

Who Cares

**The Local Involvement Network for Health
and Social Care in North Lincolnshire**

**Annual Report
April 2012 – March 2013**

**The Final Year:
Transition to HealthWatch**



March 2013

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1. The Executive Group

Roni Wilson – Chair – Enter and View Authorised representative

Richard Leach – Mental Health Lead

Tony Scrase-Walters – Enter and View Authorised representative

Ajmal Ali

Linda Foster (up to June 2012)

Anne Dunkerley

Jim Harding (up to July 2012)

Julian Kidd – (up to January 2013) – Enter and View Authorised Representative

Sandra Lingard – Enter and View Authorised representative

Susan Marrison – Enter and View Authorised representative

Carole Phillips

Stuart Wilson

Susan Jude

Co-opted Executive Group members

Susan Pridmore (from April 2012) – Enter and View Authorised representative

Harold Edwards (from April 2012) - Enter and View Authorised representative

Jan Gilbert (from April 2012)

Marwish Arfeen (from June 2012)

Greg Gough (from June 2012)

Jacky Johnson (from June 2012)

Gladys Siddall (from June 2012) – Enter and View Authorised representative

Host Staff

Ruth Farningham – Coordinator (until March 2013)

Helen Kirk – Research and Communications Officer

Celia Wangler – Engagement Officer (from July 2012)

Lindsay Barnett – Administration Officer (until April 2012)

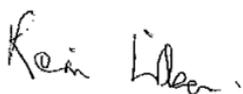
2. Chair's Report

This last year for *Who Cares* has been one of the busiest periods yet, partly in preparation for the implementation of HealthWatch North Lincolnshire in April 2013 as *Who Cares* have worked to ensure as smooth a transition as possible for the people of North Lincolnshire, and partly because of the amount of projects *Who Cares* have undertaken. A large scale public consultation in relation to accessing and use of services through HealthWatch North Lincolnshire was carried out and a report produced which was welcomed by the HealthWatch commissioners. Other pieces of work that have taken place include two Enter and View visits to Scunthorpe General Hospital, website redesign, GP access research leading to a published report, research and publication of a Mental Health report which reviews progress made since publication of the 2011 Mental Health report, publication of a Dentistry report, establishment of a Communications Task Group who have produced a monthly newsletter, assisted in the redesign of the website, and promoted the work and services that *Who Cares* provides. *Who Cares* established a Care for the Elderly Task Group, held focus groups and special meetings to consider the future of *Who Cares*, and continued to work in partnership at a local and strategic level. As Chair, I feel that we have fulfilled our statutory role as the voice of the people of this area.

I want to particularly thank the volunteers that have made up the Executive Committee over the past five years. Without exception, all have been committed and valued members that have contributed to the good work that *Who Cares* have carried out, and which would not have been possible without them. Our members have been supportive and have contributed towards many of the consultations we have carried out, and some have participated in other activities, events and meetings we have held. I must congratulate the members of staff for the professional presentation and methodology of all of the completed work. Lindsay Barnett left us for a new adventure after 18 months of hard work and commitment to *Who Cares*. I also wish to welcome the newest member of the team. Celia Wangler joined us in July and brought with her a wealth of experience in Community Engagement, particularly in the rural communities. Thank you to you all.

The last 12 months have been particularly challenging with the huge amount of change that has, and continues to take place within health and social care fields. Clearly the implementation of Local HealthWatch and the cessation of LINKs in April 2013 has been difficult for the members of *Who Cares*, and in particular the Executive Group who have worked tirelessly to achieve a positive impact, and work towards providing a legacy for HealthWatch North Lincolnshire to build on and learn from. The significant changes that are still ongoing within Health Services have been of concern to *Who Cares* in relation to the impact this may have on service provision and delivery, and the same is true of the changes that are taking place within North Lincolnshire Council. At this challenging time, it was more important than ever to work in partnership to ensure that service provision and delivery for residents in North Lincolnshire is at the heart of local strategy development and delivery

It is with regret that we see the end of the LINK organisations, however HealthWatch North Lincolnshire has the advantage of learning from the LINKs experience and with the additional services that it will provide, offers an excellent opportunity to provide a valuable service for the people of North Lincolnshire



Roni Wilson

Chair of *Who Cares* Executive Group.

3. The Structure of *Who Cares*

The members are the true owners of *Who Cares*. It is the members who make key decisions, carry out investigations and contribute to reports. Any person who lives in North Lincolnshire or who is registered for primary care services in North Lincolnshire can join *Who Cares*. There is no charge to membership and no minimum term of commitment or minimum level of involvement.

