



Annual Report

2019-20

Contents

About us	2
Message from our chair	3
Highlights of our year	4
How we have made a difference	5
Helping you find the answers	11
Our volunteers	15
Plans for the next year	17
Finances	18
What terms mean	19

Get in touch



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Find out more about our work:

Website: www.healthwatchcoventry.co.uk

Twitter: @HealthwatchCov

Facebook: @Healthwatch-Coventry



If you need this report in an alternative format please contact us
By emailing yoursay@healthwatchcoventry.co.uk or phoning
024 7622 0381.

About us

Our approach

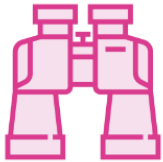


We are the independent local champion for Coventry people for health and social care services.

People’s views come first - especially those who find it hardest to be heard.

We champion what matters to you and work with others to find solutions. We are independent and committed to making the biggest difference for you.

How we find out what matters to you



People are at the heart of everything we do. Our staff and volunteers identify what matters most to people by:

- Visiting services to see how they work
- Running surveys and focus groups
- Going out visiting places in the community and working with other organisations
- Running social media campaigns



These are the priorities we had this year based on what you told us:

1. Visits to care homes to find out how residents health needs are met
2. Improving patient information: information people can understand
3. Changes to the NHS - ensuring people are at the heart of local plans
4. Carer’s breaks - how do they help family carers

How we run



The local charity Voluntary Action Coventry leads the delivery of Healthwatch, working with Age UK Coventry and Warwickshire and Citizens Advice Coventry on specific services and with Central England Law Centre to provide NHS complaints advocacy support.

This year we had six part time staff adding up to 4 full time equivalents:

Ruth Light, Chief officer	Samantha Barnett, Assistant
Louise Stratton, Engagement Officer	Kieran Howell, Info Line Supervisor
Jyoti Devi, Engagement Co-ordinator	Varinder Kaur, Contact Point Officer

Our volunteers, local people, gave 1401 hours to our work



Message from our chair

Healthwatch Coventry exists to represent the interests of people of Coventry in relation to health and social care.

Coventry is an increasingly diverse city, with a growing population and significant health inequalities. Dependent upon where in the city people are born and live, the average healthy life expectancy differs by 10.9 years for men and 10 years for women. Many people in poorer areas experience more health conditions.



This year we listened to local people, visited services, produced reports of findings and made recommendations for change. This ensures that local people have an influence on how services that affect them are delivered and planned.

This has been done despite uncertainty stemming from a process to recommission Healthwatch Coventry this year. It has meant that our work has been carried out with interim staffing in place, and thanks are due to the team for working flexibly to cover the priority areas. However, we have not been able to do some of the things we normally would, such as recruiting new volunteers.

Our existing volunteers have made sure that we completed important pieces of work looking at respite care services, visiting care homes to find out how residents' health needs were supported, and hearing what local people want from NHS services. This saw our volunteers providing many hours of time to support our work.

The Healthwatch network nationally worked to find out what mattered to local people under the #WhatWouldYouDo campaign, which demonstrated the power of the network working as one. Our follow up work delivered more detail about what local people want from NHS plans.

Our recommendations about short term support for people following their discharge from hospital highlighted issues with information and communication, and we brought together different organisations to work on a solution.

We have attended the Coventry Health and Wellbeing Board and the new Coventry and Warwickshire Health and Care Partnership. This allowed us to question those organisations and to represent the interests of patients and services users.

We can now look forward with a new three-year funding agreement in place. This will allow for a longer term view. The impact of Covid-19 has seen considerable change in a relatively short space of time. The role of Healthwatch Coventry will continue to be important, and in some ways more so because of how the NHS and care services have had to change in response to the crisis. It may mean, however, that our methods and the way in which we deliver our work are different for some time.

