

HEALTHWATCH SHEFFIELD ADVISORY BOARD MEETING

Monday 27 July 2015, 2.30 pm – 5.00 pm

(Including: Annual Report 2014/15 presentation)

Conference Room 1, The Circle, 33 Rockingham Lane, Sheffield S1 4FW

Present:

Maggie Campbell, Chair, Healthwatch Sheffield
 Helen Rowe, Vice Chair, Healthwatch Sheffield
 Pam Enderby, Board member
 Sue White, CEO, Voluntary Action Sheffield;
 Tony Clark, Board member
 Hazel Blackbourn, Board member (Health Champion)
 Eleni Chambers, Board member
 Alice Riddell, Board member
 Vicky Cooper, Information & Evidence Coordinator, Healthwatch Sheffield
 Myrtle Pritchard, Administrator, Healthwatch Sheffield

In attendance:

Nicola Smith (Voluntary Action Sheffield, Board member)
 Andy Buck, CEO, Sheffield CAB
 Kate Mappin, VoiceAbility (NHS Complaints Advocacy Service)
 7 members of the public (list of members of the public attending is held by Healthwatch Sheffield (HWS))

Chair: Maggie Campbell (Chair, Healthwatch Sheffield)

Minutes: Myrtle Pritchard, Administrator Healthwatch Sheffield

Distribution: Healthwatch Board members, Core Team, Healthwatch Website

| 1.0 | INTRODUCTION, APOLOGIES | <i>ACTION Who/When</i> |
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| 1.1 | Apologies were received from the following board members: Tony Blackbourn, Pippa Hedley-Takhar and Nighat Khan. | |
| 1.2 | Maggie welcomed everyone to the board meeting and explained that the meeting would be split into two parts with a presentation of Healthwatch Sheffield’s Annual Report 2014/15 from 4.00 pm. Questions would be taken from the floor at the end of the meeting. No written questions were submitted prior to the meeting. | |


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| 2.0 | MINUTES OF MEETING, 24 MARCH 2015 & MATTERS ARISING | |
| 2.1 | The minutes were agreed as a true record of the meeting. | |
| 2.2 | <u>Matters arising & outstanding actions: 24 March 2015</u> | |
| 2.3 | <p><u>5.1 (page 2) Podiatry Provision – Diabetes</u> Check whether dual screening (of eyes and feet) is available with independent podiatry providers. Hazel reported that although the reported intention was for this to be available at all points of service it was not yet in place. It was hoped it would be available at the Northern General hospital (NGH) soon with independent podiatrists coming on stream after this. However no date/timescale has been forthcoming on when this will start at NGH. Hazel said that she would keep a watching brief.</p> | |
| 2.4 | <p><u>4.2 Chair’s Report – General Election Purdah</u> HWS had tried to obtain a full list of contact details for the agents of the prospective candidates but this had proved difficult. It was decided that once the election was over that Healthwatch Sheffield (HWS) would write to new MP’s through their parliamentary offices. The board agreed and added that it would be a good idea to also include local councillors.</p> | Chair |
| 2.5 | <p><u>8.2 Question from the public</u> Additional information had been requested with regard to finding out more about the referral process by hospital consultants in A&E, if two different medical specialities were required.</p> <p>Maggie reported that the process was dependent on whichever medical issue takes clinical precedent when assessed in A & E and that there were specific protocols/guidance for this in key areas. A member of the public asked whether it was the case that Primary Care is billed by Secondary Care, as use to happen in general practice. Maggie added that it was not a question of being billed but there were defined costs for each referral to secondary care made by GP’s.</p> | |
| 2.6 | <p><u>6.0 Children & Young People’s Question Time (Question 5 – Occupational Therapy)</u> The issue had been that the service providers present were unaware of the long waiting list/time for this service referred to by the questioner. Pam reminded the Board that they had undertaken to investigate and report back. Vicky reported that HWS had not received any extra information from John Reid, Dir Nursing & Operations, Sheffield Children’s NHS Foundation Trust but she would chase this up. Pam suggested that we should ask about all Allied Health Professions waiting times at the same time.</p> | Vicky, HWS Team |

