



Healthwatch Bristol

Annual Report 2014/15





Contents

Note from the Manager	4
Note from the Healthwatch Advisory Group	5 & 6
About Healthwatch	7
Our vision/mission	7
Our strategic priorities	8 & 9
Engaging with people who use health and social care services	10, 11 & 12
Understanding people's experiences	10, 11 & 12
Enter & View	13
Young Healthwatch	14, 15 & 16
Providing information and signposting for people who use health and social care services	17
Influencing decision makers with evidence from local people	18, 19 & 20
Producing reports and recommendations to effect change	18 & 19
Putting local people at the heart of improving services	21
Working with others to improve local services	22
The Better Care Programme	22
Impact Stories	23
Case Study One	23
Case Study Two	24 & 25
Case Study Three	26
Case Study Four	27
Case Study Five	28
Our plans for 2015/16	29
Our governance and decision-making	30
Our board	30
How we involve lay people and volunteers	31
Comments from our volunteer survey	32
NHS Complaints and Social Care Complaints advocacy	33 & 34
Financial information	35
Contact us	36



Note from the Manager



Pat Foster, General Manager

We are pleased to present the 2014/15 Healthwatch Bristol annual report. This has been a rewarding year for Healthwatch that has enabled children, young people and adults' views to be heard by service providers and commissioners. We have successfully balanced being independent with also being part of the decision making process as part of the Health and Wellbeing Board.

We could not do the work that we do without our fantastic team of volunteers and paid staff. An enormous thank you to everyone who gives so much time and energy to improving services for us all.

Healthwatch work this year has included staff reaching out to ensure that seldom heard communities including the 395 Gypsy, Roma and Travellers (GRT), the increasing Black, Minority, Ethnic (BME) communities and the 1,900 people with learning disabilities across the city are being heard.

Healthwatch has been instrumental in providing information on the newly commissioned mental health service and will be working this coming year to provide patient and public involvement in the re-commissioning of Improving Access to Psychological Therapies (IAPT). We know that there are over 23,000 people registered with their GP for stress, anxiety and depression and will be seeking their feedback on services.

Bristol City Council asked Healthwatch to enter and view two care homes with residents with dementia, to provide them with an independent view of the service. In Bristol there are 2,300 people registered with their GP that have dementia.

Healthwatch has heard from the Clinical Commissioning Group (CCG) about personal health budgets and are following the implementation of the service for the 21,800 people in Bristol with long term conditions.

One of the Healthwatch Bristol volunteer representatives has been a member of the programme board for the re-commissioning of adults' community health services and has now been asked by Bristol CCG to join the programme board for the re-commissioning of children's community health services. Healthwatch has also co-facilitated with Bristol CCG a young people's group who have been involved in the commissioning process.



Note from the Advisory Group



Bristol has a growing population with an estimated population of 437,500. The number of children is lower than the national average at 18.7% and 13.3% of the population are over 65 years or older. The health and wellbeing of the population is said to be improving but there are big differences across the city:

- An inequality in life expectancy between the most and least deprived areas, with over 10 years difference between some areas
- on average women spend 19.4 years in poor health compared to 14.9 years for men, due to men dying at a younger age
- increasing numbers of people reaching 90+ years who tend to require more support
- social isolation is a growing issue nationally and impacts on health and wellbeing.

Bristol's aging population is growing at a slower rate than the national average, but the number of people likely to need social care is still expected to rise significantly over the next 25 years. The number of people living with dementia, learning disability or poor mental health will all increase.

The population of Bristol has become increasingly diverse and some local communities have changed significantly. There are now 45 religions, at least 50 countries of birth represented and 91 main languages spoken by people living in Bristol. The largest growth in population in Bristol have been the Somali and Polish communities.

Healthwatch has developed priorities based on the experience and concerns of the public whilst recognising the health and social care context and priorities.

Healthwatch plays a central role in enabling people's views and experiences of health and social care to be heard. Engagement with communities enables and supports people to understand how the health and social care system works, express their views and share their experience. Engagement has been conducted through attending community events, holding Healthwatch open meetings, surveys, focus groups and workshops.

Healthwatch has collected opinions through the website, surveys and focus groups in seldom heard communities including the Deaf Blind community, the Gypsy Roma and Traveller communities, Black Minority Ethnic (BME) communities including Somali Voice and the Link Age BME Elders, Neurological alliance, carers, children and young people and older people. Healthwatch has fed back findings through the quarterly reports that are shared with service providers, commissioners, NHS England Quality Surveillance and Healthwatch England.

Healthwatch has been working closely with the Diversity Trust to ensure the views of the Lesbian Gay Bisexual Transgender or Questioning communities are informed about Healthwatch and issues heard.

Healthwatch has worked with the Commissioning Support Unit Diamond Group, who trained volunteers through the Diversity Trust to enable them to comment on equality issues. These volunteers have now transferred to Healthwatch and give the opportunity to reply to equality issues and the NHS Trusts Equality Delivery System.

Note from the Advisory Group



In 2014/15 the Healthwatch Advisory group took a decision to work on a theme taken from the issues heard from the public and work with that theme for a quarter culminating with a public open event to share what information has been heard. The first themed quarter looked at cancer as early diagnosis figures are lower in Bristol. Healthwatch collected opinions through surveys and focus groups in seldom heard communities and fed back findings through an open meeting in December. The next quarter looked at children and young people particularly looking at mental health and wellbeing and self esteem. This quarter culminated in an open meeting on 31 March 2015 where young people shared their views to a wide audience.

Healthwatch has produced a number of reports including on the enter and view visits, visit to Southmead hospital, Young Healthwatch and as part of the national Healthwatch England special inquiry into unsafe discharge. The reports formulate views on the standard of service provision and recommend how services could and ought to be improved.

The Healthwatch advisory group is made up of Amanda Baldwin, SEAP; Keith Sinclair, Carers' Support Centre; Tara Mistry, Bristol CCG Patient and Public Involvement lay representative; Christine Teller, Health and Wellbeing Board Representative (Stepped down Feb 2015); Paula Williams, Quality Lead; Suaad Walker, Equality Lead; Justin Charnock, Enter and View Lead and Tom Renhard, Children and Young People's Lead.



About Healthwatch



Healthwatch Bristol is here to make health and social care service better for everyone, especially those that perhaps face additional challenges in accessing services.

Healthwatch Bristol Vision

Communities and people in all their diversity in Bristol can maintain their health and wellbeing, and care for themselves and each other.

Healthwatch Bristol Mission

Healthwatch Bristol involves local people to help improve health and wellbeing services.

Everything Healthwatch says and does is informed by the connections to local people and Healthwatch expertise is grounded in their experience.

Healthwatch is uniquely placed as a network; there is a Healthwatch in every local authority area in England. Healthwatch organisations have come together regionally in the South West to share what has been heard and this gives Healthwatch Bristol the opportunity to work closely with other Healthwatch. Healthwatch replies to the NHS Trust Quality Account (QA) and, working co-operatively with other Healthwatch, enables us to share some of the work. Some trusts cover several Healthwatch areas, Healthwatch Bristol has been working with Healthwatch South Gloucestershire to reply to both North Bristol NHS Trust and University Hospital Bristol NHS Foundation Trust. Healthwatch Bristol is also working with Healthwatch Gloucestershire to reply to the South West Ambulance NHS Trust (QA) and with Healthwatch Wiltshire to reply to the Avon and Wiltshire Mental Health Partnership (QA).

