



healthwatch

Bath and North East
Somerset

Healthwatch B&NES report to the Health and
Wellbeing Select Committee - July 2015

INTRODUCTION

This report will demonstrate the progress made by Healthwatch B&NES to promote the needs and views of local people.

Input from the B&NES Health and Wellbeing Network is included alongside the Healthwatch update, to demonstrate how the views of providers, patients and the public are being woven together by local Healthwatch to create meaningful improvements in how health and social care services work into the future.

Healthwatch is the statutory, independent champion for patients, carers and the public. The Health and Wellbeing Network hosts provider organisations, in both the statutory and community/voluntary sectors, to debate current issues and recommend actions for progress. The update provided below corresponds to the three themes from the B&NES Health and Wellbeing Strategy 2015 – 2019.

Preventing ill health by helping people to stay healthy

The Health and Wellbeing Network met in February 2015 and discussed the theme of 'Co-production and Making It Real'. The learning points from this work included the importance of encouraging service users to think about how services should work for them, with a view to putting service users at the heart of decision-making. The 'Making it Real' framework emphasises the importance of making sure that service users understand what to expect from services that are truly personalised.

Healthwatch has been supporting a project with Julian House to produce a card for Gypsy, Roma, Traveller and Boater people. This card - which has now been launched and distributed - allows people from these communities to discretely identify any extra requirements and cultural preferences to receptionists and/or other health and social care staff.

By doing so, we are working to encourage people from these communities to feel more confident in expecting their care to be tailored to their specific needs.

HEALTHWATCH

B&NES:

- 78 comments were received from April – June 2015 (Year 3, quarter 1)
- The most positively reported type of comment was around quality of treatment.
- The most negatively reported type of comment was around coordination of services.
- The three main themes that have emerged from the quarter 1 feedback are:
 - 1) People want better access to information, particularly around access to services and referrals.
 - 2) Patients value good practice in GP settings, particularly friendly, helpful staff and flexible practice.
 - 3) Appointments at GP surgeries - negative opinions were expressed about the difficulties in accessing appointments when patients needed them and with specific staff.

Front



 Julian House
The home of opportunity

 **fft**
Friends Families and Travellers

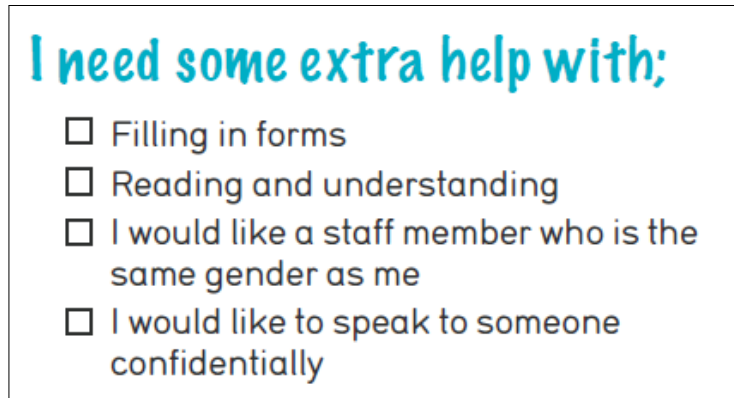
“I need some extra help please”

B&NES Gypsy, Traveller & Boater
Communities Outreach Help Card

 **healthwatch**
Bath and North East
Somerset

01225 232 401

Back



I need some extra help with:

- Filling in forms
- Reading and understanding
- I would like a staff member who is the same gender as me
- I would like to speak to someone confidentially

The card also contains Healthwatch contact details, ensuring that the person using the card can feedback on their experiences of services to Healthwatch. This will empower them to speak up about how they feel services should work for them and their families, putting their needs at the centre of their care.

Further to this, the person carrying the card can be quickly and easily signposted to support, including advocacy, via the Well Aware database (which is the statutory signposting function of Healthwatch) by calling the telephone number provided.

Healthwatch B&NES and Julian House are also working together to find out from local homeless people how we can help them to improve their health. We know that good health leads to improvements in every area of life, and so by doing this work we hope to contribute to helping some of the residents of B&NES who most need it.

We aim to carry out this work through a survey which people will be able to complete at Manvers Street Hostel. This will include questions about a range of health and social care services, including primary care, Accident and Emergency, NHS 111, drug and alcohol services, social services and more, in addition to the commissioned in-house medical service provided at Manvers Street Hostel and Julian House’s own services, namely the hostel and homeless discharge work at the Royal United Hospital Bath.

Improving the quality of people’s lives

Healthwatch has been working to build contacts across local communities to support voluntary and community sector partners who work with isolated people. Further to this, Healthwatch is supporting and publicising the innovative provision of primary care services for vulnerable patients under the B&NES Enhanced Medical Services (BEMS+) pilot.

In 2015, our first open advisory group event showcased this work, and gave local people and community groups the opportunity to give their perspective on BEMS+. We are in discussions with the lead for BEMS+ to identify how we can work to support the evaluation of this intervention, to assess whether progress is being made.

The findings of this event have also been presented to the Primary Care Co-commissioning Forum, which has recently been set up by NHS BaNES Clinical Commissioning Group. Healthwatch B&NES has a seat on this committee and will continue to feed in comments from the public regarding BEMS+ and primary care.

During March 2015 Healthwatch B&NES and Healthwatch Wiltshire held a week-long event at Royal United Hospital Bath to inform people about their services and gather feedback about the care and treatment being provided by the hospital. We spoke to over 100 people during the week and have collated an engagement report which summarises the main themes that emerged from the comments received. The main themes were as follows:

- High satisfaction was expressed about a large number of wards and departments, and with the assistance available from volunteers in the hospital.
- There can be some delays with appointments, which may impact on patient care.
- Patients generally believe that staff are doing their best, despite being faced with shortages and funding limitations.
- Transport and parking problems cause stress for patients and visitors. People would like to be able to use public transport but the current provision is not always convenient and some existing services may be withdrawn.
- Patients reported problems with non-emergency patient transport failing to get them to hospital in time, or experiencing long delays on their return.
- The quality of food was praised by patients and visitors.
- Problems accessing GP services may be leading patients to use emergency services at the RUH.

Tackling health inequality by creating fairer life chances

In November 2014, the Health and Wellbeing Network discussed how to tackle issues of loneliness and isolation, and recommended that all local services, charities and agencies adopt a cross-sector approach of 'making every contact count'. The network recommended that a sub-group of the Health and Wellbeing Board be set up to plan how to implement this cross-sector approach.

Consultation work carried out by Healthwatch B&NES further confirms a public desire that support needs to be offered at key moments in the lives of people who are at risk

of becoming lonely and isolated. This finding is particularly strongly seen through the research we have conducted on people's experiences following hospital discharge.

In order to begin to address these issues, Healthwatch B&NES is conducting a research study into the experiences of inpatients at the Royal United Hospital Bath, which will allow us to identify whether there are key points during the patient pathway at which support could and should be offered to minimise the risk of loneliness and isolation, as people move from secondary care into their home environment or other supported living arrangements.

The findings of this engagement will be fed into the relevant service providers, commissioners and the *your care, your way* review.