### healthwatch Lancashire



# healthwatch Lance

### **Healthwatch Lancashire**

Manager Jodie Carney

Report to: Board Meeting Date: 23 January 2024 Title: Healthwatch Lancashire Operational Report Speaker: Jodie Carney Purpose of Report: Information and Assurance

Strategic or other priority linked to this report:

- Strategic Aim 1 Excel at Core Activity
- Strategic Aim 4 Be a Great Place to Work
- Strategic Aim 5 Ensure a Sound Business Model

**Recommendation(s):** That Board note and receive this report

Report Dated: 16th January 2024

#### Background

The purpose of this report is to provide an update on Healthwatch Lancashire's activity from 1st April 2023 to 30th November 2023.

## Introduction

Healthwatch Lancashire is the local independent health and social care champion. Healthwatch Lancashire has been delivered by People First since 2018 and is currently in the second year of a 4 year contract (ending 2026) with Lancashire County Council.

As part of the contract with Lancashire County Council, Healthwatch Lancashire have associated key performance indicators (KPI's) that we strive to meet annually.

These indicators are what drive our activity and assure engagement with our communities is achieved. This report will highlight some of our achievements around the KPI's, along with highlighting project work and future focus.

Please note: figure below are from 1st April 2023 to 30th November 2023

We have engaged with 68 seldom heard communities

We have signposted 380 people to information



We have published 25 reports

## **Activity Review**

## **Presence in communities**

Between April and November Healthwatch Lancashire has engaged with 2984 people.

To ensure we are connecting with our local communities, gathering local feedback and raise the profile of Healthwatch Lancashire, we attend community events, groups and utilise 'pop-ups' in community spaces.

We have our three senior engagement officers to aligned with the Integrated Care Partnership PLACE areas: North & Coastal, Central & West and East Lancashire. This has meant that we can plan and ensure that our engagement with communities is spread across our localities.

This year, we took the opportunity to facilitate two of our own health and wellbeing events. We hosted an event in Hornby which is a village in the Lancaster District, and a second event in Preston. These events were a fantastic opportunity for us to promote Healthwatch and invite other organisations to engage with the community about their health and wellbeing.



Both events were filled with conversations and information sharing about some of the fantastic support that is available in Lancashire. We are exploring hosting further information events, but with a focused theme.



#### Seldom heard community groups

Some of the communities that we engage with, may be considered to be 'seldom- heard' or 'hard to reach', this may be because they don't have an opportunity to equally access and be heard by some health and social care services. We pride ourselves on amplifying theses voices and want to connect with as many different people as possible.

So far, in this reporting period, we have engaged with **68** seldom heard communities and groups.

#### Groups include:

- · HMP Kirkham Veterans
- · East Lancashire LGBT forum
- · Lancashire BSL forum
- · Young parents to be

Preston Pride provided an amazing opportunity to connect with people from the LGBTQ+ community. From this event, we have met with Lancashire LGBT and discussed how Healthwatch Lancashire can share project work to LGBT groups and ensure we have their voices included within our work.



<Emmy at SEND Information Event



^ Steve at Preston Deaf Club at Lostock Hall

Louise & John attending Preston Pride >



Through engagement and attending an LSC ICB (Lancashire and South Cumbria Integrated Care Board) listening event in Burnley, we have heard experiences from people who are deaf and use British Sign Language (BSL). These experiences include poor and limited access to health appointments and minimal accessible information.

## **Enter and Views**

Under Healthwatch England regulations, we have a power to 'Enter and View' health and social care providers who are publicly funded from NHS and or local authorities. The purpose of an Enter and View is to identify good practice and identify any areas which can be improved for people using those services.

During an Enter and View, we observe the service in action, and gather feedback from people who use the service, relatives and staff. We use all of this evidence to produce a report with recommendations to inform improvements.

One of our KPI's from Lancashire County Council is to complete 30 Enter and Views across 5 different service areas. Between April and November, we have completed **18** visits across **4** service areas. These service areas include; GP Practices, Care Homes, Day Services for adults with learning disabilities and a Mental Health Rehabilitation home.

