

**Health & Adults
Overview and Scrutiny Committee**

4th September 2017

AGENDA

PART I – ITEMS FOR CONSIDERATION IN PUBLIC

1 Welcome and Apologies

2 Minutes of the meeting held on the 13th March 2017 and 21st June 2017

For the Committee to agree the Minutes of the Health and Adults Overview and Scrutiny Committee meeting held on the 13th March 2017 and the 21st June 2017.

3 Declarations of interest in items on this Agenda

A form is attached for completion by Members declaring an interest in items on the agenda.

4 Blackburn with Darwen Clinical Commissioning Group (CCG); Prevention Agenda

For the Committee to receive an overview on the work of the CCG on prevention with specific relation to early screening

5 Healthwatch Blackburn with Darwen Reports

For the Committee to note the following reports from Healthwatch Blackburn with Darwen;

- Homelessness Report
- GP Surgeries
- Sensory Impairment
- Annual Report

6 Committee's Work Programme

For the Committee to note their work programme to date of 2017/18

PART 2 - THE PRESS AND THE PUBLIC MAY BE EXCLUDED DURING CONSIDERATION OF THE FOLLOWING ITEM

There are no Part 2 items

**HEALTH AND ADULTS
OVERVIEW AND SCRUTINY COMMITTEE
Monday 13th March 2017**

PRESENT – Councillors Mahmood (Chair), Foster K, Humphry's, Marrow, Oates, Slater Julie, Smith and Whittle.

Also Present –

Steve Tingle	Director of Adult Social Care
Andy Griffiths	Chief Officer, Healthwatch Blackburn with Darwen
Ron O'Keeffe	Healthwatch Blackburn with Darwen
Katherine White	(Acting) Head of Strategic Commissioning and Integration
Ben Aspinall	Corporate Services.

RESOLUTIONS

27. Welcome and Apologies

The Chair welcomed everyone to the meeting of the Health and Adults Overview and Scrutiny Committee.

28. Minutes of the Health and Adults Overview and Scrutiny Committee meeting held on the 23rd January 2017

RESOLVED –

That the Minutes of the meeting held on the 23rd January 2017 be agreed as a correct record.

29. Declarations of Interest in items on this Agenda

There were no Declarations of Interest received.

30. Collaborative Approaches to Integrated Volunteering Pathways

The Chair welcomed the Director of Adult Social Care and the (Acting) Head of Strategic Commissioning and Integration to the meeting and invited them to provide Members with a presentation updating them on the exploration of new collaborative methods of creating volunteering pathways to help meet need:

It was explained to the Committee that the aims of this Cross-council and partner approach were as follows:

- Prevention and early Intervention before crisis
- Needs met by universal services
- Reduced demand on statutory services

Risk stratification and the specific roles and delivery models of the Integrated Neighbourhood Teams for Health and Social Care and Transforming Lives

were outlined, with the Neighbourhood Prevention and Stepdown the aims were explained as:

- Providing support to avoid or delay access to crisis services
- Supported signposting
- Asset based approach – create networks and activity to plug gaps
- Growing and nurturing volunteers
- Exploiting technology
- Preventing revolving door syndrome

With the connector role being:

- 19 connectors across partnership
- Providing 1:1 support
- Confidence building
- Promoting 5 ways to well being
- Linking to community activity/Your Call
- Managing volunteers
- Managing referrals from INT's

Connector capacity was explained with the spectrum of “Intense” (support) of up to 8 weeks through to “Towards resilience” discussed. Members were advised that there was Capacity to work with over 1500 people at any one time and that if each connector managed 7 volunteers who each supported 4 people that would increase capacity by a further 532 with the total supported being over 2000.

The next steps for “Your Call” Volunteers were explained as:

- Campaign to recruit more volunteers
- Managed through Lancashire Volunteer Programme
- Single referral pathway and support for volunteers
- Access to “Better Impact “ system

Members were informed that– current priorities and the principles of change in Adult Social Care were:

- What needs to change to make you safe?
- How do I help to make that happen?
- How can I help you use your networks and resources to support your chosen life?

A more comprehensive approach to holistic planning was described under the heading of “Create”:

- What does a good life look like?
- What do I have to know about to support you?
- How can I help you to make a plan?
- Who do you want to be involved in the planning?
- What resources are available to support this?

In order to build capacity and resilience it was explained that Strength Based Training was key to delivery with:

- 4 x 2 Day courses commissioned
- 55 staff have completed the course
- 20 places available on the March cohort

And that the next steps are to extend across the Partnership and embed and promote these principles as ‘the Blackburn with Darwen way.’

