported in clinical supervision”.

“Clinical psychologists are working with team members to develop skills in shared decision making. Reflective practice and morning meetings are in place to ensure good team communication and shared decision making and risk management within the team”.

“Anonymised complaints feedback and outcomes are discussed in business meetings and learning points agreed. Management and clinical supervision is in place within the team”.

“Establishment has been extended to give better management capacity to support the service and regular team planning days focusing on emergency and routine referral team practice are facilitated”.

“These planning days result in the team agreeing objectives that everyone can work towards to support good service delivery. All team members have access to CPD and training linked to individual and team objectives”.

Processes within the Access and Assessment Team

“The service is in the process of considering how to share information on categorisation of mental health needs with service users”.

“Sharing of expected time-scales for services to make contact and commence treatment following referral is being reviewed by countywide working group and a standard operational policy is being developed”.

“This will enable clinical staff to have access to information on pathways and expected contact and treatment targets for teams working within the area”.



Your views and experiences of visiting a doctor in Haverhill

Throughout May to July 2014, we asked local people to give views through surveys and a focus group about access to GP practices in Haverhill.

627 people responded in total, which we considered a large enough sample to claim that our results were statistically representative of most people registered with the practices.

Our research found that many people were not happy with the overall service provided by their GP practice and that patients were finding it difficult to obtain appointments because they considered there were not enough doctors available.

People called for alternative services such as the walk-in treatment centre that used to serve the town, easier booking systems, better appointment availability and extended opening hours.

During the research, we received information about plans to merge two of the practices. It was therefore important to ask people for their views on the plans. Responses (52 in total) showed that:

- 18 (40%) people were negative about the merger, 16 (37%) were positive and 4 (9%) were neutral.
- 6 people (14%) were unaware of the plans.
- Patient comments indicate that patients have a mixed understanding of what the merger will mean for them.
- A majority (29, 64%) of patients expressed the view that they would like the merged practice to run from two sites in the town.

A number of recommendations have been made for the practices, NHS England and the West Suffolk Clinical Commissioning Group. We recently asked NHS England to tell us how it plans to support the practices to improve patient experience in the town. We will feedback on its response soon.

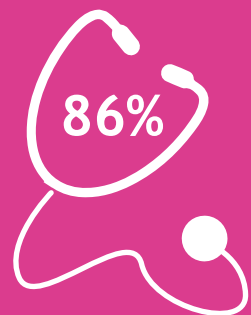


Qualitative feedback about the services indicated that patients want access to extended opening hours and alternative services. It was also expressed that there needs to be an easier process through which people can book appointments.

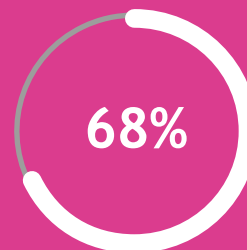
Almost a third of respondents did not think pharmacists were qualified to offer medical advice. Nearly a quarter reported that they did not know.



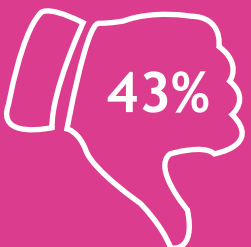
Key Highlights



510 people indicated that asking to see a particular doctor caused a delay in getting an appointment.



419 (68%) people said they lacked confidence that they could obtain an appointment when they needed one.



Almost half of our respondents were not happy with the services provided by GP practices in Haverhill.



79% of our respondents considered a GP appointment to be the preferable option when they are feeling unwell.



Your views and experiences of ambulance services in Suffolk

In August 2014, we published findings from joint research with the East of England Ambulance Service.

The Trust has used the results to focus on the experience of patients when considering continuing improvements to the service. It was hoped that the report would also be used by those who arrange services to inform a review, which has been bringing health and care services closer together (*see page 49*).

This review has included people's opinions on proposals for urgent care services and how the system can give people the tools they need to self-manage their own conditions.

Our results show that patients tend to be positive about ambulance crews. Most people had confidence in the service and were treated with

dignity and respect. Negativity was expressed about waiting for ambulances, equipment failures and a lack of appreciation for the experience of carers who support patients with long term conditions. Other findings included:

- The need for better education to help people differentiate between NHS 111 and 999 emergency services. This will mean that people have knowledge and resources available that help them to self-care and ensure better use of services.
- The need for NHS 111 services in Suffolk to be enhanced with regard to access, responsiveness and triage tools.

A number of recommendations were developed for the Trust and local commissioners in response to what people have said. We are currently

checking progress against the recommendations we made and will feedback in due course.

“The collaborative approach that the Ambulance Trust and Healthwatch has undertaken in seeking the views of its users to help deliver service improvements is leading the way for both ambulance services and Healthwatch organisations. By combining these views with the six priorities set out by our Chief Executive Anthony Marsh and the integration with many parts of the NHS in Suffolk we are improving the ambulance service for people across the county.”

Teresa Church (General Manager of Emergency Operations in Suffolk)

Key Highlights



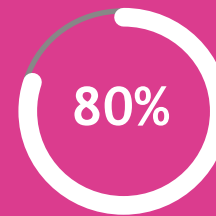
73% of people expect to see a paramedic on every vehicle. This is an ambition of the Trust.



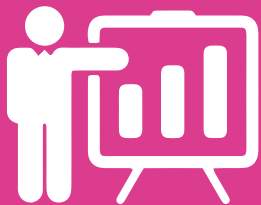
Some people were negative about waiting for an ambulance to arrive.



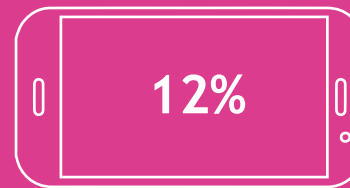
Said they were treated with compassion dignity and respect at all times.



80% of comments were positive in sentiment and “professional” was the most frequently mentioned word.



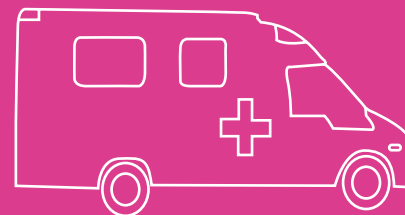
91% thought the service could do more to educate people on when it is appropriate to call for an emergency ambulance.



Did not know when to call for an ambulance or use the NHS 111 service instead.



44% indicated that they thought they would be seen quicker in A&E if they dialled 999.



Some people said that delays were caused by equipment failures or because the wrong type of ambulance had been sent.