- Stuart Linnell (MBE), Chair

Highlights of our year



2594 people shared their health and social care story or views with us

531 people received advice and information

97 people were supported to raise a concern about an NHS service

30 people's NHS complaints were upheld in full or part

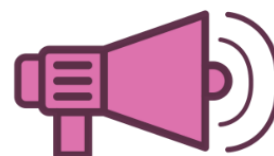
Reaching out

2817 people engaged with us through social media

There were **4800 visits** to our website (since June 2019)

1184 people talked with us face to face at stalls, groups and community events

931 people gave their views or shared their stories through our surveys and focused discussion groups



Making a difference to care



We published **8 reports** about the improvements people would like to see with their health and social care, and from this, we made **46 recommendations** for improvement based on what local people told us.

Our work led to:

- New patient information letters to explain 'what happens next' after hospital discharge improving information for patients
- Care homes put in new ways of checking on residents' hearing
- Our review of respite care services led to better information, review of needs, and feedback routes
- Serious issues we found out about two local health services were looked into by the Care Quality Commission
- New information to explain the Prescription Ordering Direct service for ordering repeat medication was published
- What local people said was important to them was fed into local NHS plans

How we have made a difference

Healthwatch is here to listen to local people. We use different ways to find out what people think about NHS and social care services and what experiences have been like.

Developing our social media

This year we reached many more people via social media because we developed a work plan to increase our posts and use of different channels. This meant that we reached **2817 people**.

Reaching out face to face



Talking to people face to face in different community and NHS settings is an important part of our outreach work.

Local people spoke to us about their experiences and questions through 43 outreach sessions called Contact Points in local NHS buildings and libraries.

Our contact points listened to the stories of 251 people and 85 of these were given information to help them with their individual issues with NHS or social care services.

We spoke to over 180 people at the annual community information fair in the town centre.

What people want from NHS plans

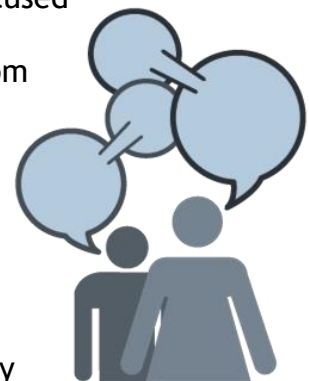


Local people told us what they wanted from NHS plans.

We joined with all the other 151 local Healthwatch in a campaign to ask people what they thought of ideas in the new NHS plan.

The findings from Coventry and Warwickshire were fed back to local NHS planners and the findings from all around the country were reported on by Healthwatch England.

We got surveys back from 282 people and held three focused discussion groups with 38 people from a disabled BAME group; mental health service users and older people to find out more.



People told us they wanted more timely and consistent communication from the NHS. Plus joint decision making, professionals that listen; and faster support when needed.

Our findings were used in a new NHS plan for Coventry and Warwickshire.

What do you think Coventry?



During What Would You Do some people raised concerns about the idea of using technology to access NHS services, for example for video appointments. So, we did a piece of work to find out more.

We also asked about information from GPs because local GP practices are coming together as networks and so there is an opportunity to think about communication and involving patients.

469 Coventry residents responded to this survey and we also held three discussion groups: with women for whom English was a second language; parents of children/young people with special



educational needs and disability; and sixth form students; reaching a further 38 people.

People said that flexibility of method to use NHS services, to take into account individual needs and circumstances was really important As was making sure that

when technology is used there is focus on the outcome for the patient rather than the technology itself.



Those who did not speak English as a first language felt a lack of knowledge, understanding and language barriers would prevent them from using the electronic methods being considered.

Parents of children with special educational needs gave a lot of detail about how referral journeys could be improved and supported by technology.

Most people did not feel that they got enough information from their GP practice. We collected lots of ideas about how GP practices could communicate with and engage with people more.

We also had 81 responses from Warwickshire residents and these findings were shared with Healthwatch Warwickshire.



Improving support after hospital discharge

We spoke to 47 of the frailest and most vulnerable patients who experienced different types of short term support after a stay in hospital.

This is locally known as ‘Discharge to Assess’ and ‘Reablement’ support. It aims to support people to regain strength and independence or to assess their ongoing care needs away from hospital. It involves a number of NHS and care organisations working together.



Our staff and volunteers made 10 visits to care homes, visited four housing with care facilities and interviewed 13 people in their own homes. We also interviewed home support agency managers and managers of care homes and housing with care.