> "I am grateful to you for the visit and the feedback I got from Service Users and Staff was that it was a positive experience. I think this was helped a lot by how you conducted the visit, and consequently people contributed more, which is invaluable for the purpose of what you were trying to do. ."

### **Feedback Centre**

The feedback centre is a brilliant tool which enables members of the public to leave feedback about a health or social care service.

In this reporting period we have received **330** pieces of feedback, which has helped informed Enter and View visits and fed into other project work.

This feedback in analysed each month to track theme and trends, and to identify any information that may require escalation to agencies to which the service provider is accountable. This information is compiled into a report called **"You Told Us"**, which is available on our website.



An example of escalation to services is in July we received 5 individual pieces of feedback for West Strand House, which is where Lancashire and South Cumbria Foundation Trust (LSCFT) facilitate some of their clinics for counselling and other therapies.

We wrote to LSCFT to make them aware of the feedback and as a result we held a popup at West Strand House alongside a member of their staff who provided information about complaints. We have been invited back and will be attending in 2024 to engage with people attending.

### **Communication reach**



Growing social media presence thanks to increased posting, engagement and replies by staff, with a wider variety of posts.



**225** New memebers signed up to the newsletter

15,998 New visitors to the website

Our website, newsletter and social media channels are important tools to help us engage with communities and the system across the county, as well as promoting where we are in the community for engagement.

To inform people about where to find the Healthwatch Lancashire team, at the beginning of each month, we have started posting **"Where are we in (month)....."** this is page on our website and is pinned to the top of our Twitter page and promoted on Facebook. Details of all of our public facing engagement is listed here and provides members of the public advance notice of where they can attend if there wish to speak to an engagement officer in person.



October upcoming engagement details as displayed on the Healthwatch Lancashire <u>website</u>

### **Current and future focus**

#### **Current Projects**

#### **Safeguarding Voices**

As part of the Healthwatch Together collaboration, Healthwatch Lancashire, Healthwatch Blackpool and Healthwatch Blackburn with Darwen, spoke to **258** people through one-to-one interviews who have been through a section 42 Safeguarding Enquiry with their local authority and professionals involved in the process via an online survey. We reviewed whether 'making safeguarding personal' principles had been applied throughout the enquiry. Recommendations have been formed to each local authorities Safeguarding Adults Board, and Healthwatch representatives will be attending the boards in January to present the report in person.

#### Our Voice in Health and Social Care: British Sign Language Users

This project aims to gather feedback from people to learn about the barriers faced by people who Deaf and use BSL. A steering group was formed with people who have lived experiences and stakeholders across charities, the ICB and Lancashire County Council. Healthwatch engagement officers have been facilitating focus groups across Lancashire using interpreter services to listen to these experiences. These will be used to formulate recommendations that will be presented to members of the ICB and Lancashire County Council who commissions those services.

#### **Young Voices**

Our Young Voices project is a rolling programme of work that captures the voices of people aged 16-25 about what matters to them within health and social care services in Lancashire. Each quarter of the year, we discuss different topics to feed into our project work to ensure their voice is included throughout. We have discussed GP access, young carers, and mental health access.

#### Maternity and Neonatal Voices Partnership

A Maternity and Neonatal Voices Partnership (MNVP) is an independently- led NHS working group for women and families to share their experiences of maternity and neonatal services in Lancashire and South Cumbria. In April, Healthwatch Lancashire alongside People First began hosting four MNVP leads 'Preston, Chorley and South Ribble', 'East Lancashire', 'Bay-wide' and 'Blackpool, Fylde and Wyre'. The leads fed back to hospital trusts and the wider Integrated Care Board to ensure that voices of the person using those services are heard and changes are implemented.



#### **Future Focus**

#### Carers

During the year, we have visited a number of care homes, day services and support groups all of which have indicated that some of those who care for people living with dementia and other neurological disorders don't feel they are fully informed about their rights as a carer and support available.

