

Healthwatch England  
Annual report 2018-19

# Guided by you



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## Healthwatch England Annual Report 2018-19

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Presented to Parliament pursuant to section 45 C(2) of the Health and Social Care Act 2008 as inserted by the Health and Social Care Act 2012.

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This publication is available at **[www.gov.uk/official-documents](http://www.gov.uk/official-documents)**

ISBN: 978-1-5286-1744-4

Printed on paper containing 75% recycled fibre content minimum.

Printed in the UK by the APS Group on behalf of the Controller of Her Majesty's Stationery Office.

# Contents

About us	4
The journey so far	6
The year in numbers	8
Influencing the future of the NHS	10
Action on social care	15
Making sure everyone is heard	18
Shining a light	22
Highlights from the year	25
Celebrating our 4,000+ volunteers	27
Looking to the future	28
Our resources	30
Our committee	32
Thank you	33
References	33

# About us

## Here to make care better

We are the independent champion for people who use health and social care services. We're here to find out what matters to people, and help make sure your views shape the support they need.

There is a local Healthwatch in every area of England. We support local Healthwatch to listen to what people like about services, and what could be

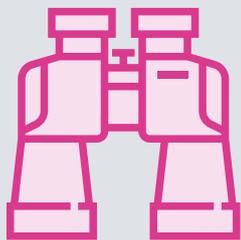
improved, and we share these views with those with the power to make change happen. We also help people find the information they need about services in their area.

Nationally and locally, we have the power to make sure that those in charge of services hear people's voices. As well as seeking the public's views ourselves, we also encourage services to involve people in decisions that affect them.

**We are the independent champion for people who use health and social care services. We're here to find out what matters to people'**



## Our strategy



### **Our vision**

#### **Health and care that works for you**

People want health and social care support that works – helping them to stay well, get the best out of services and manage any conditions they face.



### **Our purpose**

#### **To find out what matters to you and to help make sure your views shape the support you need.**



### **Our approach**

#### **People's views come first – especially those who find it hardest to be heard.**

We champion what matters to you and work with others to find solutions. We are independent and committed to making the biggest difference to you.



### **Our aims**

By 2023 we want to make the biggest difference by:

#### **1. Supporting you to have your say**

We want more people to get the information they need to take control of their health and care, make informed decisions and shape the services that support them.

By 2023 we want over one million people to share their views or seek information from us each year.

#### **2. Providing a high quality service**

We want everyone who shares an experience or seeks advice from us to get a high quality service and to understand the difference that their views make.

By 2023 we want to be able to tell you the difference your views have made.

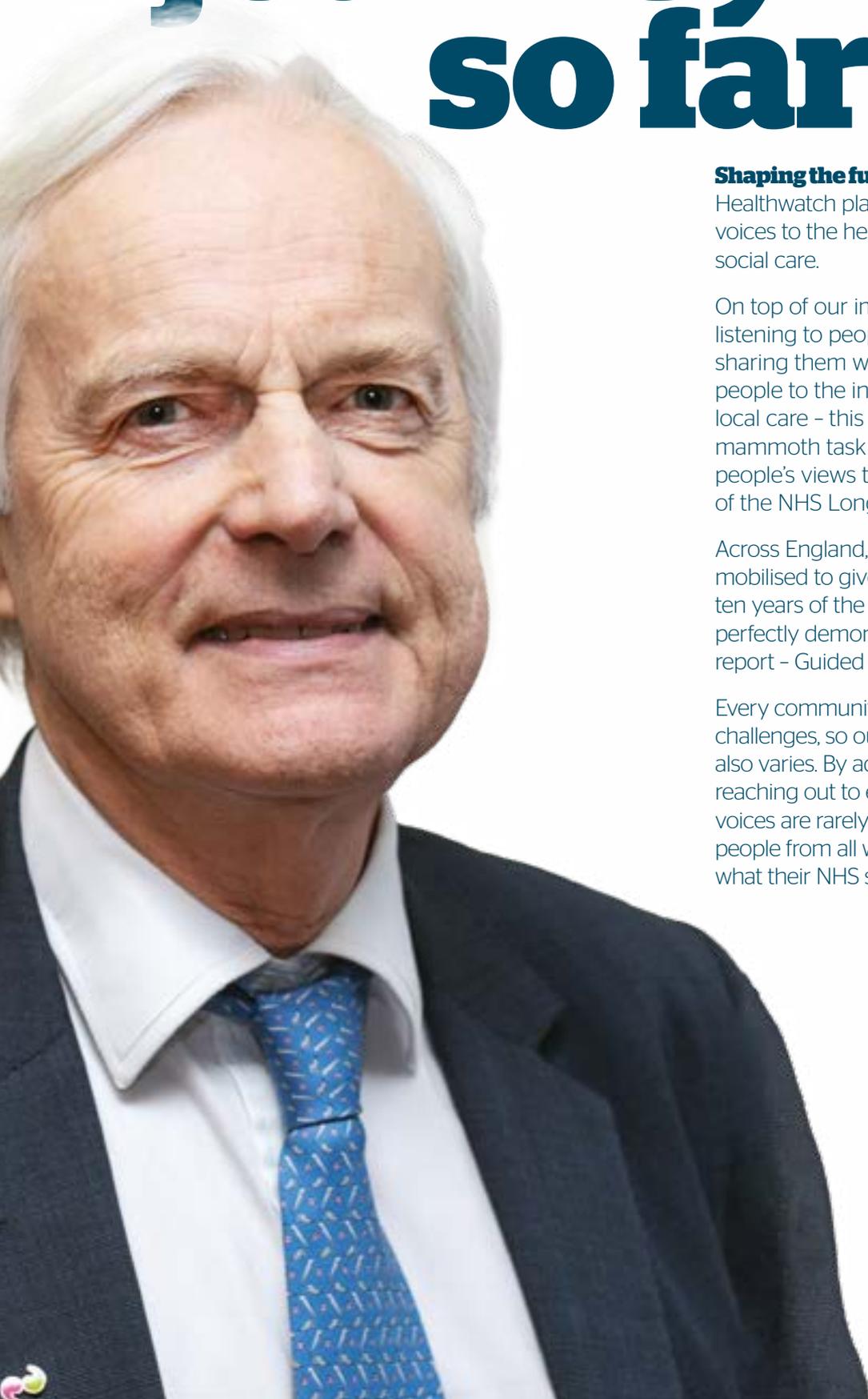
#### **3. Ensuring your views help improve health and care**

We want more services to use your views to shape the health and care support you need today and in the future.

By 2023 we want to see twice as many of our recommendations implemented by services.

# The journey so far

Sir Robert Francis QC,  
Chair of Healthwatch  
England



## Shaping the future of the NHS

Healthwatch plays a vital role in bringing people's voices to the heart of improvements to health and social care.

On top of our important day-to-day work - listening to people's experiences of services, sharing them with those in charge, and guiding people to the information they need about local care - this year we also completed the mammoth task of gathering over 40,000 people's views to inform the implementation of the NHS Long Term Plan.

Across England, our 152 local Healthwatch mobilised to give people a say in what the next ten years of the NHS will look like. A feat that perfectly demonstrates the theme of this annual report - Guided by you.

Every community we represent faces different challenges, so our approach to engaging them also varies. By adapting to local circumstances and reaching out to everyone - including those whose voices are rarely heard - our network helped people from all walks of life have their say about what their NHS should look like in the future.