As a statutory watchdog the Healthwatch role is to ensure that local health and social care services, and local decision makers, put experiences of people at the heart of their care. Each quarter Healthwatch collects and collates children, young people's and adults' views of their health and social care services and publish these to service providers, commissioners at the Local Authority, CCG, NHS England, the regulators the Care Quality Commission and Healthwatch England. The issues are viewed at the Healthwatch Advisory Group and decisions are taken to take up themes from the analysis to undertake more research into the areas of concern.





Healthwatch Bristol Strategic priorities

Using the Joint Strategic Needs Assessment, Health and Wellbeing Strategy and the information heard direct from local people, the 2014/15 priorities were to:

- Make recommendations to service providers, commissioners, the Care Quality Commission (CQC) and Healthwatch England
- Provide Healthwatch England with the intelligence and insight it needs to enable it to perform effectively
- Promote and support the involvement of local children, young people and adults in the commissioning of local health and care services which include adult and children's community health services, Improving Access to Psychological Therapies (IAPT), patient transport services and the independent treatment centre
- Enable local people to contribute their experiences of early diagnosis of cancer and identify whether and how local care services can be improved
- Hear from patients, service users and carers about their experience of their long term conditions and the introduction of personal health budgets to identify and challenges faced and feedback to commissioners
- Champion the voice of older people and people with dementia through enter and view visits to residential care facilities and making reports and recommendations about how the care services could or ought to be improved
- Use the knowledge of the newly commissioned mental health services and ensure patient and service users views are shared with service providers and commissioners.





Work Plan 2014/15 **healthwatch** Bristol



BME communities
 people in deprived areas
 people with learning difficulties & autism



monthly e-bulletins
 quarterly newsletter
 website updates
 informative posters and leaflets
 patient story leaflets



Engaging with people who use health and social care services



Understanding people's experiences

Healthwatch Bristol provides local people with a range of ways to share their experiences of health and social care services. People can share their feedback with Healthwatch via Tell Us Your Story leaflets, the Healthwatch Bristol website, social media, telephone, text and freepost address. People have told Healthwatch that they are reluctant to share feedback with their service provider for fear of repercussions. The option to share feedback with Healthwatch anonymously allows everyone to have their voice heard and to access support.

To increase public awareness of Healthwatch and obtain information about local people's needs and experiences of health and social care services, Healthwatch Bristol has engaged with community groups and the general public in a range of ways. Healthwatch has an active twitter account with 1,568 followers as well as a Facebook account and Young Healthwatch Facebook account that are used to share local health and social care information to residents of Bristol and ask for their views. For example Healthwatch used Facebook advertising to widen awareness of the Healthwatch Special Inquiry into Discharge reaching 135,325 people in Bristol.

The Healthwatch Bristol team has attended public events and visited community groups to speak to people who are seldom heard or may be vulnerable.

Healthwatch Bristol attended a Somali Parents Group at an inner city secondary school and heard from parents about their experiences of accessing and using health services. The parents have been invited to arrange a follow up event so that they can invite other members of the Somali Community in Bristol to attend and share their views on health and social care services.

Healthwatch Bristol will provide language interpreters and invite local health organisations and commissioners to speak to the attendees and hear about how they can improve their services.

Local and national research shows that Lesbian Gay Bisexual Transgender and Questioning (LGBTQ) people have higher levels of anxiety and depression. Healthwatch Bristol has worked with The Diversity Trust to develop and launch an LGBTQ Community Health Survey for Bristol. Berkeley Wilde, Director of the Diversity Trust, said:

“We are really pleased to be launching this survey. We have carried out similar health needs assessments in other local areas and we are mapping the health and wellbeing of LGBTQ people across the area. We plan to use the results to influence public policy and decision-making. We have found [...] that LGBTQ often experience barriers when accessing services even fearing discrimination. We want to gather evidence to make a real difference to the lives of LGBTQ people in our local communities.”

The 
Diversity Trust
Influencing Social Change



Engaging with people who use health and social care services



Healthwatch Bristol has made contact with local authority and NHS staff working with Gypsy, Roma and Traveller (GRT) communities in Bristol to discuss the best ways to work to promote Healthwatch and the opportunities available to feedback about services within the GRT community. With support from the Specialist Health Visitor for the GRT communities in Bristol, Healthwatch Bristol has spoken to members of the community about their experiences of discrimination in health settings including GP surgeries. In response to this feedback, we have encouraged local surgeries to provide their staff with GRT Awareness Training. Healthwatch has also developed an 'I Need Extra Help' card which is given to GRT families to show to health and social care staff to alert them to the types of support they may need to engage successfully with services. The cards have Healthwatch Bristol's contact details on so people can get in touch to share their experiences.

Healthwatch Bristol has worked with older people and has attended Alzheimer's Society Memory Cafes in Bristol to speak to people with dementia and their families and/or carers, and carried out Enter and View visits in care homes. Healthwatch Bristol staff and volunteers have also attended events across the city aimed at promoting health and wellbeing amongst older people.

Healthwatch Bristol has worked with students studying in Bristol, but not originally from Bristol. This work included speaking to local universities about the wellbeing of international students. Through hearing about the issues that people new to Bristol face accessing and using health services, Healthwatch Bristol is keen to engage more with people volunteering or working in Bristol who may not live in the city.

Since October 2014, the Healthwatch Bristol Advisory Group has selected a focus topic for each quarter's work. This topic is selected based on the feedback Healthwatch has received from members of the public and/or to link with work being carried out by commissioning groups in Bristol. As part of each quarter's topic work the Healthwatch team prioritises engagement with seldom heard groups.

Between October and December (quarter 3 of 2014), the focus topic was cancer support services. The work fitted with local objectives around cancer service improvement and Healthwatch worked closely with the Commissioning Support Unit to ensure that the findings informed the design of future cancer support services. In keeping with our local and equitable approach, Healthwatch provided patient and public groups and individuals with many and varied ways to share their feedback about discharge experiences including hosting a free consultation event, targeted specifically at Black Minority Ethnic (BME) communities, working with a local organisation to translate the cancer survey into Mandarin Chinese and support people to complete the survey, and developing an accessible workshop to discuss cancer screening for people with learning disabilities.

As well as gathering feedback from people in community settings, Healthwatch Bristol has also had a presence in health care settings to increase public knowledge and awareness of Healthwatch and provide people with the opportunity to comment on the services they have received.



Engaging with people who use health and social care services



Healthwatch spent a day in the reception area of Bristol Children's Hospital. Healthwatch used a Monkey Wellbeing hand puppet to 'speak' to children and hear about their experiences of treatment or of visiting a sibling at the hospital. Following the success of the one-day stand, Bristol Children's Hospital invited Healthwatch to take part in an annual event arranged by the hospital for children and young people who have had pacemakers fitted. At this event, Healthwatch facilitated a role-play activity to encourage the children to reflect on what made a doctor good at their job.