We found that information was not empowering patients to understand the process they were going through. The terminology being used by the professionals and the ‘pathways’ were confusing.

Patients were not involved enough in setting their goals and the level of care did not always meet individual’s needs. People told us about issues with the timeliness of decision making about ongoing care and how this was to be funded.

The City Council have co-ordinated an action plan across organisations in response to our recommendations.

This is leading to practical changes such as improvements to staff training and co-ordination and greater responsiveness in needs and wellbeing assessments for people.

We set up a task group with the hospital, council and community health services to work on improving the information going to patients when they were being discharged from hospital.

The group worked on new information letters to replace a leaflet about short term support which was not clear. We improved the information that people received and making this more relevant to the support that individual people would get.



There were also actions that were more strategic - about the overall approach. For example discussions about accountability; addressing inequity in access to therapy services and shifting the balance of provision between support after a person is in hospital to more focus on support in the community to stop people needing hospital.

How respite care services work

We looked at respite care/replacement care services to find out if they met the needs of those who usually do the caring role and those who are cared for.

Most family carers thought respite care helped them to continue in their caring role by providing a break and met the needs of the person cared for. Some carers said that more hours or respite care would be helpful.

Carers flagged that they need to book respite care ahead, some saw this as a positive but for others there were some issues around availability of and finding the right provision.

Family carers highlighted a desire for more information and some issues around making sure information is up to date and how services communicated with each other. We identified that ways for people to give feedback more regularly should be developed.



In response an action plan from Coventry Council commits to work on:

- A clearer review mechanism
- Exploring how providers' feedback/handover processes and how information is shared between families can be developed

- New mechanisms for gathering feedback



Support for health needs of care home residents

Previous visits to care homes and work by national organisations such as the Care Quality Commission highlighted the importance of residents' health needs being met. We visited four care homes to find out experiences of dentists, podiatry and opticians and how staff within the home supported residents to look after their oral health and hearing etc. We also looked at quality of life and choices through activities, care and meals.

As a result of our recommendations care home managers have made changes such as:

- Hearing tests for residents
- "a Hearing Loss champion will be appointed"
- Improved information about activities
- Plans for a welcome pack for new residents
- Building maintenance issues were addressed

Read our reports at:
www.healthwatchcoventry.co.uk

New information about pharmacy services

Previously, we asked local people to tell us what they thought of community pharmacy services. It was clear from this that there was a gap in the information people were getting about the services pharmacies could give.

This year as part of the Coventry and Warwickshire Year of Wellbeing we worked with the public health team at the council to get new clear information for the public about the help community pharmacies can give.



A voice for patients /public

Our volunteer Steering Group members, volunteer Chair and the Chief Officer attended over 45 groups and meetings so that the voices of local people can be heard.

Plans for service changes

Every year plans are developed for changes to NHS services. This year plans to change the way services for stroke patients work in Coventry and Warwickshire were agreed

after several years of development by the NHS.

We have been involved throughout and added our voice through attending workshops on different options and representing the concerns of local people about transport to the new rehabilitation centres.

Our work with others

Concerns about specific services

We maintain regular links with the local organisations that are responsible for NHS and social care services and the Care Quality Commission (CQC) which regulates them.

We share our findings and any information we have about concerns about specific services for example this year:

- We heard concerns about a Cygnet private mental health facility in Coventry, which cared for NHS patient who were placed in it from other areas in the country. We liaised with the Care Quality Commission, the local Clinical Commission Group and raised with NHS England. A visit and CQC inspections took place and the facility was rated as inadequate and big changes were made to how it was operating
- We shared our findings from our visit to Evedale Care home at an early stage with the Care Quality Commission (CQC) and the commissioners at the council and in the NHS. The CQC did an inspection and rated the home as 'inadequate' and is taking enforcement action.



Voluntary and community groups

We work with local voluntary and community sector organisations as they have expertise in different areas of work and connections with many local people.