- *Who Cares* has a membership of approximately 270 people from all walks of life throughout North Lincolnshire.
- There are approximately 150 voluntary and community sector organisations who receive our publications and offer their views on relevant topics and send representatives to our events and meetings. Coupled with the individual members, this gives *Who Cares* access to a vast array of people across the area.
- The Executive Group is a body of 20 members who are elected by the ordinary members. As there were fewer than 20 Executive Group members elected at the Annual General Meeting in March 2012, *Who Cares* actively co-opted a further 7 skilled and talented people. It has the authority to make key decisions on behalf of *Who Cares* and meets every month.
- *Who Cares* has task and finish groups which investigate particular work topics. Members are not obliged to take part in group activity and can join the groups or activities that interest them and can leave when these activities are concluded.
- One of the legal powers LINKs have is to *Enter and View* any property where health and adult social care is delivered which is wholly or partly funded by public money. Authorised *Who Cares* Enter and View representatives are selected from the membership through an interview process by a panel from the Executive Group. They must be fully trained and enhanced Criminal Records Bureau (CRB) checked before they can carry out any visits. This process has been superseded by a newly established Disclosure Baring Service (DBS). Task and finish groups may request the *Enter and View* team to conduct visits. *Who Cares* also work collaboratively with statutory partners, and look for opportunities to utilise the enter and view team for the benefit of seeking patient views and contributing to ongoing service improvement.
- Voluntary Action North Lincolnshire is the host for *Who Cares*. This means that it is responsible for providing a range of support services that enable *Who Cares* to fulfil its functions and responsibilities as the LINK for North Lincolnshire.

4. Our Engagement over the year

Who Cares is committed to continually engaging with our members and the wider public. To do this we try to be as accessible as possible. We are always open to hearing the views of anyone either by phone, email, through our website, or face to face at the events, and engagement and research sessions we have held. Below is a sample of the work we have carried out in order to consult our members, as well as promoting the work of the LINK. In May 2012, *Who Cares* agreed to set up a Communications Task Group and this was established in June 2012. One of the priorities for the members of this group was the promotion of *Who Cares*. Other engagement over the year includes carrying out research on GP access and consultation on HealthWatch North Lincolnshire.

Research Sessions Held	16
Engagement sessions held or attended	35
Focus Groups Held	37
External Events Participated In	13
Presentations Given To External Groups	7
Events Held	5
External Decision Making Meetings Attended	49
External Consultations From Statutory Organisations Participated In	13
Training Sessions Delivered	6
Active participants in research and engagement activities	1350

Level of Participation	Total	People with an Interest In Social care	Individual participants	Interest group participants
Informed Participants	330	unknown	300	30
Occasional Participants	30	15	20	10
Active Participants	22	12	15	7

For the research/consultation stages of our projects we held 16 separate outreach research sessions in different communities in North Lincolnshire on the subjects of HealthWatch and GP access, and held 27 focus groups, including topics such as Mental Health, Communications, Care for the Elderly, and GP access. This figure does not include paper and electronic requests and responses to our consultation and research work.

Approximately 1350 individuals have been actively engaged with over the year for a variety of purposes including consultation for the research carried out, engagement to promote both the work of *Who Cares* and information on the implementation of HealthWatch, and participants in the focus and task groups. Grateful thanks are extended to all who took the time to contribute to the work of *Who Cares* over the past 12 months.

Of the 28 engagement sessions held or attended, many of these were attended by the Communications Task Group with the primary aim of promoting the work of *Who Cares* and how *Who Cares* can support people and their issues. Task Group members attended in excess of 20 events and engaged with approximately 295 individual people. Below is a photograph of members of the Communications Task Group at North Lincolnshire Homes fun day held in August 2012.



To help facilitate our work, and engage with other stakeholders, we participated at 13 externally arranged events. These provided an opportunity to share good practice and to promote the work and raise the profile of *Who Cares*. An additional 4 events have been held and organised by *Who Cares*.

Due to our extremely good working relationship with statutory organisations and groups we have attended at least 49 external decision making meetings including the Shadow Health and Wellbeing Board and other Strategic bodies such as the Mental Health Partnership, the Personalisation Consortium, the Joint Strategic Needs Assessment Steering Group and others. This also reflects the enormous changes that have and continue to take place within the fields of health and social care.

7 presentations were given to external groups on the work that *Who Cares* carries out and what people can expect from HealthWatch North Lincolnshire. Some of these were given by the Communications Task Group members and the photograph below shows one of the Communications Task Group members after a presentation she made to the Winterton Seniors Forum



We have taken part in 13 external consultations from statutory organisations relating to health and social care. These include national consultations from the Department of Health, NICE, Care Quality Commission and others, regional consultations from organisations including the Ambulance service and others, and local consultations in relation to development of local strategies and policies from the Clinical Commissioning group, the Shadow health and Wellbeing Board and others.

To increase the skills and knowledge of our members we have also delivered 6 training sessions including Enter and View and Safeguarding awareness

5. What We Did

5.1 Our research

All our work and investigations are based on evidence. Our reports and recommendations include solutions which have come from service users, carers, support groups, voluntary and community organisations and the wider public. This work is intended to inform commissioning strategies, service provision, design and delivery, and enables commissioners to have an opportunity to implement outcomes local people suggest through the LINK

During the past year we have carried out a number of research projects, as well as being involved in consultations and research which may lead to changes in services across a wide spectrum.

