healthwatch Sunderland



Healthwatch local Annual Report 2013/14



Annual Report

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1. Foreword



Kevin Morris, Chair of Healthwatch Sunderland

Welcome to Healthwatch Sunderland's first annual report. We are the new consumer champion for health and social care in the city and our aim is to put the voice of those who live and work in Sunderland at the heart of health and social care services.

The people we've talked to during 2013 -14 are aware of the pressure local services are under but they also tell us that the health and social care system is still not as good at listening as it could be and that the lessons of Mid Staffordshire, Winterbourne View and Morecambe Bay still need to be embedded. As far back as 2009, Dr David Colin Thomé in his review of lessons learnt for the Healthcare Commission about Mid Staffordshire NHS Foundation Trust said:

Although commissioners and providers of health and social care services are getting better at listening to those who use services, there is still a long way to go before we can say that patients and the public are being involved at the design and commissioning stages of health and care services. This is why our role in holding those who commission services to account through the Health and Wellbeing Board and Health Scrutiny is so important.

We need to be contributing to early discussions about commissioning intentions and assessing progress on Sunderland's Joint Health and Wellbeing Strategy.

PCTs [now CCGs] should be held to account for their responsibility for engaging patients and the public in design, delivery and quality assurance of health and care services, and for ensuring that the providers that they commission do likewise. In year two, I envisage that Healthwatch Sunderland will make full use of its statutory powers to fulfil this part of its role.

2013-14 has been a busy and demanding first year for us all but I am proud of our achievements and the solid foundation we have built for Healthwatch Sunderland which I believe will serve the city well in the years ahead. I'd like to thank the staff of Healthwatch Sunderland, Pioneering Care Partnership and my fellow Executive Board members for their time, energy and commitment to Healthwatch Sunderland but most of all I'd like to thank the individuals, groups and organisations who have joined us on this journey and are the real heart of 'Healthwatch Sunderland.'

If you'd like to join in a conversation with me about Healthwatch Sunderland going forward please feel free to get in touch at

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2. Who we are and what we do

2.1 Our Vision

Our vision for Healthwatch is that it will **empower people and communities to improve health and social care services together** and be a strong, independent, trusted and effective voice and a champion for local people, influencing health and social care service delivery and supporting people to exercise informed choice about their health and social care services.

Healthwatch Sunderland strives to ensure the best possible quality and choice in health, social care and wellbeing services for the benefit of all living and working in the City of Sunderland.

2.2 Our objectives

Healthwatch Sunderland aim to achieve the following objectives:

1	Fulfil its statutory duties and functions, holding providers and		
	commissioners of health and social care services to account where needed		
2	Operate as a corporate body, embedded in local communities		
3	Act as the local consumer champion, representing the collective voice of patients, service users, carers and the public, on statutory Health and Wellbeing Boards and providing robust challenge and scrutiny in the interests of its members and the citizens of the City of Sunderland		
4	Play an integral role in the preparation, reviewing and refreshing of the statutory Joint Strategic Needs Assessment and joint health and wellbeing commissioning intentions and strategies on which local commissioning decisions will be based		
5	Have real influence with commissioners, providers, regulators and Healthwatch England, using its knowledge of what matters to local people		
6	Report concerns about the quality of local health and social care services to Healthwatch England which can then recommend that the Care Quality Commission (CQC) take action		
7	Provide information to patients and public who need to find out about health and care services and promote informed choice in local health and social care services		
8	Support individuals to find the right information and independent advo- cacy, where needed, if they need help to complain about NHS or social care services		
9	Build on and utilise existing local engagement and signposting pathways and mechanisms rather than duplicating what is already in place		

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3. The policy and legislative context for Healthwatch

3.1 The Health and Social Care Act 2012 established Healthwatch as the new consumer champion for health and social care services for adults and children with the stated ambition 'to achieve the best health and care services that are shaped by local needs and experiences'.

The Act aimed to strengthen the collective voice of patients, users of care services and the public through the establishment of a new structure known as Healthwatch. The Act established two Healthwatch new bodies:

Healthwatch England - a statutory committee of the Care Quality Commission

Local Healthwatch organisations to be commissioned by each Local Authority in England

Healthwatch replaced Local Involvement Networks (LINks) but retained all of its statutory functions, with some additional ones.