Putting people at the heart of improving services

Using your feedback to improve services

In 2014/15, our Service User Feedback Group, comprised of Operational Delivery Group (*see page 70*) volunteers and our staff, continued its work on the review of service user feedback submitted to Healthwatch Suffolk.

We made a total of **45** requests for information from providers and commissioners of health and social care in Suffolk. Of these **29** were responded to within the required 20 working days.

Making a difference for patients using GP practices in Suffolk

In July 2014, we reported that your views had made a difference to the provision of GP services in Suffolk because we had provided intelligence to NHS England. It was able to use our comment reports to inform discussions with practices.

NHS England told us that our reports are of immense value in providing feedback and information against which it can gain a fuller understanding of the services being provided.

- A Practice was reminded about the importance of disability awareness after your comments highlighted a potential gap in staff training.
- A Practice made adjustments to the timing of

appointments to improve patient experience.

- A Practice reviewed room layout because concerns were raised that intimate examinations were being made awkward by obstacles in the room.
- NHS England discussed the current rationale for GP time provision across two sites (the public had perceived an imbalance) and planned to work with the practices to make adjustments where the need for change could be evidenced.

James Paget University Hospitals

In September, we challenged JPUH because we had received commentary to suggest that a person was not adequately informed about a particular procedure. The person also seemed unaware of choices available to them.

We were pleased that the hospital took action in response to the feedback, which we hope will improve the experience of patients in the future:

- The head of the department was asked to ensure that all staff are aware of the potential for causing distress to patients if processes are not followed with compassion.
- The hospital reviewed practice and procedures for obtaining patient consent and recognised that it has the responsibility to provide patients with information they need.

It reviewed the information that it provides. Negative comments regarding patient discharge from us were incorporated into mandatory training to inform learning at the hospital.

Ipswich Hospital NHS Trust

We raised a number of issues with the Trust this year and it has provided assurances that:

- Comments regarding the poor attitude of staff on a certain ward were addressed.
- Signage within the Eye Clinic is appropriate following a walk around by the Patient Experience Team.
- Following a concerning comment about care within the Trust's maternity services, issues were raised with staff and midwife rounding was introduced across all maternity wards.
- Patients awaiting transport were experiencing delays on discharge and appeared unclear about when it would arrive. The Trust is working with the ambulance service to address the imbalance between the prioritisation of discharge transport and outpatient transport.
- We had comments from carers because they were not kept informed of their relatives appointments. The hospital has reviewed its administration system and, with the help of its Caring for Carers Group, has been able to



successfully test the system to ensure carers receive information about appointments as well as patients.

- The hospital removed an information leaflet about healthy eating and diabetes from its website and subsequently reviewed its format and content. This followed feedback from us on the basis of service user feedback to state that the leaflet contained inaccuracies.

Norfolk and Suffolk Foundation Trust

A comment about the administering of depot medication at a specific clinic led to the Trust reminding staff that patients should be made aware of their right to refuse observation by student nurses. Depot medication is used to treat some types of psychotic illnesses. In this case the person was being given the injection in an intimate area and felt embarrassed by the presence of student nurses. Staff had not checked that the person was happy to be observed.

East Coast Community Healthcare

Following a complaint endorsed by us, Community Nurses were reminded to assess a patient in a full and robust manner before making the decision to ask them to attend a clinic instead of receiving home visits.



5287 comment records logged on our database in 2014/15. 59% were negative, 31% were positive and 10% were neutral in sentiment.

We are changing the way we obtain and analyse your feedback from this year. See *page 66*.

Improving patient involvement at the Constable Country Rural Medical Practice

We receive more comments about GP practices than any other service. During the year, we were contacted by the Capel St Mary Parish Council, which was concerned by the response it was receiving from its local practice. Les Bryant (Chair of the Parish Council) describes how we helped his community to be heard.

“Capel St. Mary Parish Council, had been receiving complaints from residents about the service provided by the Constable Country Medical Practice. Attempts by us to discuss and resolve these issues with the Practice and its Patient Representative Group had proved unsuccessful so we approached Healthwatch Suffolk because we knew it has the role to champion the voice of communities across the county.

With its influence, we were able to arrange a joint meeting to explore our concerns in detail and agree how things could be improved for our community.

We would like to thank Healthwatch Suffolk for challenging the practice on our behalf and encouraging it to take action on how it has been listening to and communicating with patients. We know that Healthwatch are now working with the Practice to engage patients and implement actions that includes the recruitment of volunteers to a newly established Patient Representative Group.”

Les Bryant (Chair of Capel St. Mary Parish Council)



The following is the experience of Mrs A. It is very much at odds with the majority of comments that we receive about the West Suffolk Hospital.

Mrs A is the relative of a patient. She came to us because she felt her son, who is a vulnerable adult, had not received good care. She told us about problems with her son's care in the hospital, the interpretation of his medical notes and matters concerning the maintenance of his dignity. She told us that her son was visibly upset with his treatment, which was an unusual behaviour for him.

We knew that the comment raised important issues and took an immediate decision to escalate it to the Chief Executive. At the same time, we provided information to Mrs A with details about how she could complain directly to the hospital and get help to do so.

The hospital took the feedback from us very seriously indeed and informed us that it would treat it as a formal complaint. A thorough investigation was conducted.

We are pleased to report that the Trust has taken a number of steps to improve the experience of all vulnerable adults that use its services.

Sam Bower (Deputy Chief Nurse) said:

"We were saddened to hear of this experience and viewed this feedback as an opportunity to improve the care we provide to this group of patients.

"So we could understand more of the experience we asked that the family write to us with more detail. As soon as we received this we were able to implement specific actions targeted to address the issues raised. This has included additional training in ward areas and additional support to patients, families and carers from specialist staff.

"With the support of Healthwatch this family were able to tell us why the care we gave did not meet the specific needs of their son. We apologised for this and have taken steps to change practice."



Early Supported Discharge (ESD) services for stroke patients

The early supported discharge service provides stroke patients with a package of care after they have been discharged from hospital. This improves a patient's chance of recovery and gives support to carers.

ESD is an integral part of the review of stroke services undertaken by the Suffolk Stroke Review Board, consisting of representatives from bodies responsible for arranging and delivering the services, the East of England Stroke Network and Healthwatch Suffolk.

The review has already seen the delivery of 24/7 stroke services across Ipswich and West Suffolk hospitals, meaning new stroke patients now have access to a consultant stroke specialist and rehabilitation team within 24 hours.