Engaging with people who use health and social care services



Enter & View

Healthwatch Bristol Enter and View lead: Justin Charnock

Healthwatch Bristol has twelve authorised Enter and View representatives. An Enter and View Planning Group was established in spring 2014 and since then there have been four Enter and View visits to care homes across Bristol:

- **Holmwood House April 2014**
- **Humphrey Repton June 2014**
- **Rivers Way January 2015**
- **Osbourne Court April 2015**

The reports from these visits, and care home managers' responses, can be found on the website: www.healthwatchbristol.co.uk

The purpose of the Enter and View visits is to identify good practice that can be celebrated and shared with others, and to identify any issues which concern service users, their relatives or the Enter and View representatives.

This Enter and View work is part of an on-going programme being implemented by Healthwatch Bristol to understand the quality of residents' experience within local care homes; particularly where residents have, or could be expected to have, dementia.

care homes are identified for Enter and View by:

- **Concerns around safeguarding, Bristol City Council invitation to visit and independently report on a care home**
- **seeking a balance between new build ('state of the art') and specialist provision or older care homes**
- **identifying concerns that have been raised about a care home through Healthwatch Bristol**
- **placing an emphasis on the care of elderly people with dementia**
- **managing a balance of visits to the small family owned care homes, or local/regional providers and large (national) providers of care for elderly people.**

The Enter and View visits have found a small number of emerging themes where improvements could be made; for example, increasing the provision of meaningful activities for residents. All enter and view reports are sent to the CQC, Healthwatch England and local authority commissioners.

Young Healthwatch



Healthwatch Bristol has developed, with young people across Bristol, a range of Young Healthwatch projects. Young Healthwatch has trained young people as Young Champions and supported them to create their own Twitter and Facebook accounts and begin to make contacts with other youth organisations across Bristol.

The projects Young Healthwatch works on are constantly evolving as we react to the feedback young people give us and the ideas they present us with. In 2014/15, Healthwatch has:

- Hosted two events for children and young people to attend and take part in fun activities, think about health issues and have their say about health and social care services.
- Supported young people to train and volunteer as Young Champions. Young Champions represent the views of other people from their youth group, community group, health related group or school and work with Healthwatch to ensure children and young people are involved in the development of health and social care services.
- Produced a series of short videos featuring children and young people who have been involved with Healthwatch speaking about their experiences of health and social care services and encouraging others to get involved with Healthwatch.
- Developed 'Your Voice, Your Wellbeing Workshops'. Young people told Healthwatch they wanted more support to build their resilience and look after their wellbeing before they became mentally ill or needed support from health and social care services. In response to this feedback, Healthwatch developed 'Your Voice, Your Wellbeing' workshops and delivered them in secondary schools and youth groups across the city. The workshops enabled young people to discuss their experiences

of and attitudes towards health and social care services, learn about commissioning and take time to think about how they can look after their own wellbeing and mental health.

- Worked with the National Children's Bureau (NCB) and Council for Disabled Children (CDC) to develop their 'Our Rights' project. Through engagement work with a Bristol Special School, Healthwatch identified a need to support young people with complex needs and disabilities to be involved in their care and understand their rights when accessing NHS services. Healthwatch worked with NCB and CDC to ensure the 'Our Rights' resources are accessible to children with physical disabilities and learning disabilities and demonstrate how they can be used to support children with complex needs. Three sessions were delivered by Healthwatch Bristol and Claremont Special School staff for post-16 pupils at the school. The sessions have been developed to encompass the rights contained in the NHS Constitution.



The Healthwatch Young People's Reference Group.



- Worked with Bristol Parent Carers to develop a survey about children and young people's experiences of accessing support for their mental health and wellbeing.
- Held an open advisory group which was attended by young people, parents, carers and professionals. The event included presentations from Healthwatch Bristol, Healthwatch Young Champions, Bristol City Council, Bristol Clinical Commissioning Group, NHS England Youth Forum, Barnardo's, Contact A Family, University of the West of England Student Union and Bristol City Youth Council. The meeting ended with a question and answer session during which young people asked commissioners and service providers questions about mental health services for children and young people. A young person attending the event commented that the best thing about the evening was "knowing something was being done in CAMHS in response to young people's feedback."
- Created the 'Our Stories' blog. Young people told Healthwatch that they would like to share their story publically. In response, Healthwatch created the Healthwatch 'Our Stories' blog. Blogs include those written by Healthwatch volunteers, for example Young Champion Fatima's account of receiving cancer treatment and Healthwatch Bristol Advisory Group member Suaad's reflections on the benefits that social prescribing has had on her health and wellbeing. Other blogs have focused on sharing tips on how best to cope with different health related situations. In 'Stressed and Worried? No Problem' the blog's author, Grace (11 years old) gives her readers pointers on dealing with anxiety, whilst in 'Want to study healthcare?', Bristol University medical student, Tom, provides inspiration and helpful advice for young people wanting to pursue a career in health and social care. All the blog posts are promoted via the Healthwatch Bristol social media Facebook and Twitter accounts. Links to these accounts can be found on the report Contact Page.

The young healthwatch group:

- designed their own service pathway for Children's Community Health Services which was included as a key part of the service model specification produced by the CCG.
- commented on individual services, including School Nursing and CAMHS, which are being re-commissioned. Their feedback has been shared with the Programme Board.
- met the commissioners to share their feedback directly and hear from the commissioners how their feedback has been used to influence the re-commissioning process.
- helped create an animation to be used to encourage people to participate in the consultation phase of the re-commissioning process.

Healthwatch Bristol has used the feedback gathered to influence the following groups:

- Bristol City Council: Healthwatch Bristol shared the feedback from children and young people with Bristol City Council who are currently developing a Bristol Youth Strategy.
- The Parliamentary Taskforce for Children and Young People's Mental Health and Wellbeing: Healthwatch Bristol shared the feedback from children and young people with Healthwatch England who inputted in to the national taskforce responsible for reviewing children and young people's mental health and wellbeing.



Young Healthwatch

Healthwatch Bristol has already seen that commissioners are interacting more with children and young people and using their feedback to design future children's services. The outcome of involving the young people who use children's community services in the development of those services will be that the services are better designed to meet their needs and as such provide better care. The Healthwatch Bristol 'Your Voice, Your Wellbeing' workshops have highlighted to young people and their teachers/youth workers, that there needs to be more focus and support to develop young people's wellbeing and resilience. Healthwatch has started conversations about mental health and hope that this will improve young people's experiences of asking for support and knowing who to approach for help.



Healthwatch Bristol produced an interactive 'You Said, We Did' poster to show what children, young people and families had said and what Healthwatch had done with their feedback to influence services. W: <http://tinyurl.com/qdfoap5>.



Healthwatch Bristol has also shared information about Young Healthwatch via our social media, monthly e-bulletin and monthly community radio show.



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

The Care Forum provides an information and signposting service, Well Aware, accessible online (www.wellaware.org.uk) and by freephone. An online database of health and wellbeing services, support organisations, activities and groups provides up-to-date information on what is available locally, regionally and nationally. There is specialist information on learning difficulties, low vision resources, mental health, employment and men's health and wellbeing issues. Easy English, Google translate, and Browse Aloud are some of the accessibility features and functions.