## It's crucial that everybody, no matter how they feel, is heard, otherwise vital opportunities for services to learn and change will be missed.'

This demonstrates the deep roots we have in every community and the opportunity to make sure future changes to services are always informed by those who use them.

With the NHS putting its ten year plan into action, it is vital that professionals continue to work with us so that the impact of and options for reform can be tested, and services can make sure they truly match people's needs.

### **A more effective service**

Our staff and volunteers are driven by our commitment to making care work for all.

To help achieve this goal, we worked with our network to create a Quality Framework to support local Healthwatch to maximise what it does well and spot ways they can work more effectively.

At Healthwatch England, we're using this insight to plan the training and support we offer. This framework will also help local authorities and other key stakeholders better understand Healthwatch's role and the difference they're making. A clarity which is crucial to securing the funding and support each service needs to do their vital work.

### **Giving a voice to all**

With each passing year, people's experiences are informing more and more improvements to national and local care.

Our geographical reach, our freedom to focus on what matters most to people, combined with our statutory role, mean we are well

placed to make sure all parts of our communities are heard.

I firmly believe that our dedication to finding out the views of those who go unheard or unconsidered is one of the most important contributions Healthwatch can make to our country's wellbeing.

When people feel that services have let them down, they can feel frustrated. It's important they can share their experiences so that the system can learn how to do better. The public is also the best source of insight to help spot and spread good practice.

It's crucial that everybody, no matter how they feel, is heard, otherwise vital opportunities for services to learn and change will be missed.

### **Our work is leading to change**

Over the last year, our work has continued to yield results.

We have seen NHS Digital respond to our call to restart publishing emergency readmission rates. This will help work out why people end up going back to hospital within 30 days of being discharged. We are also pleased to be working with NHS England on its review of patient transport, announced in response to the large number of experiences our network has gathered about the impact that difficulties getting to and from appointments have on people's lives.

By highlighting the factors – big and small – that affect people's experiences, we're encouraging those with the power to make

change happen to design, adapt and measure services with people in mind.

While we've made great progress, there is still more to do.

We make the biggest difference when professionals and policy-makers understand our independence, value our role as a critical friend and are open to acting on what people are telling us is happening on the ground.

It's encouraging to see a growing appetite amongst health and social care leaders to learn from people's experiences of care. The most effective services are shaped by the people who use them, and we look forward to working more with partners to help make this happen.

### **Guided by you**

People share their views and ideas with Healthwatch because they care. They care about the quality of support they, their friends and family receive, and they care about staff and resources being put to best use.

If services are to truly work for those who use them, they must be guided by what matters most to people. It's their needs that should be driving the future shape of health and social care.

Here at Healthwatch, we are committed to playing our part by shining a spotlight on the previously unseen issues affecting communities and informing changes that make a real difference to people's lives.

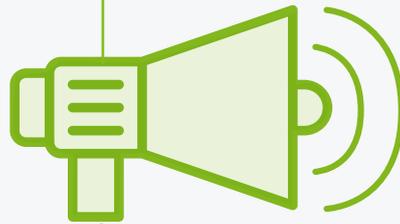
# The year in numbers

## Reaching out

Through two national campaigns we collected

**21,000**  
people's views

about maternal mental health and the future of the NHS.<sup>1</sup>



We reached

**43%**

more people  
than last year

on social media.<sup>2</sup>



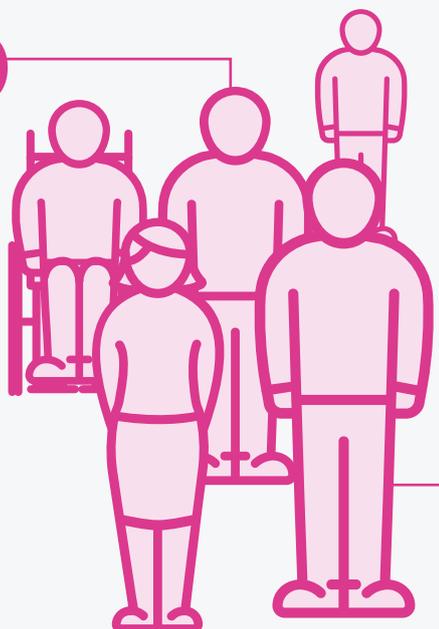
# Supporting people

We enabled

**336,000**

people to share  
their story

about health and social care  
with their local Healthwatch.



We helped over

**413,000**

people access advice  
and information

online, by phone and face-to-face.<sup>3</sup>

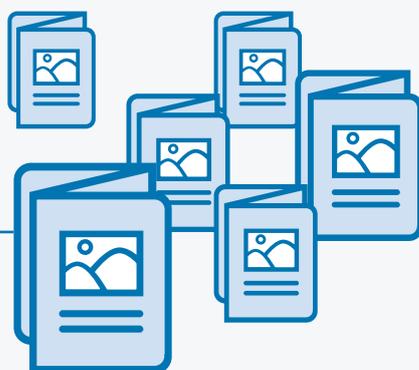
# Making a difference to care

We published

**1,873**

reports

about the improvements  
people want to see.



We made

**7,200**

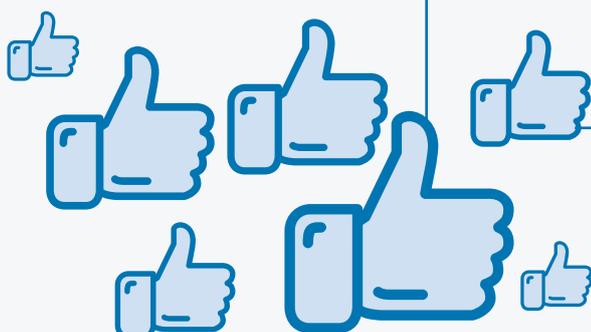
recommendations

for improvements to services this year.

Of those,

**29%**

are making tangible differences to people's  
experiences of health and social care.<sup>4</sup>



# Influencing the future of the NHS



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When the NHS Long Term Plan was published in January 2019, our network kicked off a countrywide campaign to give people a say in how the plan should be implemented in their communities.

The plan, which sets out key ambitions for the NHS over the next 10 years, followed a Government commitment to increase the NHS budget by £20 billion a year.

Our evidence about what changes people want to see to health services helped inform the plan. Following its publication, it was time to find out how people wanted the proposed changes to look in their area.

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With our close connections to people across England, Healthwatch has a vital role to play in ensuring people's voices are heard when changes are planned to the NHS. That's why NHS England and NHS Improvement commissioned our network to gather insight into how people wanted the plan to be implemented locally, informed by their own experiences of using the health service.

### What did we do?

Between March and June 2019, Healthwatch ran events, focus groups and surveys to give tens of thousands of people the opportunity to help local hospitals, GP surgeries and community services understand what changes they would like to see.

To help our staff and volunteers do this, we provided a host of resources to support their research, communications and public engagement activities. We also drafted in colleagues from across the country to lead specific elements of the project, such as local PR work and harnessing the support of charities and other partners.

### Our engagement in numbers



**40,000 people** shared their views online and in-person about a range of issues, including how they want the NHS to help them stay healthy, and the support they want for specific conditions.

**500 focus groups** were organised across England, with a specific focus on hearing from seldom heard groups.

**1,000 other events** were attended to find out people's views, including festivals, carers' cafes, and stands at shopping centres.

