



**Healthwatch Somerset**  
Annual Report **2013/14**



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# Introduction

The Care Forum was awarded the contract to provide Healthwatch in Somerset.



8,720 people are living with dementia and this is expected to rise to 11,400 by 2021

There are about 535,000 people in the county of Somerset living across the five districts that make up the county. The five districts are Sedgemoor, Mendip, South Somerset, Taunton Deane and West Somerset. Somerset's population is 52% urban and 48% rural. 1 in 6 households have no car in this very rural county.

5.4% of the population describe their ethnicity as not white British. 2.8% describe themselves as white other and are mostly Eastern European with 1 in 6 born in Poland. Language remains a barrier for some trying to access public services. 0.1% are Gypsies or Irish Travellers and almost half of these are under 25 and over a third live in Mendip. Only 66% identify themselves as being in good health compared to 81% of the population. Other ethnic groups include 0.9% Asian, 0.8% mixed, multiple ethnicity and 0.2% Black, African, Caribbean, or Black British.

Life expectancy in Somerset is higher than the national average for both men and women. 1 in 20 adults however describe their health as bad or very bad with cancers, circulatory and heart disease being the main causes of death.

8,720 people are living with dementia and this is expected to rise to 11,400 by 2021. In 2012 it was estimated that there were 1,975 adults with a moderate to severe learning disability living in Somerset.





There are 108,609 children under 18 years old in Somerset. 3,678 are considered to be children in need, 850 children have a special educational needs statement, 515 are children looked after by the Local Authority and 313 are subject to a Child Protection Plan. Around 15% of children under 16 years live in poverty and 4,770 children are classified as from an ethnic group.

## Healthwatch Somerset had a successful launch event on 9 Sept 2013 which was well attended by stakeholders and commissioners.

The launch gave Healthwatch the opportunity to update on the first six months progress in setting up and beginning to hear what local people have to say about their health and social care.

Alun Davies from Healthwatch England's Committee attended the launch and was able to answer questions on how they will build a national picture of health and social care services.



The admission to hospital for self harming is higher than the national average and levels of dental decay are increasing alongside a decline in dental attendance rates.



Joan Lee Healthwatch Somerset Project Co-ordinator speaking at the launch

Figures from the ONS and Somerset JSNA March 2014



Healthwatch Somerset has an Executive Group made up of volunteer champions who have been selected to lead on particular areas:

- Jo Walsh Quantick who leads on Children and Young People
- Val Bannister who leads on enter and view activities linked to the work plan
- Cliff Puddy who leads on Physical Disabilities and has been elected as chair
- Elaine Hodgson who leads on Mental Health
- Bob Champion who leads on Older People and has been elected as vice chair
- David Boyland who is the Healthwatch representative to the Health and Wellbeing Board

The executive group also has some other members invited to represent their group:

- Jane Allin from Compass Carers
- Lucy Adams from SEAP (Healthwatch does not deal with complaints and will signpost people who want to make a complaint to SEAP for advocacy support)
- Eillean Tipper the Clinical Commissioning Group (CCG) lay representative for patient and public involvement (invited to the group so that we do not duplicate engagement work completed by the CCG to reach people who are seldom heard)
- Two staff members are part of the Executive Group:
- Pat Foster - General Manager with responsibility for The Care Forum Healthwatch contracts

- Joan Lee - Project Co-ordinator for Healthwatch Somerset


There are still spaces on the Executive Group for a lead for:

- Black and Minority Ethnic communities
- Lesbian, Gay, Bisexual and Trans community
- Learning Disabilities community

The Executive Group has agreed the workplan (identified through the Health and Wellbeing Strategy, the CCG and NHS England priorities and health inequalities within the JSNA) and have actions to ensure that Healthwatch Somerset are looking into each area of concern. The workplan is fluid to enable issues from the public to be included and an issues and concerns sub group has been set up to advise the Executive Group.

The Executive Group has also agreed the Community Engagement Strategy and the Communications Strategy for Healthwatch Somerset. Actions plans are in place to reach out to hear from the community. We have been doing this in partnership with other stakeholders and community groups to avoid duplication.

To ensure that Healthwatch Somerset has current information from commissioners, a Healthwatch Strategic Development group has been set up. It meets quarterly with commissioners from NHS England, the CCG and the Local Authority and also includes the CQC regulators.