As with all principles, the “so what?” factor was discussed, with Members being advised that using a person centred and asset based approach outcomes for individuals should be:

- People living well for longer
- Independence and self-care at home
- Individuals in control of their own health and care
- Neighbourhood infrastructure and support from volunteers

With respect to system wide outcomes; it was explained that such a system demands health and care that is responsive to people's needs and is seamless between different parts of the system; i.e. Integrated Neighbourhood Teams, demand management, integrated workforce, and reduced hospital admissions.

The (Acting) Head of Strategic Commissioning and Integration concluded with an overview of the next steps:

- Analysis of referrals across the partnership
- Developing new Models of Care
- Locality Leads and Neighbourhood Managers integrated
- Joint workforce development
- Drive to recruit volunteers

RESOLVED –

That the Director for Adult Social Care and the (Acting) Head of Strategic Commissioning and Integration be thanked for their attendance.

31. Committee’s Work Programme

The Chair invited the Corporate Services representative to provide an overview of the achievements made in the Committees work programme throughout the year and to guide Members through the draft recommendations, as follows:

1. That the Executive Member for Health and Adult Social Care provide the Committee an update on their work with NHS and third sector partners to narrow the time gaps between new referrals and dementia diagnosis in the next Municipal year.

2. That the Executive Member for Health and Adult Social Care provide the Committee with information on the department's collaborative work with its partner agencies to meet the demand for EMI dementia beds in the next Municipal year.
3. That the Executive Member for Health and Adult Social Care and the Director of Adult Commissioning and Personalisation look to devise and implement tailored training packages for family caring for relatives with dementia.
4. That the Executive Member for Health and Adult Social Care further promote the dementia ELearning and online training packages to increase awareness of this training for those caring for people with dementia.
5. That the Adult Services department further promotes the availability of assistive technology such as fridge sensors, medicine dispensers; food monitors to increase awareness of such products to better support the preventative agenda.
6. That the Executive Member for Health and Adult Social Care implement mechanisms to further recognise, promote and support the good work of family and volunteer carers in the manor of the 'YourCall Good Neighbour Awards'.
7. That the Executive Member for Health and Adult Social Care, together with the Director of Adult Commissioning and Personalisation and the Director for Localities and Prevention, look to work collaboratively with Blackburn College to develop a mechanism to upskill volunteers to help them build a pathway into work.
8. That the Executive Member for Health and Adult Social Care invite the Committee to any listening and consultation events relating to the Social Care Retender.
9. That the Executive Member for Health and Adult Social Care, together with the Director of Public Health and key partner agencies, look to develop a marketing campaign around raising awareness of cancer screening across the borough.

10. That the Executive Member for Health and Adult Social Care, and the Director of Public Health provide the Committee with regular feedback in the next municipal year on the Local Development Plan in relation to the wider Sustainability and Transformation Plan.
11. That the Committee commends the joint preventative work to date between the Adult Services and Localities departments to build community asset based approach to meeting demand.
12. That the Executive Member for Health and Adult Social Care look to create (and promote) an online portal which collates all support services available to carers in a single place.
13. That the Committee endorses the Recommendations noted in the Healthwatch Blackburn with Darwen 'Adult Carers Report 2016, Namely;
 - I. The language used to identify adult carers should be thought about carefully as often people don't identify with this label. Asking if an individual lives with and/or supports someone with a Physical and/or Mental Health Condition or Substance misuse Issue could prove more affective.
 - II. Health professionals should respect & listen to the carer as they are the ones most likely to have an in depth understanding of the individual (cared for).
 - III. GP's should ask all adults if they live with and/or support someone with a Physical and/or Mental Health Condition or Substance misuse Issue.
 - IV. Health professionals should involve & inform the carer in any key decisions if the cared for consents & finds appropriate, this is in accordance to NICE clinical guideline C9138 1.3.10 & C9138 1.3.11.
 - V. Health professionals should affectively signpost carers to services that can offer support, including third sector partners & training.
 - VI. More information should be made available in regards to respite care & the options available if the carer can no longer fulfil their role.
 - VII. Caring for those with a Mental Health Condition or Substance Misuse Issue should be treated with the parity of those caring for individuals with a Physical Health Condition.

VIII. The role of those who care should be promoted widely, raising awareness & reducing stigma.

RESOLVED –

That the progress, recommendations and conclusion of the Committee’s work programme for 2016/17 municipal year be noted.