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| 3.0 | DECLARATION OF INTERESTS | |
| 3.1 | There were no conflicts of interests. | |
| 4.0 | CHAIR'S REPORT & UPDATE ON MEETINGS | |
| 4.1 | <p>Report previously circulated. The key issue for HWS was not knowing the type of contract there would be post March 2016 when the original contract (3 yrs) finishes.</p> <p>The original contract had the possibility of a year's extension. Pam enquired whether there had been any lobbying by Healthwatch England about Healthwatch contracts. Maggie replied that this was not happening as a national action due to the differing lengths of contracts eg 3 or 5 years and a variety of funding arrangements. Healthwatch England had been active in pushing for action on ensuring that the money given to Local Authorities to fund Local Healthwatch was used fully for that purpose. They also offered their support to any individual Local Healthwatch who were having specific commissioning or funding issues.</p> <p>Maggie added that the uncertainty around the contract made it difficult to plan for future work and placed extra stress on the core team. She had raised the issue at the Health & Wellbeing Board development meeting last week. Sheffield City Council commissioners have to let HWS know their intent by September 2015.</p> | |
| 4.2 | Maggie reported that Sheffield's GP's had been successful in their bid to the Prime Minister's Challenge Fund. The work would be around trying to make improvements in how services are delivered outside of hospitals. HWS have been invited to join the programme board and add its input to the work. Carrie McKenzie, HWS attended the first meeting. Eleni added that she continued to be involved as a 'lay person' in her capacity as a service user. | |
| 4.3 | Maggie mentioned that there had been the HWS Volunteer celebration event in June and encouraged people to become HWS volunteers. Sue added that the demand for HWS involvement had grown in the city, so there was now a need for more volunteers. Information on volunteering is available on the HWS website. | |
| 5.0 | UPDATE FROM THE HWS CORE TEAM (including Young Healthwatch) | |
| 5.1 | Paper previously circulated. Some key points from the paper were highlighted. Vicky introduced Hardeep Pabla, HWS part-time Engagement Worker. | |

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| | <p>HWS were shortlisted for a national award by Healthwatch England for its work with its Community Researchers volunteers and the Healthwatch Annual conference held in Manchester.</p> <p>Enter and View visits have been taking place and four reports (<i>on care homes</i>) have been published and are now on the HWS website. HWS received good feedback from the Care Quality Commission (CQC) who has used some of the information from HWS reports to inform their inspection visits.</p> <p>HWS will be undertaking Enter and View visits to Sheffield GP's over the next two to three months. These present different logistical issues to those of care homes, so we have been working with GPs to ensure that service is not disrupted. Some GPs are able to offer an additional room away from the waiting area in which to speak to people, others may be more restricted for space. GPs are selected for one or several of a number of reasons, these can include HWS being made aware of particularly good or poor practice, the community they serve may be of particular interest, the area may be of particular geographical interest, or they may be in an area we know little about and would like to know more. HWS are hoping the visits will yield interesting information and forge good relationships with GPs.</p> | |
| 5.2 | <p>Future work planning with Young Healthwatch Sheffield (YHW) has been discussed at their meeting last week. In the short-term their focus will be on mental health.</p> <p>Three YHW members have been involved in Patient Led Assessment of the Care Environment (PLACE) at the Children's Hospital and the Becton Centre. This was the first time they had been involved in the PLACE process.</p> <p>The latest Young Healthwatch newsletter (Summer) has been circulated and is also available on the HWS website.</p> <p>Pam congratulated the HWS core team on the amazing amount of activity that they undertake and the volume of work produced. Maggie also seconded Pam's comments.</p> | |
| 6.0 | WHAT THE PUBLIC ARE TELLING US | |
| 6.1 | <p>Paper previous circulated. The report shows a snapshot of HWS activity and work areas from 1st April to 22 June 2015. The report is produced on a quarterly basis and is shared with Sheffield Clinical Commissioning Group (CCG). Information is also regularly shared with the CQC as there is a duty on both HWS and the CQC to share information on providers. The paper is an extension of the Core Team Update report and it was felt it might be useful to disseminate and</p> | |