Healthwatch Somerset spoke to people at: The Compass Disability event; the Somerset Harvest Festival; World Mental Health Day event; Wellington Surgery Open Day; Faithnet South West Legacy event, Health Forums and more...

## Healthwatch in the Community

In the autumn Healthwatch Somerset took part in a series of Local Choice events which formed part of the local authority's engagement and consultation work. These events provided opportunities for councillors to update their knowledge of local community and voluntary groups and activity. For local community and voluntary services and groups they offered the opportunity to present information about their activities and service developments to meet the growing and changing needs of local communities in an ever increasingly complex net of service provision and support.

For the Healthwatch Team participation in these events provided a valuable opportunity to network and increase its profile among some of the countywide and local services as well as with local, district and county councillors. New contacts were made with five groups and three networks during these five local events. We heard inspiring stories of how local people were rallying to support the more vulnerable in the county, develop creative responses to some of the challenges, and features of life in the county including the support network that had been developed to support those whose lives and livelihoods were to be decimated by the floods to come during the autumn and winter months.

Somerset Community & Voluntary sector During its first year Healthwatch Somerset engaged with several of the county's voluntary and community groups, services and networks.

Healthwatch Somerset worked with South Somerset MIND to re-engage the Somerset Mental Health Forum and helped facilitate an event in October. Participants at the event were all keen that Somerset Mental Health Forum should continue and Healthwatch can work with them to hear the voice of service users.

Many community groups struggle to continue their operational and delivery activities and unfortunately some were unable to maintain their contribution or existence. Equality South West held its final event in October 2013 before winding up and the county saw the end of a network that had made a significant contribution to raising awareness, progressing discussion and supporting action to address the needs of equalities groups throughout the South West, and in particular, Somerset.

This was to have a significant impact, not only for members of equalities groups in the county, but the work of many organisations who looked to the network for advice and information on a range of equalities issues and practices. Taunton Voluntary Action also disbanded.

“In particular I like the fact that now I have gained knowledge in health and well being regulations, through my voluntary work. I can hopefully be a voice for those who are still in a vulnerable position and so cannot speak out for themselves, in ensuring that they are treated fairly and with dignity and respect”.

Elaine Hodgson  
Healthwatch Somerset Volunteer

## Volunteering

Preparation and planning time has been spent ensuring that robust procedures and policies are in place to support and involve volunteers in helping Healthwatch Somerset achieve its mission and vision.

This has meant producing a clear volunteer pathway demonstrating how volunteers can get involved in Healthwatch Somerset, the recruitment/selection process and how they will be supported during their involvement. Role descriptions for the three key roles: champion, representative and enter and view authorised representative have been developed along with branded application packs.

Volunteer Champions represent their community/constituent group so that Healthwatch can reflect a range of views and not just the loudest voices. Volunteers can further commit and become a volunteer Healthwatch representative becoming a two way flow of communication between boards and service deliverers. Volunteers can take up the opportunity to be trained and join the pool of ‘enter and view’ volunteers needed for the Healthwatch statutory role to observe services.

To help promote the volunteer roles, marketing materials such as flyers and posters have been designed to help us target potential volunteers from the wider community.

A core training package has been designed to develop the knowledge and skills of volunteers to enable them to carry out their role.

The production of our Healthwatch Somerset volunteer handbook means volunteers can take away the key messages from training and have them available to them at all times. This time spent preparing has enabled us to recruit, train and support volunteers to become part of their local Healthwatch.

- 50 expressions of interest have been received
- 7 have decided not to become a volunteer
- 5 have decided to postpone becoming a volunteer
- 19 have completed training (of these 17 have become a volunteer)
- 6 expressions of interest being explored
- Over 1500 hours of volunteer time have been given to Healthwatch Somerset.