Over the year *Who Cares* has published 4 reports which have included recommendations to commissioners. Details of these can be seen below. For full versions of the reports please visit www.vanl.org.uk

Enter and View in April 2012 – March 2013	
How many enter and view visits did your LINK make?	3
How many enter and view visits related to health care?	3
How many enter and view visits related to social care?	0
How many enter and view visits were announced?	0
How many enter and view visits were unannounced?	3
Total budget for April 2012 – March 2013	£450
Reports and Recommendations in April 2012 – March 2013	
How many reports and/or recommendations were made by your LINK to commissioners of health and adult social care services?	4
Of the reports and/or recommendations, how many have led, or are leading to, service review?	Unknown as yet
Of the reports and/or recommendations that led to service review, how many have led to service change?	Unknown as yet
How many reports/recommendations related to health services?	3
How many reports/recommendations related to social care services?	0
How many reports/recommendations related to health and social care?	1
If any of your reports or recommendations were not acknowledged or did not result in any service review or service change, are you planning any further follow up?	Not applicable

5.2 Enter & View

5.2.1 Scunthorpe General Hospital – Dignity and Respect

An Enter and View visit to Scunthorpe General Hospital was carried out in October 2012. This was a joint project with East Riding LINK, North East Lincolnshire LINK and *Who Cares* with the aim of investigating whether patients in hospital are treated with the dignity and respect they deserve. Given the heightened concern around the issues across the wider NHS in relation to dignity and respect for patients in hospitals, Northern Lincolnshire and Goole Hospitals NHS Foundation Trust (NLAG) wished to obtain independent scrutiny of the current situation within their hospitals including Scunthorpe General Hospital. This piece of work was based around the Trusts own Privacy and Dignity Policy. This process provides either assurance to the Trust Board and external stakeholders that patients are being appropriately cared for, or if shortfalls in practice are identified, that NLAG are aware of where further improvements need to be made and can focus their efforts on these areas to remedy the situation.

A number of recommendations have been made following the visit, including actions in relation to communication and decision making, the Liverpool Care Pathway, and a future Enter and View visit to check progress made.

Already, a number of initiatives have been implemented in relation to the Liverpool Care Pathway to ensure that people are properly informed and misconceptions on what the Liverpool Care Pathway entails are clarified. This included information being provided to *Who Cares*, NLAG Public Governors, and a leaflet produced for the benefit of patients, their families and carers. This has been welcomed by *Who Cares*.

NLAG commissioned the Local Involvement Networks (LINKs) to carry out this work. A collaborative report and a *Who Cares* individual report have been produced.

5.2.2. Scunthorpe General Hospital - Nutrition

A second Enter and View visit to Scunthorpe General Hospital was carried out in December 2012. This was again a joint project with East Riding LINK, North East Lincolnshire LINK and *Who Cares*, with the aim of investigating whether patients in hospital are provided with acceptable and appropriate meals. Northern Lincolnshire and Goole Hospitals NHS Foundation Trust (NLAG) wished to obtain independent scrutiny of the current situation within their hospitals including Scunthorpe General Hospital. This process provides either assurance to the Trust Board and external stakeholders that patients are being provided with acceptable nutrition, or if shortfalls in this service are identified, that NLAG are aware of where further improvements need to be made and can focus their efforts on these areas to remedy the situation.

Although in general the standard of food was acceptable, a number of patients commented that the meals are not hot enough. The overwhelming impression from the representatives was that although the ward visited was very busy, with a large percentage of very ill people, there was not enough staff to provide assistance to patients who needed it at meal times.

A number of recommendations are contained within the report including the temperature that the food is served at, and that assistance is available for those would need and want it.

5.2.3 Great Oaks – Mental Health Services

An Enter and View visit was conducted in December 2012 to gather patient experience of the services provided at Great Oaks. This visit formed part of the patient consultation that took place to monitor, review and check progress made following the publication of the Mental Health Report in 2011. The findings of this visit have been incorporated into the Mental Health Review Report 2012 and more details are provided in relation to this report in 5.4 below.

5.3 Experience of Dental Services report

Wide scale consultation and research was carried out last year with 540 residents and several dental practices which focused primarily on registration with a Dental practice, waiting lists and access to treatment. A report was published highlighting the findings and associated recommendations. What was highlighted through the research were a number of issues including:

- A lack of communication to the public on the removal of the waiting list and the changes this entailed,
- That there are more people without dental provision than the current practices can handle,
- That the dental emergency service telephone number is only available in the morning and there is also no emergency treatment available at the hospitals. Depending on when treatment is needed, patients could be left without treatment till the following evening (if they are able to get an appointment),

Recommendations included

1. More communication and information available on how to access dentistry provision, with any changes in the future also communicated well in advance.
2. More comprehensive education about oral hygiene and the warning signs of bad oral health available in all education settings.
3. NHS data shows that the number of people served from a number of social/age groups identified North Lincolnshire as performing well as an area when compared with other similar areas. However it also identified that there are not enough places to serve the whole population should they want a NHS place and in fact substantially falls short. Therefore the only way to increase provision is to increase funding (which is a National issue) or reduce the incidents of NHS provision for each NHS patient e.g. reduce the frequency of oral health checks for those with good/adequate oral health

5.4 Mental Health Services Review Report 2012

In 2010 the Mental Health Sub-group of Who Cares undertook research primarily focused on the adult mental health unit at Great Oaks. In April 2011 *Experiences of Mental Health Services in North Lincolnshire* was published and a supplement to this was produced in September 2011 which provided Rotherham Doncaster and South Humber NHS Trust (RDaSH) and NHS North Lincolnshire with the opportunity to respond. Following the 'Modernisation' (changes made to operational delivery, designed to deliver more services in community settings) of Mental Health