That the Recommendations as outlined above be agreed.

Signed..... Date.....

Chair of the meeting at which the Minutes were signed

**HEALTH AND ADULTS
OVERVIEW AND SCRUTINY COMMITTEE
21ST June 2017**

PRESENT – Councillors Whittle (Chair), Foster K, Humphry's, Marrow, Oates, Slater Julie and Smith.

Also Present –

Cllr Desai	Executive Member for Health and Adult Social Care
Steve Tingle	Director of Adult Social Care
Dominic Harrison	Director of Public Health
John Addison	Democratic Services Manager.

RESOLUTIONS

1. Welcome and apologies

The Chair welcomed everyone to the meeting of the Children and Young People Overview and Scrutiny Committee.

RESOLVED –

That the apologies be noted

2. Minutes of the meeting held on the 13th March 2017

The Democratic Services Manager informed Members that due to service pressures, the minutes of the meeting held on the 13th March 2017 were not available at present.

RESOLVED –

That the Minutes of the meeting held on the 13th March 2017 submitted to the next meeting of the Committee.

3. Declarations of Interest in items on this Agenda

There were no declarations of interest received.

4. Work of the Executive- Executive Member Priorities 2017/18

The Chair welcomed the Executive Members for Health and Adult Social Care and the Director for Public Health to the meeting and invited them to take Members through their risks and priorities for their respective portfolios for the 2017/18 Municipal Year.

Each Executive Member gave a presentation on their key risks and priorities, taking the Committee through each in turn, highlighting why they were a risk or a priority, what the Council planned to deliver them and how they were progressing.

The Committee noted that the risk and priorities for each portfolio were as follows;

Adult Services

Priorities;

- **Prevention and Demand Management**- Helping people to stay independent by promoting community engagement, volunteering and support.
- **Integration and Localities**
 1. To fully engage our local residents by involving them in the design, development and delivery of our services.
 2. Working in partnership to achieve positive outcomes for residents.
 3. Providing good quality support based on assessed need and regular reviews.
- **Safeguarding** adults who are at risk.
- **Market Shaping**
 1. Being innovative with our resources and interventions to extract the maximum value from available public funds.
 2. Ensuring robust commissioning, social values, quality assurance and performance management to achieve high quality outcomes and choice for residents.
- **Value for Money**
 1. Being innovative with our resources and interventions to extract the maximum value from available public funds.
 2. Supporting a skilled, resilient and resourceful workforce through effective recruitment, retention and leadership.

Risks;

- Demand pressures and funding constraints – frailty, disability, new legal requirements
- Care market sustainability
- Safeguarding and service quality

Public Health

Priorities;

- Commissioning of Evidence based public health programmes that also demonstrate social value
- Provide public health leadership and advice to support transformation across Lancashire and Pennine Lancashire
- Innovative use of knowledge and evidence to maximise value from available public funds

- Fully engage with local residents and partners to improve health and wellbeing outcomes
- Develop skilled, resilient & resourceful public health workforce
- Lead & support development of a Public Health Council in Blackburn with Darwen

Risks;

- Rising poverty and inequality, increasing health and social care needs and risks
- Cuts to 'health-relevant' investment, reducing effectiveness of public health interventions and stalling of health improvement
- Public Health Grant Budget cuts 2.5% Department of Health cuts in year (additional to 8.4% recurrent from 2015/16)

A detailed discussion took place wherein the Committee asked a number of questions of the Executive Members and their supporting officers around their presentations. It was reported that with continuing budget efficiencies throughout the public sector, it was very important to focus the work of the Committee to those areas where they could really add value and make a difference.

The Executive Member for Adult Services and the Director for Public Health were thanked for their attendance and their presentations.

RESOLVED –

- 1) That the Executive Member for Adult Services and Officers be thanked for their attendance.
- 2) That the key priorities and risks for 2017/18 for Adults Services and Public Health be noted.

5. Committees work programme

The Democratic Services Manager reminded Members of some issues and discussions that had taken place with the Executive Member for Adult Services and the Director for Public Health, highlighting the main issues of debate that had been raised.

Members held a detailed discussion around all the topics that had been presented and agreed the following topics for their work programme for the 2017/18 Municipal Year;

Topics

- 1) Prevention - Hold meetings with the CCG (September) and ELHT (October) on their work/role in trying to prevent poor health in the Borough.
- 2) Priorities of the ELHT for the remainder of the year (October meeting)

- 3) Elderly Services – topic to be scoped further.