## Enter & View Authorised Volunteer

At the end of the first year (31 March 2014) ten volunteers had completed their training and been accepted into Healthwatch Somerset. Most undertook more than one role and their input to 21 roles was as follows:

Volunteer Champions: 9

Volunteer Representatives: 6

Enter & View Authorised Volunteers: 6

Our Volunteer Representatives attended various sessions on behalf of Healthwatch, including:

- Somerset Health & Wellbeing Board
- CCG Engagement Advisory Group
- Musgrove Parke Hospital Patient Experience Improvement Group
- Pharmaceutical Needs Assessment Steering Group
- Somerset County Council (SCC) Access to information, services and brokerage Group
- SCC Local Account for adult social care project
- Somerset Child Trust Board
- Somerset Mental Health Forum
- Taunton Deane Mental Health Forum

Six of our volunteers joined the Executive Group where they were the 'leads' for various aspects of the Group's activities, namely children & young people, Enter & View, learning disabilities, mental health, older people and physical disabilities; a seventh serves on the Executive Group as Health & Wellbeing Board representative. Two other volunteer 'lead' positions were unfilled and future volunteers will be able to apply for those of BME and LGBT. All volunteer positions on the Executive Group are for twelve months and they are then open for eligible volunteers to apply for. No volunteers left the organisation during 2013-14.



Val Bannister, Enter & View Lead

A volunteer recruitment strategy is being implemented which will seek to ensure our volunteer corps is representative of communities in Somerset and that all geographical areas are represented.

Representatives also undergo representative specific training and those wishing to be Enter & View authorised volunteers need to complete Enter & View specific training, representative training, equalities training and safeguarding (vulnerable adults) training. The latter two courses are also offered to champions and representatives as optional learning opportunities.

## The Health and Wellbeing Board

Healthwatch Somerset has been building a relationship with the Health and Wellbeing Board, until a volunteer representative was inducted and trained Joan Lee the Project Co-ordinator has stood in. Healthwatch volunteer representative David Boyland has now taken up Healthwatch's statutory place on the Health and Wellbeing Board.

## Working with the Clinical Commissioning Group

Healthwatch Somerset has been working closely with the Clinical Commissioning Group (CCG) responsible for commissioning emergency and urgent care and healthcare services including community health, hospital, maternity and children's, mental health and learning disabilities services. The CCG works closely with other agencies such as Somerset County Council to improve health and care services. Healthwatch has given a presentation on the role of Healthwatch to the CCG Board and has supported the CCG by providing the independent chairing of a recruitment panel for a patient and public representative for the Shepton Mallet Community Health Campus. Healthwatch has set up a Strategic Development Group to meet with commissioners and regulators to discuss the community engagement information gained from working with seldom heard groups and patient story information collected and collated for the Healthwatch quarterly reporting. This forum has given Healthwatch the opportunity to discuss with commissioners the new commissioning and commissioning redesign of services to ensure local people can have their say.

## Scrutiny for policies and people Committee

Healthwatch Somerset has been building a relationship with the Scrutiny for policies and people Committee and has explained their role in helping Healthwatch hear from commissioners if questions we ask have not been answered within the allocated 20 days or 30 days for any joint commissioning questions. An update was given to the meeting on 12 July 2013.

## Quality Surveillance Group

Healthwatch Somerset has been building a relationship with the NHS England Quality Surveillance Group for Bristol, North Somerset, Somerset and South Gloucestershire. The purpose of the Quality Surveillance Group is to bring systematically together different parts of the system to share information and intelligence that can provide an early warning mechanism of risk about poor quality and the opportunity to co-ordinate actions to drive improvement in services.

## NHS Quality Accounts

Healthwatch gave a standard reply to the NHS Trust Quality Accounts for 2012 /13 as these requests came very early into the set up of Healthwatch. Having a lead volunteer now for Quality on the Executive Group, has given Healthwatch the opportunity to comment on the NHS Quality Accounts for 2013/14 and identify the priorities for each NHS Trust 2014/15.

## NHS Equality Delivery System

Healthwatch attends the CCG Equality Cluster group and will pick up the NHS Equality Delivery System reports from the group so that Healthwatch can comment on these. Unlike the Quality Accounts the Equality Delivery System assessments can be presented at any time and the need to comment for 2013/14 is on the Healthwatch workplan.



Healthwatch Somerset

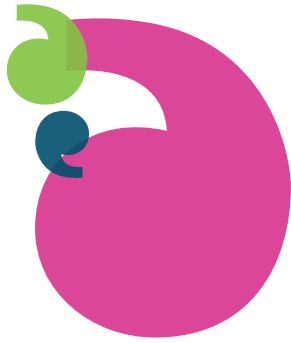
Executive Group

## Healthwatch England

Healthwatch attended the Healthwatch England event on 29 January 2014 where the Healthwatch England rights were discussed.

