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**Annual Report 2019-2020**

# **Healthwatch Norfolk**

**Guided by you**

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# Message from our Chair



Reflecting on the past year would be impossible without reference to the current global pandemic. Indeed, it will change every aspect of our lives. My heart goes out to everyone affected by COVID-19 - particularly those who have lost loved ones.

The reaction of health and social care staff is as amazing as it is unsurprising; in the midst of this tragedy, there is at least one positive. The lifting of the usual processes has seen innovation and integration on an unprecedented scale, hopefully reflecting the future way of working.

## The role of Healthwatch

To be clear, Healthwatch Norfolk is the only voice representing the public across the county and covering the whole of health and social care. Please be reassured that your key messages get to both local and national leaders. We remain independent and are both critical and supportive as appropriate. We contribute to and influence the key organisations and decision making groups.

*“The only voice representing the public across the county and covering the whole of Health and Social Care.”*

## The past year

I hope you enjoy reading this annual report, which reflects an extremely successful year. I am delighted that the organisation has embraced new ways of working, particularly in communication and engagement, but also across our teams. We are embedded in local

communities enabling us to reflect your views at pace. It gives me the opportunity to thank the CEO and his staff for a job well done during a year of transition.

## Staffing

The CEO will say more, but our recent recruitment gives me great confidence in the future. My thanks also to staff who are developing careers elsewhere and for their contribution on behalf of the public.

More generally, vacancy levels across Norfolk are cause for concern in terms of maintaining and growing services. Norfolk is a great place to live and work in our public services. Retention as well as recruitment requires attention and will help build the more successful organisations.

## Innovation

We still have organisations in need of improvement. Everyone we see is working hard and progress is encouraging in many areas. Clearly there is more to do.

For us, the developing use of social media has meant rapid and accurate gathering of information from a wider cross section of the public across all age groups. The majority of us use technology every day (some more than others)! Increasing use and new ways of working is evident across the sector from GP online consultations to integrated working across the county. Long may this continue.

We are reminded that not everyone is able to use technology. We should remember disadvantaged groups, refugees and isolated people in areas battling broadband.

## Our Board

My colleagues all make an excellent contribution reflecting vast experience from across health and social care. We harness that expertise to further our core mission. Always challenging and much appreciated.

The same goes for our volunteers whose contribution is invaluable and not forgotten. It is amazing the range of skills present in the community and we must continue to harness that.

Funding remains a challenge since budget cuts of several years ago. The team have done well to attract relevant, commissioned work which helps the finances. Indeed, we were in reasonable shape before the recent pandemic. It also reflects the reputation of Healthwatch that organisations are using and paying for our services.

## Looking ahead

Health and social care still remains generally underfunded related to demand. However, on behalf of the public we must ensure that funds we have are used wisely. Change is probably the only certainty which of itself can be scary for all of us. It is essential therefore that the public are involved in the change agenda and make a contribution to both health and social care.

Structures are important but we are more interested in:

- + Service continuity and development
- + Integration of health and care when pathways of care dictate
- + Public health and health outcomes for individuals

Stay safe

**David Edwards OBE**

Chair, Healthwatch Norfolk

Our Board of Trustees hold quarterly meetings to review and discuss the work of Healthwatch Norfolk.

There are also Board sub-groups as follows:

- + Finance sub-group
- + Insight and Intelligence sub-group
- + STP (Sustainability and Transformation Partnership) sub-group

### Our Board of Trustees 2019-20

- + Chair: David Edwards
- + Vice Chair: David Trevanion
- + Trustees: Robert Ashton, Elaine Bailey, Dianne Butterfield, Willie Cruickshank, Ann Donkin, Helen Jackson, Siobhan McClelland.



*“Change is probably the only certainty which of itself can be scary for all of us. It is essential therefore that the public are involved in the change agenda and make a contribution both to Health and Social Care.”*



# Message from our CEO

Last year, I made reference to changes that were not only taking place in Norfolk and Waveney, but also regionally, nationally and internationally that were all impacting upon the delivery of health and social care services. Little did I know how prophetic my subliminal thoughts were and what a different world we find ourselves living in today.