Services introduced by RDaSH in 2010, alongside the recommendations contained in *Who Cares Mental Health report 2011*, it was felt that it was an appropriate time to review those changes. It was also timely as issues including some concerns were beginning to be fed through to *Who Cares* by service users and carers. This report is the result of that decision. The 2011 report listed a number of recommendations and this review uses these as a baseline against which to determine any changes. Service users and carers were asked to share experiences of the last twelve months. The research used a variety of methods to gather information including visits to Great Oaks to interact with staff and patients, undertaking an Enter and View visit (see 5.2.3 above), attending support group meetings for service users and carers, and arranging focus group meetings for service users and carers and with individuals if appropriate

The results indicate that many positive changes have taken place in respect of the Great Oaks facility and a change in staffing has seen an improvement in the previously perceived 'them and us' culture. Effective, appropriate and informative two way communication remained an issue, and medication, medical records and Care Plans also featured in concerns raised by service users. A number of recommendations based on these areas of concern are included in the report, plus the suggestion that a future review should be undertaken by HealthWatch North Lincolnshire

5.5 GP Access Report 2012

This research was carried out for three main reasons which were:

- To check progress made since the GP Access report 2009
- To gather patients experiences of their GP practice, both positive and negative, including confirmation of the findings already gathered on the rural practices through consultation on a different theme carried out on behalf of and by Who Cares from June to July 2012
- To provide recommendations on changes on service delivery to influence service provision and improve patient experience

A total of 275 people took part in the consultation. Disappointingly the findings and the recommendations in this report differ very little from those in 2009. Many people still find it hard to make an appointment when they need it and still feel that the standard of communication between the practice and the patient could be improved.

Recommendations contained within the report focus on appointments, communication, staffing / service levels, issues for working people, rural issues, and suggested future review of the patient experience by HealthWatch North Lincolnshire

All the above reports can be found at www.vanl.org.uk

5.6 Special members meeting to discuss the Summary Hospital Mortality Index report of Northern Lincolnshire and Goole Hospitals NHS Foundation Trust

This meeting was held in November 2012 following on from major concerns on the high levels of unexpected deaths at Northern Lincolnshire and Goole Hospitals NHS Foundation Trust (NLAG). Dr Scott, Medical Director of NLAG attended on their behalf and explained that the SHMI (Summary Hospital Mortality Index) measures deaths in hospital, including people who die up to thirty days after leaving hospital, and it attempts to take into account the differences between patients. This is a new performance measure which was introduced in 2011.

This new measure gave Scunthorpe General Hospital a rate of 115 (with the national average being 100). This puts NLAG's rating as one of the highest in the country among hospital trusts. An independent report was commissioned by North Lincolnshire and North East Lincolnshire's Clinical Commissioning Groups to examine why the hospital had a much higher than average rate. The report looks at the underlying causes and concentrates on: information and data collection; nursing issues; the population (general health); and "failure to rescue". The report did not look at the role of Doctors and looked only at the hospital and not at care in the community including the support needed by community based organisations such as nursing and care homes.

The SHMI report identified:-

- Much work is needed to keep people in the community to die if that is their wish
- People are more likely to die at weekends and there is a need for work to be carried out to find out why
- More people at low risk of dying are dying than expected
- The importance of identifying how likely someone is to die on coming into hospital
- Importance of identifying when a person is becoming unwell as they enter or are in hospital care – this has not been identified well enough, NLAG are now working on making early identification

NLAG's response has a number of distinct strands. Firstly clinical staff are looking at different aspects of quality of care. They are: examining all mortality statistics to see if there is any particular area that needs to be addressed; looking at notes to find out if anything else could have been done; looking in particular at cardiac arrest patients, for the 24-48 hour period before arrest to establish could anything else have been done in this time. They are working on how patients are recorded (coded), and becoming more patient safety focused, especially in surgery.

An action plan has been put together with 42 actions and a community wide action plan is being developed. The main areas of work are:

- Quality of clinical care
- Quality of coding
- Cultural change

5.7 *Who Cares* Awards Ceremony and Celebration event

To celebrate the successes and achievements of *Who Cares* and its volunteers since its commencement in October 2009, an Awards Ceremony and Celebration event was held in March 2013. 43 people attended and these included *Who Cares* members, host staff, researchers who had carried out work for *Who Cares*, voluntary and community organisation representatives who have worked closely with *Who Cares* over their period of operation, and statutory partners who have provided support and welcomed partnership working. A presentation was given highlighting the achievements of *Who Cares* since it started in October 2008 and musical entertainment was kindly provided by "Crimson Thunder". A nomination process was put in place prior to the event and the following people were presented with a special award for their outstanding contribution:

Roni Wilson (Chair of *Who Cares* and Enter & View rep)
Sandra Lingard (Executive Group member 2008-2013 and Enter & View rep)
Richard Leach (Executive Group member 2008-2013 and Mental Health lead)
Susan Marrison (Executive Group member 2008-2013 and Enter & View rep)
Helen Kirk (*Who Cares* Communications and Research Officer (2010-2013))
Julie Ponting (*Who Cares* Administration Officer 2008-2010)

Please see below for a photograph of the event



The contributions of a number of past and present volunteers were recognised by awarding of a certificate to highlight their achievements and these were presented to the following people:

Ajmal Ali, Jim Allcroft, Mahwish Arfeen, Stewart Atkinson, Anne Dunkerley, Harold Edwards, Jan Gilbert, Sheila Girling, Jim Harding, Colin Hornsby, Jacky Johnson, Susan Jude, Sunil Kapil, Dali Khan, Julian Kidd, Hilary Kitchen, Richard Leach, Sandra Lingard, Camilla Mackrill, Susan Marrison, Claire McMullen, Jane Paine, Melanie Petrie, Carole Phillips, Susan Pridmore, Guy Reynolds, Gladys Siddall, Tony Scrase-Walters, Roni Wilson and Stuart Wilson