In September 2014, the provider for this important service was announced as Norfolk Community Health & Care NHS Trust (NCH&C).

The announcement followed a robust procurement process by our local Clinical Commissioning Groups. We have been fully engaged in this work, representing the voice of

patients as an active member of the assessment panel for choosing a provider of the service.

Prior to the procurement exercise we had asked local people to submit their views on how the service could best deliver effective care. As a result, changes were made to the specification for the service, particularly in relation to individualised care plans, training and support for carers which was strengthened. Please see our annual report 2013/14 for full details.

Prime Ministers Challenge Fund

It has been announced that a bid by the Suffolk GP Federation to improve out-of-hours access has been awarded more than £2million, which will help to create a "hub" in Ipswich offering a range of services and housing local GPs.

The figure is significantly lower than the anticipated £10m, which would have been used to create strategically-placed hubs across the county.

The Ipswich centre will provide GP and nursing services, alcohol and drug services, mental health support and district nursing. Appointments would be made through 111. It is envisaged that the success of this new service will be monitored to

assess whether or not it is a viable solution to be utilised in the west of the county.

Many people have talked to us about problems with access to primary care services in the county and we know that it is one of the greatest challenges for our local commissioners to address in some areas of the county ([see page 55](#)).

It is pleasing therefore that some funding is finding its way to benefit patients in the county with a specific purpose of improving access to our local services. As the consumer champion, we consider this a great opportunity to influence the quality of GP services in Suffolk, and ensure the services are designed around the needs of patients across the county.

We have been invited to work with the GP Federation to assist with any engagement that will refine and shape the plan. Look out for more information in our newsletters and on our website.

Quality Accounts 2013/14

The Trusts that provide health services in Suffolk must produce a Quality Account setting out information about the quality of care they provide and identifying priorities for work to improve quality for patients.

Providers must send us a draft version of their report. We can choose to produce a statement on whether or not we consider the report is a fair reflection of the services provided. Our statement must be included in the appendix of the report.

In 2013/14, a small group of our volunteers worked together to produce response statements on our behalf for:

- Cambridge University Hospitals NHS Foundation Trust
- Ipswich Hospital NHS Trust
- James Paget University Hospitals NHS Foundation Trust
- Norfolk and Norwich University Hospitals NHS Foundation Trust
- Norfolk and Suffolk Foundation Trust
- Papworth Hospital NHS Foundation Trust
- West Suffolk NHS Foundation Trust
- Suffolk Community Healthcare
- South Essex Partnership NHS Foundation Trust

Patient Led Assessments of the Care Environment (PLACE)

PLACE assessments involve local people going into hospitals as part of teams to assess how the environment supports patient's privacy and dignity, food, cleanliness and general building maintenance. They focus entirely on the care environment and do not cover clinical care provision or how well staff are doing their job.

The assessments take place every year, and results are reported publicly to drive improvements in the care environment. In 2014/15 we were invited to participate in the following visits:

- Ipswich Hospital
- James Paget Hospital
- Nuffield Hospital
- Woodlands
- West Suffolk Hospital



If you are interested in helping us to review quality accounts or in volunteering for Healthwatch Suffolk, please get in touch on 01449 703949.

Health and Wellbeing SUFFOLK

We have a statutory right to a seat on the Health and Wellbeing Board. It has a duty to “encourage integrated working” between health, care, police and other public services in order to improve wellbeing in Suffolk. It is also responsible for delivery of the Joint Strategic Needs Assessment and the county’s Joint Health and Wellbeing Strategy.

Some groups and communities experience poorer health than others. The Health and Wellbeing Board wants to help people in Suffolk experience better health and wellbeing, particularly focusing on people who have a poorer quality of life.

Last year, we took a decision that our representative on the Board should be our Chair, Tony Rollo.

The Health and Wellbeing Board has agreed four strategic priorities;

- Every child has a good start in life
- Healthy environment
- Improve mental health
- Older people have a good quality of life

These priorities will be used to ensure that our local NHS services, local authorities and other organisations work together in an integrated manner to develop plans that lead to spending public money in a better way.

The future of health and care in Suffolk

It is broadly recognised that the NHS and social care will change because the system must respond to an ageing population, increases in long-term conditions, rising costs and significant financial constraints.

The Government has said that the bodies responsible for arranging and delivering NHS and social care services need a common approach and closer working relationships (integration). The Health and Wellbeing Board is a key driver of this change.

The Health and Care Review, Better Care Fund (BCF) and NHS Five Year Forward View provide opportunities to address the key challenges facing the public sector and improve health and social care within Suffolk.

The Better Care Fund (A vision for health and social care services in Suffolk 2019/2020)

The Better Care Fund is a catalyst to enable rapid change to create a health and social care system that is best for Suffolk. It is a single pooled budget for health and social care services to work more closely together in local areas, based on a plan agreed between the NHS and local authorities.

Approved in December 2014, the Suffolk Better Care Fund Plan has been developed by working groups of the Suffolk Health and Wellbeing Board. The accountability for the development work is its two System Leaders Partnerships of which we are an active member.

The plan specifically states that our work on the health and care review (*see page 51*) engagement has helped to “focus the schemes to support people’s needs as effectively as possible”.

The Health and Care Review

In 2014/15, Ipswich and East Suffolk Clinical Commissioning Group (IESCCG), West Suffolk Clinical Commissioning Group (WSCCG) and Suffolk County Council (SCC) engaged with local people to gather views about the Health and Care review, which offers a new vision for the future delivery of health and social care in Suffolk.

In early spring 2014 we agreed to compile the results of the engagement activity. Along with Community Action Suffolk and the Coalition for Disabled people, we also helped the Suffolk CCGs and SCC to identify events from which feedback could be gathered.

We compiled a report to analyse comments collected from 37 engagement events. All feedback was collected by SCC, IESCCG and WSCCG.

Two integrated care projects have since been launched to take forward the common Integrated Care model developed within the Health and Care Review. The shared aims are to make sure services are wrapped around people so that they can better look after themselves, and to minimise duplications in services.

The approach to delivering the Health and Care Review is twofold:

- Establishment of early adopter sites to test out how to deliver the new service model in particular localities (i.e. Sudbury and surrounding area and the IP3/4 - East Ipswich area)
- Delivery of the Better Care Fund more widely across Suffolk including in Waveney.