However, before thinking about the immediate present and not too distant future, I would like to take the luxury of reflecting on the work that Healthwatch Norfolk undertook in 2019-20. We had a complete turn around of staff which gave us the opportunity to restructure and focus on how Healthwatch could make the most impact with its limited resources.

We established a team of Community Development Officers who have managed to attend 177 engagement events over the course of the year - anything from the Royal Norfolk Show, Norwich Pride, to Knit and Natter groups in Great Yarmouth. The length and breadth of Norfolk has been visited resulting in far greater insight and intelligence which is now helping shape health and care services as we move forward with the Integrated Care System.

In addition, we have undertaken 19 discreet pieces of work ranging from looking at how diabetes services are managed in the prison system to undertaking an extensive consultation exercise with Fairstead residents who were opposed to the possible closure of a local GP Surgery.

*“The length and breadth of Norfolk has been visited resulting in far greater insight and intelligence which is now helping shape health and care services as we move forward with the Integrated Care System”*

We reported back to NHS England on Norfolk resident's views of the Long Term Plan and we have provided patient and carer insight to the CQC and Oversight Assurance Boards that have been established to monitor the Trusts that have been placed in Special Measures.

To make sure that your voice is heard we work with and routinely share insight with service providers and decision makers, including:

- + Care Quality Commission (CQC)
- + Regional Quality Surveillance Group
- + Healthwatch England
- + NHS England
- + Norfolk and Waveney Clinical Commissioning Group (CCG)
- + Norfolk and Waveney Health and Care Partnership
- + Norfolk County Council

Much of the work that we undertake could not happen without the support that we receive from our Board who take a forensic approach in understanding and advising alternative approaches to the work that we do.



Our stalwart volunteers also make an amazing tool in our arsenal and have been stoic in helping us to look at countless documents and letters that are sent out to patients and carers on a daily basis. Substantial changes have resulted due to their diligence.

As to the next year, we find ourselves in the midst of a global pandemic which has resulted in rapid changes having to be made in the way which we all receive services. The health and social care system should be commended for the way in which they have had to embrace change.


Much of our work over the forthcoming year will be centred on looking at service change and ensuring that the patient and carer voice remains at the centre of any decisions that are taken. As we are currently not able to

meet face to face, we are making use of social media, surveys online etc. so I would urge people to look regularly at our website.

We will continue to keep residents updated through our website, board papers and newsletters and fundamentally will still rely on you, as members of the public to keep us informed as to your experiences and concerns in relation to service provision that we all rely on.

In these uncertain times, I wish you all well and hope you stay safe.

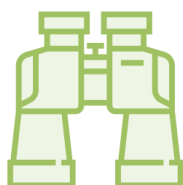
**Alex Stewart**  
CEO, Healthwatch Norfolk

 *“We will still rely on you, as members of the public to keep us informed as to your experiences and concerns in relation to service provision that we all rely on.”*



# About us

Healthwatch Norfolk gather people's views of health and social care services in the county and make sure they are heard by the people in charge.



## Our vision is simple

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.



## How we find out what matters to you



People are at the heart of everything we do. Our staff and volunteers identify what matters most to people by:

- + Visiting services to see how they work
- + Running surveys and focus groups
- + Going out in the community and working with other organisations



## Find out more about us and the work we do

W: [www.healthwatchnorfolk.co.uk](http://www.healthwatchnorfolk.co.uk)



@HWNorfolk

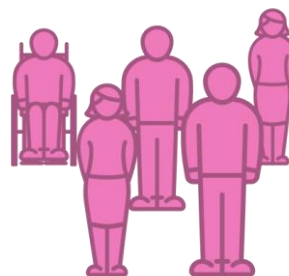


[facebook.com/healthwatch.norfolk](https://facebook.com/healthwatch.norfolk)



# Highlights of our year

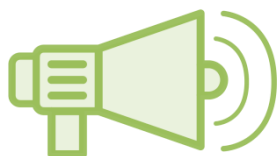
Find out about  
the way we  
have engaged  
and supported  
people in  
2019-2020



We have visited over **170** services and events across Norfolk to understand people's experiences of health and social care.