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| | <p>share the report in order that members of the public and the board could better understand the mechanisms behind HWS's work. Maggie asked if there were any questions/comments about the content of the report.</p> | |
| 6.2 | <p>Sue asked whether HWS have information about what the CCG do with the information they receive from HWS. Maggie replied that information went to the Patient Engagement Group and the CCG Governing Body meeting which she attended. Eleni mentioned that the comments shared with the CCG seemed more to do with quality. Maggie said that any quality issues were fed into the Quality Assurance Committee which she also attends. This is a confidential meeting but providers are identified.</p> | |
| 6.3 | <p>Sue added that given that most of the comments in the report relate to primary care was a report also sent to NHS England. Vicky replied that this did not happen but that she attended the Regional Quality Surveillance Group (South Yorkshire & Bassetlaw), so information would be fed back to NHS England through this meeting.</p> | |
| 6.4 | <p>Tony asked whether NHS England monitored the performance of the CCG. Maggie replied that NHS England was responsible for commissioning GP practices but did not think they had developed beyond high level monitoring processes. She added that discussions had taken place with the CCGs across the country to aid this process and potentially to move to joint commissioning.</p> | |
| 6.5 | <p>Pam mentioned that the guidelines of NHS England and Public Health England did not refer to each other or Healthwatch. Maggie added that this issue had been raised at the Healthwatch National conference and the Healthwatch England Committee meeting in May, which had been held in Sheffield.</p> <p>Maggie added that the Healthwatch England Chair had agreed to hold 8 regional meetings for local chairs each year and that NHS England had changed the Acute Trust contract from April 2016 that would required them to inform their staff about Healthwatch.</p> | |
| 7.0 | REVIEW OF OUTPUTS | |
| | <p>Paper circulated. This paper is the quarterly monitoring report now submitted by HWS to Sheffield City Council commissioners. It covers the 8 objectives which HWS need to deliver. Maggie added that the monitoring system had been much improved. The previous format had been unwieldy. HWS had negotiated with the commissioners to make the monitoring more relevant to HWS's objectives and were pleased that they had responded positively.</p> | |

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| 7.1 | Pam mentioned that on page 25 of the monitoring report under the <i>Case Study – Finding Information</i> - it mentioned that Sheffield Teaching Hospital’s (STH) website had out of date or missing information. She added that she had also noticed that information was sometimes a year out of date. All agreed that this was wholly unacceptable. Vicky said that she would find out who the right person was at STH to discuss updating the website. | Vicky, HWS Team |
| 8.00 | ANY OTHER BUSINESS | |
| 8.1 | <u>Devices for Dignity</u> Helen attended the event in June, which looks at how IT and other technologies can be used to develop innovative products to help improve the quality of life of people with long-term conditions. Helen said that the organisation was looking for more people with interest or experience to become involved and that if anyone was interested to leave their contact details with her. | |
| 9.00 | QUESTIONS FROM THE PUBLIC | |
| 9.1 | A member of the public asked whether HWS costs Sheffield any money. Maggie replied that HWS funding came from the Department of Health, which was given to the local authority to commission HWS. | |
| 9.2 | A member of the public mentioned that they had read in a National Union of Teachers (NUT) publication about the effect of the current education system on the mental health of young people. Maggie mentioned that this was something Young Healthwatch had discussed at their meetings and that children and young people’s mental health had also been raised at the Health & Wellbeing Board Engagement event in November 2014. There was concern that priority was been given to academic achievement to the detriment of pastoral care in the education system. There are currently some holistic pilot studies running to test whether a new model around education and wider considerations including mental wellbeing with the intention of making this a city-wide approach. | |
| 9.3 | Natalie, from PACES Campus Community Centre mentioned that they were starting a new development programme from September 2015 – called “Different Strokes”. She wondered whether it would be helpful to look at how HWS could help reach out to more groups like ‘Different Strokes’. Maggie added that HWS have formal relationships with the major providers in the city and with other voluntary/community organisations in their virtual advisory network (VAN). Sue welcomed the comments and said that it would be good to look at ways in which | Natalie, Carrie, HWS Team |