We will engage with carers for people with Dementia and other neurological conditions to understand challenges faced and support available in Lancashire. Findings from this project will be presented to the Lancashire and South Cumbria Carers Partnership.

#### Maternity and Neonatal Voices Partnership Engagement

As part of the Healthwatch Together collaborative, we will be conducting enter and view visits across the four hospital trusts within the Lancashire and South Cumbria footprint to observe maternity and neonatal wards and collect feedback from patients, families and staff.

Along with these visits, each Healthwatch will facilitate a roadshow to speak to people about what matters to them within maternity and neonatal services. These findings will be presented to the ICB Local Maternity Neonatal System and to each of the four MNVPs to help influence improvements.

## **Project Spotlight**

#### Waiting for Wellness

The aim of this project was to explore the experiences of people who are receiving or on a waiting list to receive mental health support. Questions explored how long people had to wait to receive support, barriers they may have experienced and what support they would consider in the future.

Feedback was gathered from **156** people, they revealed that one of the main barriers to accessing NHS mental health support was the long waiting lists, leaving people feeling let down and unsure when they would receive support.

14 recommendations were made to the provider of mental health services, Lancashire and South Cumbria Foundation Trust and the Integrated Care Board who commission some of those services. Both provided comments which have been included in the report.

Recommendations were themed based on feedback from people who contributed their experiences to the report, these included signposting, waiting times, raising awareness, carers, autism and young people.

Some of the recommendations were:

Ensure all crisis line call handlers have up to date information on live waiting times and communicate this clearly. Produce and promote a document which clearly describes which services LSCFT offer, in particular their helpline services.

Ensure that there is a strong communication pathway between autism and mental health teams within the NHS for more joined up care Case study of Male aged between 40-50 who experienced long NHS waiting lists so sought out third sector support.

It started about five years ago when my son was born, I certainly got very depressed. I felt like I was borderline in some kind of psychosis it was the worst mental health that I have ever had. I did reach out for support I self-referred to Mindsmatter at the time. I phoned the mental health crisis line and told them that I felt like I was losing my mind and that I felt like I seriously needed hospitalising. Their response was "nobody is working at the moment. We will try and get someone to phone you but it might not be until after the weekend". No one ever phoned back. I was waiting for a call and that callback never ever happened. I was just totally abandoned by them.

The minds matter process started. It must have been three months before I got a triage appointment. I went there and the guy who saw me was genuinely interested. He was very empathic, listened to me and I felt like he understood the situation.

I shared that I did not want CBT so I got put on talking therapies which was slightly longer waiting lists. I was told it would be around six months as I was not a priority. I understood this as it was a precious resource and people needed it. Months and months went by and I was left on my own and I was thinking "it's going to come."

Mindsmatter then sent me a letter asking me if I wanted to stay on their waiting list. It was really impersonal and I felt so insulted because I had been waiting for months. I then got another letter saying that I had been discharged...... You have to take personal responsibility at some point and I did then reach out to a number of peer support groups. It was just that space to open up and be around other people who are opening up.

These peer support groups helped, especially the men's only groups. I think a lot of mental health problems come from isolation and that lack of community and purpose. These groups give you a lot of that. It was really positive and I have to say that was really the start of pulling myself out of all of this. The men's group really validated me which helped me to approach a domestic violence charity for support.

I then approached Cedar House, a charity in Preston for those on low income. I told them I was on a Mindsmatter waiting list and they said that Mindsmatter refer people to them so when people reach the end of the Mindsmatter waiting lost they get put on Cedar House's waiting list. They said I had done the right thing going to them directly and I had to wait a couple of months. I had a lot of sessions and it was supremely helpful.

I have relied on the voluntary sector throughout all of this. That is where the support is. There was no signposting from Mindsmatter given at all. Support is not a 'one size fits all' and there are all sorts out groups out there.