We have received over **2,200** reviews and over **2,700** survey responses about health and social care in Norfolk.

Nearly **230** people have contacted us for information and advice.



Over **34,600** people visited our website, we reached nearly **219,000** people on Twitter, and over **127,000** people on Facebook.

Over **1,400** people are signed up to our quarterly newsletter to stay up to date with the work we are doing.

We have **10** members of staff, **9** trustees, and **30** volunteers helping to carry out our work.



In July 2019 we held our Annual General Meeting at the Forum in Norwich with a panel of **6** leaders in health and social care answering questions from the public.

Our showcase welcomed **20** provider organisations sharing information on their services with members of the public.



Steph at a GP surgery ready to hear about health and social care experiences



Judith and Siobhan at deaf awareness training



Helen meeting a wellbeing donkey at South Norfolk on Show



Naomi and Imelda Redmond, National Director of Healthwatch England, at Cromer Library



Alex with Clive Lewis MP at a Healthwatch England Parliamentary Reception.



David asking a question at the Healthwatch England Conference



# How we've listened to you



## The last year has seen a dramatic change in the way we engage with the public in Norfolk.

In May 2019, we increased our engagement capacity by recruiting four new Community Development Officers (CDOs), who each work in a specific geographical patch of Norfolk. The CDOs, alongside our Head of Communications and Engagement, are responsible for collecting the patient feedback that is central to our core role as a Healthwatch organisation.

Since starting, all CDOs have worked regularly with service providers, VCSE organisations and have established connections at patient participation groups and Local Delivery Group meetings. With a vast array of issues facing people in Norfolk, we have thought strategically about where and how our engagement team can make the biggest difference. By considering local and national plans and reviewing our existing patient intelligence, we have identified and engaged around some key areas including, cancer, mental health, urgent care, young people, and deprived communities.

However, we continue to regularly attend general events outside of our strategic priority areas, to ensure that people have an opportunity to talk to us about whatever is most important to them.



### Norwich: James

Norwich's busy events have afforded us opportunities to attend some

important events, including Norwich Pride, the Royal Norfolk Show and Disability Pride, where we were able to introduce new audiences to our work and collect valuable feedback from hard-to-reach groups.

I have been particularly proud of our progress in engaging young people by working with partners such as OPEN Youth Trust, Caring Together and the University of East Anglia, where we recruited our first student volunteers. We have also established new links with some of the city's key providers, including Norwich Community Hospital, Oak Street Medical Practice and iCASH.

This year I have shared attendance at Norwich's Local Delivery Group with our Trustee, Mary, and have been impressed by the collaborative approach between providers, particularly with social prescribing, hospital admission avoidance and primary and community care. This said, there is certainly space for patient engagement to be brought more in to focus, and I hope to work with cross-sector partners to achieve this.



### West Norfolk: Helen

I joined the team in May 2019.

In May we launched a consultation on primary care services for the Fairstead Estate in King's Lynn. I held pop up events on the estate and visited local GP Practices, schools, and local libraries to listen to and help people complete the survey. Over this year I have established a monthly visit to The Queen Elizabeth Hospital, working with the patient experience team there. I attend outpatient departments listening and gathering feedback from patients and staff. This feedback is collated into a monthly report and shared with the patient experience lead.

I have also visited Foodbanks, libraries, dementia cafes, stroke support groups, the King's Lynn Breathe Easy group and the West Norfolk Deaf Association. I have also attended support groups at the West Norfolk Big C and the King's Lynn Breast Cancer Support Group to contribute to our cancer referral and diagnosis report. In addition to this and attending local events such as Yes I Can 2 and the We Care events, I sit on the West Norfolk Local Delivery Group and attend the Clinical Commissioning Group (CCG) Community Engagement Forum.



## North Norfolk: Naomi

Over the last year we've gathered around 550 pieces of feedback from North Norfolk residents. I've visited

libraries, GP surgeries, established monthly visits to Cromer Hospital, and been to loads of amazing community groups. Some of these groups include First Focus Fakenham (providing support to people with disabilities and social needs); local Macmillan cancer support groups in Overstrand, Cromer and Sheringham; Holt dementia café; and Breathe Easy respiratory support group.