Well Aware covers the old Avon and Somerset areas, thus providing information about services in neighbouring areas which may be of relevance to Bristol residents. 257,038 people accessed the Well Aware website between April 2014 and March 2015 across this wider area.

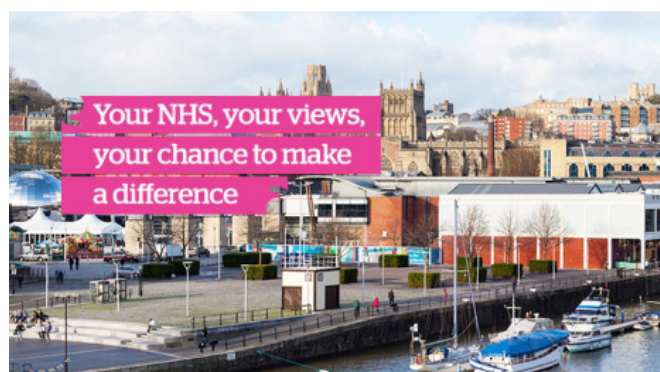
Well Aware also has a free phone telephone service which is used by people who do not have access to the internet.

The top five areas searched for were:

- mental health
- dementia
- befriending
- gardening
- counselling

In February 2015 a new website was launched for Healthwatch Bristol with an interactive feedback centre. Every statutory health and social care service is listed on the website and people visiting the site can review services and leave feedback on their experiences. The website links to the Care Quality Commission (CQC) website displaying recent CQC inspection reports into health services.

This will help people to make informed choices about services and provides another opportunity for people to leave feedback on services using the same indicators as the Friends and Family test. During 2014/15 there have been 26,921 page views on the Healthwatch Bristol website. (Google analytics).





Influencing decision makers with evidence from local people

Healthwatch Bristol produces a quarterly report detailing the issues and concerns heard from local people. This report is shared with Healthwatch England, Care Quality Commission, NHS England and the Quality Surveillance Group, CCG and the Commissioning Support Unit, NHS Trusts and service providers including the Patient Advice and Liaison Service and support agencies.

Number of issues heard 2014/15: 892

Number of issues heard 2013/14: 297

(Increase: 200%)

Leading themes 2014/5 (these are themes that were recurrent, or emerged from more than one quarter's feedback data):

1. There is a high demand for Children and Adolescent Mental Health Services (CAMHS) in Bristol, which is currently not being met. The access threshold is felt to be too high, and the therapeutic options available are limited, and also difficult to navigate.
2. People across Bristol are finding it difficult to make timely appointments to see their GP using automated telephone systems.
3. Discharge from hospital is not managed optimally. Healthwatch Bristol has heard that there needs to be better communication between secondary and primary care, and improved signposting to voluntary and community sector services for continued support following discharge.

Healthwatch has produced several reports and recommendations this year to effect change. All our reports are shared with Healthwatch England including a combined response to the Healthwatch England national initiative on unsafe discharge in August 2014, and are publically available on our website www.healthwatchbristol.co.uk.

Not all service providers have replied to Healthwatch information requests when sharing the quarterly reports and we will be following this up.

Healthwatch report on Southmead Hospital: Healthwatch took the decision to conduct an extended consultation with patients to gain their opinions of the newly opened hospital during August 2014. Southmead Hospital largely serves the populations of Bristol and South Gloucestershire, but also provides specialist treatment for people from the wider area, as such this work was conducted across four Local Healthwatch organisations. The report, which contained recommendations for improvements, was shared with North Bristol NHS Trust and Healthwatch is continuing to work with the trust to follow up on the report. Healthwatch will return to Southmead Hospital for a second consultation in Autumn 2015.

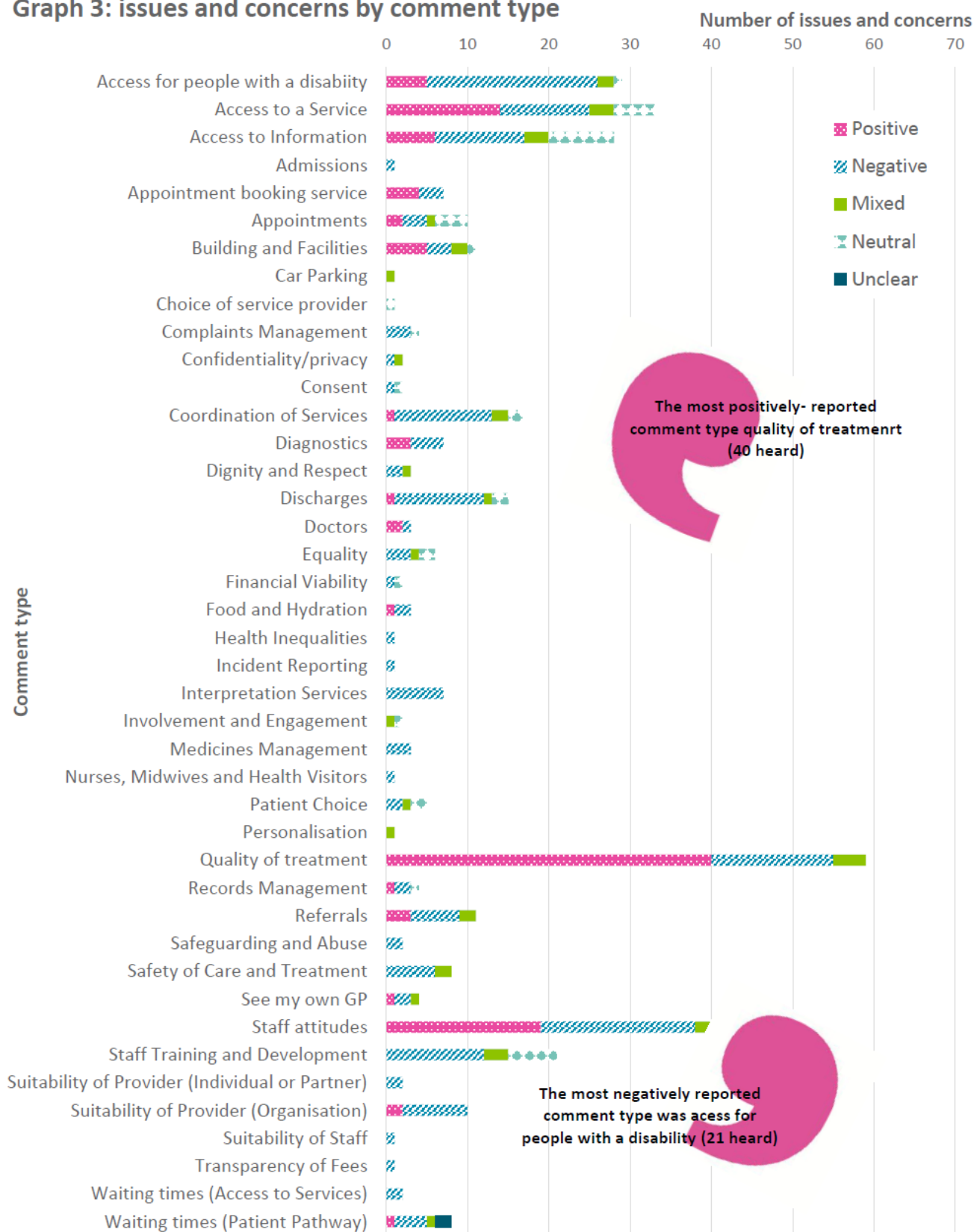
The Healthwatch report on the consultation around cancer support services took place during November and December 2014, and is continuing into 2015.