1. **The right to essential services**
2. **The right to access**
3. **The right to a safe, dignified and quality service**
4. **The right to information and education**
5. **The right to choose**
6. **The right to be listened to**
7. **The right to be involved**
8. **The right to live in a healthy environment.**

Healthwatch attended the Healthwatch England ' Strengthening Healthwatch in a changing system bringing outcomes and impact alive' event on 23 March 2014. The meeting discussed the use of the Healthwatch England outcomes, impact development tool and 360 degree evaluation being piloted in the north of England.



## Community Engagement Project with the Mid-west European Communities Association (MECA)

MECA is a registered charity that serves those from minority communities in mid-west Europe (e.g. Poland, Lithuania). MECA is based in Yeovil but offers county-wide services. One of our volunteers, who is Lithuanian, is a member of MECA and acts as a Healthwatch Somerset Champion with them.

One of the priorities of Healthwatch Somerset is to communicate with groups in the community whose members might have problems accessing health and social care services. We have approached MECA to see if there are ways we might work together to ensure the 'voice' of their membership can be heard. At the time of drafting this report, we have reached provisional agreement which, if ratified by the governing bodies of both organisations (both have agreed in principle), will mean that in return for a grant from the Healthwatch Somerset Community Pot, MECA will:

- receive health and social care related questionnaires from Healthwatch Somerset and use them as 'exercises' during English language courses they run for people who do not use English as their first language
  - return the completed questionnaires (translated into English if necessary), with the consent of the student, to Healthwatch Somerset so they can contribute to our issues and concerns database. They will also be fed to the Healthwatch England Hub. This will help us - locally and nationally - to hear the voices of these members of our communities who are sometimes marginalised.
- Translate three Healthwatch Somerset leaflets into Lithuanian, Polish, Portuguese and Romanian so that Healthwatch Somerset can have copies printed and circulated to those who speak these languages
  - feature the leaflets on their website





Over our first year our Healthwatch Somerset e-bulletins have been read 9667 times

Alex Hodgson Communication & Marketing  
Co-ordinator, Healthwatch Somerset.

## Communication

The Healthwatch Somerset website was up and running at the start of the project 1 April 2013.

Our website contains information on who we are, how to get involved, an online Tell Us Your Story form as well as news, ebulletins, polls and links to our social media sites.

Our monthly e-bulletins are now looked at over 1500 times every month.

People have been in touch with us through Twitter and Facebook and we have growing numbers of people opening our e-bulletins via social media.

We have advertised on three large signboards in Yeovil Hospital together with our leaflets and the Hospital information map.

Healthwatch Somerset is also now present in Taunton Hospital, Bridgwater Community Hospital and Minehead Community Hospital via an advert that is on display on their hospital screens.

Healthwatch Somerset has spoken on BBC Radio Somerset, the local radio station 10 Radio which covers the ten Parishes of Somerset and Apple FM at Musgrove Park Hospital.

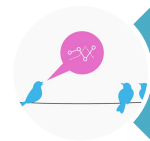
We have produced ballot boxes, banners, balloons, pens, pencils and other promotion materials to take with us to events to engage local people such as the Compass Disability event.



723 Twitter Followers



130 Mentions



122,757 People reached

## Issues we have heard

In Year one, the most commonly used method of capturing service users' feedback was through a presence at meetings. The Healthwatch Project Co-ordinator, a Healthwatch Representative or Healthwatch Champion notes down any issues and concerns expressed by meeting attendees, and with the commentator's consent, submits them for inclusion in the Healthwatch Somerset database. The second most utilised method of communicating issues and concerns was via email, and the third was by telephone.

Other methods used include correspondence (letter writing), and via the online form available at [www.healthwatchsomerset.co.uk](http://www.healthwatchsomerset.co.uk).

Table 1:	Sentiments of Issues and Concerns in year 1		
Positive	1	Mixed	1
Negative	54	Neutral/Unclear	27

Examples of qualitative data expressing the most common types of issues and concerns heard in Year one include:

### Access to a service

Commentator raised the issue of having to pay for alternative treatments not provided for on the NHS and difficult to finance, especially when receiving Disability Living Allowance.