I've also worked with some great Norfolk-based charities, such as the Cromer and District Food Bank, and Norfolk Deaf Association who we joined for several of their mobile clinic visits.

I'm also pleased to be actively involved in several North Norfolk locality stakeholder groups, including the Local Delivery Group, Community Engagement Panel, Carers Network Locality Meeting, and Learning Disability Locality Meeting. These provide a great opportunity to raise issues relating to North Norfolk, as well as hear from attendees about their experiences in the area.



## South Norfolk: Rosie

I joined the team in July 2019 and, during that time, I've engaged with a number of community groups, charities and other stakeholders to help collect their experiences of health and social care and bring it back to the team in the office to look into any concerns. During this time I've visited: Dementia cafes and support groups, the Men's Shed, pharmacies, doctors surgeries, hospitals, sheltered housing support groups, community hubs, Pride, community gyms, foodbanks, community kitchens, libraries, mental health support groups, council help hubs, support groups for the deaf community and a range of other support groups.

I've created a strong relationship with the patient experience lead at NNUH and this has allowed me to set up monthly out-patient visits. This also allowed us to visit a ward where we had received a number of negative reviews from patients.

I attend the South Norfolk Locality Carers Network meeting to hear the experiences of carers. I also attend the South Norfolk Local Delivery Group and enjoy supporting the group by bringing forward the patient voice.



## East Norfolk: Kerrie

I joined Healthwatch Norfolk in May 2020. In East Norfolk I have formed a good link with the Patient Experience Lead at the James Paget Hospital and have conducted numerous visits to various outpatient departments. Community engagement has been varied; The James Paget Hospital User Group, Norfolk Rheumatoid Arthritis Society, Great Yarmouth Memory Group, Musical Keys, outreach groups for the homeless community and the James Paget Ostomy Support Group are a few of the visits I have made. Spending time at GP surgeries talking to patients has also begun to form part of the work I have carried out this year and has proved a vital link between patient voice and service provision.

There have also been many events in the calendar over the past year; Norfolk show, Carers Awareness, PRIDE, ReSpect Launch and MacMillan Cancer Awareness. These have all proved a valuable way to engage and forge links with the communities in which we work.

Another aspect of my role is working alongside service providers. Over the past year I have sat on the LDG and PCN for Great Yarmouth and Waveney as well as attending meetings for NAPB and Carers Voice.



## In 2019-2020 we have reached more people through the media and social media.

We now have over **2,720** followers on Twitter, this is a six percent increase since April 2019.

We've been testing out different styles on our social media channels to see what our audience engages with and, since April 2019, our tweets have been seen nearly **219,000** times.



Facebook posts reached **127,046** people this year. We have over **740** likes on our

Facebook page, an 11% increase since last year.

We started using Facebook advertising more often to promote our surveys to a wider range of people to make sure more people were given the opportunity to get their voice heard.

In February 2020 we joined Instagram for the first time.

We already have over **170** followers.

Our most popular post about our LGBT+ awareness training session reached nearly **600** people.



Our website has seen **34,620** sessions in the last year. Our most popular page was the Siskin Dental Access

Centre feedback page.

Eighty-eight percent of the users who visited our site this year were new users visiting the Healthwatch Norfolk website for the first time.

In the last 12 months we have appeared **39** times in local print, digital and broadcast media coverage.

Activities that prompted the most coverage included our Fairstead Surgery statutory consultation and COVID-19 engagement, receiving 17 and 9 mentions respectively, including a television appearance on ITV Anglia.

Our CEO, Alex, has also appeared consistently in print, digital and radio coverage, commenting on a huge variety of issues from digital maturity to hospital admissions for people with dementia.

This increased presence in our local media demonstrates how we are continuing to grow as a reliable and trusted source of information for media commentators and public alike.