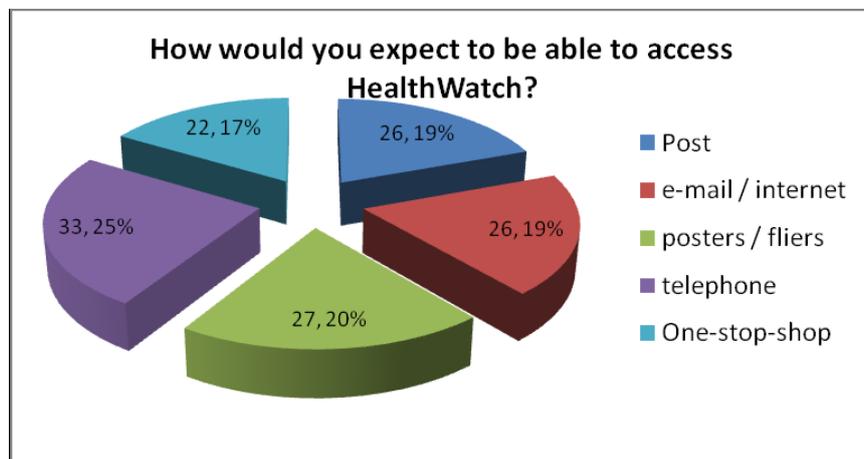
Les Barrett and Ian McPherson, who have sadly passed away, are also recognised for their valuable and valued contributions to *Who Cares*.

6. Consultation work

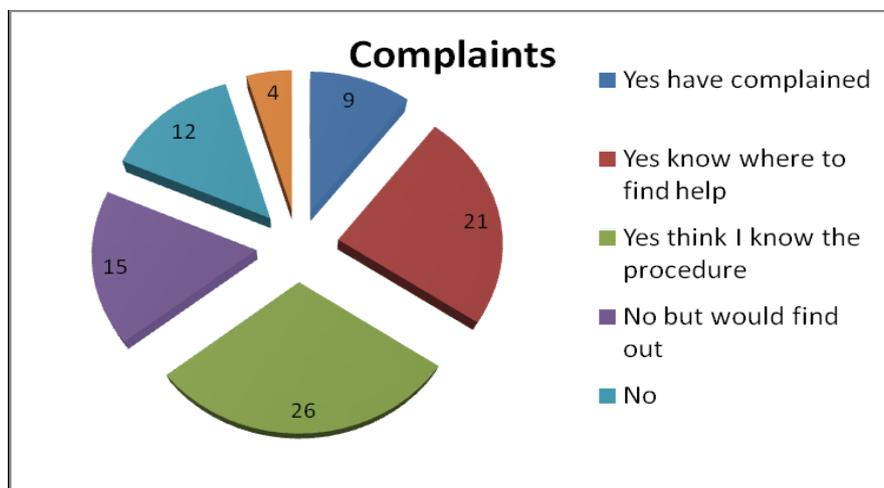
6.1 HealthWatch consultation report

Who Cares undertook another large scale consultation with around 300 people on the implementation of HealthWatch North Lincolnshire. The aims of the research were to ask people how they want to be communicated with, what gets in the way of effective communication, what would help them to access information about services, and how they make complaints. They were also asked if they would use the new services provided by Local HealthWatch if needed, and how they would want to access HealthWatch North Lincolnshire and its services. The results from this consultation were added to previous research with 199 people carried out last year to produce a report of the complete findings. This report was presented to the commissioners to allow them to take account of the findings when designing and tendering for HealthWatch North Lincolnshire. The full report can be found at www.vanl.org.uk

In relation to how people would want to access HealthWatch North Lincolnshire and its services, a breakdown of responses is shown below



Complaints were dealt with as a separate issue within the research. The intention was to find out if people would use a complaints and advocacy service if required, and also if people currently know how and where to raise a complaint should they need to do so. The results of this area of research are shown below



Groups of people that are traditionally hard to reach were specifically targeted for their views and the results of their responses are shown below:

	Total	Total	NL	Would use a Signposting service		Would use a Complaints service		Would use an Advocacy service	
	Number	%	%	Number	%	Number	%	Number	%
13 to 25	34	12.5	8.25*	32	94	30	88	26	76
BME	25	9.2	7.14	21	84	14	84	17	68
Disability	74	27.3	5.4*	57	77	57	77	56	76
Carer	68	25.1	10*	62	91	61	90	59	87

Please note that the figures marked * are best estimates from the available information

A number of recommendations were made in the report and these are shown below:

- I. Initial research indicates that consideration should be given to providing a one-stop-shop approach that contains all elements including signposting, information, complaints and advocacy services, as well as patient participation.
- II. Ensure that the services of HealthWatch and the way that people can access them is provided in easily accessible ways by a variety of methods including:
 - a. Face to face
 - b. Internet and e-mail
 - c. Telephone
 - d. Advertising through posters and local and social media
- III. Ensure that any marketing and publicity is heavily promoted through traditionally hard to reach groups as well as county wide.
- IV. Currently, the lack of public knowledge on how to access complaints, advice and support services appears to be a major issue, therefore it is recommended that HealthWatch is widely and constantly promoted in the community.
- V. Provide training / education to health and social care professionals on the benefits and opportunities of HealthWatch to ensure that services are clearly communicated in a consistent way
- VI. As the PALS service will continue to be provided by NHS North Lincolnshire, to ensure that an agreed policy is put in place to ensure a procedure for data sharing is agreed that maintains patient confidentiality.