I think social prescribing is the place where people should go. They provide a signposting role but people don't know signposting services exist to give people their options. Social prescribers will do that bit of handholding and help you get past the barriers that people face is accessing support.

### Volunteers

Volunteers are an essential part of our Healthwatch Lancashire team and we thrive to provide as many meaningful volunteering opportunities as possible.

This year, we have introduced a volunteering database called '**Better Impact**'. This database allows volunteers to pick which engagement activities they would like to take part in, log their hours, preferences and register their interest in any upcoming work. So far, we have found this system beneficial and has allowed engagement officers to offer more opportunities to all of our volunteers, this has included collecting case studies, mystery shopping and project research.

Mystery shopping is an activity that has allowed some of our volunteers flexibility of volunteering from home. As part of the 'Our Voice in Health and Social Care: British Sign Language Users' some of volunteers have been contacting primary care services and care homes to investigate what support they have in place for people who are Deaf and use British Sign Language.



<Volunteers attending PLACE training

During September and October, our volunteers have supported PLACE (Place Led Assessment of the Care Environment) at some of our local trusts including East Lancashire Hospital Trust (ELHT) and Lancashire and South Cumbria Foundation Trust (LSCFT).

### **Volunteers**



#### Our volunteers have delivered 648 hours

Our KPI target for the year is to achieve a cohort of 40 volunteers. In November 2023, we finished the month with **32** volunteers, this broken down in 16 community champions and 16 engagement volunteers. Together they have delivered a fantastic 648 hours' worth of volunteering Healthwatch Lancashire.

We have continued to work alongside our 'community champions', they are our eyes and ears on the ground within our communities and support ongoing project work. This year some our community champions have provided facilities for our engagement officers to 'pop-up' and opportunities to speak to people within their community groups. Some of our champions have provided advice on survey questions and informed some signposting advice around the cost-of-living crisis.

In October, our volunteers we asked our volunteers to complete an 'Equality, diversity, equity & inclusion' survey and a second survey to ask about their experience so far volunteering with Healthwatch Lancashire. In December, we will be analysing the results to evaluate how the volunteer programme is working and any gaps in representation and lived experiences. This will support our focus for further recruitment to reach the target of 40. **Explore access and waiting time for people requesting mental health support in Lancashire**- We will run a project exploring people's experiences of accessing mental health support and use this to influence positive change in services provided by the NHS.



**Implement real co-production-** We will champion local voices in the planning of our work to ensure we are asking the right questions and capturing what matters the most to people. We will develop a steering group at every opportunity with our community champions to utilise their knowledge.



**Extend our reach with seldom heard communities-** We aim to increase our reach and make new connections with seldom heard groups including those in secure settings, travelling communities and the LGBTQIA+ community.

## Reports

Healthwatch Lancashire regularly publishes reports capturing the views, experiences and feedback of local people about health and care services. During this period we have published **25** reports:

#### Care Home Enter and Views

Abbey Wood Lodge, Ormskirk Hope House, Clayton-le-Moors Ashton Manor, Lancaster

#### Day Service Enter and Views

Millfields, Chorley Caritas Care, Preston Highfield Scheme, Great Harwood Enable U, Colne Age UK Day Club, Ormskirk **Revisit** 

#### **GP Enter and Views**

Parbold Surgery Barrowford Surgery, Nelson The Chorley Surgery Great Harwood Medical Group The Chorley Surgery GP Surgery Enter and View Summary

Mental Health Rehabilitation Enter and View

Berkeley Village and Cuerden Grange

' <u>You Told Us'</u>
June
July
August
September
October

#### Project Reports

- 'Emergency Care': One year review
- Safeguarding Voices: Making Safeguarding Personal
- Waiting for Wellness: An investigation into people's experiences and the accessibility of mental health services in Lancashire
- The Cost of Living Crisis: Effects of the crisis on the mental and physical health of Lancashire residents



<u>Healthwatch</u> <u>Lancashire Annual</u> <u>Report</u>

### healthwatch Lancashire

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