Task and finish Groups

- 1) 54 Contracts – Members to look and understand savings made in public health.
- 2) Health Visitors – for Members to look at the service provided and available.
- 3) Mental Health – self harm focusing on social media and digital bullying (joint meeting with C&YPOSC).

RESOLVED –

That the Committee’s Work Programme for the 2017/18 Municipal Year be noted.

Signed.....

Chair of the meeting at which the Minutes were signed

Date.....

**DECLARATIONS OF INTEREST IN
ITEMS ON THIS AGENDA**

Members attending a Council, Committee, Board or other meeting with a personal interest in a matter on the Agenda must disclose the existence and nature of the interest and, if it is a prejudicial interest, should leave the meeting during discussion and voting on the item.

Members declaring an interest(s) should complete this form and hand it to the Committee Administrator at the commencement of the meeting and declare such an interest at the appropriate point on the agenda.

MEETING:

DATE:

AGENDA ITEM NO.:

DESCRIPTION (BRIEF):

NATURE OF INTEREST:

PERSONAL/PREJUDICIAL (delete as appropriate)

SIGNED :

PRINT NAME:

(Paragraphs 8 to 13 of the Code of Conduct for Members of the Council refer)



Healthwatch Blackburn With Darwen

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Message from our Chair - Sir Bill Taylor

I think we can all be pleased without being complacent, with the way in which Healthwatch BwD has grown from strength to strength.

We are going through a period of change in the organisation; new offices, many new staff, greater challenges within the NHS & adult social care, but have continued to serve our “health citizens” well.



Rest assured we are well aware there is still more to do, and we want you - the residents of BwD to get involved in all of our activities.

What are the highlights of the year just past?

- Development of the Leapfrog Toolkit in partnership with Lancaster University to engage better with people
- The completion of a three year long project working in partnership with

the British Institute of Human Rights - launching resources about Mental Health and Human Rights

- Over 60 active volunteers, 760 company members and over 3000 people sharing their views with us.
- Homelessness Project - designed to understand better the experiences of Health and Social Care Services of this most vulnerable group in Society
- Sensory Impairment Project - working with those that may be sensory impaired to improve their access to all services
- Carers Report - where we were able to improve services for carers in BwD
- Volunteer led project looking at loneliness and isolation
- 800 young people involved in Amplify (school children, youth offenders, and young homeless),
- Improved our reach - spending more time at the busiest outreach locations such as the hospital and Central Library.

We will continue to aspire to serve our citizens to the best of our ability, to prioritise the things you say are the most important in your lives, or those of your family and community. I would like to thank my fellow Directors & our hard working team of staff, now ably led by Andy Griffiths, for all their effort and success.

Let's look forward to the future challenges facing our NHS & care services locally and regionally.

If you have commitment, energy, or any questions, please contact us.

Message from our Chief Executive

From speaking with people who are sensory impaired to the Homeless population, we have engaged with well over 3000 people on Health and Social Care related issues.

This year we have seen some significant changes within the organisation. Mark Rasburn left the organisation in October 2016. I was appointed as Chief Officer in December 2016 and took up the position in January 2017.



It has been great to see the excellent work that has been undertaken by the team and I would like to thank Mark for leaving the organisation in such a strong position.

Moving forward, we will continue to work hard to ensure that residents' voices are heard - and listened to.

We will also work closely with residents, partners and volunteers to ensure we tackle

issues relevant to the local area and share learning locally, regionally and nationally

In 2016/17 we completed our work with the British Institute of Human Rights and will incorporate this into all aspects of our work.

We have also completed our work with Lancaster University in developing and producing Leapfrog tools to better engage with a diverse range of people including vulnerable groups.

Next year will see us working more closely with partner organisations to ensure that we are able to influence more services in the local area.

We know that Health and Social Care Services are under increasing pressure and we will look to ensure that the public are well informed of any potential changes and that they have the opportunity to share their views and influence developments.

We have several exciting projects including looking at Veterans, Offenders, Young Offenders, Young People with Eating Disorders, Asylum Seekers and Refugees and A&E. We will continue to carry out Enter and Views on local services and will work more closely with the Care Quality Commission.

I would like to take this opportunity to thank the Board, Staff and volunteers for their hard work over the last 12 months.