# How we've made a difference

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## Listening to your views on the NHS Long Term Plan

Health and care leaders came together to develop a Long Term Plan to make the NHS fit for the future, and to get the most value for patients out of every pound of taxpayers' investment

We undertook a consultation and engagement exercise on behalf of Healthwatch England to gauge public opinion in relation to both the NHS Long Term Plan and the local Norfolk and Waveney priorities around the delivery of future health and social care services. The work commenced in late March 2019 and finished on 17th May 2019.



Nearly **850** people responded to our online surveys.

We held **6** focus groups where more than **100** people attended to share their ideas.

In general people felt that the direction of travel was correct both nationally and locally and there was strong support for an integration of services and bringing health and social care together as one entity to ensure they work together successfully. The report also highlighted that one of the most

essential aspects of health and social care was getting access to the services in the first instance.

Some of the key issues and concerns raised included:

- + Concerns around staffing levels in Norfolk and being able to recruit and retain health and social care staff in Norfolk.
- + Social prescribing and community groups were seen as very important and it was highlighted that these services would need to be adequately funded and supported by clinical staff as an alternative or complement to medical interventions.
- + Several respondents were reluctant for services to become too reliant on technology due to a lack of digital competence particularly in the older population.
- + The deaf community highlighted the need for services to be accessible to everyone and in particular how interpreters were essential for them to access services.

Wider influences which could impact on health and wellbeing, such as education and using schools as a medium to inform children and parents about healthy living and the impact which poverty and work lifestyles may have on how people are able to look after their own health.

Healthwatch will continue to work with partners to ensure appropriate consultation and participation is taking place and “monitor” evaluations of any system changes that are being made.



*Photo from one of our Long Term Plan events*



## Providing primary care to the patients of Fairstead surgery

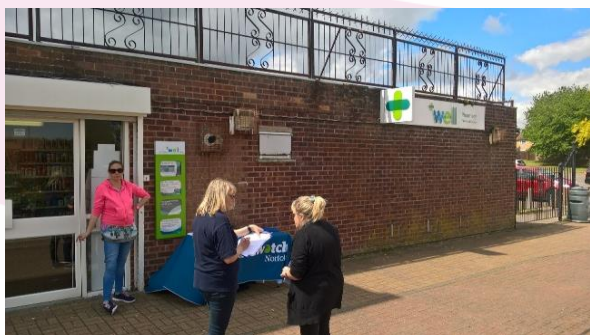
Between May 30 and August 30, we were commissioned by West Norfolk Clinical Commissioning Group (WNCCG) to run a statutory 90-day consultation around the provision of primary care services from Fairstead Surgery in King's Lynn.

The safety and suitability of the Fairstead site had long been debated between providers, commissioners and members of the community. This led to practice operator, Vida Healthcare, proposing closure of the practice and expansion of nearby GP sites.

Fairstead Surgery has around 4000 registered patients and is situated at the heart of the Fairstead estate. It was considered that closure of the site could potentially affect a significant number of surrounding residents, leading Vida Healthcare and WNCCG to act on their duty to publicly consult on the issue.

Due to our unique position as an objective, independent third party, we were approached to oversee the consultation and were responsible for collecting residents' opinions about the proposal to inform the decision-making process.

A survey was developed, which was available digitally and in physical versions from surrounding shops, pharmacies, schools, and Vida Healthcare's King's Lynn practices, including Fairstead Surgery itself.



*Helen at a pop-up event in Fairstead*

Alongside the survey, a series of pop-up events and monthly public meetings chaired by Healthwatch Norfolk were arranged. Meetings were open for anyone to attend and were intended to facilitate open dialogue between professional stakeholders and members of the community that could be affected by the proposed plans. The panel at each public meeting consisted of representatives from Vida Healthcare, WNCCG, NHS England and Healthwatch Norfolk. Group discussions were also facilitated by us for more in-depth conversation around the proposal.

A diverse range of interested parties contributed to public meetings, including: residents, patients, members of the prospective Patient Participation Group (PPG), carers groups, Councillors, local clergy, and Queen Elizabeth Hospital staff.

Feedback from the consultation process, including 336 completed survey responses, was analysed by us, before a final report detailing our findings was submitted to WNCCG.