### Quality of treatment

Patients' relatives have been documented in hospital notes as 'aggressive' when repeatedly requesting that a proper care plan be followed, and that a care assessment and family meeting is held before their mother is discharged from hospital.

### Buildings and facilities

Commentator is concerned about the time it is taking to build a new GP surgery.



Bob Champion  
Older People Lead  
Healthwatch Somerset



The three most common services referred to in issues and concerns heard in Year one are:

Mental Health	23 in total: 7 negative and 16 neutral
Primary Care/GPs	17 in total: 16 negative and 1 unclear
Hospitals	9 in total: 8 negative and 1 unclear

The only positively reported type of service was Child and Adolescent Mental Health Services (CAMHS) (1 positive issue heard).

The most negatively reported type of service was primary care/GPs as detailed above (16 negative issues/concerns heard).

Examples of qualitative data relating to the most common services heard about in year one include:

### **Mental health services**

Five commentators reported that their care plans had not been reviewed and/or they were out of date.

### **Primary care**

Commentator tried booking a doctor's appointment on several occasions recently - they have been very disappointed by the response. There is at least a two week wait for an appointment at 4-5pm and very limited availability for appointments after 5.30. The commentator finds it difficult to attend earlier because of working full time. When asked if the doctors' surgery was open on a bank holiday, the receptionist laughed and said no. The commentator felt humiliated at the blunt response and rang another doctors' surgery but they could not help as commentator is registered elsewhere.

### **Hospitals**

Commentator is a staff member in a hospital where patients on oxygen are left without because nurses do not know how to use the equipment, and the porters are trained but are not allowed to do it because it is administering drugs.

### **Themes**

From this analysis, it has been possible to identify emerging themes from the issues and concerns heard by Healthwatch Somerset. As of the end of Year one, these themes are as follows:

- **Following the closure of a hydrotherapy pool the water temperature at the Community Swimming Pool is too cold**

Several commentators have reported this issue as the temperature of the water is vital in optimising the service for people with conditions such as osteoarthritis.

- **Accessibility of occupational therapy services for elderly people in Somerset**  
Healthwatch Somerset has heard that accessing this service is difficult, and that it is particularly inaccessible for older people.

- **Poor discharge planning in place at hospitals**

Individuals and a third sector service user representative have reported concerns regarding discharge planning and management. Healthwatch Somerset has heard about cases of bed blocking and poor communication regarding discharge and follow up support.

- **Inpatient care at hospital**

Healthwatch Somerset has heard concerns regarding the quality of treatment for inpatients and outpatients at hospitals in Somerset, from patients and staff members.

The following themes have emerged as a result of direct, targeted engagement with specific service user groups, as part of Healthwatch Somerset's community development work with priority groups in the area.

- Staffing levels in mental health services are too low to provide an optimal service
- There should be more services, increased service capacity, and signposting to services for people with mental ill health
- There should be increased awareness raising of mental health issues

Healthwatch Somerset will take this information to their partners, and to their Executive Group, who will advise on any further work to be undertaken to investigate these themes further.

Individual issues that have been 'acute' or on-going at the time they were fed back to Healthwatch Somerset, have been considered by the Project Coordinator, and where appropriate, the commentator will have been signposted to the relevant Patient Advice and Liaison Service (PALS), or to the NHS Complaints Advocacy Service.