### The different ways we got people talking

We reached out to people from all walks of life to find out how they want NHS care to change where they live. We spoke to groups of older people, younger people, the deaf community, people affected by cancer, refugees, asylum seekers, veterans, and prisoners. Focus groups were held to target people in communities who might not normally have the chance to have their say about what they want from the NHS.

Here are just some of the approaches we took to gathering people's views:

- Healthwatch Southampton took part in an arts festival, which saw music, painting workshops, talks and poetry used to engage people in conversations about health and wellbeing.
- Healthwatch Dorset went to a 'picnic in the park' event in the seaside town of Swanage to capture local families' views.
- Healthwatch Gloucestershire and Healthwatch Somerset hired a classic VW campervan for their 'Campervan & Comments Tour' to help them reach as many people as possible in rural areas. In Somerset alone, the van visited 18 different locations and covered nearly 260 miles.

## What did we find?

People shared a huge range of views and experiences about lots of different areas of healthcare. From what would make GP surgeries more effective, to how local cancer care could better meet people's needs, the public had their say about the health services that matter to them. There were some issues that came up consistently across the country.<sup>5</sup>

### Access to care

Working people told us they struggle to get emergency appointments because their GP surgery insists they ring at 8am when they are travelling to work. They also said that some support services are only available during working hours, which makes it difficult for them to get help with their conditions.

**I was recently diagnosed as pre-diabetic, so they want me to go on this eight-week course, but I work Monday to Friday, and I could only get these courses during working hours. That's not practical. It would be helpful if it were on an evening or weekend.” - Garry**

### Prevention

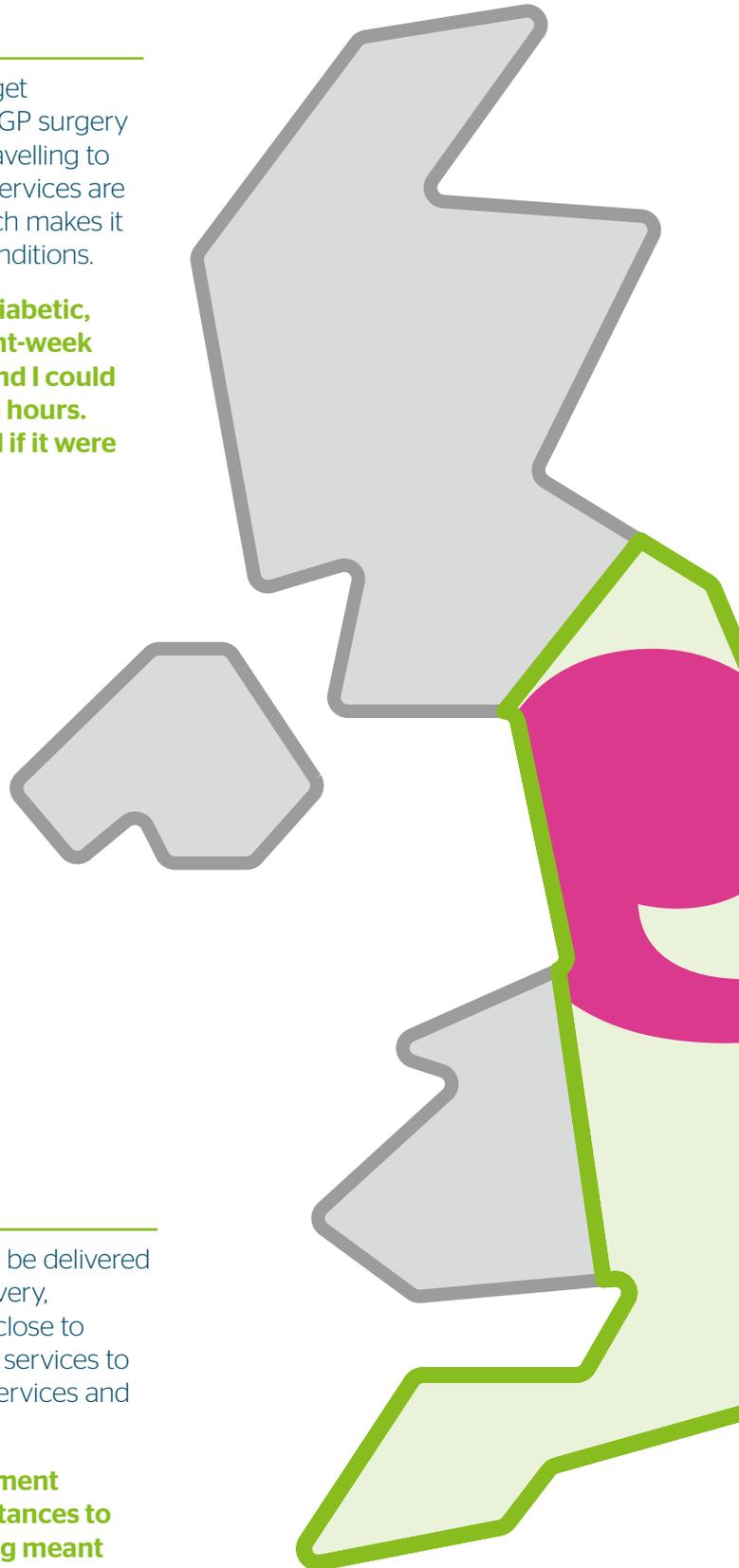
People want the NHS to help them stay well by equipping them with the information they need about the organisations and resources available for support. They want to do more to look after themselves and to ease pressure on services.

**Better access and understanding about how to keep healthy. NHS is very focused on fixing a medical condition and not looking at how to keep healthy whilst living with a condition.” - John**

### Transport

People accept that some health services might be delivered further from home, but they want all their recovery, recuperation and ongoing healthcare support close to home. Where they do have to travel, they want services to consider the roads, parking, patient transport services and public transport they will have to navigate.

**NHS was great, all tests done and treatment provided, but having to travel large distances to get to the Royal Berks and the lack of parking meant long bus journeys both ways, which when you're having chemo is not a great experience. Taxis cost £70. Unsustainable.” -Maria**



## Technology

People want the NHS to embrace technology, but also to avoid making assumptions about who can access and use it. They are keen to see how technology can help address specific problems, and for it to be tested with them to ensure it works. We found that older people, people with dexterity problems, people with learning disabilities, people with poor basic skills and people with limited English might struggle to access online services.

**As a patient with myeloma (a blood cancer) I would like to be able to access my blood results online and not have to wait for clinic appointments. It can be an anxious wait at crucial times in my disease.” - Raj**

## Mental health

People told us that they're waiting far too long for a diagnosis and treatment and that, when they do get support, it often isn't suited to their needs, for example, they're given medication when they need talking therapies.

**Once I got to see a psychiatrist she was very helpful and kind but I had to wait almost three months for a first appointment and then another two for the second. I was then discharged back to primary care but my GP, though kind enough, has no specialism in complex mental health conditions .... I would like to see all GP surgeries having a GP that specialises in mental health ... to be able to support me with my condition.” - Mohammed**

## Variety of experience for people with different conditions

People with cancer and heart and lung conditions told us they had a much better experience of care than people with other long-term and multiple conditions, such as dementia, autism, learning disabilities, and diabetes. This is because they received a much quicker diagnosis, treatment and the support they needed to manage their condition.

## Communication and language

People want to be treated as partners in solving their health problems. They want staff to have good listening skills and to give them the information and time they need to make decisions about their care.