Lots of organisations have helped to promote our pieces of work and surveys. We spoke to others at their meetings as well as organising specific discussions. Some of the organisations we worked with were:

- The Carers Trust Heart of England
- FWT - a centre for women
- Involve - mental health
- Asian Blind Association
- Coventry Older Voices
- Headway
- Salvation Army
- Men’s Shed
- Coventry Refugee and Migrant Centre

We also thank the staff who support the SEND information and advice group in Coventry for their help in organising a discussion group with parents of children and young people with special educational needs and disability.

We also thank staff at Coundon Court secondary school for organising our session with sixth form students.

The Healthwatch network

We are part of the wider Healthwatch network of 151 local Healthwatch.

Healthwatch England collates the issues which local Healthwatch hear to use to influence national policy. You can read all of the briefings responses and reports they have produced at:

www.healthwatch.co.uk/news-and-reports



We also do joint work with Healthwatch Warwickshire. This year we shared meetings with leaders from NHS organisations that cross our boundaries and worked together on surveys and reports.

We are also part of the Healthwatch West Midlands Network which has an important role in linking with organisations that want to speak to Healthwatch from across the region. For example, the Network has a representative on the West Midlands Cancer Alliance on behalf of all of us.

Helping you find the answers

This year we helped **531 people** get the advice and information they need by:

- Providing advice and information articles on our website
- Answering people's queries about services over the phone, by email, or online
- Talking to people at Contact Points
- Promoting services and information that can help people on our social media.

Our Information Service

We helped **446 people** through our information helpline service. We dealt with 96 more clients this year, which is a rise of 27% on last year.

308 were helped by phone, 132 by email and the remainder face to face or by post. 23% used us more than once.

With 62% of these being helped with how to raise a complaint about an NHS service. This is an increase on last year.

This year we heard from more people about issues related to access to services and issues related to the NHS complaints process.

The most common themes to information enquiries were:

- Concerns about the quality of medical care
- Challenges that people have accessing services such as obtaining referrals and patient transport

- Issues getting a diagnosis or not being happy with a diagnosis
- The way that staff and services communicated with patients. This ranges from GP receptionists to hospital consultants
- Delays that people have experienced within treatment. The most common being the time it takes for an operation to be rebooked, or delays for follow up treatment recorded on our log as delays)
- The way NHS complaints have been dealt with.

Contact us to get the information you need



If you have a query about a health or social care service, or need help with where you can go to get further support, get in touch. Don't struggle alone.

Healthwatch is here for you.

Website: www.healthwatchcoventry.co.uk

Email: info@healthwatchcoventry.co.uk

“Thank you very much for all the advice and support you have offered, both over the phone and via email. It is really appreciated”

“Thank you for your kindness last week it was much appreciated after everything that has happened”

Shireen's story*

Shireen wanted help raising issues related to previous hospital care which she thought may have come about through the hospital missing something.

Our information line explained how she could raise a complaint with the hospital and gave her information to start this off. We also connected her with the NHS complaints advocacy service for help in doing this.

Whilst we were talking we could also see that Shireen needed other help as her health conditions meant that she had care needs and nobody to help her.

When it came to doing shopping and running errands, Shireen was forced to go against medical advice and she also struggled with the stairs where she lived. Her previous attempts to get help had not been successful.

We arranged for organisations that specialise in social care support and housing advice to contact Shireen so she could get the help she needed.



Janine's story*

Janine called us because she needed some help taking her NHS complaint further.



Janine had made a complaint about Mental Health Services in the NHS. The NHS sent her a letter confirming that they received her complaint, but nothing had happened since. She had tried to follow it up but got nowhere.

When we explored the situation a bit more, Janine told us that she was now an inpatient at a different Mental Health Unit.

As Janine lived outside of Coventry, we asked for her permission to refer her to her local NHS complaints advocacy service. We called them and arranged for them to call her back so she could get support with her complaint.

We also asked what general help Janine was getting, and we found that as an inpatient in a Mental Health Unit she could get support from an Independent Mental Health Advocacy Service, to help her with various aspects of her treatment, care and support needs. We explained this to Janine and made another direct referral to them.

Abbas' story*

Abbas contacted Healthwatch because he didn't know who could help. His wife was living in a care home and social services were preparing to return her home with a home care package.