Producing reports and recommendations to effect change

The graph below displays the issues and concerns that Healthwatch Bristol heard in Quarter four, between January and March 2015, which is typical of the quarterly reports that Healthwatch disseminates to commissioners and service providers.

Graph 3: issues and concerns by comment type





Influencing decision makers with evidence from local people

The work for 2014/15 was agreed by the Healthwatch Bristol Advisory Group, and fits with local objectives around service improvement. Healthwatch has worked closely with the Commissioning Support Unit to ensure that our findings will inform the design of future cancer support services. Healthwatch continues to work to identify why the early diagnosis of cancer is low in Bristol and will be working to hear the experiences of the black, minority, ethnic communities and people with Learning Disabilities in Bristol.

Healthwatch held a #YHWBeingMe event in October 2014 which included a circus skills workshop, cooking sessions, information and activities from the Bristol, South Gloucestershire and B&NES Children's Weight Management Services, blog writing and social media take over and plenty of opportunities for young people to have their say and tell their story. The feedback in the report of the event show a greater need for support for young people's mental wellbeing and resilience. The report was shared with local children's service commissioners in both Bristol CCG and Bristol City Council. Healthwatch has since worked closely with Bristol Clinical Commissioning Group to involve young people in the re-commissioning of Children's Community Health Services in Bristol, South Gloucestershire and North Somerset. The #YHWBeingMe report was also shared with the Children and Young People's Mental Health and Wellbeing Parliamentary Taskforce via Healthwatch England. The YHW Being Me report can be found at: W: <http://tinyurl.com/nccwsp2>

Healthwatch Bristol contributed to Healthwatch England's discharge inquiry by hosting a series of in-depth focus groups with groups and communities including: people who are carers; people who have had a brain injury, the Chinese and Vietnamese communities, people who have had a stroke, and/or who are living with the long-term effects of stroke, and their families and carers; people who have a history of mental ill-health or who are currently living with mental ill-health; people who have Multiple Sclerosis and people who are hearing impaired or deaf. The findings in Healthwatch Bristol's Discharge Report were shared with local commissioners and presented to the Health and Wellbeing Board.





Putting local people at the heart of improving services

Healthwatch has volunteer representation on the re-commissioning of the adult community health services programme board. The re-commissioning process has recently been reviewed and the commissioned service providing this service now has had their contract extended giving the re-commissioning process due time to consult fully.

Healthwatch has been working with Bristol Clinical Commissioning Group and South West Clinical Support Unit to support a group of young people to be involved in the re-commissioning process for Children's Community Health Services in Bristol, South Gloucestershire and North Somerset (2014 - 2017). Results so far:

The young people volunteering on this project were supported by the Healthwatch Project Co-ordinator and staff from Bristol CCG to design their own service pathway for Children's Community Health Services. The pathway that they designed is now included as a key part of the service model specification which is to be released for consultation this month. The group continues to meet and Healthwatch and Bristol CCG are working together to gather feedback from children, young people and families regarding the re-commissioning of Children's Community Health Services. Up coming sessions will provide the opportunity for young people to meet commissioners face-to-face and to create an animation to encourage young people to comment on the proposals for the future services.

During 2014 Healthwatch has supported a volunteer representative on the Health and Wellbeing Board who stood down in December, since then the Project Co-ordinator has taken up the representative role. Having a place on the Health and Wellbeing Board allows Healthwatch Bristol to offer to work in partnership with other members, for example Public Health and the Clinical Commissioning Group, to assist with engagement and participation work and to emphasise the need for consultation with members of the public.

The Health and Wellbeing Board heard about the Healthwatch England national initiative on unsafe discharge. Healthwatch was able to report on the community voice heard and present the Healthwatch Bristol report that will be an integral part of the national reporting. Healthwatch is looking forward to returning to present the national Healthwatch England report after the launch in July.

Healthwatch includes the perspective of people who use services through volunteer representatives at patient experience groups and trust boards across the health and social care sector. Representatives report back informing Healthwatch of what is current and important allowing Project Co-ordinators to identify themes and initiate enquiries.



Working with others to improve local services

Healthwatch made recommendations to Healthwatch England to find out more information on the national inquiry into Child and Adolescent Mental Health services (CAMHS) on behalf of service users in Bristol.

When Healthwatch England later sought feedback to contribute to the Parliamentary Taskforce, Healthwatch Bristol shared our #YHWBeingMe report. Healthwatch England alerted Healthwatch Bristol to a national debate on CAMHS in the House of Commons on 3 March 2015 and Healthwatch urged our four MPs to listen and take part on behalf of the young people in their constituency.

Healthwatch Bristol received feedback from local people that GPs across Bristol and the UK have different approaches to charging for letters requested by patients. Healthwatch Bristol shared the issues and concerns received and our fear that it is an under reported issue with Healthwatch England. Healthwatch England had heard similar feedback from other local Healthwatch and has taken the issue forward at a national level.

Healthwatch Bristol hold quarterly meetings with the Care Quality Commission to share information about work plans. Where possible, Healthwatch Bristol and CQC work together to gather feedback about services and share our reports. Healthwatch Bristol carried out a focus group on behalf of the CQC to ensure they were able to meet with a range of seldom heard groups before the inspection of the University Hospital Bristol NHS Foundation Trust.



Healthwatch and the Better Care Programme

Healthwatch Bristol had a seat on the Better Care Programme Board over 2014/15 and will continue to be part of the arrangements into 2015/16. The Better Care Programme board members have been very supportive of the involvement of Healthwatch in developing the programme.

The contract officer for Healthwatch Bristol at Bristol City Council identified an opportunity to involve Healthwatch right at the heart of the Better Care programme's work to engage local people in service design and delivery. To this end, Healthwatch Bristol received significant additional resource of £75,000. This resource is spread over 2014/15 and 2015/16.

Two key pieces of work began to take shape over 2014/15. First, a shared aim across the Better Care Programme to create an open access portal that holds health and social care consultation data to enable sharing of resource and avoidance of duplication and potential "consultation fatigue" of Bristol's population. Working with the South West Commissioning Support Unit, The Care Forum developed a specification for an external contractor to build the website. It was agreed to enable the database to be searchable by the nine protected characteristics under the 2010 Equality Act; thus ensuring gaps in research with some of Bristol's most vulnerable groups can be identified and filled.

Second, a programme of focused research topics to support the (re)design of services under the Better Care Programme. The first area of work chosen was falls prevention with older people. Healthwatch Bristol is now moving into the design phase for the research projects for delivery in 2015/16.