**NHS providers must become deaf aware, know who is responsible for booking an interpreter and that the person knows how to do it.” - Lucy**

## What happened next?

We appointed 44 Healthwatch to co-ordinate this feedback gathering exercise across England, in partnership with their regional NHS. All 44 areas published reports detailing what they heard from their communities.

As part of our agreement with NHS England and NHS Improvement, local NHS groups have been asked to respond to what we found, and set out how they have used the feedback to inform changes to local services. These local plans are now being published across the country. We look forward to continuing to play our part in ensuring that people are at the heart of changes to care.



## Encouraging people to speak up in South Yorkshire and Bassetlaw

In South Yorkshire and Bassetlaw, five Healthwatch joined forces to find out what changes people would like to see to NHS services and support. They used targeted social media and radio interviews encouraging people to speak up, and 1,300 people shared their views.

Healthwatch also ran 15 focus groups to make sure as many people as possible could have their say. This included talking to refugees and asylum seekers, young people, veterans, prisoners, deaf people and mental health support groups.

Using what people told them, Healthwatch published a report to highlight the improvements local communities want to see, such as the better use of technology to help them access health and care services, more focus on preventing illness, and increased community support.

Their findings have been shared with the local NHS, councils and other community partners to ensure changes to health and social care are in line with what local people want and need.

# Action on social care



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The social care sector is under increasing pressure, affecting the people who rely on this crucial support to go about their daily lives, and the 1.49 million staff who provide support. With over 150,000 people petitioning the Government to take action, it's clear that there is a demand from the public for a greater focus on this issue.<sup>6</sup> Although national plans regarding the future of social care have been delayed, we're using people's views to improve existing services, and to inform how social care could work in the years to come.

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## Calling on councils to review care plans for people with dementia

Over 850,000 people live with dementia in the UK. Although the Care Act 2014 states that everyone who uses social care must have at least one care plan review each year, this doesn't always happen, leaving people without the right support.

Many people and their families tell us that it's hard to know what support is available to them and that they worry about how to pay for care.

After analysing data from 97 councils, our research identified rising concerns, such as:

- On average people wait over two months between requesting dementia support and it being put in place
- Once a care plan is in place, only 45% were reviewed annually
- One third of people didn't receive any review of their care – planned or unplanned<sup>7</sup>

We've called on councils to make sure they are carrying out regular care reviews for everyone with a dementia diagnosis, so that the support they get meets their changing needs. We've also called for data on assessments to be better recorded and published to help inform investment in social care.

## Encouraging people to have their say about the future of social care

Last year, we shared with the Government over 14,000 views people had shared with us about the importance of social care and the growing need for more affordable support, to help ensure that future proposals consider what individuals need.

Since then, we've continued to raise awareness of this by advising the Department of Health and Social Care about what people want from the future of social care.

When exploring what people want from social care, we have largely focused on addressing gaps in information and advice. However, this year, to inform the wider debate, we also asked people how they would pay for improvements in social care. We polled 2,000 adults and found that:

- 42% support raising taxes to pay for social care
- 18-24 year olds are most likely to support paying for compulsory social care insurance
- Older age groups are less willing to save for social care they may need in later life

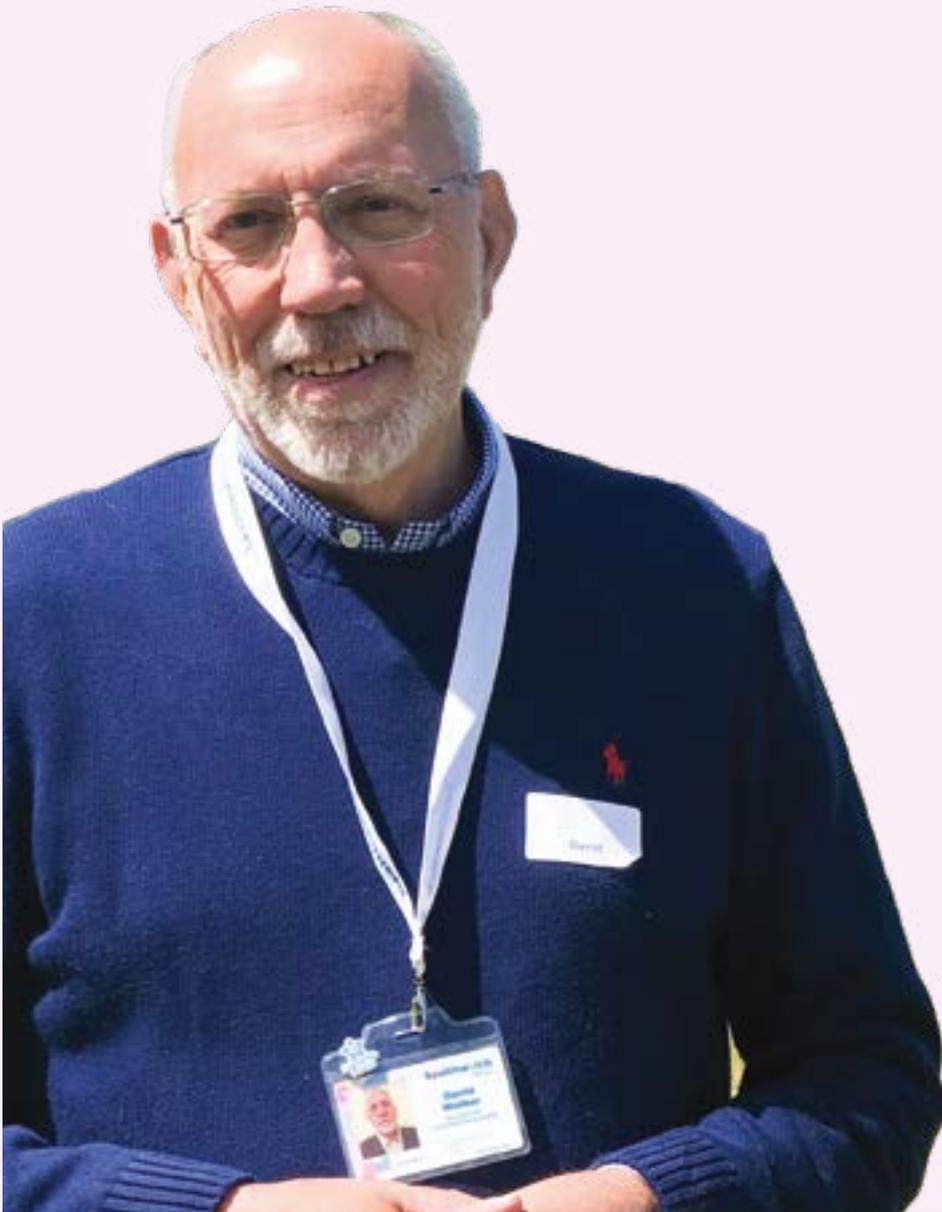
In line with our findings, the Lords Economic Affairs Committee recommended that the Government should introduce free personal care by 2025/26, funded largely from general taxation.<sup>8</sup>

## Ensuring care home residents can see a dentist

In 2016, we heard from care home residents that it was easier to see a hairdresser than a dentist, as documented in our report '*Access to NHS dental services: What people told local Healthwatch*'.<sup>9</sup> Without access to dental care, residents can be left living with tooth pain or ill-fitting dentures, and this can mean people find it difficult to eat, which can lead to malnourishment, or having to eat through a straw, which has a significant impact on their quality of life.