East Ipswich and Sudbury have been chosen as early adopter sites of this new integrated model. Both areas bring together a range of organisations supporting children, families, adults and elderly from across the full range of public services. They will work in partnership with the local population and communities to support, sustain and build capacity to support individuals to live independent and healthy lives.

Joint Strategic Needs Assessments (JSNA)

JSNA are local assessments of current and future health and social care needs. They are produced by Health and Wellbeing Boards, and are unique to each local area.

The aim of the JSNA is to improve the health and wellbeing of the local community and reduce inequalities for all ages. It is not an end in itself, but a continuous process of strategic assessment and planning.

It is used to help to determine what actions local authorities, the NHS and other partners need to take to meet health and social care needs and to address the wider determinants that impact on health and wellbeing.

As a member of the JSNA task group in Suffolk we are able to influence important decisions about new needs assessments and contribute to the evidence base on health and wellbeing.

For more information...

To read more about the work of the Health and Wellbeing Board, please visit the Healthy Suffolk website:

<http://www.healthysuffolk.org.uk/>



Peoples views on a future model of health and care in Suffolk

In November 2014, we published a report following a series of 37 public engagement events across east and west Suffolk where the thoughts and ideas of local people were gathered on the Health and Care Review.

The public feedback has been used to help shape the future design of more effective joined-up health and social care services, which will enable the delivery of improved services and provide better patient outcomes.

Our report was published in collaboration with Suffolk County Council, NHS Ipswich and East Suffolk Clinical Commissioning Group and NHS West Suffolk Clinical Commissioning Group (the CCGs).

We found that people recognise the need to better integrate health and care services and

that there was support for many of the concepts presented such as the development of urgent care hubs that could encourage patients to use A&E more appropriately.

A number of concerns were however evident about a lack of detail regarding the delivery of the new model.

It was our expectation that the CCGs and Suffolk County Council would take into account the views and comments of the public and incorporate them into the development of the common Integrated Care model developed within the Health and Care Review.

We also said that it will be essential that any change to the delivery of local services is communicated clearly so that the public can understand what the changes will mean in practice.

“In the summer of 2014/15 Healthwatch Suffolk worked with the Suffolk CCGs to engage communities across Suffolk in discussions about how we can better join up health and social care services to meet patients’ needs. The findings were combined with views from our local GPs, hospitals, out of hours and emergency care providers, community and social care teams as well as voluntary and community groups. Together they informed the Health and Social Care Review. This is now being implemented with pathfinders in Sudbury and East Ipswich. By the end of this year, people should begin to experience a real difference in how their health and care services join together.”

Maddie Baker-Woods (Chief Operating Officer NHS Ipswich & East Suffolk Clinical Commissioning Group)

Working with others to improve local services

The Care Quality Commission (CQC)

In 2013/14, we did not make any recommendations to the Care Quality Commission (CQC), either via Healthwatch England or directly, to undertake special reviews or investigations about our local services. The CQC did not therefore undertake any special reviews or investigations following our recommendations.

Healthwatch Suffolk has instead opted to influence the work of the CQC via other collaborative means. Throughout the year, we encouraged local people to support the work of the CQC. This included its work on involving children and young people in its inspection work as young Experts by Experience (ExE).

We have also provided regular intelligence to inform CQC inspections of services across Suffolk including the Ipswich Hospital NHS Trust, the Norfolk and Suffolk Foundation Trust and GP practices in the west of the county.

Information Sharing Meetings

We are a participating member of Suffolk Adult Services Information Sharing Meetings. They enable Suffolk County Council, the Care Quality Commission, the Suffolk Clinical Commissioning

“The support of Healthwatch Suffolk has been invaluable when planning CQC inspections of Primary Medical Services. Healthwatch Suffolk and CQC have worked together to ensure the voice of patients have been heard in relation to their feedback on GP practices in Suffolk.”

Anna Gleadell (Inspector, Primary Medical Services and Integrated Care East Anglia - Central Region)

Groups (CCGs), Environmental Health, Fire Service and us to share information about their own organisations, and to work collaboratively to share intelligence concerning all registered Health, Care and Support Services.

It is a key forum to action the outcomes of our Enter and View activity (*see page 20*). The purpose of sharing this information is to:

- Ensure commissioning authorities, CQC and other regulatory organisations have a shared oversight of the quality of Health, Care and Support being delivered within Suffolk.
- Provide a forum to share learning points from investigations/inspections.
- Allow representatives from each organisation to provide an update on any issues with individual providers, where necessary a strategy can be agreed to ensure a co-ordinated response.

- Act as an early warning system to identify any shared concerns about providers.
- Provide a forum to agree thematic and shared approach to improve quality.
- Develop methods for informing members when suspensions or enforcement actions are put in place or are lifted.

Safeguarding

We take our responsibility to protect people in Suffolk from harm very seriously. All of our staff and some volunteers (role dependent) have received appropriate training and we have developed our policies.

Throughout the year we have made a number of safeguarding alerts to appropriate authorities where we have concerns about specific services because somebody has disclosed information to us.



It is not our role to investigate such issues but we will always seek feedback on any service improvements implemented in response.

In April 2014, a People's Panel was set up to strengthen the voice of service users in safeguarding. The panel aims to support the Safeguarding Board to decide how to keep vulnerable safe in local services. We are co-chairs of the panel with Suffolk Coalition of Disabled People and worked to develop priorities and a work-plan for 2014/15.

The Quality Surveillance Group (QSG)

We are a member of our local area QSG, which is a part of a network established in April 2013 to provide leadership for quality improvement.

They are led by Local Area Teams within NHS England and bring together commissioners, regulators, our representatives and other bodies to share information and intelligence about quality across the system. This includes the views of patients and the public, with the aim of pro-actively spotting potential problems as early as possible.

Working with our hospital's on an Acute Stroke Survey

In February Healthwatch Suffolk designed a patient feedback survey for the acute stroke wards at West Suffolk Hospital and Ipswich Hospital. The hospitals wished to standardise their feedback for comparative purposes. The survey was implemented in April 2015.

Working with Ipswich Hospital to improve its complaints process

Patient feedback, positive and negative, is a valuable way through which any NHS service can reflect on their service and seek to improve.

Last summer Ipswich Hospital decided that it would take a very close look at its comments and complaints procedures to make sure that the maximum learning is captured every time and that the experience of raising concerns is consistent and compassionate.