Abbas didn't feel that he was able to adequately care for his wife, due to difficulties he had himself.

We explained that Coventry Law Centre has a Community Care Team that specialises in this area of law, and we made contact with them and arranged for them to call Abbas back to give him more advice and support.

NHS complaints advocacy support

We work with Central England Law Centre which provides a service giving help to people who are making a complaint through the NHS complaints process.

The aim is to help people with how to do this from how to get across the points people want to make, navigating the process, to thinking about the response received. Plus support for the upper level of the process at the Ombudsman where cases meet the criteria.

This year we received 95 referrals to the service and had 21 cases that were being worked on from the previous year.

We supported **97 people** with their complaint; giving one off advice to 22, and supporting 55 with their complaint case.

Of the complaints which reached the end of the local resolution stage with NHS services 30 were up held in full or part:

Result	Number
Upheld	5
Partly upheld	25
Not upheld	4

We supported eight people to raise their complaint through the Parliamentary and Health Service Ombudsman. One was considered out of time and the other seven await a response.



“Thank you so much for your letter, I received this morning. I cannot thank you enough”.

Susan's story*

Susan was concerned that a hospital had changed her medical records and that information was missed off. We helped by requesting a copy of the records from the hospital. When the records arrived we talked them through with Susan. She was reassured that the records were correct and that no further action was needed meaning she was not worried any more.



How we help people

Some of the changes that have happened as a result of the complaints we helped with are:

- The cost of replacing an item lost during a hospital stay was funded
- A young person was able to access free orthodontic treatment after being incorrectly informed he would be charged as an adult due to long waiting times. NHS England have been asked to look into this as a wider issue
- An inaccurate entry on medical records about a patient’s mental health was changed
- Apologies have been received for the issues people have raised, which will help them to have a relationship of trust in the future with health services
- A client has been successfully referred to a clinical negligence solicitor when this was the best course of action.

“Thank you for the draft ... letter, which sounds very good”.

Peter’s story*

Peter wanted to raise concerns about the deterioration of his wife’s condition, which had happened despite continued monitoring by medical professionals. The independent complaints advocacy service helped Peter to put forward his complaint. Peter’s complaint was found to be partly upheld. The NHS Trust acknowledged that there could have been better communication between the various clinicians and would ensure this happens in the future. Peter was satisfied that his wife would receive a coordinated care approach to future treatment.

Akhtar’s story*

Akhtar contacted us because he was unhappy with what had happened during a hospital appointment for a diagnostic procedure. He has a disability and felt he had been poorly treated because the right assistance had not been available for him causing embarrassment and distress. We helped Akhtar to express his feelings and concerns in a letter of complaint and the hospital apologised to him for how he had been treated.

NB - Names in the stories have been changed and photos are for illustration

Our volunteers

Volunteers contribute to virtually everything we do in Healthwatch. Our volunteers are talented and passionate about our role. Meet three of them below:

Gillian, Authorised Representative volunteer



I joined Healthwatch Coventry in 2015, as I wanted to support local people (especially the more vulnerable and less able, who are often not heard) to voice their views and opinions about the NHS and Social Care services they use.

I have been involved in a wide variety of projects which this year included: collating a draft report about respite care services from completed questionnaires, where family carers and the people they cared for were asked about their experiences. Visits to care homes; talking to service users, carers, relatives and staff and observing care.

Personally, I enjoy being part of the team at Healthwatch Coventry, working towards making a positive difference to services used by local people and engaging with people from all walks of life. As an individual, I feel that I have a greater respect for others and I more fully understand the importance of listening to and valuing the opinions of other people.

Natalie, Social Media volunteer

I came across Healthwatch through a talk they gave at a community centre working actively to change an area with high levels of poverty and diverse communities. Healthwatch wanted to understand more people's needs in health and social care by spreading the word digitally and were looking for volunteers to help them. I immediately signed up.

I re-designed the layout of their social channels, increased their contacts and engagement, and created and scheduled posts to increase traffic to their pages.