Although care homes are regulated by the Care Quality Commission (CQC), inspectors have not always consistently asked about oral healthcare. Since we raised this inequality nationally, the CQC has carried out joint dental and social care inspections on 100 care homes between October 2018 and January 2019. The NHS has also committed to ensuring care home residents have access to dental support in the future.

While this is good news for care home residents, more action needs to be taken to address this issue in other parts of social care, in particular for people receiving support at home who may struggle to access an NHS dentist. Over the last year, we've highlighted this issue by submitting evidence to the Health and Social Care Select Committee's planned inquiry into dentistry.



## David and Georgina's story

Childhood sweethearts David and Georgina enjoyed a full and happy life together before Georgina was diagnosed with Alzheimer's disease in 2013. As a result, David became her carer and in need of support from the health and social care system. Unfortunately, David recalls numerous times where they were let down.

"When inadequate support is provided, it has a huge impact on me as a carer. My ability to have any sort of a life away from caring for Georgina comes to a halt and any gap in support has to be filled by me.

"Upon diagnosis the correct referrals were made and support put in place. Unfortunately not all the services came together at the right time.

"I've always been determined to look after Georgina for as long as possible at home. At each annual review I raise the issue of agency care companies not being able to provide the agreed care, some months being short by 20%. Georgina is also now doubly incontinent and may require changing up to four times a day. When agency carers realise what's involved, they decline to attend."

# Making sure everyone is heard



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Services can only learn and improve when people get an opportunity to share their feedback, but not everyone is asked what they think.

This is why we reach out to all sections of the community and make sure their views influence national and regional change.

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## In focus: Unpaid carers

Seven million people play an important role in providing vital care for family members and friends. In total, they provide £132 billion worth of unpaid support every year. Whilst the Care Act 2014 provides certain rights to carers to ensure they have the correct support in place, our conversations with 5,000 people showed that this isn't working in practice.<sup>10</sup>

On average, carers have to wait two months before they can access support. We heard that because many carers aren't aware of the support available or their right to an assessment, many aren't even requesting support until they're in crisis, making the two month wait for help particularly problematic.

In many cases this had a detrimental impact not only on the carer, but also the person they cared for, and many ended up in hospital or a care home. It's essential that early interventions are available for carers, so that everybody's needs are met.

The NHS Long Term Plan has taken up our recommendation to focus on better identifying and supporting carers in the future. However, services and councils should also ensure that data is collected consistently so that they can learn from feedback and better support this group.

### Our research also highlighted that:



**34%**  
of local authorities didn't know how many carers lived locally



**47%**  
of councils were unable to say how long people had been waiting for support



## Kate's story

Kate's husband Pete was diagnosed with Parkinson's disease and cancer. Although she desperately needed practical and emotional support, she wasn't given any information and was left to figure things out alone. Kate talks about her experience before Pete sadly passed away:

"One evening I was left feeling particularly helpless and so upset. Pete was doubly incontinent, his infection meant that he couldn't move to help me change him. I physically couldn't do it alone. I rang the emergency services who put me through to a duty social worker. She told me that the four-hour waiting list meant they couldn't send anyone out to me as they finished at 10pm.

"I was given the out-of-hours GP service who then referred me to 111. Thankfully, they returned the call with information about the Impact Team - a group of NHS community nurses that offer out-of-hours support. They arrived after midnight, changed him and his position in bed, and returned again the next morning. It was such a relief, I didn't know what I was going to do.

"Things always seem to be worse late at night, you feel even more cut off and helpless. I couldn't help but think that the situation didn't need to happen. If the social services team had only known about the Impact Team, I could have had a solution four phone calls and several hours sooner."





# Shining a light

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After hearing from Healthwatch across the country that mental health is an issue of major importance to communities, we launched our project to explore people's experiences at different stages of life. The purpose of this project is to find out what support people are getting and what more needs to be done to improve care for all.

As it marks a critical period, both in the life of a child and their parents, we kicked off the project by looking into people's experiences of mental health before, during and after pregnancy.

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 **Everybody wants to hold the baby, but who holds the mum?**

## Mental health and the journey to parenthood

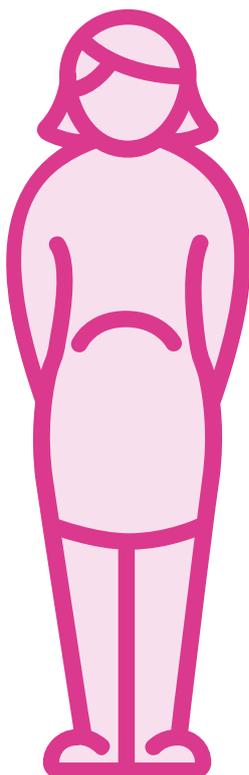
Parents' mental health is important, both to their wellbeing and their child's. It's vital that all parents get the support they need so that they can form strong bonds with their babies and lay the foundations for a healthy, happy life for all involved.

With the NHS investing £365 million in more mental health support for new mothers, we wanted to explore the stories behind the numbers and find out what services can learn from parents' experiences.

### What we did

Between August 2018 and March 2019, we gathered stories through online surveys, and through detailed fieldwork carried out by Healthwatch in eight areas of England. Our main survey was based on guidance from the National Institute for Health and Care Excellence, which sets out what women can expect when it comes to the recognition, assessment and treatment of mental health problems whilst planning for a baby, pregnant, or after giving birth. We wanted to find out to what extent people are experiencing this level of support.

Each story we heard was different and highlighted that every person's experience is unique to them.



### 33%

of women who said they had a diagnosed mental health condition said they were not given any advice about maternity and mental health at any point.

### 47%

of all women described getting support for their mental health as 'difficult' or 'very difficult'.

### 36%

of all women rated the quality of mental health support given by health professionals (e.g. GPs, midwives and health visitors) as poor or very poor.

### 58%

of all women said they did not get a care plan that considered their maternity and mental health needs.

### 36%

reported not feeling involved in decisions about their care.

### What we found

Our report '*Mental health and the journey to parenthood*', focuses on 1,738 women who experienced mental health problems before, during or after pregnancy.<sup>11</sup> Where people felt they had a good experience of care, they said this was down to factors such as proactive healthcare staff who asked how they were feeling, quick responses to requests for help, and access to specialist perinatal mental health services.

However, where people's experiences were less positive, we found there were three common themes:

#### People feel their mental health problems are triggered by a variety of issues:

We heard about the range of common triggers that can contribute, such as severe sickness during pregnancy, physical illness, trouble breastfeeding, and a traumatic birth.

#### People don't know where to turn for help:

We heard that people aren't always given enough information about the support available and what to do if they need help.

#### People feel scared about how others will respond if they speak up:

We heard that fear still plays a big part in preventing people from talking about how they're feeling. Staff attitudes can also act as a barrier to people expressing their feelings. One of the most common things people told us about their experience was that in future they would seek help sooner.

**What next?**

We are calling on everybody who interacts with prospective and new parents to make space for them to discuss how they're feeling, and to find out what they can do if they need mental health support. We also continue to encourage women and their partners to speak up about their experiences of mental health.

Other recommendations, included better support for partners following the arrival of a baby. It's vital that the mental health of both parents is considered, and that they have access to all the support they need.