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| | key organisations could proactively feed HWS information and vice versa. Vicky suggested that Natalie might want to discuss this further with Carrie McKenzie, HWS Engagement Coordinator. | |
| 10.0 | CLOSE OF MEETING/DATE OF NEXT MEETING | |
| 10.1 | Maggie thanked everyone for attending the meeting and announced that the formal part of the meeting was now closed. The second section of the meeting would be the HWS Annual Report 2014/5 presentation, which would include presentations from partners Sheffield CAB and VoiceAbility, (NHS Complaints Advocacy Service). | |
| 10.2 | The next meeting will be held on Tuesday 17 November 2015, 9.30 am – 11.00 am, (Discussion Forum 11.30 am – 1.00 pm TBC), Conference Room 1, The Circle, 33 Rockingham Lane, S1 4FW. Minutes checked and signed by Chair, Maggie Campbell  | |

**ACTIONS FROM HEALTHWATCH SHEFFIELD ADVISORY BOARD MEETING
27 JULY 2015**

| ITEM | ACTIONS | WHO | BY WHEN |
|-------------|--|--------------------------------------|---------------------------|
| 2.4 | <u>4.2 Chair's Report – General Election Purdah</u> Send letter to new MP's via parliamentary offices and local councillors | Chair | Before next board meeting |
| 2.6 | <u>6.0 Children & Young People's Question Time (Question 5 – Occupational Therapy)</u> Long waiting list/time for occupational therapy. Chase up further information from John Reid, Dir Nursing & Operations, Sheffield Children's NHS Foundation Trust. | Vicky, HWS Team | See attached response |
| 7.1 | <u>Review of Outputs (report)</u> Sheffield Teaching Hospital's website – out of date/missing information. Contact STH to discuss updating website information | Vicky, HWS Team | |
| 9.3 | <u>Questions from the public</u> PACES new development "Different Strokes" (starting in Sept) – it was suggested PACES discuss how information on the project could be shared with HWS and vice versa. Vicky to mention to Carrie McKenzie, Engagement Coordinator. | Carrie, Vicky, Natalie Yarrow, PACES | |

Item 2.6, 27 July 2015 meeting

(6.0 Children & Young People's Question Time (Question 5 – Occupational Therapy))

QUESTION ABOUT: - Question on Occupational Therapy waiting list from Children & Young People's Question Time – 24 March 2015 Advisory Board meeting

RESPONSE: from John Reid, Director of Nursing & Clinical Operations, Sheffield Children's NHS Trust

I can confirm that we do have a problem with waiting time for occupational health appointments but it is variable according to the speciality you are waiting to see. Urgent referrals are seen in 2 weeks but non urgent referrals can wait up to a year. Community OT waits are not one of the priority waiting times set by the NHS and so this may be why the commissioners were less knowledgeable about the problem. The need for additional community therapy resources is raised on an annual basis across a number of disciplines but are constrained by tight budgetary settlements. Most recently we have agreed an increase in funding for Speech and Language Therapists with commissioners.

We have had a 76% increase in referrals to OT in the last 5 years and 29% was in the last year. Many of the recent referrals have complex problems uncorrected for many years that are compounded by the need to have an interpreter present; this reduces the number of patients that can be seen per session. The drive for LEA inclusion has significantly increased the referral rate to ensure that the majority of children are able to access main stream schooling. Most of our children are with us for 18 years so you can see that this change in referrals is cumulative.

We have been advertising for OTs to cover the additional work or maternity leave but largely unsuccessfully; agency or locum adverts have had a similarly poor response. To improve success we have agreed to increase the posts to full time vacancies despite only having part time funding. We hope that this and the return of staff from maternity leave will go some way to improving the situation.