The support of the Better Care Programme Board and the vision of the Healthwatch contract officer to work with Healthwatch to underpin patient and public involvement in the Better Care Programme has been an exciting piece of work for Healthwatch Bristol. We look forward to building on this and developing more links in this positive way.





Case Study One

Preventative Services

Healthwatch Bristol noticed a pattern within our feedback from patients and the public which raised concerns about whether preventative services are being properly funded within Bristol.

‘Preventative services’ are those which stop people becoming ill in the first place. This can include things like walking groups or support groups for people who care for someone with dementia.

What we did:

Healthwatch Bristol publically appealed for more feedback about the effect of austerity measures on the services being provided by voluntary and community sector groups. We received lots of feedback regarding how we all work to support mental health within our communities.

We shared the feedback with the Public Health Department of Bristol City Council and received a response to our questions which included the following statements:

- That a lead role for mental health will be established within Public Health; and that in the interim mental health leadership will be adequately shared between several roles.
- That anyone who wishes to stop smoking will be supported to do so, including inpatients in mental health service provision. This includes the provision of nicotine replacement.
- That ‘the needs of vulnerable groups (will be) taken into account in all funding decisions’.

healthwatch
Bristol

Tell us your story



Tell us what's going on in health care services where you live

Tell us what you want, what you like and dislike

We want to hear the good and the bad

We are a powerful community-based organisation which speaks on your behalf

Speak to us: 0117 269 0400

Email us at: info@healthwatchbristol.co.uk

Visit our website: Find out more and leave comments
www.healthwatchbristol.co.uk

Follow us on Twitter @HWBristol or Facebook

Your voice counts and really will change care for the better





Case Study Two

Cancer Services

The Healthwatch consultation around cancer support services began during November and December 2014, and continued into 2015. The work was agreed by the Healthwatch Bristol Advisory Group, and fits with local objectives around service improvement. Healthwatch has and continues to work closely with the Commissioning Support Unit to ensure that our findings will inform the design of future cancer support services. The Healthwatch Cancer Consultation has four phases. Phase 1 was completed by December 2014 and involved collecting retrospective opinions of former cancer patients on the support services they received. Phases 2, 3 and 4 are ongoing and include examining early diagnosis rates and the reasons behind inequalities, examining the factors resulting in reluctance to screen and gathering feedback from patients currently using cancer support services.

During Phase 1 Healthwatch provided patient and public groups and individuals with many and varied ways to share their feedback about discharge experiences including:

- Utilising our Network of Networks to appeal for feedback via Healthwatch volunteer Champions and Representatives;
- contacting partner organisations within the voluntary and community sector who referred members to Healthwatch;
- working with Hospital Trusts and other providers, for example Macmillan Cancer support at NBT and University Hospitals Trust staff to signpost patients to have their say;
- Healthwatch gave patients the opportunity to make confidential freepost submissions;

- provided an online questionnaire, as well as printed paper copies for those who do not or cannot use the internet;
- conducted a free consultation event, targeted specifically at BME communities.

The feedback shared with Healthwatch during Phase 1 included the following:

- The care and compassion shown, approach and ‘human touch’ of clinicians during cancer treatment had the potential to affect greatly the patient and their support network, family or carer, both positively and negatively.
- Support groups, such as those provided by Penny Bohn, Macmillan and other voluntary and community sector organisations, were highlighted as beneficial and often the topic of positive recollections.
- **“(What) I valued most about my treatment was other people to talk/chat to as it can be a lonely business. I find Penny Bohn invaluable for this. It perked me up and made me realise and reflect on other people’s journeys and that life could be worse.”**
- Participants were generally positive about support and advice arrangements, but also discussed in more depth the importance of arrangements being clear and well planned.





Impact Stories

- Psychological support or therapy services were positively described and/or cited as the most valuable type of support received during and after treatment. Some participants recalled frustration at what was perceived as a lack of psychological support on offer. This included statements that expressed a desire for longer-term psychological support after treatment (including support continuing beyond five years after treatment).
- Feedback about support offered to families and carers, and the quality of family and carer involvement during treatment was very mixed. Some conversations provided examples of excellent support, followed by examples from another stage in the treatment pathway where support was poor.

Several participants offered suggestions for system improvements, which were based on their reflections of past treatment. These suggestions were:

- the possibility of respite support offered for carers;
- more variety in how support is offered to families and carers, including a focus on more effectively engaging partners who are reluctant to engage (though there is an acceptance that some may choose not to engage with support);
- improved recognisability of staff involved in patient care, to benefit carers and families;
- patients would benefit from greater support and signposting during periods of transition, for example, when moving from active treatment back into 'normal' life;

During 2015, Healthwatch has continued to speak to a range of community groups about their knowledge of and experience of cancer and treatment. Healthwatch Bristol developed a workshop for adults with learning disabilities which was delivered with two local groups. The workshop asked the participants to share what they knew about cancer screening and discuss experiences of going for screening tests.

Key messages from these sessions included:

- screening appointment letters can be confusing and frightening and this is a reason some people chose not to attend, others were worried that the tests would be painful or had experienced painful tests in the past and so chose not to go again;
- the bowel screening packs that are posted to people's houses do not come with easy read instructions and as such are difficult for people with learning disabilities to complete;
- workshops designed to tell people about cancer and screening and delivered to people with learning disabilities in separate male and female groups were felt to be the best way of raising awareness of the importance of screening and the signs for which people should look.

Healthwatch Bristol also visited the Teenage and Young Adult Unit at Bristol Haematology and Oncology Centre to speak to patients on the ward who were receiving cancer treatment about their experiences of the support they had received both in hospital and in the community. The participants all praised the care they were receiving on the Teenage and Young Adult Unit and the support offered to them by the Teenage Cancer Trust staff. Their experiences of treatment at other hospitals and on adult wards was not, however, as positively described and the young people repeatedly commented on the benefits of receiving treatment in an environment designed specifically for young people.

- **“Meeting and socialising with other people provides company and you get support from other patients and staff.”**
- The Teenage and Young Adult Unit has invited Healthwatch Bristol to return and do further consultation work with the young adults on the ward.

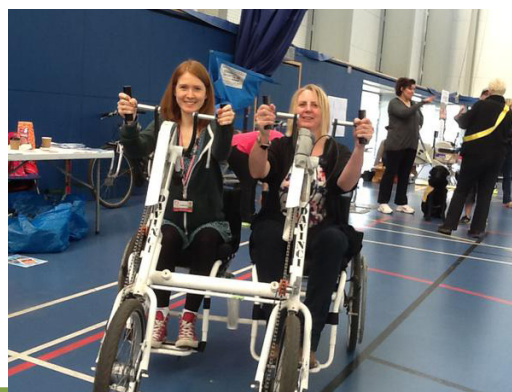


Case Study Three: Deaf and Deafblind Sports Event

In March 2015 Healthwatch Bristol took part in a Deaf and Deafblind Sports Event. Members of the public, many of whom were Deaf, Hard of Hearing or Deafblind, attended the event to try out sports and activities and find out about services available to them. Healthwatch met lots of children, young people and adults who came along to the event to try out sports and activities including table tennis, badminton, cycling, rowing, climbing, curling, football, theatre and art and complementary therapies. Healthwatch shared our British Sign Language (BSL) Healthwatch video with attendees and worked with sign language interpreters to ensure that everyone could access information about our services. Healthwatch listened to people about their experiences of health and social care services and spoke to other organisations attending the event and discussed how we could work together in the future to support people's health and wellbeing needs.