The **most common** mental health problems experienced during pregnancy and after birth are anxiety, depression and post-traumatic stress disorder.<sup>12</sup>

**One in four** women has a mental health problem in pregnancy and during the 24 months after giving birth.<sup>13</sup>



In the UK, maternal suicide is the **leading cause** of direct deaths occurring within a year after the end of pregnancy.<sup>14</sup>

**I would have wanted someone to ask me specifically about my mental health - no one did and as a result I suffered silently for months and months before reaching breaking point.'**

# Highlights from the year



## Designing Accident & Emergency (A&E) targets that tell the whole story

Our evidence from almost 6,500 people shows that what shapes individual experiences of A&E is not just how long people wait, but the quality of care they get and how that care is delivered. In January 2018, we used our statutory powers to advise government and the NHS that targets should be reviewed so they focus on tracking and reporting what matters most to patients.

To ensure people's views are considered when future performance measures are reviewed, we've continued to inform both the clinical standards review - announced by the Prime Minister in 2018 - as well as the NHS Long Term Plan. We have supported NHS England's testing of the new targets in six locations, with local Healthwatch going out and interviewing patients about their experiences.

### What makes a good A&E?

We asked 2,000 adults to rank the ten most important factors that would make a good A&E service.<sup>15</sup>

- 1** High quality treatment
- 2** Being assessed quickly on arrival
- 3** Being seen in order of priority - urgent cases first
- 4** Regular monitoring in case someone's condition worsens
- 5** Staff on hand to provide support while people wait
- 6** An estimated waiting time on arrival and updates if this changes
- 7** Information about live waiting times and alternative services should be available before arriving at A&E
- 8** Treating or admitting all patients within a guaranteed timeframe
- 9** No parking fine for people who have to wait longer than expected
- 10** Communicating that a safe number of staff are working on the ward, particularly during busy times

## Understanding why emergency readmissions have risen

Over the last four years, we have looked extensively at the risks people face when they're discharged from hospital without the right support in place.

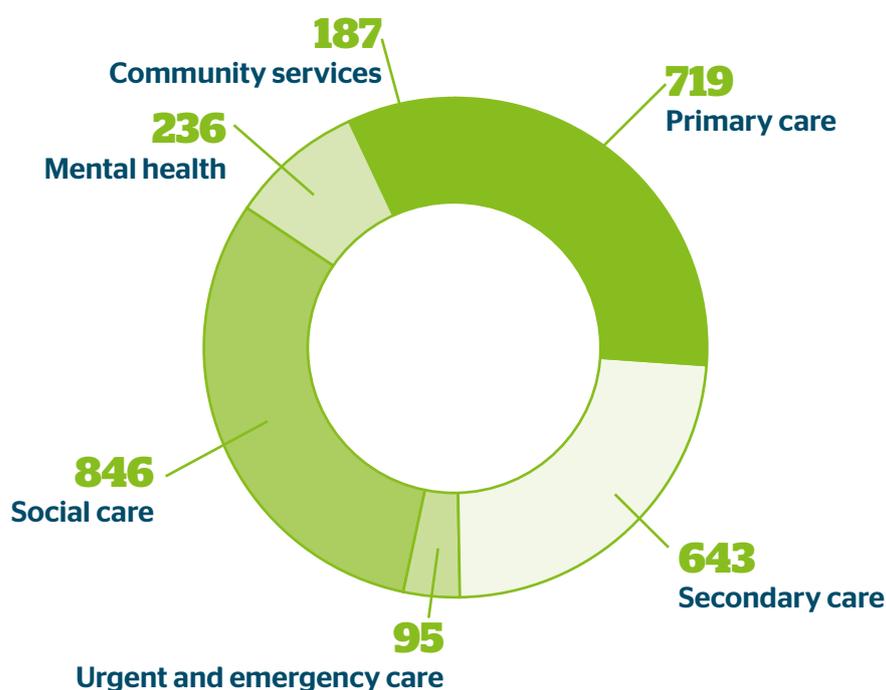
Our briefing on emergency readmissions in 2018 showed that the number of people returning to hospital within just one day of being discharged had risen by 15% year-on-year.<sup>16</sup> Yet there was no available NHS data to explain the spike in emergency readmissions.

Since raising our concerns, the NHS has started to publish emergency readmissions data. However, the service must now follow through on its

commitment to address data gaps to provide a fuller picture of whether these readmissions were avoidable in the first place. There are a number of learning opportunities the sector can take to improve people's experiences. For example:

- The new integration index outlined in the Long Term Plan, which aims to measure how well services are working together, can help to explain why people are readmitted to hospital.
- The Care Quality Commission's local system review programme can identify where issues occur during a patient journey that result in an emergency readmission.

## Making our evidence easier to access



We have a wealth of local and national insight, which outlines what the nation thinks about NHS and social care. To make this information readily available, we launched an online library for professionals and decision-makers to use before they embark on changes to services.

The library holds over 2,500 reports, covering the views of over 440,000 people from all parts of the country. We've made it easy for professionals to filter our evidence by service type, impact and location.

# Celebrating our 4,000+ volunteers

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From speaking to people about their experiences of health and social care, to providing information and advice about local services, our network is supported by thousands of volunteers who give up their time to help improve care for their community.

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## Mary and Margaret improve the wellbeing of people in sheltered housing

In October 2019, we came together to celebrate the outstanding achievements of our volunteers and staff at the annual Healthwatch national conference in Birmingham and awards. At the event, Healthwatch Brent volunteers Mary Evans and Margaret Oyemade won an award for their work improving the lives of people living in sheltered housing. They visited a local scheme and discovered that residents were feeling unsafe, which affected their wellbeing, because of antisocial behaviour and intruders entering properties. Since the team raised these concerns, several changes have been made to help residents feel safer, including installing CCTV and reporting suspicious behaviour to the police. Thanks to Mary and Margaret residents feel secure and are more confident speaking to their Housing Officer and the police.



# Looking to the future

**Imelda Redmond CBE, National  
Director, Healthwatch England**

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I'm hugely proud of everything we've achieved this year. In the months ahead, we'll be building on our successes and pushing for more involvement of people in improvements to health and social care.

We have ambitious targets, all designed to help make health and social care work for everyone. For example, by 2023, we want over a million people to share their experiences or seek information about services from us every year.

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## **We'll continue to place a particular focus on how we can make sure people in those communities that many find hard to reach have a say.'**

We'll be focusing on making sure we have everything we need in place to achieve this. That includes great technology so people can reach us and local Healthwatch, strong partnerships with organisations across the sector, effective communications about the experiences people share with us, and support for frontline staff to use the insight we receive.

It's been positive to see awareness of Healthwatch increase over the years and we'll be doing more to help the public, health and social care leaders, and professionals understand how our work can benefit them. We'll continue to place a particular focus on how we can make sure people in those communities that many find hard to reach have a say.

Healthwatch across the country have demonstrated a range of fantastic approaches to this during the last year and we want to build on and share that expertise and make sure that everybody, no matter their circumstances, has a voice.

I know from my conversations with our partners, politicians, and Healthwatch on the ground, that our work is seen as invaluable and has a real impact on decision-making. I want us to build on that and to find more ways to share what we hear and to showcase the invaluable insight organisations can gather when they really listen to what the public has to say.

Looking ahead, it's vital that the public's views and experiences help shape the future of social care, so helping make this happen will be a priority for us this year.

Fundamental changes are needed to the way social care is provided and funded. We have an important role to play in bringing the voices of those who struggle to get the support they need to light, and informing changes by demonstrating what is and isn't working for people. Social care should allow people - those with learning disabilities, mental health problems, long-term conditions, elderly people, and others who require additional support - to live a full and dignified life. That can only happen if services are designed with those individuals in mind, and we will be working to ensure their voices are heard.