Healthwatch is unique in being the only non-statutory body with statutory powers and duties:

- The power to enter and view premises where health or social care services are provided (this power does not extend to premises that provide social care to children but Healthwatch is expected to gather views & experiences from children and young people in collaboration with local partners)
- Service providers and commissioners have a duty to respond to Local Healthwatch reports and recommendations within 20 working days -this also applies to providers of children's social care services

"Commissioners and providers will have regard to the reports and recommendations and will have to be able to justify their decision if they do not intend to follow through on them." Healthwatch regulations

- Local Healthwatch has a statutory entitlement to a seat on the local Health and Wellbeing Board
- Local Healthwatch has a duty to provide information about health and social care services
- Local Healthwatch can escalate issues direct to Healthwatch England (HWE) and through them, the Care Quality Commission(CQC)
- Local Healthwatch can also refer issues of concern direct to the Health Scrutiny Committee





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4. The four domains of local Healhwatch activity

3.2 The Local Government and Public Involvement in Health Act 2007 spells out the key activities each local Healthwatch is expected to undertake:

- promoting, and supporting, the involvement of people in the
- commissioning, provision and scrutiny of local care services
- enabling people to monitor and review care services
- obtaining the views of people about their needs for, and their
- experiences of, local care services
- making these views known through reports and recommendations about how local care services could or ought to be improved to those responsible for commissioning, providing, managing or scrutinising local care services

4. The fours domains of local Healthwatch activity

The Health and Social Care Act is very clear that an effective local Healthwatch will result in 'the best health and care services that are shaped by local needs and experiences'. This outcome-based approach means that to be truly effective, local Healthwatch will need to operate effectively across four key 'domains' of activity:

'VOICE'

Ensuring people's voices are heard and influence the design, commissioning and delivery of health and social care services

INFORMATION AND SIGNPOSTING

Providing information/ signposting about local health and social care services to enable people to make informed choices about services and support

SCRUTINY AND ACCOUNTABILITY

Holding commissioners and providers of local health and social care services to account through representation on key strategic partnerships including Health and Wellbeing Board; power to Enter and View services; 20 day duty to respond to local Healthwatch reports and recommendations; power to escalate matters of concern to Healthwatch England, the CQC and Health Scrutiny Committee

COMPLAINTS

Providing information/signposting to those wishing to complain about services including signposting to the NHS Independent Complaints Advocacy Service

5. The model for local Healthwatch in Sunderland

Following a competitive tendering process, Pioneering Care Partnership (PCP) was awarded the contract for Sunderland Healthwatch. PCP is a leading third sector health improvement organisation whose mission is *Health, Wellbeing and Learning for all*. PCP was Host organisation for County Durham LINk and also secured Healthwatch contracts in Middlesbrough, Redcar and Cleveland and Stockton-on-Tees.

5.1 Healthwatch Sunderland - 'a network of networks'

The PCP model for delivery of Healthwatch in Sunderland is based on the notion that it can only truly be effective in reaching as many citizens as possible if it works with and through established networks. This means that Healthwatch Sunderland:

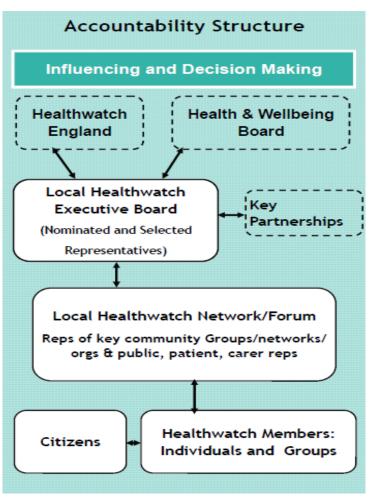
- builds strong links with local voluntary and community groups
- uses established community networks to share information, and to find out what matters to people
- sub-contracts specific projects to local partners with the right skills and local knowledge
- builds a bank of trained Healthwatch Information Volunteers who can be the eyes and ears of
- Healthwatch at grassroots level champions the voices of those who are seldom-heard

5.2 Healthwatch Sunderland -an inclusive organisation open to:

- individuals who live and/or work in Sunderland
- local organisations and groups representing a diverse range of communities in the city and supported by paid staff and volunteers with specific roles and responsibilities
- a volunteer Executive Board providing expert leadership, strategic direction and feedback to the wider membership

5.3 Healthwatch Sunderland- an independent organisation

Local Healthwatch is independent of central and local government with its own legal powers and sets its own work programme to reflect the concerns of the local community.

