

HEALTH OVERVIEW AND SCRUTINY COMMITTEE
6 MARCH 2024

REPORT OF HEALTHWATCH LEICESTER AND
HEALTHWATCH LEICESTERSHIRE

TOGETHER: WE ARE MAKING CARE BETTER REPORT

Purpose of report

1. Healthwatch Leicester and Healthwatch Leicestershire (HWLL) is your local health and social care champion. If you use GPs and hospitals, dentists, pharmacies, care homes or other support services in your area, we want to hear about your experiences.
2. As an independent statutory body, we have the power to make sure NHS leaders and other decision-makers listen to local feedback and improve standards of care. We can also help you to find reliable and trustworthy information and advice.
3. The purpose of this report is to present HWLL activities and their impact over the last 12 months.

Recommendation

4. It is recommended that the Health Overview and Scrutiny Committee note the report and presentation.

Policy Framework and Previous Decisions

5. The County Council, following the Health and Social Care Act 2012, is required to directly commission a local Healthwatch. The local Healthwatch in turn has a set of statutory activities to undertake, such as gathering local views and making these known to providers and commissioners, monitoring and scrutinising the quality of provision of local services and a seat on the Health and Wellbeing Board.

Background

6. The purpose of HWLL is to promote improvements in local health and social care services – improving outcomes for local people in Leicester and Leicestershire. HWLL believes that the best way to do this is by designing local services around the needs and experiences of local people.
7. The presentation contains details on the statutory activities undertaken over the last year and demonstrates the impact that these activities have made on the commissioning, provision and management of local health and social care services.

Patient and Public Involvement

8. Examples of activities undertaken this year:

Living with Dementia

Local people shared their views and experiences of Dementia services in our report [‘Living with Dementia in Leicester, Leicestershire and Rutland’](#).

In the report, we have identified wide inconsistencies across Leicester, Leicestershire and Rutland (LLR) in the way diagnoses are made and what services are available and accessible for people living with dementia from the first suspicions of memory problems onwards.

We heard from more than 350 people living with Dementia, their carers and families. Thanks to people sharing their experiences we have identified wide inconsistencies in the way in which services are available and accessible for people living with dementia.

Supporting and helping those living with dementia and their carers remains a priority for LLR’s health and social care organisations which includes the Dementia Programme Board. The LLR Dementia Programme Board aims to address all the recommendations and the report findings will inform the development of the revised Dementia Strategy in 2024.

Dentistry

Change takes time. We often work behind the scenes with services to consistently raise issues and bring about change. Over the years, we have been raising the issue of access to dentistry. We have continued to work with the NHS Local Dental Committee (LDC) and provide concerns from patients. We have advocated for clear advice for patients and details of local NHS provision. We have produced up-to-date advice which has meant people who need urgent treatment know their options and have clear information.

Asylum seekers' experiences with local health and care services

Our access to health care project is to listen and explore how people have been accessing their health care and what that experience has been like for them. We have identified groups and seek to listen and outline what the specific issues are for those communities. Our focus for this engagement was to engage with asylum seekers who have been accommodated in hotels in Leicester and Leicestershire.

We aimed to listen to people’s experiences of accessing primary care services, mental health support and their awareness and access to health services. The aim of the visits was not intended to provide an in-depth analysis of the situation, but rather to gain insight from people into the pressing issues and common themes.

Key findings

Barriers to Access: The reports identify barriers that hinder asylum seekers' access to essential health and care services. These barriers include language barriers, lack of cultural competency among healthcare providers and insufficient awareness of available services.

Mental Health Challenges: Asylum seekers often face heightened mental health stress due to the uncertainties surrounding their status. The report highlights the

importance of tailored mental health support within local healthcare systems.

Recommendations for Improvement: To address the identified challenges, the reports offer a set of practical recommendations for local health and care services. These recommendations emphasise the need for language support and increased collaboration between service providers and community organisations.

[Read our reports](#)

9. Details of current work planned across Leicestershire.

LGBTQ+ Survey

We are engaging with LGBTQ+ communities in Leicester and Leicestershire to listen to their experiences of local health and care services. We are working in partnership with Trade Sexual Health to reach people to understand their views on services.

www.smartsurvey.co.uk/s/HWLGBTQ/

Supported Living

We are liaising with supported living teams to hear from recipients, caregivers and advocates for Supported Living Services.

The project aims to:

- Develop an overarching understanding of what services are in place currently across Leicester and Leicestershire.
- Understand more about how good these services are.
- Speak with service users to find out what is important to them and if their needs are being met.

What Matters Most

From February 2024, we will be consulting with the people of Leicestershire to allow them to share their views about what key themes they would like to see us focus on in the next 12 months. We will have face-to-face and online opportunities for people to engage.

www.smartsurvey.co.uk/s/HWPriorities2024

Following this, we will compile our priorities and engagement activities for 2024-25.

Local Healthwatch Funding

10. Across England, there are 152 local Healthwatch services. The Department of Health and Social Care (DHSC) fund our work. DHSC gives money to local councils so they can commission an effective local Healthwatch service.
11. To enable the Government to track what is happening to its investment, Healthwatch England (HWE) ask local Healthwatch every year how much funding they expect to receive and publish this information.

12. HWE published a report that looks at the funding for each local Healthwatch in 2022-23, how funding has changed over time and the potential impact this is having.

Key findings

13. The 152 Healthwatch services in England reported that they collectively received £25,400,000 from local authorities to carry out their statutory activities in 2022-23.
14. Although funding in cash terms was projected to increase slightly on the figures reported in 2021-22, once inflation is taken into account, overall funding has fallen by £3.7 million.
15. Seventy-five local authorities have not fully passed on the funding they received from DHSC for local Healthwatch.
16. Most local Healthwatch services have received an in-year real terms funding reduction.
17. When local Healthwatch started work in 2013, the Department of Health and Social Care allocated £40,500,000 to fund local Healthwatch services. When adjusted for inflation, the real-term funding for local Healthwatch is now only 49% of what was initially allocated.
18. Funding reductions risk impacting the ability of some local Healthwatch to carry out their statutory functions.
19. HWE have made several recommendations to the Secretary of State for Health and Social Care. These include enabling us to escalate concerns related to specific councils, updating local authorities' commissioning guidance and exploring a more sustainable funding model for the local Healthwatch network.
20. Healthwatch England have not yet produced their report for 2023-24 however the following information is available:

Healthwatch Leicester and Healthwatch Leicestershire funding (joint)

| 2022/23 funding £ | 2023/24 funding £ | Contract duration | Current year of contract |
|-------------------|-------------------|-------------------|--------------------------|
| 299,990 | 299,428 | 3 + 1 + 1 | Year 1 |

List of Appendices

- Appendix A - Together: we are making care better presentation
Appendix B - Local Healthwatch funding 2022-23 report

Officer to Contact

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Relevant Impact Assessments

Equality and Human Rights Implications

21. HWLL is aware that the Public Sector Equality Duty (PSED) applies to all functions of public authorities that are listed in Schedule 19 Equality Act 2010. Schedule 19 list does not include Healthwatch England or Local Healthwatch organisations, however as bodies carrying out a public function using public funding we are subject to the PSED general duty.
22. Voluntary Action LeicesterShire (VAL)/ HWLL is committed to reducing the inequalities of health and social care outcomes experienced in some communities. We believe also that health and social care should be based on a human rights platform. We will utilise the Equality Act 2010 when carrying out our work and in influencing change in service commissioning and delivery.

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