A task and finish group was set out comprising several senior staff, non executive directors and the chair of IHUG (Ipswich Hospital User's Group). We were also asked to be involved. The meetings were open and we were impressed by the collective will to make sure both compliments and complaints were swiftly and

appropriately handled and that staff viewed both as opportunities to learn and improve.

A new policy was drawn up and approved by the Board. This has been in operation for nearly a year now. A survey is being developed to test the impact of the new policy. It is expected that people will have had a positive experience since the changes were made.

Suffolk Community Healthcare

Our CEO worked with Suffolk Community Healthcare in the year to set up a patient and carer forum. The forum is hoping to expand its membership to include other voluntary and community service organisations to help it get a rounded view of the public perceptions of the services.

The contract for Suffolk Community Healthcare has come under review during 2014/15. We were invited to take part and our Chair has been a member of the group assessing the replies to various stages of the invitation to tender. The result is that the consortium led by our acute hospitals and Norfolk Community Health Care has been made the preferred bidder. The Consortium is due to start delivering services in October of 2015.

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“We have continued to build our relationship with Healthwatch Suffolk and I have met regularly with their Chief Executive throughout the year. In addition we were pleased to collaborate on the review of our complaints process and grateful for the professional insight from Healthwatch into that process; similarly we are embarking on a joint piece of work to understand more fully the experiences of the partners of mothers using our maternity services.

Healthwatch Suffolk have also supported our engagement with children and young people and those from black and minority ethnic communities; working together to listen to our communities makes good sense and we look forward to a continued partnership in 2015.”

Nick Hulme, Chief Executive of the Ipswich Hospital NHS Trust.



“Healthwatch Suffolk is an important strategic partner for our clinical commissioning group. The organisation has an integral role in empowering people to connect with their healthcare commissioners and providers, enabling them to influence the decision-making process.

Over the last year, our CCG has worked with Healthwatch Suffolk on a number of projects including the mental health strategy for Suffolk, the community engagement partnership and information sessions at local supermarkets. The work of everyone at Healthwatch Suffolk is a making a positive difference to healthcare services in Suffolk.”

Dr Mark Shenton - A GP at StowHealth and chairman of the NHS Ipswich and East Suffolk Clinical Commissioning Group



The Suffolk Health Scrutiny Committee

Suffolk County Council is required to have a Health Scrutiny Committee made up of local councillors. It has responsibility for scrutinising health and care services across the county.

We have the right to refer any issues of concern to the committee and should be kept informed of progress and outcomes. Ultimately, if it considers that proposals for service changes are not in the interests of the local population, the committee can refer to the Secretary of State for Health for a decision.

In October 2013, the Committee agreed a working protocol with Healthwatch Suffolk which was to be reviewed after 12 months. The working protocol includes commitments to work closely together in a way that will achieve the best outcomes for people in Suffolk.

In 2014/15, members of the Committee and Healthwatch Suffolk were content that the current protocol is serving its purpose and working arrangements were in place to ensure intelligence was being shared and work programmes were discussed on a regular basis.



GP Services Update 1

As part of the arrangements for intelligence sharing, Healthwatch Suffolk devised an information paper as a briefing for the committee to receive at its meeting in January 2015 in respect of the county's GP practices.

At the time, we had logged 2566 records onto our database about the county's GP practices. Within the comments, patients highlighted both positive and negative feedback about the following top themes:

- Booking and waiting for appointments
- Local economy and accessing services
- Opening times

- Continuity of care
- Patient triage
- Staffing

The paper also included the findings from our report concerning a survey we produced to ask people living in Haverhill about their experience of the town's GP services ([see page 40](#)).

Following discussions at its January meeting, the Committee asked us to produce a second paper on intelligence received following the publication of our initial briefing. It received this second update from us at its meeting in March 2015.

The briefings sought to consolidate intelligence held (e.g. service user commentary) and work completed by Healthwatch Suffolk concerning the provision and delivery of GP services in Suffolk.

It is important to note that these papers did not draw upon sources of intelligence and data that are external to Healthwatch Suffolk. We did not claim the briefings to be a complete assessment of the state of GP services in Suffolk.

Statistical assurance was not given that the data and themes presented were a true representation of public opinion regarding the services.

The papers were largely informed by responses to a short survey that we have been running throughout the year. At the time of writing the briefings, a total of 604 people had responded from across the county.

The headline results are highlighted on the following page. The following points are also of note:

- The majority of comments (77%) about GP practices in the county are negative in sentiment. They are normally correlated with specific issues such as waiting for an appointment.
- Our survey found that most people are happy with the overall services provided at their practice.

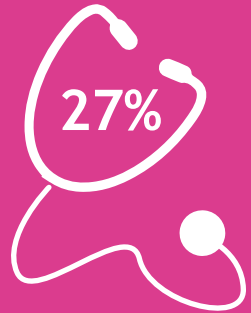
- People are not always confident that they can get an appointment to see a doctor when they need one, particularly when they want to see a specific GP.
- We concluded that first contact with the practice is a key issue. This conclusion was drawn on the basis of many negative comments (645 in total) about booking and waiting for appointments.
- Continuity of care is a key issue. People expressed frustration at having to repeat their health concerns to multiple professionals because they cannot see the same doctor each time.
- Many people would like extended opening hours at their practice because they struggle to balance work commitments with visiting their doctor. This was less of an issue for people that have young children.

We asked the committee to note the contents of the papers and use them to inform discussions as appropriate.

“Suffolk Health Scrutiny Committee and Healthwatch Suffolk have been working in partnership for the past two years, sharing information and intelligence in the interests of the residents of Suffolk. Healthwatch Suffolk has provided valuable insight to scrutiny reviews during this time, including countywide views on access to GP services. Healthwatch continues to play an important role in capturing the views and experiences of patients in Suffolk, which helps to inform the decision making process of Health Scrutiny Committee members. The Committee is keen that this relationship should continue, to ensure that patient experience is an integral part of the Health Scrutiny function in Suffolk.

Councillor Michael Ladd (Chairman, Suffolk Health Scrutiny Committee)

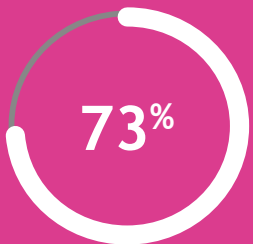
Key Highlights



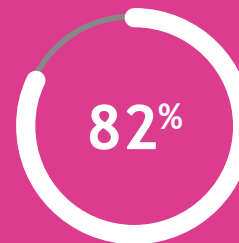
Said they couldn't see a doctor as quickly as they needed to.