Highlights from our year

This year we've reached over 2500 people on social media



Our volunteers help us with everything from Illustrations to Project Delivery



We've signposted over 150 people into services



Our reports have tackled issues ranging from Homelessness to Carers



We've spoken to over 3000 people about local services



We've met hundreds of local people at our community events





Who we are

We know that you want services that work for you, your friends and family. That's why we want you to share your experiences of using health and care services with us - both good and bad. We use your voice to encourage those who run services to act on what matters to you.

We exist to make health and care services work for the people who use them. Everything we say and do is informed by our connections to local people. Our sole focus is on understanding the needs, experiences and concerns of people of all ages who use services and to speak out on their behalf. We are uniquely placed as a national network, with a local Healthwatch in every local authority area in England. Our role is to ensure that local decision makers and health and care services put the experiences of people at the heart of their work. We believe that asking people more about their experiences can identify issues that, if addressed, will make services better.

We are uniquely placed as a national network, with a local Healthwatch in every local authority area in England.

Our vision

Our vision has not changed and that is to ensure services are designed to best meet the needs of our local residents. We can achieve this by being a strong independent champion to influence the design and quality of health and social care provision. Our aim is to develop unique initiatives to engage with all members of the public to drive improvements. We will continue to ensure we deliver the best service for our local residents. We have installed a culture of collaborative working, and will work

closely with our partners in Blackburn with Darwen, the North West, and England. This approach has been effective so far, so we will be continuing to improve how we work with local and national organisations.

Our Priorities

We have 8 key priorities, which have been taken from the local Healthwatch statutes. These 8 priorities are:

-  Promoting and supporting the involvement of local people in the commissioning, provision and scrutiny of local care services.
-  Enabling local people to monitor the standard of provision of local care services and whether and how local care services could and ought to be improved.
-  Obtaining the views of local people regarding their needs for, and experiences of, local care services and importantly to make these views known.
-  Making reports and recommendations about how local care services could or ought to be improved. These should be directed to commissioners and providers of care services, and people responsible for managing or scrutinising local care services and shared with Healthwatch England.
-  Formulating views on the standard of provision and whether and how the local care services could and ought to be improved; and sharing these views with Healthwatch England.
-  Providing advice and information about access to local care services so

choices can be made about local care services

England to publish reports about particular issues.

- Making recommendations to Healthwatch England to advise the Care Quality Commission to conduct special reviews or investigations (or, where the circumstances justify doing so, making such recommendations direct to the CQC); and to make recommendations to Healthwatch

- Providing Healthwatch England with the intelligence and insight it needs to enable it to perform effectively.

Our Healthwatch Team (from left to right): Andy, Jan, Ben and Sharon





We can help you...

Are you struggling with your social care?
Are you confused by the system?
Don't let us down

Your views on health and care

Listening to local people's views

In 2016/17 we have worked closely with Lancaster University and the British Institute of Human Rights to develop new ways of engaging with people. All this information is then gathered, added into our database and analysed to spot issues that then influence our work.



Our Amplify Project continues to ensure young people have a voice on issues that affect them.

“ Healthwatch BwD have done a great job in gaining trust of Young People and I have been pleased to see the Amplify Champions team grow and grow. As I said previously I have worked at school for quite a number of years, but haven't seen this response from our young people with any other agency before. It's been nice to see.

It's also been exciting to see there has been opportunity to take that a stage further and to develop leadership skills with the core group of Champions, and am pleased to see young people striding forward to be chosen for these roles. I feel that you have increased their confidence in taking these steps by

regularly meeting with them, giving them opportunities, modelling good leadership and leading from the front.

I feel the topics they're engage with in your SED sessions and at drop-in are varied and relevant. Young people want to participate and I have to say that you are certainly are very popular with them - which is important - and was seen when we did a piece of work involving DAES, BCHS and DVHS up at the Studio school. It was obvious that it wasn't just here at DVHS that strong relationships and envisioning of the Amplify Champions had taken place”.

Katrina Leigh, Darwen Vale High School

Enter and View

Our Enter and View program is used as both a stand-alone piece of work and to add value to other Healthwatch projects. Healthwatch staff and Enter and View volunteers all have DBS checks and undergo additional training to give them the skills and knowledge to visit services.

In 2016/17 we carried out Enter and Views at

- Springfield Care Home
- Birch Hall
- Moorland View
- Clifton Lawns
- Linden House

We have also been involved in a CQC style inspection at Royal Blackburn Hospital and working in collaboration with HW Lancashire we conducted an EV at the Children's Ward facilitated by Amplify Champions.