This experience helped me to get a place on a graduate training scheme where there were over 750 applicants. Healthwatch not only trusted me with the role but went to lengths to ensure my experience was as valuable as it could have been. I really feel like I owe my current job to this voluntary role! I have now enrolled in a formal qualification in Digital Marketing and I am well on the way to my dream career.



Martin, Admin Support volunteer

I have been volunteering for Healthwatch for 6 years. I heard about the role from the Do-it.org website. Volunteering with Healthwatch on a Monday morning helps me to structure my week.

Healthwatch has helped me maintain my self-confidence now I am retired, by proving to myself that I can still do a professional job in a professional organisation. I enjoy working in the office.

My volunteering role has also helped me keep my computer skills up to date and it gets me out of “my retirement bubble” and reminds me how other people live. I have also learnt a great deal about Healthwatch.



Our Steering Group

Our Steering Group is responsible for setting the strategy and direction of Healthwatch work. It is made up of individual local people and local voluntary organisations. Each year we run an application process for some of the places.

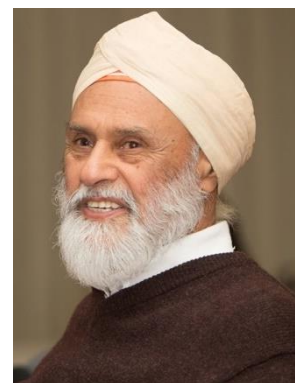


The Steering Group makes decisions about the work we do and the use of our powers and these decisions are published via Steering Group minutes. More information about Healthwatch Coventry governance and decision making is available at www.healthwatchcoventry.co.uk/about-us

Steering Group members

Hakeem Adedoja	from 1/1/19	Dennis Saunders	from 1/1/18
Tervinder Bhargal	from 1/1/19	Catherine Smith	from 1/1/20
Apollo Economides	from 1/1/19	David Spurgeon	from 1/1/20
Karen Keates	to 31/12/19	Des Patalong	To 1/9/19
Stuart Linnell (MBE)	Chair	Edward Devane	Co-opted

Andrew Collis, Involve Coventry	from 1/1/19
Samantha Keogh-Collins, Grapevine	from 1/1/19
Christine McNaught, FWT- A Centre for Women	from 1/1/19
Ed Hodson, Citizens Advice Coventry	Co-opted



Our Authorised Representatives

An up to date list of our Authorised Representative volunteers can be found at:
www.healthwatchcoventry.co.uk/content/whos-who

Plans for the next year



Ruth Light, Chief Officer

“It is important that where NHS or social care services are changed that this is transparent, well thought through and of benefit to patients/the public.”



I am writing this in May 2020 when so much in the world and day to day life has changed completely as result of the Covid-19 pandemic and many people have lost or are worried about loved ones.

It is clear the implications from Covid-19 will continue for some considerable time and will be the context for our coming year and beyond.

We have changed how we work as a result. Our focus earlier this year on social media communication now helps us to consider the challenge of how we engage with local communities when face to face methods are not an option.

Our report on views about ideas to use digital ways for patients to use NHS services is really relevant as NHS services have switched to phone and video appointments and we will continue to use these findings as organisations consider how to provide services.

How the NHS navigates providing planned services to those who need them and emergency care to those who do not have Covid-19, is the next challenge. Patient and public perspectives should be at the heart of this or it will not work.

All that has happened will also be an impetus for changed ways of working in the longer term. It is important that where NHS or social care services are changed that this is transparent, well thought through and of benefit to patients/the public. There will also be long lasting implications for communities in Coventry due to the financial and economic repercussions of the pandemic.

Therefore, whilst we are not able to set our work priorities in the usual way now, I foresee a very busy year working to adapt what we do and respond to the changing environment. The magnifying voice of Healthwatch will be so important for our communities.

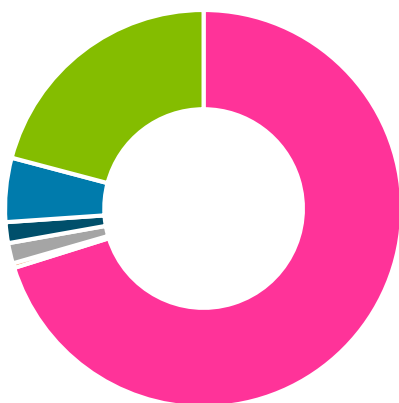
The other work which we must complete comes from the recommissioning of our services. We have staff roles to recruit; the challenge of recruiting more volunteers and a plan for our information service to develop.