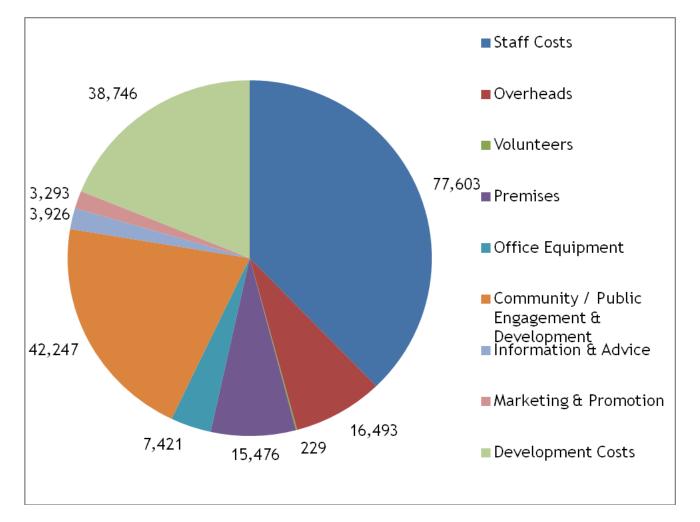


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6. Funding and resources



The available funding for Healthwatch Sunderland delivery in year one was £205,434 for the period 1 April 2013-31st March 2014.



On 1 April 2013, Healthwatch Sunderland entered into a licensing agreement with Healthwatch England to use its trademark and branding toolkit on all Healthwatch Sunderland materials, including that related to its statutory duties, activities and powers.



7. Achievements

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> Given the relatively late contract award, Healthwatch Sunderland staff worked very hard to ensure that on 1st April 2013 Healthwatch was open for business.

Key achievements for Healthwatch Sunderland in year one include:

- Efficient LINks legacy handover and transfer of staff
- Full audit of LINk legacy issues as part of managing the transition from LINk to Healthwatch
- National branding guidelines for Healthwatch licensed from Healthwatch England
- Sunderland-specific promotional materials designed, printed and distributed
- 'Back office' set up
- An ambitious Project Delivery Plan year one with key tasks, targets and milestones agreed delivered on time and on target
- A brand-new Healthwatch Sunderland Information and Signposting service operational from 1 April 2013 offering a Freephone number to anyone who needs information about local health and care services
- Development of a comprehensive pathway for signposting people who wish to complain about their servicesnothing similar existed locally previously. This has been welcomed by many commissioners and providers of services
- Major programme of awareness raising activities targeted at potential Network membership and stakeholders
- Targeted recruitment drive to build the Healthwatch network of both organisational and individual members with year one targets exceeded by at least 50%

- Interim arrangements to fill places on key strategic partnerships including Health and Wellbeing Board in place from 1 April 2013 with smooth transition once Board members in place
- Successful launch of the Healthwatch Network including events and online opportunities to influence year one Work Programme
- Positive feedback for our e-bulletins with a growing circulation list which keep people posted about local, regional and national developments in health and care services
- Successful campaign to recruit, fill and train for key volunteer roles on the Executive Board and Information Volunteers
- A skilled and effective Executive Board in place, recruited through a robust, open and transparent process which included a role descriptor and core competences followed by comprehensive Board induction, skills audit and development opportunities
- Executive Board meeting regularly and Board members hold places on key strategic partnerships including Health and Wellbeing Board
- Programme of meetings for Chair of Healthwatch as part of induction and seat on Health and Wellbeing Board
- More than 100 partners, stakeholders and member organisations are actively promoting Healthwatch Sunderland through their networks-extending our reach significantly. This includes organisations and groups working with older people and those whose voices are seldom heard
- Healthwatch Sunderland has a distinctive website and social media presence including a dedicated Facebook page and a Twitter feed with 415 followers