I hope that the above gives you some sense of the issues associated with this.

CHAIR'S REPORT - NOVEMBER 2015

UPDATES

Since my report to the July 2015 Advisory Board Meeting:

- Healthwatch staff and volunteers continue to be very busy trying to cover all the bases with so much review and change going on in the city. We are currently targeting our recruitment of new volunteers at those who are experts by experience and we are also recruiting to the Advisory Board to add knowledge, skills and capacity.
- The project to extend services in primary care (financed by the successful bid to the Prime Minister's Challenge Fund) has moved ahead and GPs in the city can now book their patients into extra appointments, available in four community venues, when practice appointments are full or when patients would benefit from an extra planned review outside normal hours.
- I have had an introductory meeting with Maddy Ruff – the new Accountable Officer at the Clinical Commissioning Group. We had a wide ranging discussion including a very positive interchange about the value of true Co-production and the positive benefits for all of achieving and sustaining and easy dialogue between those who depend on services and those who are responsible for ensuring that the rights services are available.

STREAMLINING AND CO-ORDINATING CITIZEN INVOLVEMENT

We have been working with others over many months to improve the co-ordination of involvement activities in the city but we are aware that despite the efforts of many there remains quite a lot of confusion about how, where and when to effectively engage as a citizen. Healthwatch Sheffield has been developing a framework document to define and describe different levels of involvement and best practice and we will shortly be consulting on this. We will also be hosting an event in January inviting organisation to join us to take stock of the current state of play and to reflect on how best we use our collectively resources – especially the resources of citizens in Sheffield – to understand experience, inform decisions and service review, change or development.

THE CHALLENGES FOR HEALTH AND WELLBEING IN SHEFFIELD

Getting the above right is brought strongly into focus by the publication of this year's Director of Public Health Report <https://www.sheffield.gov.uk/caresupport/health/director-of-public-health-report.html>, which reminds us that while our 'average' health and life expectancy continues to improve slowly at the same rate as the rest of England:

- We are not closing the gap between Sheffield and the English 'average'
- There are groups of people in our city who continue to experience much poorer health and shorter lives than those who also live in our city only minutes away. We hear a great deal about demands on health services – but not all people take advantage of basic but important services that are available and so come to

treatment late so that they either die prematurely or continue to live but experience ongoing very poor health. We really need to understand why this is and to make the changes that will rebalance access to, and use of, core services.

HEALTHWATCH ENGLAND

I attended the launch of Healthwatch England's Annual Report "People as Partners (for better care)" <http://www.healthwatch.co.uk/resource/our-annual-report-201415>, which took place at a Parliamentary Reception hosted by the Dr Sarah Wollaston MP. It was clear from her introduction and from the speech given by the minister Ben Gummer MP that Healthwatch as a whole is now highly regarded and we were all commended for the progress made in such a short time. A recent national survey revealed that 24 % of those asked new of Healthwatch and this is regarded as very positive for such a young organisation. Much of this awareness is being attributed to work of local Healthwatch groups. It was disappointing that none of the Sheffield MPs managed to attend on the day and so I have written to them all to try to arrange a local catch-up.

HOW OTHERS SEE US

We have just undergone a 360° review based on Healthwatch England's draft quality statements. The information gathered about us here in Sheffield is being assessed by Healthwatch Doncaster who will provide us with a report on how we are seen to be doing and where we can focus to continue to do better.

If you have ideas about how we could do things better or if you want to get involved we would love to hear from you!

*Maggie Campbell
Independent Chair
Healthwatch Sheffield*

HWS CORE TEAM UPDATE (INCL. YOUNG HEALTHWATCH)

Background

The Healthwatch Core team is responsible for the delivery of the Healthwatch strategy and day to day management of the programme. This information is in addition to the quarterly monitoring and captures activity that has taken place from 1st October 2015

RAISING AWARENESS AND ENGAGEMENT

- We held an event in October 2015 in partnership with Sheffield Teaching Hospital, to look at the Perfect Patient Pathway for people with more than one long term health and/or mental health condition. The event focused on how people manage their conditions at the moment, and then moved on to thinking about how technologies could help improve the management of their conditions in the future. Fourteen people came along and shared their views. This information will be used in a funding bid for to NHS England to run a test project and if successful we hope that Healthwatch across the sub-region will be involved.
- Joint Healthwatch and Health & Wellbeing Board Engagement event - 'Spotlight' on Adult Social Care – 90 people came along to the event on the 29th October at the Town Hall.