Mental health continues to be another key area for us. Following our work to share people's experiences during the journey to parenthood, we will focus on children and young people's experiences of mental health problems, the support available, and exploring what needs to be done to make care better.

This has been an exciting year for our network and it's fantastic to see just how much we can achieve when we work together. I look forward to building on our successes, strengthening our organisations, and increasing our influence on delivering health and social care that works for everyone in the months and years to come.

## **Looking ahead, it's vital that the public's views and experiences help shape the future of social care, so helping make this happen will be a priority for us this year.'**

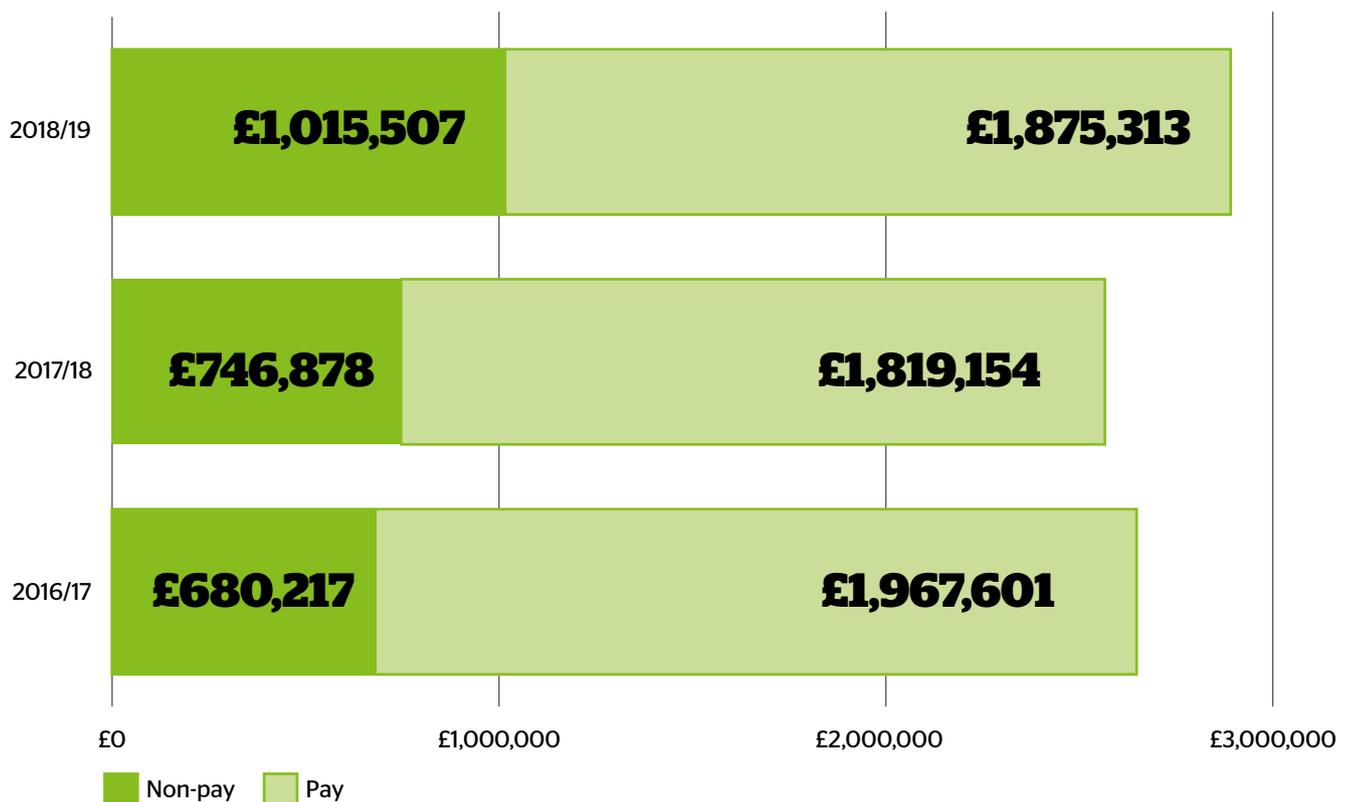
# Our resources

To help us carry out our work, Healthwatch England is funded by the Department of Health and Social Care.

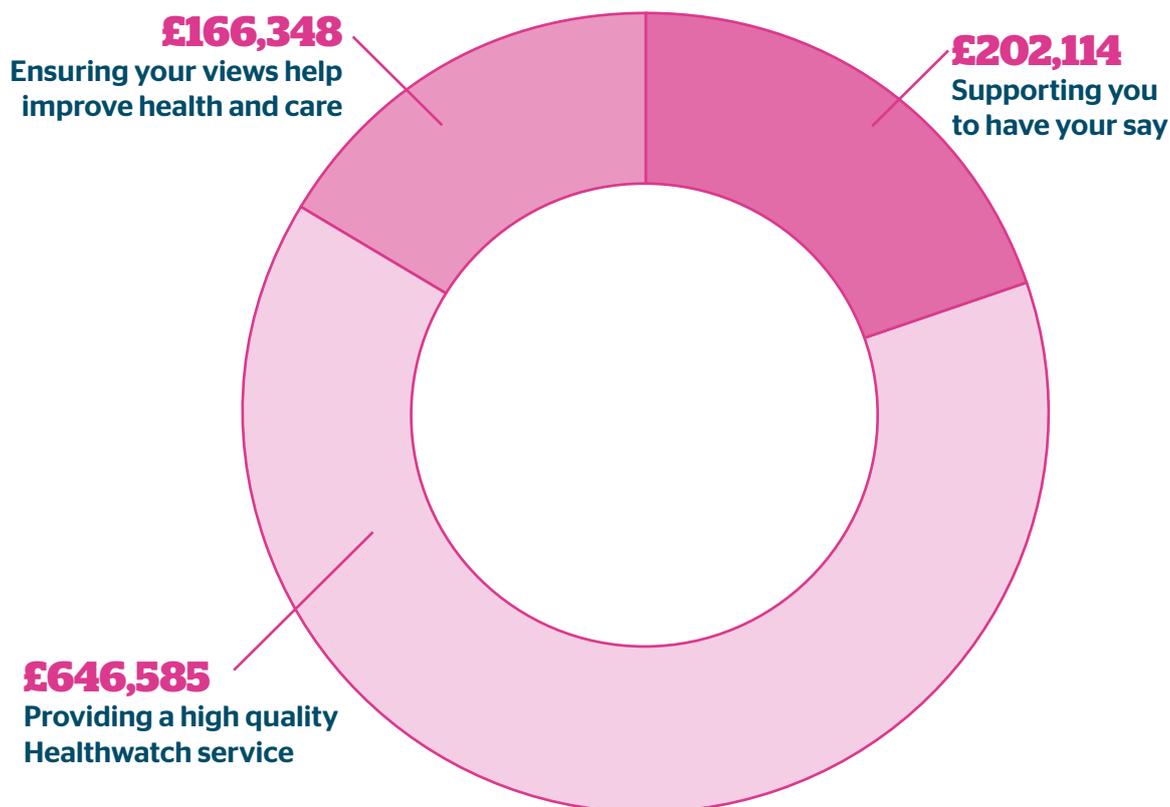
In 2018-19 we received £3.52 million in funding. We spent £2.89 million on pay and non-pay activity. We also distributed an additional £504,000 in grants on behalf of NHS England to support public engagement in the NHS Long Term Plan.<sup>17</sup>

The following section explains our funding breakdown and how we've used it.