6.2 Communications Task Group

A Communications Task Group was established in June 2012 and they were tasked with looking at a number of issues including, updating the website, promotion of *Who Cares*, and developing the newsletter. This is a small but very active group of members that have carried out a significant amount of work in a very short time. Their achievements include the following:

- Redesign and development of the website and thereby increasing the number of unique “hits” from 218 (January 2012) to just over 1000 (January 2013)
- Redesigning the newsletter and increasing it from a quarterly to a monthly publication
- Carrying out over 20 engagement sessions and speaking to over 295 people about *Who Cares* and listening to and recording people’s issues and concerns
- Researching appropriate articles for the newsletters
- Giving presentations and talks to local community and voluntary sector groups

6.3 Care for the Elderly Task Group

This group was set up in the latter part of this reporting period as a result of widescale national media articles on poor care for the elderly. They were tasked with looking at identifying issues in relation to care for the elderly and they have developed an action plan including the identification of priorities. The work of this group has been complemented by the participation in both the Care Home Review and the Care Home Intelligence Group meetings, both of which are lead by North Lincolnshire Council.

6.4 Future of *Who Cares*

Who Cares endorsed an option for the future of the organisation at their Annual General Meeting held in March 2012. However, following developments on how Local HealthWatch will operate and how it will be implemented, the Executive Group made the decision to re-visit this decision. A number of options were considered at a Special Members meeting held in September 2012 which resulted in a decision to explore two options in more detail. See below for a photograph of members hard at work at the September meeting.



After consideration and research on the preferred options, it was agreed that the best option for *Who Cares* members was to offer their experience, skills and knowledge to assist the LINK element of HealthWatch North Lincolnshire, subject to the proviso that this would have to be a decision for the organisation awarded the HealthWatch North Lincolnshire tender to make. To this end, a *Who Cares* CV has been prepared and this will be presented to both the organisation delivering HealthWatch North Lincolnshire, and to North Lincolnshire Council as the commissioners of the service. It was agreed that it would not be beneficial for *Who Cares* to continue as an independent organisation, and a Special members meeting was held in February 2013 to formally agree to wind up *Who Cares*.

6.5 Freedom of Information request

Who Cares has continued to work hard to build strong and constructive relationships with health and adult social care commissioners and partners and have only had to make two requests under the Freedom of Information Act 2000 which were both responded to within 20 days.

6.6 Overview and Scrutiny Panel

Who Cares has a good working relationship with North Lincolnshire Council Healthier Communities Overview and Scrutiny Panel. Host staff meet with scrutiny officers on a regular basis to update each other on work topics, and to flag up any issues of concern either party may have.

With this positive relationship in mind *Who Cares* have made no formal referrals to the Overview and Scrutiny Committee during this period.

6.7 Local Media

Who Cares have seen continued media coverage due to a fruitful relationship with the local press. A number of comments and articles have appeared in the main weekly newspaper in North Lincolnshire, the *Scunthorpe Telegraph*. The publication of the HealthWatch consultation report created much interest with the local media and a series of related articles were published in this local paper.

Articles have also been included in a number of community newsletters across North Lincolnshire, including the newsletters for Community Interest Group, FreshStart, Voluntary Action North Lincolnshire, Winterton Seniors Forum and others.

Who Cares have contributed articles to Voluntary Action North Lincolnshire's Twitter account, and have, as stated earlier, redesigned and updated their own website resulting in a significant increase in unique "hits". Their own newsletter has, again as stated earlier, been redesigned and for the most part, been produced and distributed on a monthly basis. A final commemorative edition was produced in March 2013 highlighting the achievements of *Who Cares* since its inception in 2008.

7. Our working relationships

7.1 Partnership Working Opportunities

The number of opportunities available to work collaboratively with statutory organisations, highlights the excellent working relationships which have been established. Throughout the transition to Local HealthWatch, it was important that these working relationships continued and were strengthened.

7.2 Shadow Health and Wellbeing Board

Who Cares has continued to be a member of this Strategic Board and this is crucial to ensure that patient's views and experiences are taken into account when developing strategies to tackle health and wellbeing issues. It is an important strategic group that has influence and provides leadership on shaping services and their delivery. Members of this group have also been developing a Health and Wellbeing Strategy for North Lincolnshire and *Who Cares* have participated in this important development group. Reports have been presented to the Shadow Health and Wellbeing Board to keep them updated on progress and initiatives that have been undertaken to progress a smooth transition to HealthWatch North Lincolnshire, and on the work activities of *Who Cares*.

7.3 North Lincolnshire Clinical Commissioning Group

The North Lincolnshire Clinical Commissioning Group (CCG), which is made up of local GP's will, with the support of other clinicians, including community nurses, hospital doctors and NHS specialists in finance and contracts, commission many of the healthcare services that are currently paid for by NHS North Lincolnshire from April 2013. *Who Cares* had a non voting representative on this body during its formative months. The CCG is currently working towards authorisation which will allow it to fully operate as a commissioning body and the expected date for authorisation is 1st April 2013 which will coincide with the implementation of HealthWatch North Lincolnshire.