IMPROVING & INFLUENCING SERVICES

- We continue to work with partners to ensure that citizens of Sheffield have opportunities to improve and influence services. Carrie and Vicky and a team of Young Healthwatcher's spent 9 hours in A & E on a Friday evening in Sept 2015, gathering people's experiences of A and E.
- We are leading on User/Carer Voice as part of the Crisis Care concordat -
- We continue to report to the Quality Surveillance Group. This report listed the number and type of enquiries we had for each of the local NHS/Care providers in the past 2 months.
- Continued attendance at the sub regional Dental Professional Network on behalf of the sub regional Healthwatch.

RESEARCH/REPORTS

- We are working on a number of reports (we are awaiting provider feedback before we can publish)
 - Adult Social Care – feedback from service user event
 - Equality Hub Health event
 - A & E report
 - Health & Wellbeing Board – Spotlight on Adult Social Care – report and recommendations

INVOLVEMENT FRAMEWORK

We are still working on the Involvement Framework. A draft copy will be sent out to consultation at the beginning of December 2015. A copy will be shared with the Board in advance of this.

360 FEEDBACK

We are in the process of evaluating our work here at Healthwatch Sheffield. We're taking part in a national pilot with Leeds Beckett University, to conduct a 360 Degree feedback exercise.

250 stakeholders across the city were asked to complete the survey. Seventy stakeholders responded, resulting in a return rate of 28%. Our results will be peer-reviewed by Healthwatch Doncaster, who is also taking part in the pilot. This will give us a true picture of how we are doing and where we can improve our partnership working. We will publish our results in the next newsletter.

ENTER & VIEW UPDATE

We ran a training session for Enter and View volunteers over the half term – we have an additional nine trained representatives – 5 of these are Young Healthwatcher's

Two Enter and View reports have been published this quarter – Cairn Care home and Pitsmoor GP Practice. Copies are available on our website. We are now visiting GP practices and Dental surgeries. Watch this space for new Enter and View reports.

REVIEW OF CITIZEN REPRESENTATION ON PARTNERSHIP BOARDS

We carried out a review of citizen representation on Sheffield Partnership Boards and shared this with the Health and Wellbeing Board. Copies are available on request.

Examples of the impact Healthwatch Representatives are making: Update from Healthwatch is now an agenda item on the Mental Health Partnership Board.

UPDATE ON PRIORITY WORK AREAS

- **Domiciliary care** – Community Researchers are devising a survey
- **Access to GPs for excluded groups of people** – We are carrying out Enter and View visits to GP practices to ask specific questions around access
- **Mental health** - This piece of work is going from strength to strength. Three surveys have been developed for service users, professionals and GPs. To date we've had more than 100 service user responses, 294 professional surveys and 11 GP responses. We have extended the deadline for GP's to 20th November and the CCG are sending out a reminder.

UPDATE ON YOUNG HEALTHWATCH

Background

Healthwatch Sheffield is working closely with ChilyPEP to run the Young Healthwatch programme of activity.

YOUNG HEALTHWATCH GROUP MEETINGS

Young Healthwatch meetings are taken place on a fortnightly basis to ensure continuity and keep young people engagement. Things that have happened at these meetings include:

- Training around creative consultation and toolkits
- Designing posters and publicity materials for schools
- Planning for a mental health conference

RAISING AWARENESS AND ENGAGEMENT

Young Healthwatch attended the volunteer and fresher fairs at both universities and Sheffield College.