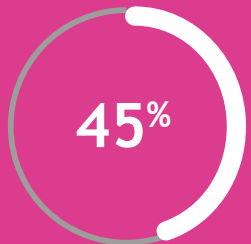
35% of people told us that they were not confident they could get an appointment at their GP surgery when they need one.



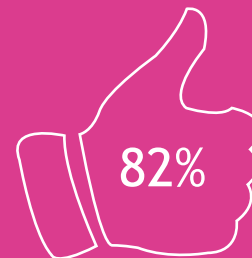
73% of the comments submitted to us about GP practices were negative in sentiment.



Out of 604 survey respondents, 486 (82%) said that they were happy with the overall service provided by their GP Surgery.



45% of all comments submitted to us are about GP practices.



Out of 604 survey respondents, 486 (82%) said that they were happy with the overall service provided by their GP Surgery.

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Working with Healthwatch England



National Unsafe Discharge Inquiry

In May 2014, Healthwatch England launched a special inquiry to find out why things go wrong when people are sent home from services.

We supported this work by obtaining views online and at community groups including over 60's clubs, Suffolk MIND and the Suffolk Family Carers Forum. Sessions were also run in partnership with the Salvation Army and YMCA Ipswich. We focused on the views of homeless people, mental health service users and older people.

In November 2014, we published our local report and submitted data to Healthwatch England.

We found:

- Patients are not receiving suitable information upon discharge.
- At times, assessment prior to discharge has been insufficient. Examples of negative impacts on the condition of patients where support is not offered after discharge.
- Some patients did not feel ready to leave the care of the service.

We will continue to encourage providers to take greater care when sending people home. It is noteworthy, that the James Paget University Hospitals has made improving information for people at discharge a priority for the year ahead.



Primary Care Service Briefings

Healthwatch England has recently published a report about public experiences of accessing primary care services across England.

It is based on feedback logged by Local Healthwatch (including from Healthwatch Suffolk) about 550 GP practices and from 11,000 patients. The analysis reveals that, despite overall satisfaction with primary care being high, there are significant issues for some, particularly for those who are



Many people have shared their experiences of being sent home from services with us



deaf, blind or who use a wheelchair.

Local Healthwatch reports reveal stories of relatives carrying family members up stairs and a 5-year-old girl translating between a GP and her deaf mother. Healthwatch England has compiled the findings into a single report that uses patients' real life experiences to highlight areas where people want to see improvement.

Local Healthwatch are now using this evidence and working with local commissioners to address these issues on the ground and improve the experience of patients whose views are not always heard.

At a national level, Healthwatch England will be raising these concerns with the Department of Health and NHS policy makers; calling on them to review how improvements can be implemented across the country to ensure everyone has equal access to vital front-line NHS services.

Contributing to national conversations

As a part of the Local Healthwatch network, we continue to support Healthwatch England, as the national consumer champion, in its wider engagement.

In 2014/15, we have actively circulated requests for intelligence to our members and networks. We have also contributed to numerous conversations coordinated by Healthwatch England and these include:

- National Healthwatch Communications Network
- Care Act 2014 discussions - Sharing our information page as a good practice example.
- Enter and View Training
- The national Healthwatch conference
- Chief Executive and Chair networking meetings
- The East of England Local Healthwatch Network meetings



You can find out more about Healthwatch England on www.healthwatch.co.uk

A large, stylized pink number 6 with a white outline, positioned in the top left corner of the slide.

Looking ahead - Our plans



Our strategy for 2015/16 and beyond

We have been developing our strategic objectives for the future delivery of Healthwatch in Suffolk.

It will ensure that our activity is prioritised in the most efficient way possible and structured to ensure that we are able to meet and report on our statutory activities as outlined in legislation.

To develop the strategy, we have made a full assessment of our role and functions (e.g. community engagement, information services, research and stakeholder relationship development) and aligned them to our statutory activities.

From this, we have begun to determine some of the key priorities that will drive our focus in 2015/16. These include:

- A much greater focus on obtaining the views and experiences of children and young people.
- A continued drive to improve the way in which we engage vulnerable groups and Black and Minority Ethnic communities.
- A structured approach to making decisions about issues that require detailed research or community engagement.
- Ensuring best use of our statutory powers and increasing the number of challenges and

information requests we make to providers and commissioners of services.

- Understanding how we can sell our services to promote sustainability and maximise value for money to people in Suffolk.
- Continued effort to improve our information and signposting (*see page 24*).
- Develop our enter and view activity (*see page 20*).

In seeking to prioritise research projects, we have developed a process through which a full assessment of viability will be made. This includes consideration on:

- The issues that the proposed project will address/improve.
- The stakeholder/s and services that the project will seek to influence.
- The communities that will be affected.
- The resource needed to complete the project.
- The use of volunteers in the project.
- The partners/organisations in Suffolk that will be involved with data, survey dissemination, or consultation.

The strategy is currently still in development so please look out for more information about our priorities in our newsletter and on our website in the near future.

Establishing new partnerships with other organisations in the county

We work with many organisations, both within the voluntary and statutory sectors. In 2015/16, we aim to formalise some of these relationships with partnership agreements.

We already have a partnership agreement with Suffolk User Forum which is working well and is resulting in joint working and shared event organisation.

Going forward we will be talking to other stakeholders with a view to putting further agreements for working together in place. We hope that this will strengthen our voice and enable us to reach more communities.



Understanding the views of mental health service users in prison

It has often been said that mental health services should have “parity of esteem” with physical health care and that prisoners with mental health problems should have an “equivalent” service to that provided in the community.

This project was initially set up in April 2013 and aims to examine the mental health services provided at Highpoint Prison. It had originally been established by the Suffolk Local Involvement Network (LINK) to follow up the findings of a previous investigation into mental health services at Blundeston Prison in 2011 by Norfolk LINK.

When the project began the Mental Health service was provided by NSFT but is now supplied by Care UK. It is also responsible for the physical health service at the prison.

The project is led by David Evans (Director) and a group of our members with a wide range of

skills and experience. The project is supported by our Research and Development Officer and is fortunate in having, amongst others, a representative of the Church of England Diocese, a past member of the Independent Monitoring Board at the prison, a past employee of the prison and someone who has served a sentence there.