- Robust governance arrangements, including comprehensive policies and procedures, in place which ensure accountability to both the Healthwatch Sunderland and the citizens of Sunderland
- A comprehensive public awareness campaign to let the citizens of Sunderland know about our Information and Signposting service which included a major media campaign, press releases, leaflets, posters, promotional items, handy reference cards and information kits. Coverage included local and regional print and digital media
- Development of strong relationships with commissioning colleagues on the Health and Wellbeing Board based on mutual respect and genuine commitment to partnership working
- Early feedback from Healthwatch Sunderland contributed to the development of a protocol for working together between Sunderland Overview and Scrutiny, Sunderland Health & Wellbeing Board, Healthwatch Sunderland, Sunderland Clinical Commissioning Group and NHS England which was adopted in June 2013
- A poster developed specifically by one of our partners to recruit children and young people to volunteer with Healthwatch Sunderland
- Healthwatch Sunderland influenced the scope of a Health Scrutiny review into Public Engagement in Health Services and subsequently involved 71 children and young people in actively contributing
- to the Scrutiny Review's Final Report and the development of a Public and Patient Engagement Framework
- Detailed and comprehensive Work Plan signed off by the Executive Board based on robust analysis of feedback from the membership and the citizens of Sunderland and a process for prioritising of issues by the Healthwatch Board which takes account of priorities identified in the local Health and Wellbeing Strategy, Local Authority and Clinical Commissioning Group (CCG) commissioning plans and other key strategic documents which impact on the health and wellbeing of the people of Sunderland

Healthwatch is responsible for ensuring that the citizens have a voice in the planning, commissioning and delivery of health and social care services. Healthwatch has a scrutiny and challenge function in relation to local commissioners and providers and will provide a level of accountability in the decisionmaking process through membership of the HWBB

Joint protocol 2013

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8. Work plan 2013-14



The work plan was developed through a process of listening to Sunderland community concerns around health and social care. Intelligence received thorough our engagement activity, events, calls made to our Information and Signposting Service, online queries, data from patient and public feedback sources eg. Patient Opinion and NHS Choices were collated and a thematic analysis was adopted to support the Board to prioritise the work plan.

ISSUE	HEALTHWATCH SUNDERLAND (HWS) ACTIVITY
Integrated Care	HWS supporting work around health and social care integration which is being progressed through Sunderland Health and Wellbeing Board
Patient and Public Engagement in Health Services	HWS asked to be involved in engagement with community at large to support the review be- ing carried out by Sunderland Local Authority Scrutiny Committee
Lack of Involvement of Young People in GP Patient Groups & Health Services	Groundwork North East have been commis- sioned by HWS to engage with young people to support involvement in health and social care
Black & Minority Ethnic Communities & Mi- grant/Asylum Seekers - difficulties in access- ing health care	North East Community Solutions CIC have been commissioned by HWS to provide further evi- dence on specific issues and challenges
Hospital Discharge plans	HWS are reviewing recommendations in Scru- tiny Committee report to determine if im- provements made.
Sunderland Royal Hospital (SRH) Complaints System	HWS are monitoring this area following recent Care Quality Commission report
Elderly Hospital Care	HWS are gathering intelligence on this area to determine any action needed
High Mortality Rates - Sunderland Royal Hos- pital & NTW Mental Health Trust	HWS have been analysing data and intelligence and asking questions around this issue to ser- vice providers

5 out of the 6 male participants do not access health services, mainly because they don't like admitting they're ill.

Groundwork Report



9. Partners

In line with our 'network of networks' model, we have commissioned some local partners to undertake specific activity on our behalf aligned to our work programme. During 2013-4 these partners were:

Groundwork North East - supporting our work in involving children and young people in the work of Healthwatch Sunderland 6 Norfolk Street Sunniside Sunderland SR1 1EA 0191 567 2550 north.east@groundwork.org.uk

Voluntary & Community Action

Sunderland - supporting our work in involving community champions in the work of Healthwatch Sunderland 8 Frederick Street Sunderland SR1 1NA 0191 565 1566 info@vcasunderland.org.uk

NECS North East Community

Solutions CIC - supporting our work in involving those whose voices are seldom heard in the work of Healthwatch Sunderland Arrow Business Centre 14 Foyle Street Sunderland SR1 1LE 00447926984180 michal@necs.org.uk



10. Volunteers



Volunteers are central to the work of Healthwatch Sunderland. During 2013-14 they have been actively involved in two key roles as:

- Healthwatch Sunderland Executive Board members
- Healthwatch Sunderland Information Champions

Volunteers fulfilling these roles are members of Healthwatch Sunderland and must live and/or work in the city.