MARKETING & COMMUNICATIONS FOR YOUNG HEALTHWATCH

We have set up a Young Healthwatch Facebook page and encourage Young People to post activities on there. We are reviewing how Young Healthwatch works to make it more inclusive and increase membership.

WIDER ENGAGEMENT

We are starting to visit key children and young people's organisations across the City to promote the work of Young Healthwatch and encourage people to link in and get more involved.

VIEWS FROM YOUNG PEOPLE

Young Healthwatch continues to engage with children and young people: they are undertaking a series of focus groups with seldom heard groups of young people in the City. The first focus group will take place on the 10th November at Roundabout – watch this space for more news.

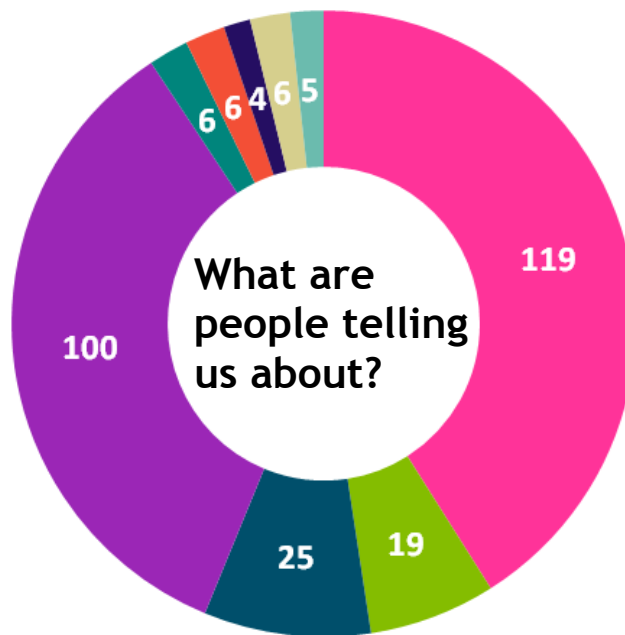
REVIEW OF OUTPUTS

Healthwatch monitoring July to Sept 2015 facts and figures - See paper below

July to September 2015 - Facts and Figures

Total number of people spoken to: 981
 Total number of experiences collected: 292

- Hospitals
- Mental Health
- Dental
- GPs
- Care Homes
- Care at Home
- Social Care
- Pharmacies
- Other



“I booked an appointment for 11.30. I wasn’t seen until 1, by which time I’d been sick in reception.”

“Our fantastic carer is really, really nice.”

We have;

- Shared information about 19 services in Sheffield with the Care Quality Commission
- Taken part in 33 community events
- Held six discussion forums and focus groups. These looked at; dignity, issues for the BME community, adult social care, urgent care, the future of health and social care, and primary care practice participation groups
- Held 7 Young Healthwatch meetings

“Excellent meeting today - I admire the friendliness of the team. As a fairly able 69 yr old I feel there could be a glimmer of light left on in the tunnel if needed. Well done.”

First time attendee at a Healthwatch event, August 2015

July to September 2015 - How have we changed things?



Nationally

We escalated the issue of finding out what people's oral health needs were if they had a learning disability to Healthwatch England. They met with Public Health England. Public Health England have agreed to do a separate piece of work as part of their Adult Dental Health Survey to capture the specific needs of this group of people.



Locally

We worked with three trusts to provide patient assessors to look at areas in which care was delivered. We fed back to one trust that patient assessors need to be better supported when visiting challenging environments. These changes have been made, ensuring that patients are properly supported to make recommendations.



Individual Providers of Services

We visited three GP practices using our power to 'Enter and View'. The CQC visited a care home we had previously visited and used our findings to inform their visit. We passed on information about a care provider which was a factor in prompting the CQC to visit the service.



Individually

We spoke to someone who thought that funding for their care was due to end that week. We clarified with the CCG that funding was continuing, and helped the person to access emergency advocacy support. This person was supported to raise their issues at the Healthier Communities Scrutiny Board and is now in direct touch with the Head of Adult Social Care to resolve any ongoing issues.