The project group have worked with a small group of prisoners to hear their experiences and concerns. These prisoners have also tested the questionnaire for us. The Prison authorities and Care UK have welcomed our involvement and have provided essential support to the project.

Despite this, the nature of working with prisoners means that it has taken over two years to get the project to the research phases. This will involve issuing the questionnaires to prisoners in early June 2015.

What's next?

Once the questionnaire has been distributed the next phase of the project will be to begin the analysis of the responses. We also hope that some of the prisoners will agree to meet members of the project group for 1:1 interviews where they can explain their experiences in more detail.

The report describing our findings and conclusions should be completed by the end of 2015. We would hope to be able to provide feedback to the prisoners themselves and will share the outcomes with Highpoint Prison, Care UK, commissioners (NHS England), Healthwatch England and many local stakeholders.



Your views on mental health and wellbeing services in Suffolk

We are pleased to be working with the Norfolk and Suffolk Foundation Trust on a piece of work focusing particularly on supporting Black and Minority Ethnic communities (BME) in improving their experiences of accessing and using mental health services in Suffolk.

Research has shown that BME communities face a greater likelihood of disengaging from mental health services, leading to social isolation and poorer mental health. This highlights a need for greater understanding of the importance of social and cultural inequalities in the generation of mental distress and illness.

Fundamentally, this research will help to improve mental health and wellbeing services for Suffolk's BME communities by influencing the Trust to make appropriate cultural adaptation of local mental health services.

The project is particularly relevant to informing changes and improving on the quality of services for all communities.

It is very much aligned to the NHS Constitution and to one of the Health and Wellbeing Strategy priorities for the county which is that people have the opportunity to improve their mental health and wellbeing.

Furthermore, services in Suffolk are currently being reviewed as part of the Health and Care

review ([see page 49](#)) and this includes creating a system that ensures local people are well and able to live independently.

Our report will be published in summer 2015. Please see our newsletters for all of the details and findings.

“At the Norfolk and Suffolk NHS Foundation Trust we embrace the diversity of people we work with as well as the communities we serve. Therefore it is highly important for us to provide a fair and personal service for everyone in Norfolk and Suffolk.”

Michael Scott (Chief Executive of NSFT)



Local views on transport to healthcare services in Suffolk

People have been telling us that problems with accessing patient transport to and from healthcare services (e.g. hospitals) in the county is causing a problem for many local communities.

Problems with transport can heighten rural isolation and access to community resources, which are key to maintaining independence and central to the future delivery of care and support. This has also been resonated among the Age UK Suffolk Voice Reference Panel, comprised of over 80 older people - whom the majority are at the higher end of the immobility scale.

We have therefore been seeking to understand your experiences of accessing transport services to healthcare services. Specifically, we want to understand how the current system affects people in the hope of improving services for all.

Our report will be ready this summer. We will use it to inform the future commissioning of services and to highlight where improvements could be made. A few early findings include:

- 1 in 4 over 65s depend on family and friends to take them to health care services, while 30% depend on public transport. The total number of over 65s living in Suffolk was 158,046 (2013 Census). We suggest therefore that 41,092 (approx.) over 65s in Suffolk rely on family and friends for transport, while 47,414 (approx.) rely on public transport.
- 14% of respondents aged over 65 missed hospital appointments last year due to lack of transport. NHS England say missed outpatient hospital appointments cost an average of £108 in 2012/13. We estimate that missed appointments due to a lack of transport cost the NHS approximately £2,389,656 per year.

- Our findings suggest that the most common cost people living with cancer face is getting to and from their outpatient and inpatient appointments, which can often total eight healthcare visits per month. Moreover, because of reduced immunity, public transport is often unsuitable, forcing people to rely on travel by car or taxi. The average cost of travel per healthcare appointment for respondents that travel by taxi is £26.52, while for those respondents aged over 65 it was an average cost of £30.06. In light of this, and the fact that the maximum state pension is £115.95 per week, it is understandable that elderly people living with illnesses that require ongoing healthcare treatment are faced with disproportionate stresses that could be alleviated by a change in eligibility criteria.



Future Research Projects



We will be exploring the experience of birthing partners (any person that accompanies a mother during the process of giving birth) at the Ipswich Hospital NHS Trust.



We are planning to start a research project about peoples experiences of the dementia care pathway in Suffolk. Look out for more details coming soon.



We will be working with Healthwatch Norfolk to obtain the views of veterans and encourage commissioners to uphold their obligations with regard to the armed forces covenant.



We will be exploring experience of parents who have made a complaint to a service about their child's care. The project is specific to the experience of parent who have a child with additional needs.



We are currently devising a clear strategy that will help us to prioritise projects and determine which issues should be investigated. It is likely that a number of new projects will be selected this year through this process. Look out for all the details in our newsletter.

Annual report 2014/15

Our new approach to gathering and understanding your views and experiences

At the start of 2015/16, we launched our new online engagement tool to help people in Suffolk let health and care bosses know what's good and what's bad about health and social care in the county.

Our online Feedback Centre is accessible on our website via a variety of devices including mobile phones, ordinary PCs and tablets. This means that you can easily and anonymously rate the care that you or a friend or family member has received in an engaging and simple way from wherever you are.

Recent research has shown that half of the public who considered complaining about NHS services did not. Many people were put off because they expected the process to be too bureaucratic and

others believed it would make no difference. We believe that, by helping patients to more easily express their views, we can improve health and social care in the county.

We have much to be proud of in the health and social care services people in Suffolk use every day, and we should recognise and celebrate this. But sometimes things go wrong and need improving, and the voice of patients and users must be heard to help get things right.

Our central mission is to make sure that the patient voice comes through loud and clear to the professionals who make decisions about health and social care in this county. That is why we have developed this simple yet powerful system which is accessible to the widest possible group of people from wherever they are.

Hundreds of thousands of people every day use online review systems to give their opinion about other services or products they have bought or used. We want to harness that behaviour to get patients, users and their families to give us vital information about the NHS and social care.

As an independent organisation, we hope to gain the trust of the public to tell us their full experiences of local services: the excellent and the good, as well as where things need to improve. We hope that by creating a familiar tool that we will be able to engage many more people in celebrating and improving health and social care here in Suffolk.

Our online patient feedback data will be part of a much larger dataset that we will use to analyse the public's views of health and social care in the county. More traditional methods of patient





and user review will also be collected, such as the telephone, paper-based feedback, and public engagement events. This means that no one will miss the chance to have their say with us.