## How we spent our money



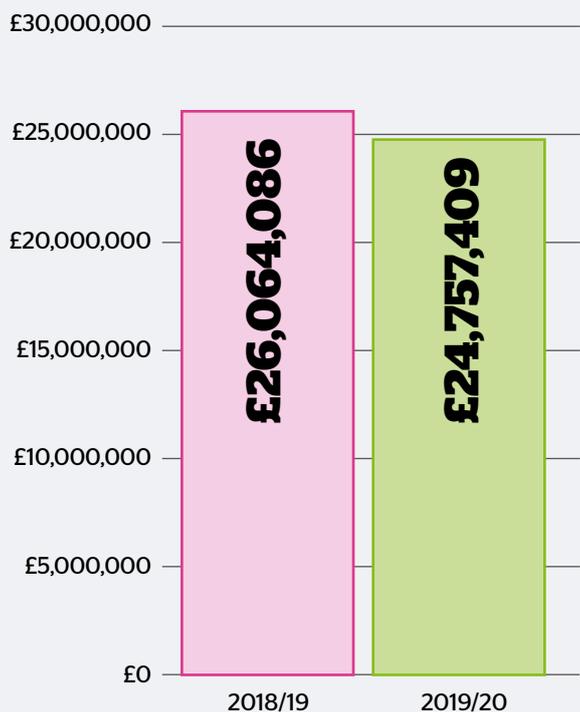
## How we used our non-pay funding to deliver our aims



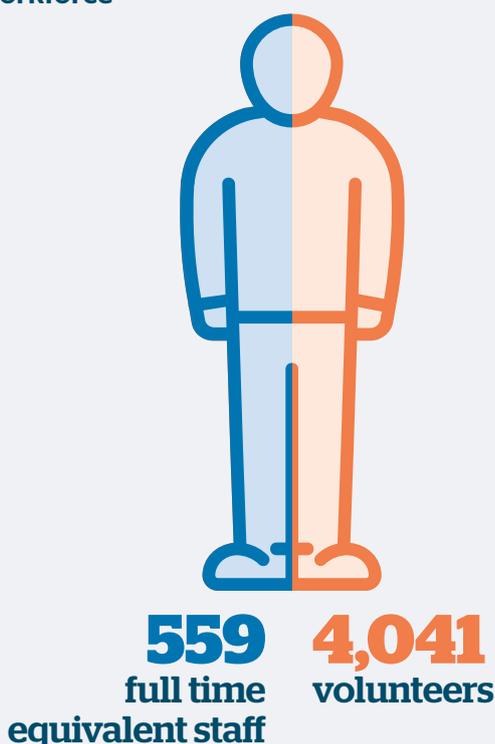
## In focus: The capacity of local Healthwatch services

Local Healthwatch across the country are independently funded by local councils, and supported by staff and volunteers.

### Funding from local authorities



### Workforce<sup>18</sup>



# Our Committee

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We are governed by a committee who set our strategy, provide scrutiny and oversight, and approve policies and procedures that are needed for us to work effectively. They also spend time travelling around England to hear everyone's views and use this knowledge to inform our decision-making.

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## **Members**

Sir Robert Francis QC, Chair  
(appointed October 2018)

Jane Mordue, former Chair  
(until September 2018)

Philip Huggon, Vice Chair

Lee Adams

Jenny Baker (until May 2018)

Andrew Barnett

Pam Bradbury (until May 2018)

Deborah Fowler (until May 2018)

Helen Horne

Amy Kroviak

Andrew McCulloch

Danielle Oum

Helen Parker

Ruchir Rodrigues (until July 2019)

Liz Sayce OBE

# Thank you

Thank you to everyone who is helping us put people at the heart of health and social care, including:

- + Members of the public who shared their experiences and views with us
- + All of our amazing volunteers across the Healthwatch network
- + The voluntary organisations who have contributed to our work
- + Our colleagues in local Healthwatch
- + Healthwatch England Committee members and staff
- + The Department of Health and Social Care sponsorship team
- + Other colleagues across the Department of Health and Social Care, Care Quality Commission, NHS England, National Institute for Health and Care Excellence, NHS Digital, NHS Improvement, Association of Directors of Adult Social Care Services in England, the Local Government Association and other statutory organisations who have worked with us this year.

## References

- 1 We received 3,500 responses to our Maternal mental health campaign (received August 2018 – February 2019) and 17,500 responses to our What Would You Do Campaign (received March 2018 only).
- 2 An estimated 4.6 million people reached through our social media channels in 2018/19, compared to 3.2 million in 2017/18.
- 3 An estimated 413,000 people accessed local Healthwatch advice and information in 2018/19 (Online 295,000, Community outreach 67,000, By phone 26,000, by email 16,000, other routes 9,000)
- 4 Estimated figures from Local Healthwatch Annual Data Return 2019.
- 5 Please note that all names have been anonymised.
- 6 Healthwatch England. (2019). *How to solve a problem like social care?* [online]. Available from: <https://www.healthwatch.co.uk/response/2019-08-15/how-solve-problem-social-care>
- 7 Healthwatch England. (2019). *Why it's important to review the care of people with dementia* [online]. Available from: <https://www.healthwatch.co.uk/report/2019-07-01/why-it%E2%80%99s-important-review-care-people-dementia>
- 8 House of Lords. (2019). *Social care funding: time to end a national scandal* [online]. Authority of the House of Lords. [viewed 20.01.2020]. Available from: <https://publications.parliament.uk/pa/ld201719/ldselect/ldconaf/392/392.pdf>
- 9 Healthwatch England. (2016). *Access to NHS Dental Services: What people told local Healthwatch* [online]. Available from: <https://www.healthwatch.co.uk/report/2016-11-23/access-nhs-dental-services-what-people-told-local-healthwatch>
- 10 Healthwatch England. (2018). *What's it like being a carer?* [online]. Available from: <https://www.healthwatch.co.uk/report/2018-10-01/whats-it-being-carer-0>
- 11 Healthwatch England. (2019). *Mental health and the journey to parenthood* [online]. Available from: <https://www.healthwatch.co.uk/report/2019-09-09/mental-health-and-journey-parenthood>
- 12 Royal College of Psychiatrists. (2016). *Parental mental illness: The impact on children and adolescents* [online]. Available from: [rcpsych.ac.uk/healthadvice/parentsandyounginfo/parentscarers/parentalmentalillness.aspx](http://rcpsych.ac.uk/healthadvice/parentsandyounginfo/parentscarers/parentalmentalillness.aspx)
- 13 NHS England. (2019). *The NHS Long Term Plan for England* [online]. Available from: <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/01/nhs-long-term-plan-june-2019.pdf>
- 14 MBRRACE-UK. (2018). *Saving lives, improving mothers' care* [online]. Available from: <https://www.npeu.ox.ac.uk/mbrrace-uk>
- 15 Healthwatch England. (2019). *People share what a good A&E experience looks like* [online]. Available from: <https://www.healthwatch.co.uk/news/2019-10-31/people-share-what-good-ae-experience-looks>
- 16 Healthwatch England. (2018). *Emergency readmissions: What's changed one year on?* [online]. Available from: <https://www.healthwatch.co.uk/report/2018-11-14/emergency-readmissions-whats-changed-one-year>
- 17 £644,478 was paid to the Care Quality Commission in management fees.
- 18 Estimated figures from Local Healthwatch Annual Data Return 2019.

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