**David Boyland**  
Health and Wellbeing Board rep





# Work Plan

**healthwatch**  
Somerset



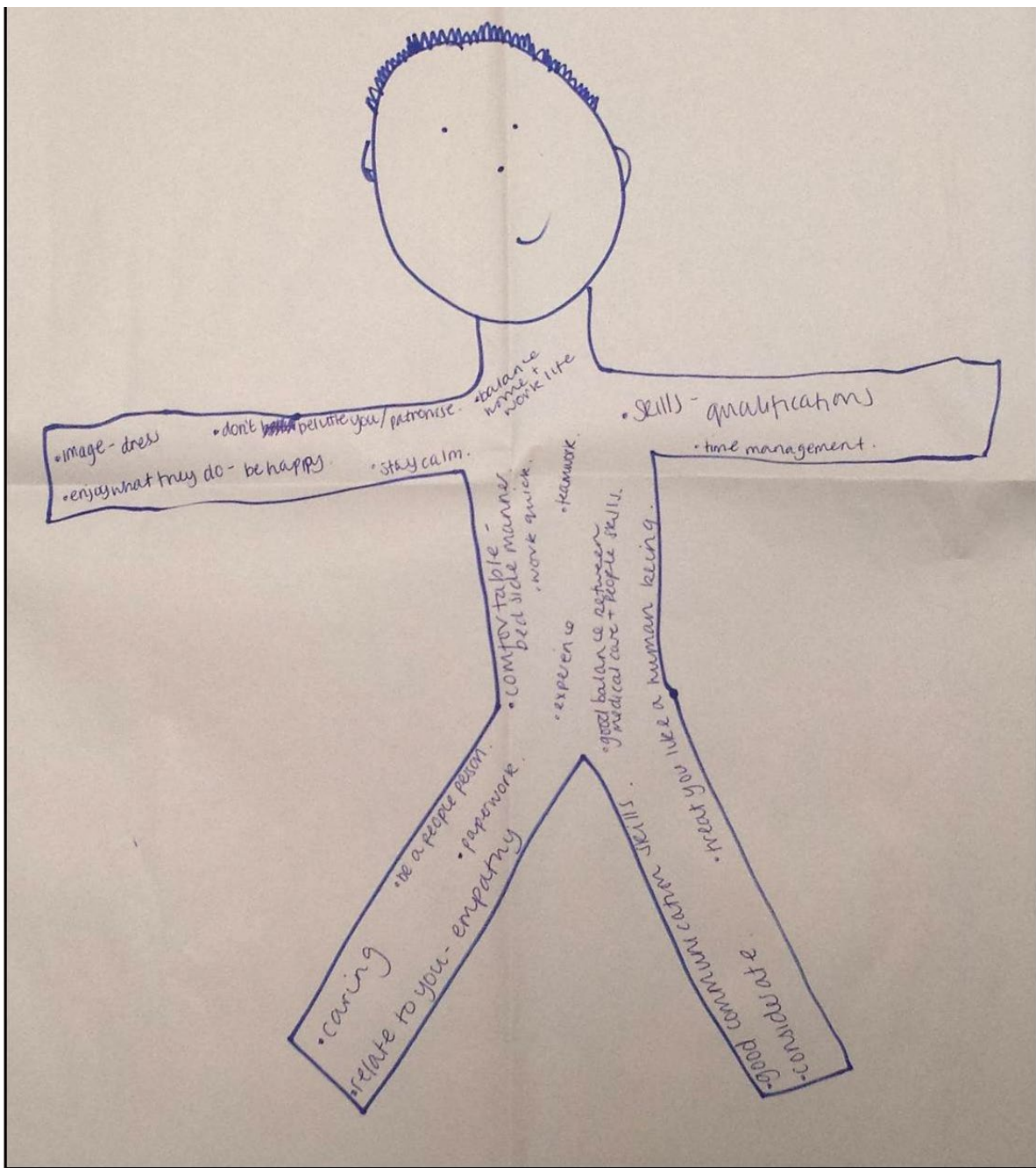
BME Communities  
gypsies and travellers  
military families  
Polish and Portuguese people  
people living in rural areas







The Yeovil College Young Healthwatch survey was completed by 60 young people. It concluded that the majority of the work, care and services provided by the NHS are of a high standard for young adults in the Somerset area. However, there are a small amount of areas that could be improved on: age appropriate resources; waiting times and some individual instances of staff care and attitude. We were impressed with the NHS services that are provided for young adults in the Somerset area today.



Young people mapped these skills onto a drawing of a Doctor.

## Somerset Local Account

Healthwatch Somerset was contacted in January 2014 and asked if it would become involved in the Local Account work that the County Council was developing in respect of services for Adults. After initial discussion with the lead commissioner for the work the opportunity was presented to the Executive Group and promoted in our e-bulletin.