As members, they play a full and active role in:

- telling Healthwatch Sunderland and other stakeholders about their own experience of services
- collecting and sharing feedback about services from their own communities and networks with Healthwatch Sunderland and other stakeholders
- setting the work programme and priorities for Healthwatch Sunderland
- representing Healthwatch Sunderland in a range of settings where care services are being discussed
- ensuring the good governance of Healthwatch Sunderland

Volunteers are involved through:

Membership of the Executive Board and representing Healthwatch on key strategic partnerships and boards

The Healthwatch Network - which debates and identifies issues for Healthwatch Annual Work Plan and nominates Executive Board members

Task and Finish Groups - opportunities to participate in future project work linked to the Annual Work Plan and the local Health and Wellbeing Strategy

Individual volunteer roles such as Information Champion or Enter & View Representatives Annual <u>R</u>eport

10. Volunteers continued

There are clear descriptors for each volunteer role with Healthwatch Sunderland who undertook a pro-active campaign to recruit a broad-based group of volunteers to join its Executive Board and act as Information Champions during 2013-14.

Healthwatch Sunderland has a volunteer Executive Board of eight members and a trained cohort of nine Information Volunteers with another six undergoing training. These volunteers come from a range of backgrounds including those whose voices are seldom heard.

Healthwatch Sunderland is now recruiting and training Enter and View Representatives to carry out visits in line with its work programme for 2014-15. All Healthwatch Sunderland volunteers are provided with training, supervision, support and out of pocket expenses and Healthwatch Sunderland recognises volunteer contributions formally through certification and an awards ceremony.



Additionally, all of our Information Volunteers gain skills, confidence, knowledge which will increase their potential employability.

Towards the end of 2013, the Healthwatch Sunderland's Executive Board undertook a Skills Audit to identify their additional training or development needs

11. Governance

One of Healthwatch Sunderland's first priorities was to recruit lay people and volunteers to its Executive Board. The role of the Board is to provide strategic oversight and good governance to Healthwatch Sunderland and ensure it delivers its strategic objectives. Specifically its role is to:

- To agree priorities and sign off the annual work programme based on feedback from Healthwatch Sunderland members
- Receive reports and recommendations from Task and Finish Groups
- Oversee Enter and View activity in line with the work programme, receive reports and recommendations and escalate where necessary to Healthwatch England
- Oversee the proportionate and judicious exercise of other statutory duties and powers held by Healthwatch Sunderland

- Ensure that the annual work programme takes account of Health and Wellbeing Board, Joint Strategic Needs Assessment and Clinical Commissioning Group priorities and is used to inform the annual commissioning intentions of these partners
- Authorise requests for Healthwatch Sunderland representation on other strategic boards relevant Healthwatch Sunderland business
- Ensure the views of the wider Healthwatch Sunderland membership are fully considered by the Board and that feedback is regularly provided to the Healthwatch network about how the Board makes decisions and sets priorities