Analysis of the Feedback Centre data will also shed light on health and care trends, patterns, and issues virtually in real time. These results will be actively shared with the public and with health and social care organisations for service improvement now and in the future.

In the two months since our Feedback centre went live, over 300 comments from the public have been uploaded about specific health and care services in Suffolk. Comments have been logged across all categories (e.g. mental health, dentists, opticians and social care). 45% relate to GP practices and 27% relate to hospitals with other comments distributed relatively evenly across the categories.

Unrivalled intelligence about local services

The Healthwatch Suffolk Feedback Centre will collate crucial data from the public via the internet, comment cards, social tools, widgets, events and community engagement.

On a more analytical level, our Informatics intelligence tool provides us and key partners with credible data on patient and service user experience of services. Featuring trends and sentiment analysis, it also tracks local discussions from the public, press and partners about local services.

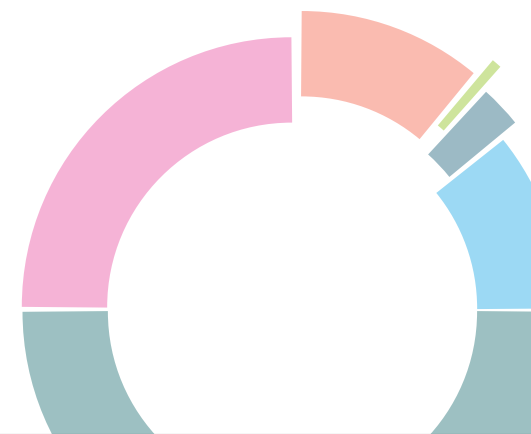
Sentiment analysis will mean that we are able to consistently assess the strength of public opinion about specific services and make it known to the people responsible for the services.

Talk to us about the health and social care services that you use

Sharing your experience is easy. Simply log onto: www.healthwatchesuffolk.co.uk/services

From there you can search for the name of the service (e.g. Ipswich Hospital). You can also search by category (e.g. hospitals), postcode or town/village name.

Once you have found the service, you will then be able to rate the service out of five stars and submit a review.



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Governance and Decision Making





Involving people in our decision making...

We have two levels of membership (friends and members). Members receive our annual report and accounts, have the right to vote at our AGM and elect the Board of Directors. Friends receive updates from us and are welcome to participate in our events and activities.

Our Board of Directors

Our Board is comprised of up to 10 volunteer directors and the Chief Executive. It is our governing body, and oversees our strategic and operational activities. Its overall responsibilities are to:

- Establish our vision, mission and values
- Set company policy, strategy and structure
- Monitor progress towards achieving our objectives
- Seek assurance that systems are robust and reliable
- Promote a positive culture

Healthwatch Suffolk Directors 2014/15

Dr. Tony Rollo (Chair)	Member since April 2013
Fiona Ellis	Member since July 2013
David Evans	Member since April 2013
Elaine Aylott	Member since January 2015

Barbara Richardson-Todd	Member since March 2014
Reg McKenna	Member since April 2013
Karen Turner	Member since April 2013
Gitti Dunham	Resigned
Annie Topping (Chief Executive)	Resigned
Paul Rowley	Resigned

There are two sub-committees of the Board. Membership includes directors, staff members and volunteers who are members of Healthwatch Suffolk. The remit of the sub-committees are:

Finance Sub-Committee:

- To oversee the planning and monitor the delivery of our financial resources.

Human Resources Sub-Committee

- To oversee the recruitment, training and development of our volunteers.
- To make recommendations to the Board on remuneration, fees and other allowances and benefits for employees and volunteers.
- To develop Human Resources policies and oversee staff appointments.

Our Constitution sets out the arrangements made by us to meet our responsibilities. It is available to download from our website and on request by calling our team on 01449 703949.

Our Operational Delivery Group...

Our Operational Delivery Group (ODG) consists of volunteers, Healthwatch Suffolk Directors and two senior staff members. It is responsible to our Board of Directors.

Our ODG meets monthly to facilitate the exchange of information and knowledge as a means to enhancing our community development work, providing feedback on staff and volunteer activity and validation of our proposed and ongoing projects.

Members of the ODG bring experience to Healthwatch Suffolk that we can draw upon to make a real difference to health and social care services. Each member is connected with people and networks across the county and this extends our reach into communities.

A number of ODG sub-groups have been set up to focus on specific areas. Each of the sub-groups are chaired by members of the ODG. They are as follows:

- Our Mental Health Focus Group (*see page 21*)
- Our Enter and View Management Sub Group (*see page 20*)
- Our BME and Diversity Sub Group (*see page 17*)

“The past year has seen this group work through significant change relating to its strategic position within the organisation, and ensuring this is the hub through which information flows and informs much of our work programme to ensure a bottom up approach.

“The group consists of nine regular attendees who are active volunteers and staff with a broad range of experience, expertise and local knowledge. We meet monthly to review and feedback volunteer activities, issues raised by service users, project proposals and potential research themes.”

Fiona Ellis (Chair of the ODG and Healthwatch Suffolk Director)



Got something to say? Get involved with us...

Everyone is welcome to come along to one of our sub-group meetings where you can enjoy friendly conversation with others experiencing health and social care services. Your contribution could make all the difference for people using services in our county. Contact us today to find out more.

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Our finances





Please see the below breakdown of our finances throughout 2014/15. This includes the total income received from Suffolk County Council for all of our activities as highlighted in this report and a breakdown of our expenditure across the year.

INCOME	2014/15
Funding received from local authority to deliver local Healthwatch statutory activities	£412,500
Additional income	£8,247
<i>Services</i>	£278
<i>Government grant</i>	£6,916
<i>Bank interest</i>	£1,053
Total income	£420,747

EXPENDITURE	2014/15
Head office (E.g. office rent, insurance, telephones and utilities)	£52,816
Salaries	£341,135
Advertising and promotion	£22,197
Expenses (staff and volunteer)	£22,317
Directors expenses	£10,104
Payment to Community Action Suffolk for Young Persons Health Ambassador	£12,500
Depreciation	£6,917
Total expenditure	£467,986

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This annual report will be made publicly available by 30th June 2015. We will publish it on our website and circulate it to Healthwatch England, the Care Quality Commission, NHS England, Clinical Commissioning Groups, Overview and Scrutiny Committee/s, and our local authority.

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

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

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