Several people told Healthwatch that they had experience of having to ask a family member to interpret for them during medical appointments. They asked for easier access to sign language interpreters, including in A&E. There was also confusion among attendees at the event as to how to request a sign language interpreter for appointments.

- “Family members should not have to be sign language interpreters during medical appointments.”
- Group feedback concluded that staff working in health and social care services should take part in Deaf Awareness training. It was felt that receptionists for health and social care services should have better awareness of how to communicate with people who are Deaf or Deafblind.
- “All front line health staff should receive Deaf Awareness training.”
- Members of the public and professionals attending the event expressed concern about the current suggestion that the specialist BSL Psychological Therapy services will be discontinued.
- “We are concerned about cuts to the BSL Psychological Therapies service.”
- Healthwatch Bristol continues to work with local and national groups to gather feedback from people who are Deaf, Hard of Hearing and Deafblind and monitor developments in services in Bristol following the introduction of the Bristol Deaf Health Charter.





Case Study Four: The Healthwatch Bristol Wellbeing Community Radio Show

To encourage members of the public to share their story with others, Healthwatch Bristol launched a monthly ‘Wellbeing Show’ on BCFM, a Bristol Community Radio Station. The radio show provides people with an opportunity to share their story and learn from other people’s experiences. The radio show is promoted via Healthwatch social media to increase the numbers of people who are able to engage with Healthwatch.

During 2015, Healthwatch Bristol has hosted radio shows on the themes of wellbeing, volunteering, equalities and mental health. Our guests have included representatives of voluntary and community sector organisations, statutory services such as University Hospitals Bristol NHS Trust and community groups.

Listeners to the show have included young people with Learning Disabilities who are taking part in a council run work experience scheme. They listened to the show to find out more about a service provided by Avon North Mencap which Healthwatch Bristol is supporting as they had heard via Healthwatch promotion that a member of the Mencap team would be a guest on the show.





Case Study Five: Hear Our Voices Group

Our Stories

‘Hear Our Voices’ was a group of adults with learning disabilities living in Bristol who met with staff from public health to comment on public services. Healthwatch met with the ‘Hear Our Voices’ members on two occasions. During the first meeting, Healthwatch facilitated discussion about health and social care services in general and whether they could be made more accessible to people with learning disabilities. In the second session, Healthwatch asked the ‘Hear Our Voices’ group members to feedback on their knowledge of and experiences of cancer services and cancer screening. The funding for the group, however, was limited and ended at the beginning of 2015.

What we did:

The group members were keen to continue to be involved in improving public services for people with Learning Disabilities so Healthwatch approached Avon North Mencap and proposed a joint project to support the ‘Hear Our Voices’ group members to become Healthwatch Champions. Avon North Mencap accepted and together Healthwatch and Avon North Mencap visited ‘Hear Our Voices’ to offer them the opportunity to continue their great work.

Healthwatch Bristol’s signposting service, Well Aware, facilitated a workshop with members of The Hive to support them to use the Well Aware website to find out about and access community groups and local services. In the summer of 2015, Healthwatch and The Hive will host a Wellbeing Day for anyone living in Bristol and the surrounding areas who has a Learning Disability to attend and take part in activities to boost their wellbeing, feedback on health and social care services and meet local commissioners and service providers. The Hive has also worked with Healthwatch to create a survey in easy read format which they have used to gather feedback from people with learning disabilities about their experiences of health and social care services.

Impact

Through the intervention of Healthwatch the members of the ‘Hear our Voices’ group have been successfully supported through North Avon Mencap to continue to meet giving Healthwatch the opportunity to continue to hear what these people with learning disabilities have to say about their health and social care services.



Our plans for 2015/16



Work Plan priorities 2015/2016



cancer
mental health
older people and dementia
long term conditions



recommissioning of children's
community health services
transition to adults services

South

Filwood, Whitchurch Park, Hartcliffe

The Inner City

Lawrence Hill, Easton, Ashley, Cabot

North

Henbury, Kingsweston, Lockleaze,
Southmead



BME communities
people in deprived areas
people with learning
difficulties and autism

Enter and view:
care homes



monthly e-bulletins
patients' story leaflets
quarterly newsletters
informative posters and leaflets
website updates
social media



Our governance and decision-making

The Healthwatch Advisory group is responsible for the strategic direction, operational priorities and planning for Healthwatch Bristol. Its role is to:

- set the annual work programme
- identify areas that require further research and information, and can set up sub groups to undertake the work and can also use the Community Pot budget to task a voluntary and community sector group to undertake the work
- agree the priorities of communicating to the Health and Wellbeing Board
- sign off the annual report to Healthwatch England.

The Healthwatch Bristol Advisory Group has been set up to include volunteers to lead on:

- Enter and view
- Children and young people
- Equalities
- Quality

Others invited to the table are representatives of carers, through the Carers' Support Centre, advocacy through SEAP and the CCG volunteer Patient and Public Involvement lay representative.

The Advisory Group meets monthly and members of the public are encouraged to attend and give information to the group through the public submission. The minutes from the Advisory Group meetings are made publically available on the website.

The Advisory Group identifies and works with a theme from the issues received, culminating in a public event to report on the theme and learning through the quarter.

How we involve lay people and volunteers

Healthwatch would like to take this opportunity to thank all of the Healthwatch volunteers for their commitment and input into the work of Healthwatch, helping to reach out and hear from communities providing a two way flow of communication that brings us the voice of local people.

In 2014/15 Healthwatch has continued to support an increased and diverse cohort of volunteers. The volunteer support team and development workers have been out in the community promoting Healthwatch Bristol and encouraging people to get involved. Healthwatch currently has a team of 33 volunteers across the three roles:

- 26 Champions
- 7 Representatives
- 12 Enter and View Authorised Representatives





The list of Champions is ever growing providing Healthwatch with vital links to a diverse range of groups within the community and providing those groups with a point of access through which to have their views and experiences recorded.

Representatives have informed Healthwatch Bristol of what is current and important at numerous boards across the health and social care sector allowing Project Co-ordinators to identify themes and initiate enquiries.

The Advisory Group has volunteers in place as leads in Quality, Equality, Enter and View and Children and Young People.

Healthwatch volunteer training and support is well embedded and has been continually reviewed and improved in response to feedback from volunteers. Questionnaires, surveys and evaluation forms have been used to inform service improvements. In March 2015 an organisation wide workshop including staff, volunteers and trustees gathered a wealth of views and feedback to create a well consulted agreement on principles in volunteering.

As well as the core training which volunteers have received dependant on their roles, Healthwatch has also offered a range of additional training and awareness raising sessions to enhance skills and build confidence. These include:

- Deprivation of liberty safeguards and Mental Capacity training
- Champion and Representative refresher training
- How to Run a Focus Group training
- Deaf Blind Awareness
- Carers Awareness
- Dementia Awareness
- Autism Awareness
- Equalities training
- Safeguarding.