*Helping you
find the
Answers*

How we have helped the community access the care they need

To raise awareness of Healthwatch BwD and to enable local residents to get information they may require on local Health and Social Care Services we deliver Community Access Points in a number of different venues across the borough to ensure we engage with people from the community in their community.

Over the course of the year we have worked closely with 27 partner organisations to deliver access points. In order to make best use of time, we have reduced this down to 15 access points that enables us to engage with more people more often.

Case Study:

January 2017

Background/ Key Issues

Man at Foodbank distressed, saying he didn't want to be here anymore. The distress was due to his current financial circumstances and having to pay 'bedroom tax'

What Action Healthwatch BwD Took?

I got the details of his GP and made an emergency appointment for him with his GP that day, he was with his friend who said he would take him. I phoned BwD council and made an appointment for him with an advisor to apply for discretionary housing payment, re: bedroom tax, for the following day

Outcome for Resident:

Been to see his GP who gave him a sick note, which would enable him to come of JSA and move to ESA. Applied for

discretionary Housing payment at BwD council

Feedback from Resident/ Services/ Other

Really happy with outcome, Man's friend said I was worth my weight in gold.

Volunteering at Access Points

As a Healthwatch, we rely heavily on local people getting involved in volunteering. At all of our access points we have either trained staff or volunteers who are able to gather people's feedback on local services Residents are also able to be signposted to relevant services where appropriate.





*Making a
difference
together*

How your experiences are helping influence change

This year we have worked with residents, Volunteers and Professionals of BwD on the following projects:

- Adult Carers - following resident feedback it was evident there was a need to explore what it is like being a carer in BwD & raising awareness of the role of being a carer.
- GP Surgeries - we engaged with over 800 people to look at trends amongst GP surgeries, identifying good practice & areas of improvement
- Homelessness Project - Following on from our work with seldom heard men and those in receipt of benefits we explored the health needs of the homeless population and gaps in local provision.
- Sensory Impairment Project - following consultation with residents it was identified this was an area of need for exploration
- Exploring Loneliness and Isolation - volunteer led project which is still on going.

NHS Leadership Program - chief executive engaged with Asian women who were taking part in the program.



- Future in Mind - we sit on the future in mind group, helping to shape Child and Adolescent Mental Health Services (CAMHS), ensuring the voice of young people is heard
- British Institute of Human Rights - this year saw the end of a 3-year long project looking at how Human Rights can be embedded in service delivery
- Development of Leapfrog Tools - working in partnership with Lancaster University and in coproduction with young people, we designed a range of tools to better gather and analyse data
- Healthtalks - in partnership with public health we delivered a series of health talk events with a diverse range of seldom heard community groups.

Working with other organisations

- British Institute Of Human Rights- saw the launch of three resources looking at Mental Health, Mental Capacity & how to raise a human rights issue. Blackburn with Darwen was the first place to launch these resources.
- Schools - as part of our Amplify project we have worked with six schools to deliver workshops, drop in sessions and gather the views of young people on the issues affecting them.
- Healthwatch Lancashire - Children's ward - working in partnership we listened to views of young people at Royal Blackburn Teaching Hospital

- 🌍 CQC - we regularly feed information and intelligence gathered to the CQC, undertaking Enter and Views occasionally based on CQC intelligence.
- 🌍 Shelter - we have built a very strong relationship with Shelter as part of our Homelessness Project and regularly undertake Signposting and Engagement at their office.

'We have been working closely with Healthwatch for over 12 months and they are a great agency who support our clients with their health needs and voicing their opinions. They have impacted on our clients by pointing them in the right direction of things like dentists and Doctors which is greatly needed for our homeless clients and this supports our advisors to be able to focus on their housing problems. Presently 1 in 5 adults are suffering from mental health problems because of their housing and we have been working with Healthwatch in their mental health task groups to support them in their findings'.

Emma Garner, Shelter Lancashire

- 🌍 Children Safeguarding Board - young people produced a report and presented findings to the children's safeguarding board on the issues about abuse and how best to be protected.
- 🌍 Nightsafe -we have established a very good relationship with Nightsafe as part of our Homelessness Project. We delivered a number of Art Sessions and facilitated a cinema trip to explore young peoples views on poverty
- 🌍 Blackburn Youth Zone - LGBT- We have established a LGBT group - led by young people looking at issues

facing this community. We have also held regular workshops at Junior, Senior and Diversity Clubs.

We continue to build our relationship with the CQC and the Adult Social Care Team from Blackburn with Darwen Council, we continually share information, good practice and resident views and experience of services.