Finances

Income	£
Funding from local authority to deliver local Healthwatch statutory activities	239,000
Other income*	2,500
Total income	241,500

Expenditure	
Voluntary Action Coventry (VAC) - voice & influence	122,384
Citizens Advice Coventry - information helpline	42,164
Age UK Coventry & Warwickshire - contact points	19,156
Central England Law Centre - independent NHS complaints advocacy service	43,384
VAC - contract management	13,852
Total expenditure	240,940
Brought forward from 2019/20	2548
Carry forward to 2020/21	3,108

Healthwatch expenditure



Salaries	128,893
Staff costs	697
Publicity	3,049
Volunteer expenses	3,125
Other direct costs	9,578
Management & overheads	38,362
Total expenditure	183,704

NHS complaints advocacy service expenditure

Salaries	34,336
Staff costs	1,815
Other direct costs	64
Management & overheads	7,169
Total expenditure	43,384

Notes

Due to Covid-19 figures are not yet audited

In addition to the grant for Healthwatch and Complaints Advocacy work we received £2500 for a piece of work co-ordinated across the Healthwatch Network by Healthwatch England.

What terms mean

Authorised Representatives	Healthwatch volunteers who are trained and approved to visit NHS and social care premises
BAME	Black, Asian and Minority Ethnic person or community
Care Quality Commission (CQC)	Regulator of health and social care providers in England. It inspects services to see if they meet certain standards
Clinical Commissioning Group (CCG)	Organisation with responsibility for spending and overseeing a proportion of local NHS budget
Commissioning/ re-commissioning	Process for organising or buying health or social care services or other services and for monitoring the quality of the service provided
Contact Point	Name for a Healthwatch Coventry stall in an NHS or community setting designed to gather feedback from local people and provide information about Healthwatch
Coventry and Warwickshire Partnership Trust (CWPT)	Provider of mental health and learning disability services for Coventry and Warwickshire, plus community health services for Coventry
Discharge to assess	The name for short term care in Coventry to help people regain strength, mobility and independence following illness or being in hospital or for short term care of up to 6 weeks whilst future care needs are assessed and put in place
Engagement	An overarching term for activities to gather views, opinions or feedback from patients or the public Healthwatch
Enter and View	Term for one of the Healthwatch powers: to visit certain NHS and social care premises to see how services are being run
Healthwatch England	National body supporting local Healthwatch and utilising the evidence local Healthwatch gather for national policy campaigns

Health and Wellbeing Board	Led by the Local Authority to develop a strategy for local health and wellbeing, setting priorities for local joint work across health and social care
Ombudsman	Parliamentary and Health Service Ombudsman provides the top level for the NHS complaints process and the Local Government Ombudsman for complaints regarding local authority services
Reablement	Short-term NHS and social care support for individuals to help them to be as independent as possible after an unplanned hospital stay or illness and remain living at home, avoiding moving permanently into a care home
Scrutiny Committee	Committee of the local council made up of local councillors that look at health and social care delivery
SEND	Special Educational Needs and Disability are grouped together under the term SEND. Local authorities and clinical commissioning groups use this terminology when referring to a service user or patient who may have additional learning and access needs for education, health and care
Social care services	Services organised by the local council to provide support to vulnerable, disabled and/or older people who need support to live their lives, for example support to live at home or residential care
Trust or NHS Trust	An organisation within the English NHS providing healthcare services for residents such as hospital services, mental health services or ambulance services
University Hospitals Coventry and Warwickshire (UHCW)	Trust providing hospital services in Coventry and Rugby

We will be making this annual report publicly available by 30 June 2020 by publishing it on our website and circulating it to Healthwatch England, CQC, NHS England, Clinical Commissioning Group/s, Overview and Scrutiny Committee/s, and our local authority.

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