7.4 Strategic Partnership - Integrated Services

Who Cares continued to take part in this strategic organisation over the first few months of this reporting period. This partnership has now ceased to operate following the introduction of the integrated health and social care teams. The progress of the implementation of the Integrated Health and Social Care model continues to be monitored through a smaller project group.

7.5 Mental Health Partnership

Who Cares participated in this Partnership, whose terms of reference includes being responsible for contributing to the delivery of NHS North Lincolnshire's Mental Health Programme and commissioning strategy development. Its remit includes the use of "Experts by Experience", a commitment to be involved in public engagement, and to identify service gaps. The Partnership deals with Issues which are then brought to the attention of service providers for investigation.

7.6 Mental Health Collaborative

This is another Partnership that *Who Cares* were involved with and includes membership from both the voluntary and statutory sector. *Who Cares* have found it useful as it provides access to service providers, gives and receive updates on current and future plans, and also provides an opportunity to raise issues that have been brought to the attention of *Who Cares*.

7.7 North Lincolnshire Personalisation Consortium

This Consortium was set up for a number of reasons, including helping to build the capacity of the Voluntary and Community sector to deliver services for individual's purchasing their own care. It also aims to support vulnerable people to access a wide range of community services which will enhance their lives and promote independence. Consortium members aim to work together to offer vulnerable people within North Lincolnshire a range of support that will help them to remain independent within their own homes and communities for as long as they are able, or wish to, and to enable people to have equal life choices and be part of their communities or wider society, including promoting active citizenship. *Who Cares* attends the regular meetings of this Consortium.

7.8 Northern Lincolnshire and Goole Hospitals NHS Foundation Trust (NLAG)

Who Cares continued to work closely with NLAG on a range of issues and attended regular joint meetings to discuss and agree areas of mutual interest, including commissioning of work to the LINK organisations. Two Enter and View visits on the themes of Dignity and Respect and Nutrition have recently been carried out by *Who Cares*, North East Lincolnshire LINK and East Riding LINK, which were commissioned by NLAG, the results of these are detailed in 5.2.1 and 5.2.2 above.

7.9 LINK Liaison

Who Cares continued to work closely with neighbouring LINKs, and in particular with North East Lincolnshire and East Riding with whom regular joint meetings were held to share good practice and discuss and plan appropriate action to address joint concerns. *Who Cares* carried out collaborative cross boundary work and projects with these two neighbouring LINKs. Two joint Enter and View visits to the 3 hospitals have recently been carried out as detailed above.

7.10 Cancer Partnership

Who Cares were represented on this group which provided information sharing and mutual support

7.11 Long term Conditions group

Who Cares were represented on this group which provided information sharing and mutual support. *Who Cares* have been involved in some of the work around developing a Strategy on this issue for North Lincolnshire

7.12 Care Homes Intelligence Group

As this is an area of considerable interest to many *Who Cares* members, *Who Cares* were delighted to be invited to participate in this service provider forum. It was complimentary to the Care for the Elderly Task group established by *Who Cares* and provided a useful source of information.

7.13 Care Homes review

Members of *Who Cares* have volunteered to take part in the Care Home Review that North Lincolnshire Council is conducting and it is due for completion in summer 2013. This has been welcomed by *Who Cares*.

7.14 Joint Strategic Needs Assessment Steering Group

The last few months have seen significant work done by NHS North Lincolnshire and North Lincolnshire Council around refreshing the Joint Strategic Needs Assessment for North Lincolnshire and *Who Cares* have participated in the development of this through consultation exercises and being a member of the Steering Group

7.15 Carers Advisory Group

Who Cares have been an invited to guest to this body over the 12 month period. This has provided a valuable opportunity for joint concerns and issues to be discussed and has provided *Who Cares* with valuable information and insight into the challenges facing Carers in North Lincolnshire.

8. HealthWatch

Looking ahead, the next few months will continue to be one of major transition. In terms of the Health and Social Care Act 2012, LINKs will be replaced in April 2013 by the establishment of HealthWatch which will be the new consumer champion for both health and social care. It will exist in two distinct forms, namely Local HealthWatch at a local level (which will be known in North Lincolnshire as HealthWatch North Lincolnshire), and as HealthWatch England at national level. HealthWatch England was established on 1st October 2012. The aim of Local HealthWatch will be to give citizens and communities a stronger voice to influence and challenge how health and social care services are provided within their locality. The HealthWatch North Lincolnshire contract has been awarded by North Lincolnshire Council through a tendering process to Meeting New Horizons CIC. The following is a summary of what can be expected from HealthWatch North Lincolnshire

- HealthWatch North Lincolnshire will provide the existing LINK function
- HealthWatch North Lincolnshire will provide an information and signposting service
- HealthWatch North Lincolnshire will provide an independent complaints and advocacy service.
- HealthWatch North Lincolnshire will build on the good practice of LINKs, establishing relationships with local authorities, Clinical Commissioning Groups (CCGs), patient representative groups, the local voluntary and

community sector and service providers to ensure it is inclusive and truly representative of the community it serves.

8.1 HealthWatch Pathfinder

HealthWatch Pathfinders are partnerships of local authorities, LINKs and other relevant organisations. North Lincolnshire was awarded Pathfinder status.