How we've worked with our community

In the last year we have continued to embed ourselves in the local community which has led to us growing in members, speaking to more residents and gathering more views. We sit on the Health and Wellbeing Board which enables us to ensure the views of residents are shared and listened to. We have also worked with residents on Your View Your Voice - gathering views and shaping our service for the following year.

Our Volunteers are vital to our success and they have been involved in our Enter and View Program, undertaking 6 Enter and Views in the last 12 months.

Being a staunch advocate of the N.H.S. and its role in health and social care, I responded to a pamphlet asking for volunteers for Healthwatch in Blackburn with Darwen.

I have attended interesting and challenging training sessions to advance my understanding of a wide range of health-related issues.

I can only hope that my involvement as a volunteer will help in achieving positive changes.

Fiona - Healthwatch BwD Volunteer

A woman with dark hair pulled back, wearing an orange blazer over a black top and a pink lanyard with 'healthwatch.co.uk' printed on it. She is looking to her left and speaking. The image features large, semi-transparent blue and green circular overlays. The text 'It starts with you' is written in white, italicized font within the blue circle.

*It starts
with you*

Through our work with residents and volunteers we try to ensure that people access the services they need, but also help us deliver projects on key issues across the borough.

As part of our work, we regularly engage with residents at access points and via the telephone in the office. One resident spoke to us at Royal Blackburn Hospital Access Point. He had a loose front tooth, he isn't registered with a dentist and one who he had spoken to couldn't see him until mid March.

What Action Healthwatch BwD Took?

We looked up and contacted a dentist at 40d Preston New Rd, they are taking on non-fee paying patients. We asked what ID was required to register and if the resident could be seen this week. They said if he registers on 22.2.17 he could be seen on the 24.2.17, or earlier if they have a cancellation.

Outcome for Resident:

The Resident was registered and got a cancellation appointment on the 23.2.17. He was sent for an x ray at Royal Blackburn Hospital. He has a fear of needles so will have to be sedated for tooth extraction, he is now waiting to hear from the hospital with a date for extraction. The dentist will fit dentures once tooth has been extracted

Another resident rang our office and spoke to our team, concerned about his wife.

Background / Key Issues

A gentleman rang Healthwatch BwD late in the afternoon.

He was upset that his partner, J, had been in severe pain with stomach pains for over

5 weeks. J had been referred to the Royal Preston Hospital for a CT by their local GP. J was admitted to the RPH on Tues of that week with a scan scheduled for that afternoon.

The scan was postponed 3 times due to various reasons and J discharged from RPH on Friday afternoon as there was no availability for the scan and was told that they would write with a new appointment. Gentleman was upset as J was still in extreme pain and no further forward and asked for advice as to what he could do.

What Action Healthwatch BwD Took?

Gentleman was advised to write down all of his concerns and then to contact the Consultant's secretary at Royal Preston Hospital by telephone to make an official complaint and ask when J may get her scan in the near future.

Outcome for Resident

Gentleman rang the Consultant's secretary and listed his concerns and the pain that his partner was currently suffering and asked for a possible date for a scan as soon as possible.

The Consultant's secretary responded by booking an urgent scan appointment for J the following Wednesday. She then rang back first thing on Monday to offer J a cancellation appointment.

J was diagnosed with a blockage in her bowel and an operation scheduled to treat her condition later in the week.

Feedback from Resident/ Services

Gentleman rang to update Healthwatch with the favourable outcome on and thank them for signposting to the person who could best help them resolve this situation speedily and effectively.



*Our plans
for next
year*

What next?

We have an ambitious work plan for 2017/18. We want the public to get involved in all aspects of our work. Building upon previous work undertaken we are looking at the following:

- Offenders - looking at what it is like for ex offenders or people at risk of offending when trying to access health or social care services.
- Young Offenders - looking at what it is like for young offenders or people at risk of offending when trying to access health or social care services.
- Asylum Seekers and Refugees - looking at the overall health and wellbeing of Asylum Seekers and refugees specifically PTSD
- Veterans - volunteer led project looking at what it is like for veterans living in or accessing services in BwD when trying to access services
- Eating Disorders and Body Image - exploring the issues facing young people
- Spotlight on A&E - a 6 month long project gathering peoples views on A & E at admission, treatment and discharge from the patient and family/ carer perspective
- A volunteer led project - which will be coproduced with volunteers in the Autumn
- Your View Your Voice - We will be exploring 5 topics that have been identified by residents of BwD. These are Dentists, Older People and Frailty, COPD and Respiratory, Liver Disease and Digital Inclusion.
- Mental Health and Wellbeing Task Group - continuing to build upon the success of the last year, we will

continue to facilitate this group to ensure those with lived experience and professionals come together to improve local mental health provision