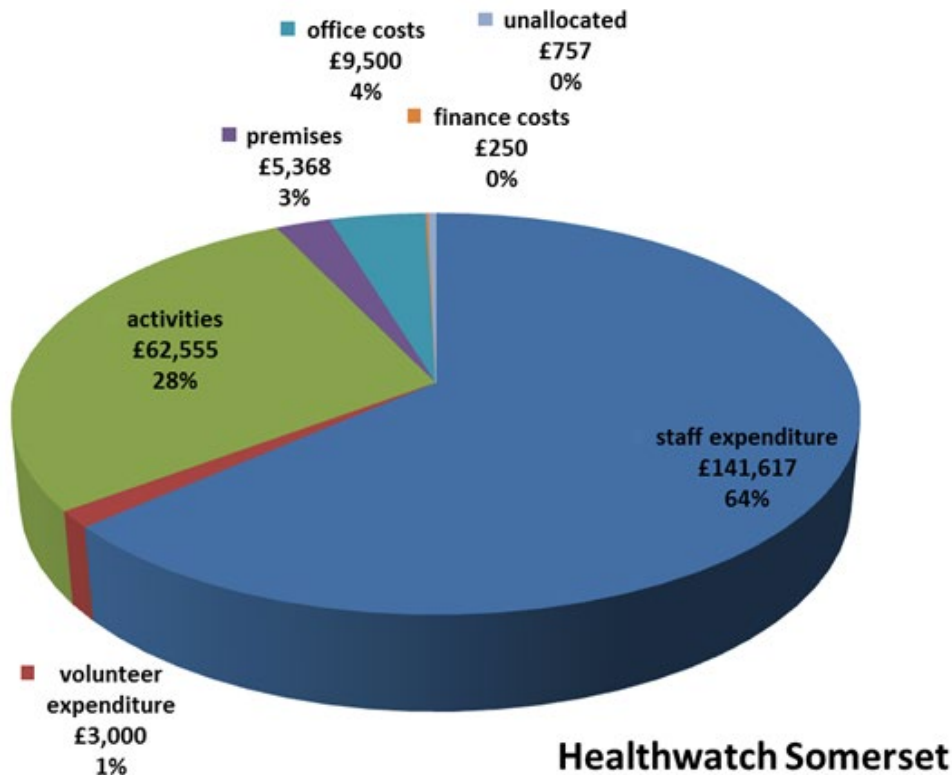
The Local Authority had started with a questionnaire to service users and carers and was in the process of planning a consultation event in which it was keen to include Healthwatch Somerset. A representative from Healthwatch joined the group that was planning the consultation event and the project was asked to give a presentation about Healthwatch Somerset at the event as well as to assist with facilitation of group discussion during the consultation event.

The event which was held in mid March was attended by 25 service users and carers who heard the feedback from the questionnaires that had been completed during the preceding stage of the work. Two volunteers attended the event together with the staff team who gave a presentation on Healthwatch and its work during the first year. An interesting straw poll was carried out by one of the commissioners during the event when she asked those present if any had not heard of Healthwatch Somerset - only two present had not.

Following the event in March two Healthwatch volunteers joined the Local Account working group which has undertaken its first task to produce a report of Social Care service delivery during 2013-14 and take on the work of developing the Local Account for Adult Social Care Services forward.



**Joan Lee**  
Project Co-ordinator  
Healthwatch Somerset



For financial year 2013/14, Healthwatch Somerset received £223,047. This included £24,000 towards start up costs.

#### Costs included in each heading:

**Staff expenditure** costs are staff salaries including national insurance and pension contributions, travel, training and recruitment costs. This figure also includes a contribution to the management, administrative, finance and IT staff at The Care Forum.

**Volunteer expenditure** includes volunteers' expenses, recruitment and training costs. **Activities** costs are meeting costs, such as hiring rooms, consultation and engagement costs. Also included is a contribution to the costs of maintaining the Healthwatch website and the Well Aware website which provides the information and signposting service. This includes a payment to Somerset Rural Youth Project for use of their premises and for their contribution to the children and young people's Healthwatch outcomes.

**Premises costs** include a contribution to the charges The Care Forum has to pay such as rent, rates, service charge, electricity, etc. There is also a payment to DHI (Developing Health Independence) for use of their Taunton premises.

**Office costs** include postage, stationery, telephone, printing, publicity, photocopying, and setting staff up with equipment such as computers and mobile telephones.

**Finance costs** include a contribution to the cost of the annual financial audit of The Care Forum's finances and the cost of any Disclosure and Barring Service (DBS) checks that may be required.

**Unallocated** is a small amount in case of any unforeseen costs. As this was not used in 2013/14, it will be carried forward into 2014/15 and added into the budget for activities to support consultation and engagement work.



## Healthwatch Somerset

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