12. Activities



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Statutory activities as defined by s221 of the Local Government and Public Involvement in Health Act 2007	What we've done so far		
 Promoting, and supporting, the involvement of people in the commissioning, provision and scrutiny of local care services Enabling people to monitor and review care services Obtaining the views of people about their needs for, and their experiences of, local care services including: people under 21 or over 65 people who work or volunteer in the Healthwatch Sunderland area people from diverse backgrounds and sectors of society people from groups whose voices are seldom heard by those responsible for commissioning, providing, managing or scrutinising local care services 	 Open Network Forum meetings held in September 2013 and March 2014 to share experience and influence Healthwatch work programme priorities Detailed analysis and feedback report summarising feedback from Network Forum events disseminated and on website Update on emerging themes planned for Health and Wellbeing Board Open/ongoing opportunity for members and the public to provide feedback through website, feedback forms, outreach activity and via Freephone number to Information and Signposting Service Five activities specifically targeted at Black, Asian and minority ethnic communities (BAME) and those whose voices are seldom heard and highlighting inequalities in health and/or care for seldom heard groups Consultation, engagement and report with children and young people about their engagement with health services Healthwatch Sunderland Signatory to co-developed protocol for working together between Sunderland Overview and Scrutiny, Sunderland Health & Wellbeing Board, Sunderland Clinical Commissioning Group and NHS England Healthwatch Sunderland represented on the following Boards: Health and Wellbeing Board, Scrutiny (attendee), Safeguarding Adults Board, Adult Partnership Board, Children's Trust Board Person Centred Coordinated Care Partnership, Sunderland Clinical Commissioning Group Governing Body (attendee) Participation in sub regional Healthwatch Leads meetings Attendance at 3 Regional Healthwatch's a regional round table with Healthwatch England 95 relationship meetings with statutory/other stakeholders to raise awareness and understanding of Healthwatch Training sessions delivered to Information Volunteers to extend reach into local communities and get feedback about issues of concern Comprehensive communications strategy and materials for wide dissemination to the citizens of Sunderland about the Information and		

13. Reports and recommendations

It is too early to assess whether Healthwatch Sunderland has had any impact on the commissioning, provision and management of the health and care services including improvements to those services. This will be a priority going forward into 2014-15.

During 2013-14, Healthwatch Sunderland did not make any recommendations to the CQC or the Healthwatch England committee of the Care Quality Commission about reviews or investigations which required attention. While the first Work Programme for Sunderland was being agreed, no Enter and View visits by Authorised Representatives were planned and no requests for visits from third parties such as the Care Quality Commission, the Health and Wellbeing Board or Health Scrutiny were made to us. Healthwatch Sunderland has established a relationship with the Care Quality Commission who have made 3 requests in the last 12 months for information to support their Inspections. We anticipate there will be visits during 2014-15 aligned to the Annual Work Programme and Enter and View representatives are currently being trained to carry out these visits.

Healthwatch Sunderland contributed to a protocol for working together between Sunderland Overview and Scrutiny, Sunderland Health & Wellbeing Board, Healthwatch Sunderland, Sunderland Clinical Commissioning Group and NHS England and Sunderland City Council's Health Scrutiny Committee policy review of Public Engagement in Health Services.



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14. Sunderland Health and Wellbeing Board

Healthwatch Sunderland has been welcomed as an active and equal partner in the Health and Wellbeing Board and made a positive contribution to the development of the Board by leading a development session in October 2013 on:

Engaging the citizens of Sunderland in improving their health, care and wellbeing

Recruitment to the role of Healthwatch Sunderland Chair involved a detailed role description and core competences which ensure the Chair understands their duties and responsibilities and can exercise these effectively and appropriately on behalf of members and the citizens of Sunderland. A comprehensive induction programme for the Chair was arranged which included meetings with key partners on the Board



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15. Challenges

There have been some challenges during the year including:

- Expected transfer of outgoing PCT PALs function to local Healthwatch remaining with the hospital trust which impacted on our new duty to provide this part of the service
- Healthwatch start-up coincided with major changes particularly in the configuration of health service commissioning, particularly the establishment of Clinical Commissioning Groups and Public Health moving into local authorities. The role of NHS England in commissioning primary care services proved to be a particularly complex and challenging issue for many
- Many commissioners and providers of health care services were unclear about the role of Healthwatch, particularly in relation to complaints and disseminated incorrect information suggesting that Healthwatch would investigate or handle individual complaints about services
- Healthwatch England were slower than anticipated in developing their 'offer' to local Healthwatch which meant that each local organisation had to invest scarce time and resources in developing local tools, processes and protocols including those for performance management, board recruitment and volunteer training
- Development of a brand new Information and Signposting service was particularly challenging as it was dependent on the accuracy of third party data for signposting and there was no clear pathway for signposting in relation to complaints in the new environment meaning this had to be developed by the Information and Signposting Officer before we could confidently signpost people contacting us for help and information

- Understanding of the scope and statutory basis of local Healthwatch's scrutiny and accountability function has proved in some cases to be quite limited and it has been important to show how we can complement, rather than duplicate, other scrutiny and challenge activity undertaken by stakeholders
- A key challenge was communicating the Healthwatch Sunderland 'network of networks' model to members and stakeholders as it was significantly different to that of the Local Involvement Network (LINk).
 Governance arrangements were also different to those of the LINk and new and different relationships were needed with statutory stakeholders who had been accustomed to direct involvement in LINk governance.