- 'Heads up' - 3rd sector partnership work - looking to collaborate with partners across BwD to improve services and communication across the sector
- Signposting in 15 community locations - ensuring residents get the right information at the right time
- LGBT Tool Kit and Awareness Raising - in partnership with Blackburn Youth Zone and Lancashire LGBT we will develop engagement tools and raise awareness of the LGBT community
- Mental Health Question Time - we will facilitate a panel of professionals and those with lived experience to answer questions from local residents about services in their area.

In addition to this we will be carrying out and building upon our signposting and information, carrying out more Enter and Views in a range of settings

and building our Amplify Project to support more young people and ensuring that they have a voice. Blackburn with Darwen has a young and diverse population and it is important they are heard.

The Sustainable and Transformation Program is the single biggest challenge that faces Healthwatch BwD. We want to ensure that residents are fully informed of any changes that may take place to Health and Social Care services. To find out more information then visit <http://www.healthierlsc.co.uk/>

“Blackburn with Darwen Healthwatch have continued to make an invaluable contribution to the health and wellbeing of local residents over the past year. They have operated very effectively across a wide range of roles including - constructive critics of local services, a voice of the people, a partner in prevention, gatherers of research, insight and intelligence and as public communications champions on key health and wellbeing issues.

They continue to take a leading role in national Healthwatch development. We are very proud of the service they provide within the health and social care economy of the Borough.”

Dominic Harrison, BwD Public Health





Our people

Decision making

Healthwatch BwD Board of Directors are responsible for the strategic direction of the organisation and oversee the running of the organisation.

This includes overseeing the Finances, Human Resources, Technology and back office functions.

Each Board member has a designated speciality and responsibility, ensuring their skills and experience are best utilised. All Board members are volunteers and are committed to a minimum of one day a month for Healthwatch BwD duties.

The Board met three times in public in 2016/17, with all decisions made at public Board meetings. This allowed members and local residents the opportunity to have a say on our governance, ask questions of the Board, and ensure the organisation is transparent and open.

How we involve the public and volunteers

Volunteers play a vital role within the organisation. We recognise the value our volunteers bring, and have invested in appointing a volunteer coordinator so we are able to support our volunteers to best meet the needs of the organisation and support our volunteers. We are looking at developing a number of roles in 2017/18

Our volunteer opportunities currently comprise of:

Board Directors: Focusing on strategic planning, developing working protocols and policies and managing the strategic direction of Healthwatch BwD.

Enter & View Team: Visiting health and social care services to observe the service and speak with staff and patients/residents to find out about their experience.

Task Group Member: People with lived experience or professional experience focus on all aspects of our operational work

Representing Healthwatch within the Community: Speak to residents, community groups, service providers, and inform them about Healthwatch BwD.

Help with office jobs: All aspects of Administration

Mystery Shopping: Help us to ensure services are delivering consistently and they are accessible to all.

Reading Group: ensuring there are no factual errors, or spelling and grammatical errors within draft reports.

Student Placements: Placements for students across BwD to learn valuable skills in a real work environment.

Healthwatch Champions: Young people in High schools and Colleges are able to deliver Amplify in partnership with Healthwatch staff

Meet and Greet: Meet with members of the public at events, take notes or hand out important pieces of information.

Interviews: Volunteers sit on the panel during interviews, welcome candidates and give thoughts on appropriate candidates.



Our finances

Our financial information for last year is in the table below. However, these figures are not fully audited at the time of publication. We have plans in place to fully use our available resources to improve our service and carry out our duties.

Income	£
Funding received from local authority to deliver local Healthwatch statutory activities	£165,000
Additional income	£11,626
Total income	£176,626
Expenditure	
Operational costs	£35,014
Staffing costs	£100,129
Office costs	£15,995
Total expenditure	£151,137
Balance brought forward	£35,014



Contact us

Get in touch

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We will be making this annual report publicly available on 30 June 2017 by publishing it on our website and sharing it with Healthwatch England, CQC, NHS England, Clinical Commissioning Group/s, Overview and Scrutiny Committee/s, and our local authority.

We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

If you require this report in an alternative format please contact us at the address above.

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