The Local HealthWatch Pathfinders explored how best to champion patients' views and experiences, promote the integration of local services and improve choice for patients through advice and access to information.

8.2 What *Who Cares* have done

Who Cares have undertaken a range of work to try and find out peoples views on what they want from HealthWatch in North Lincolnshire. This has involved the consultation referred to above, held focus groups to look at the transition to HealthWatch including governance options, developed a consultation action plan for the transition to HealthWatch, designed and produced information leaflets publicising the changes, promoted the imminent changes to community groups, and formed a HealthWatch Pathfinder Strategic Board to progress the transition and the role of the Pathfinder. They have also prepared a *Who Cares* CV and a Transition Plan, both of which will be made available to HealthWatch North Lincolnshire and their commissioners.

The HealthWatch Transition Plan that has been developed, aims to provide a smooth transition as possible from LINK to HealthWatch. It includes identified areas, issues and projects that would benefit from follow up work taking place over the next 12 months and beyond. Although much good work has been completed by *Who Cares*, most of the recent research, projects and reports require future consultation and engagement with service users to ensure that recommendations have been implemented and service delivery and patient experience has been improved.

Who Cares in collaboration with Voluntary Action North Lincolnshire, set up a HealthWatch Pathfinder Strategic Board. This Board contained membership from Voluntary Action North Lincolnshire, *Who Cares*, North Lincolnshire Council, and it appointed an independent chair. The Board continued to develop the HealthWatch Pathfinder work through the research and consultation referred to earlier in this report. It carried out research with other Local Authorities to gather information on their approach to the implementation of Local HealthWatch. It carried out a market testing exercise on the effectiveness of *Who Cares* published reports and their impact on commissioners and service providers. It provided two briefing papers and gave a presentation to the Shadow Health and Wellbeing Board for their consideration, carried out some early developmental work on Training and Development Plan, facilitated at a North Lincolnshire Council stakeholder event, developed an engagement plan, and a stakeholder analysis. .

8.3 What is HealthWatch England?

HealthWatch England is a national body that enables the collective views of the people who use NHS and social care services to influence national policy, advice and guidance. It is a statutory committee of the Care Quality Commission (CQC) with a Chair who is a non-executive director of

the CQC. HealthWatch England has its own identity within the CQC, but is able to use the CQC's expertise and infrastructure.

HealthWatch England will provide leadership, guidance and support to Local HealthWatch organisations. It will provide advice to the Secretary of State, NHS Commissioning Board, Monitor and the English local authorities and they must have regard to that advice. HealthWatch England will be able to escalate concerns about health and social care services raised by Local HealthWatch to the CQC. The Secretary of State for Health will be required to consult HealthWatch England on the mandate for the NHS Commissioning Board.

9. *Who Cares* Budget April 2012 – March 2013

The finances for supporting the work of *Who Cares* come from central government via North Lincolnshire Council and are managed by Voluntary Action North Lincolnshire. The table below illustrates the budget for *Who Cares*:

Income April 2012 – March 2013	£
Amount allocated to the Local Authority by the department of health	-
Amount of funding received by the host from the local authority	77,917
Amount of funding received by the LINK from the host	
Amount of funding carried over from previous years	16,054
Other income	-
Total budget for April 2012 – March 2013	-
Spending in April 2012 – March 2013	
Total spend by host organisation	93,971
Total spend by LINK	97,842

Spending in April 2012 – March 2013	£
Staff salaries	53,141
Staff expenses	2,436
Staff training	788
Office costs including IT support	21,023
Management fees	12,051
Communications	8,403
Total costs of project	97,842

10. Next Steps

Looking ahead, 2013-2014 continues to be one of transition. On 1st April 2013 Local HealthWatch will be implemented and replace LINks and a large amount of work will need to take place to ensure as smooth a transition as possible to provide North Lincolnshire with a HealthWatch that is accessible, available and appropriate for the people of North Lincolnshire.

With the challenges and changes currently facing health and social care services, the opportunity to work collaboratively is one which will become of greater importance in order to continue to achieve improvements in North Lincolnshire, and is one that *Who Cares* welcomes and hopes is embraced by a HealthWatch North Lincolnshire who are committed to do the best they can for the population of North Lincolnshire in championing their causes in relation to health and social care services.

All reports that *Who Cares* have published can be found on Voluntary Action North Lincolnshire's website at www.vanl.org.uk or by request by phoning 01724 845155

From 31st March 2013, *Who Cares* will cease to exist.

From 1st April 2013, HealthWatch North Lincolnshire will be delivered by Meeting New Horizons CIC.

Please contact HealthWatch North Lincolnshire if you require any assistance or have any concerns in relation to Health or Social Care services in North Lincolnshire

11. Acknowledgements

Who Cares have operated in North Lincolnshire since October 2008, and the achievements they have accomplished and work they have undertaken would not have taken place without the dedicated commitment of a relatively small number of volunteers, many of whom have been involved from day 1, who have worked tirelessly to improve health and adult social care services in North Lincolnshire on your behalf. It is to their immense credit that they have influenced changes and improvements in a number of areas of service delivery and provision. It must also be documented that this could not have happened without the co-operation of the service providers and commissioners who have taken on board the findings of *Who Cares*. Thank you to you all.



Who Cares

*The voice of the people of North
Lincolnshire in Health & Social Care*

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