16. Dissemination of this report

This Annual Report will be signed off by the Executive Board and shared with the membership at an open meeting before being sent to Healthwatch England as laid out in Healthwatch regulations by end June 2014. The Annual Report will be widely disseminated via our website, e-bulletins, our membership and key stakeholders and will be available in special formats on request. Copies will be made available specifically to:

- Healthwatch England
- The Care Quality Commission
- NHS England
- All Clinical Commissioning Groups which falls within our local authority
- area
- The Overview and Scrutiny committee of Sunderland City Council
- Sunderland City Council

17. Priorities 2014-15

2014-15 will be a year of consolidation, building on our solid start, and ensuring local people's voices are heard more clearly than ever on issues that affect them and their families. Our work programme for the year ahead is built on feedback from the ground up. We have listened and these are the things you have told us need addressing:

- Integrated Care
- Patient and Public Engagement in Health Services
- Lack of Involvement of Young People in GP Patient Groups and Health Services
- Hospital Discharge plans
- Sunderland Royal Hospital (SRH) Complaints System
- Elderly Hospital Care
- High Mortality Rates

We also need to:

- Review our current work plan to monitor progress and impact and take account of new trends and issues raised
- Undertake a gap analysis of our current membership and run a targeted recruitment campaign to address these gaps
- Continue our work to involve children and young people in the work of Healthwatch
- Recruit and train further cohorts of Information Volunteers
- Recruit and train Enter and View representatives for visits aligned to our work programme
- Provide feedback to the Health and Wellbeing Board on current trends and issues and raise our profile with the Board in terms of our scrutiny and accountability function
- Continue to develop our positive and complementary working relationship with Health Scrutiny
- Continue our targeted programme to raise awareness of information and Signposting service in Sunderland
- Build upon our relationship with Care Quality Commission Inspectors and managers and improve our capacity for supporting them in their role

18. Case studies

From Health Scrutiny draft report on Public Engagement in Health Services- Engaging Children and Young People

On behalf of Healthwatch Sunderland, Groundwork North East has engaged with 71 young people aged 13-24 over the last 3 months. This has involved face to face work with surveys and a focus group drawing out their views on health and social care and how they would like to be involved in Healthwatch.

The young people consulted had not been engaged in the development of health and social care services. They had never been asked to give feedback on a service they had used. Their involvement had been limited to sexual health guidance through schools or accessing health services for personal reasons.

The main way young people would like to be involved is through social media, Facebook or Twitter. They are particularly interested in the development of peer support. They are willing to share their experiences with people they have developed relationships with. This is as vital to young people as issues around confidentiality are paramount to them.

Information and Signposting Case Study

Nature of enquiry

Person contacted Healthwatch Sunderland through our online issue form. She had accompanied a friend to Sunderland Royal Hospital and was dissatisfied when she tried to get a wheelchair as her friend struggles to walk. She was told by the receptionist at the hospital main entrance that there were none available and no other help was given. She understands that hospitals have to provide support for people with disabilities and could not understand why a large hospital such as Sunderland Royal does not have enough wheel chairs. She thought this issue should be looked into and also that training should be given to receptionists working in health provider venues. She did not want to make a formal complaint but asked that we log the issue in case another person should experience this.

Action taken:

Issue was logged by Healthwatch Sunderland. Also we raised with Equality & Diversity Lead at the hospital to ask about wheelchair availability, who also got in touch with PALS to investigate further. A written response was supplied by Sunderland Royal Hospital to Healthwatch Sunderland which was sent on to the client. The hospital apologised and explained that on the day in guestion there had been unexpected demand for wheelchairs. It clarified that there are wheelchairs on-site both at the main entrance and also at Chester Wing and attempts should be made by reception staff to locate these on request if none are immediately accessible, and that this will be communicated to staff involved.









healthwatch Sunderland

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