Support has been offered to volunteers throughout the year both individually and as a group. Support to the representative on the Health and Wellbeing Board is important to ensure they have the up to date evidence on what is being said by the public on their health and social care services. Volunteers receive updates in the form of e-bulletins (printed or in an accessible format for those who do not use email), quarterly monitoring reports and local information. Group support has been offered bi-monthly in different venues around the city to provide equality of access.



Some comments from the Healthwatch Bristol volunteer satisfaction survey:

“It gives me the opportunity in a number of ways to put into practice my ideology which is to give users a voice to improve services and outcomes.”

“I like being a volunteer as it helps others in the community.”

“I enjoy meeting other people and coming to meetings.”

“I enjoy learning about all the events, consultations and other volunteering opportunities available locally.”





The Bristol Healthwatch service is unique in that it incorporates two advocacy services; NHS and Social Care complaints advocacy. This commissioned service recognises the valuable relationship which is possible between Healthwatch and advocacy encouraging the two areas of work to talk to each other and mutually enrich their impact. The Care Forum provides the social care complaints advocacy and sub-contracts the provision of NHS complaints advocacy to SEAP.

Advocacy is a powerful agent of change because it:

- empowers individuals to make their own decisions;
- is independent from statutory services, and seeks to redress the power imbalance between service providers and service users.

Healthwatch and advocacy have shared principles of:

- listening to individuals' experiences of services;
- representing their stories to service providers;
- seeking change in service provision.

The Care Forum has worked hard to establish communication between the advocacy services and Healthwatch to identify better themes about service provision, direct concerns and complaints to the appropriate projects to take forward and make a significant impact on service quality.

Themes from CPA

Three main themes of complaint from over the past year are:

- communication by a care provider, including staff behaviour which is sometimes classed as discriminatory or harassment;
- decisions made about service provisions, for instance service withdrawn or denied;
- inaccurate charging for a service.

Outcomes which advocacy supported the service users to achieve include:

- services reassessed or reinstated;
- apologies;
- explanations why services were withdrawn or denied to help the individual understand eligibility criteria.

Themes from NHS complaints

The main themes of complaint over the past year are:

- attitude of staff, quality of treatment and access to service are all regularly reported issues;
- monitoring the trend and support cases in relation to premature discharge of mental health service users to primary care;
- issues with regard to access to the Crisis Team;
- serious issues with North Bristol NHS Trust's complaints handling, including considerable delays and lack of communication.



Adoption of Healthwatch England's grievance datasets will produce more commonality of data between advocacy and Healthwatch.

There is general recognition across both social care and NHS complaints that cases are often highly complex and, therefore, take longer to resolve. People find the service when they are already at quite a high level of need which provides challenges for both services around prioritisation and waiting times.

Joint community awareness raising across both advocacy services and Healthwatch has been a very helpful way in which to maximise resource and we are seeing the referral sources widen. An advocate has visited or contacted relevant local voluntary sector organisations, community hubs and advice bureaux to discuss the service, leave publicity and generate further publicity such as articles in local newsletters. The service has also been publicised with local councillors. A member of staff for complaints procedure advocacy joined Healthwatch on one of their Healthwatch Bristol Community FM radio shows. The show focused on advocacy and a new referral was received as a direct result of the show.

Linking advocacy to Healthwatch also has a significant benefit to people who may not be eligible for advocacy services, as the Information and Signposting service can ensure they are signposted to a service which can help.

Advocacy conference

We held our first advocacy conference in February 2015 in partnership with CCP. Delegates from advocacy organisations, local authorities, commissioning teams and related organisations attended. One of the key note speakers was Katherine Rake, CEO of Healthwatch England, who talked about the standards for complaints advocacy which Healthwatch has introduced. We will be taking these standards forward in our work.

Volunteers

We continue to work with volunteers as well as paid advocates. Volunteer advocate training took place in January 2015, training eight volunteer advocates.

Service user feedback

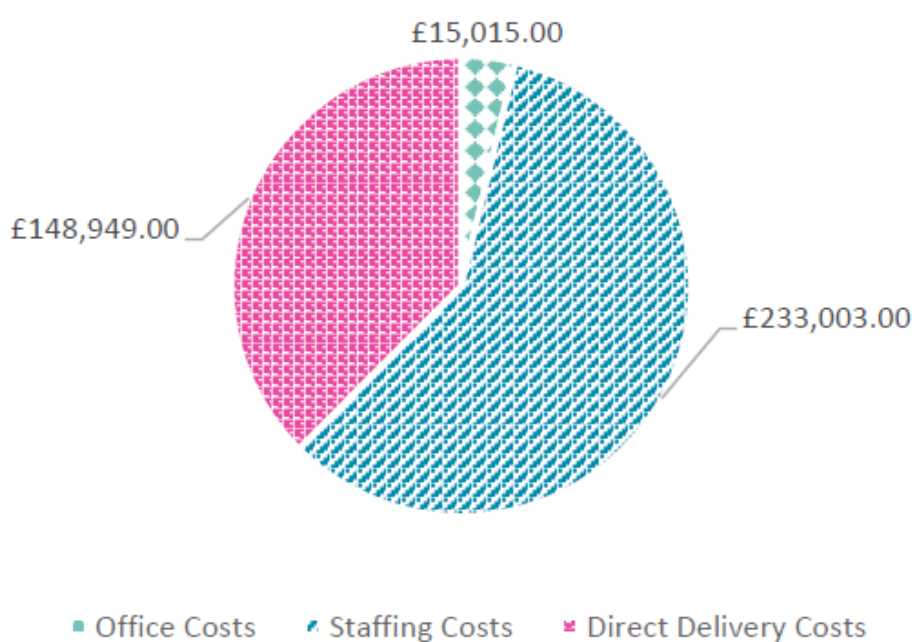
We seek service-user feedback from cases where a significant amount of advocacy work has taken place and we are currently working on developing and improving our methods for obtaining feedback.



Financial information

INCOME		£
Funding received from local authority to deliver local Healthwatch statutory activities NB This includes Complaints Procedure & NHS Advocacy Funding		400000.00
Additional income Received from Bristol City Council for Better Care Fund to be spent over 2 years to 31.03.16		75000.00
Total income		475000.00

EXPENDITURE		
Office costs		15015.00
Staffing costs		233003.00
Direct delivery costs		148949.00
Total expenditure		396967.00
Balance brought forward		78033.00





Registered Office:

- Healthwatch Bristol, The Care Forum, Gill Ave, Fishponds, Bristol, BS16 2QQ

Sub Contractor for Advocacy Registered Office:

- SEAP Advocacy Bristol, SEAP Hastings, Upper Ground Floor , Aquila House, Breeds Place, Hastings, East Sussex TN34 3UY

Get in touch

Address: Healthwatch Bristol, The Care Forum, Gill Ave, Fisponds, Bristol, BS16 2QQ

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Twitter: @HWBristol

Find us on Facebook: Bristol Healthwatch

We will be making this annual report publicly available by 30th June 2015 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.

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

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

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