In response to our report, Melanie Craig, Chief Officer of Norfolk and Waveney CCG, said:

*“Vida Healthcare has listened very carefully to what local people have told them, and as a result of this, and at their request we are supporting them to consider further options. A recommendation not to accept the preferred option will be taken to West Norfolk CCG’s Primary Care Commissioning Committee meeting later this month. Fairstead branch surgery will remain open as we explore these options.”*

Although further plans around the delivery of primary care services in Fairstead have been paused due to the impact of COVID-19, our delivery of the consultation proved our unique capacity to galvanise both professional and community interest groups, and has laid the foundation for future constructive discussions to take place between professionals, patients and the wider Fairstead community.

## Hearing from patients and staff at The Queen Elizabeth Hospital

In the summer of 2019, we delivered a programme of engagement involving both inpatients and staff members at the Queen Elizabeth Hospital NHS Trust (QEH), to identify measures for improvement before the Trust's upcoming Care Quality Commission (CQC) inspection.

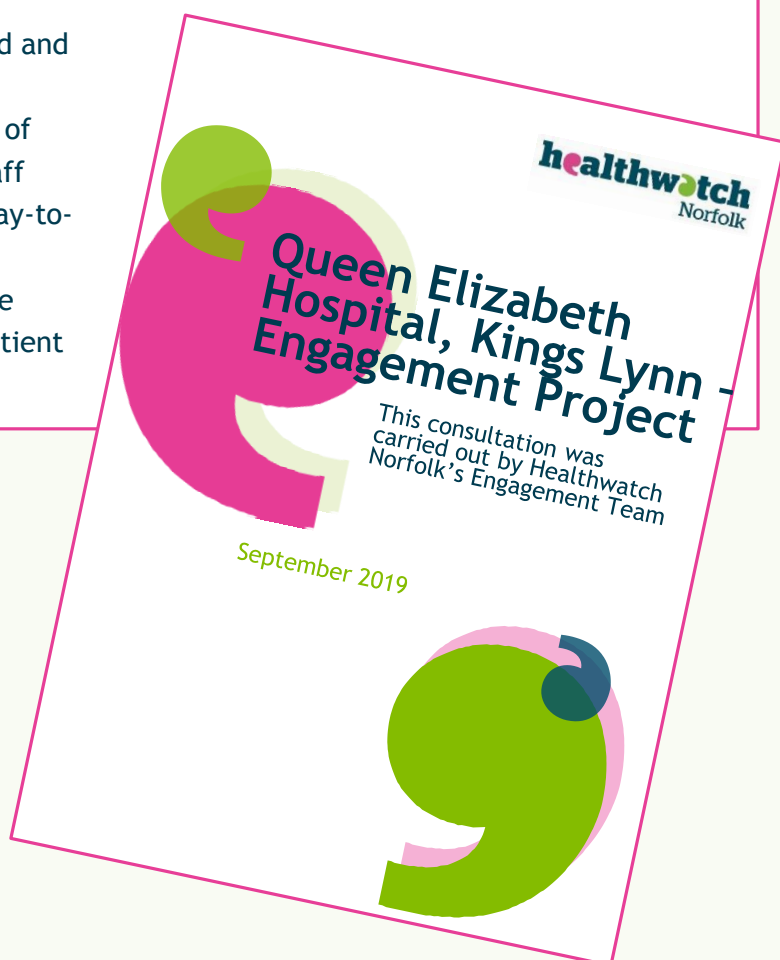
We were commissioned by the hospital to visit three specific departments of interest and speak to inpatients and family members about a range of topics, including staff communication, patient management on the ward and expectation compared to experience.

It was also agreed that two focus groups would be arranged on both Stanhoe Ward and the Emergency Department for staff to comment on working life. The objective of the groups were to find out how well staff felt their wards were functioning on a day-to-day basis, whilst simultaneously understanding whether anything could be improved to ultimately enable better patient care.

Patients and family members shared varied experiences about their time on the wards, speaking to our engagement team about treatment and interactions with staff, ward environment, and how involvement in care planning.

Interestingly, many patient concerns were acknowledged and even shared by hospital staff. By speaking with professionals in the hospital we were able to pinpoint where patient and staff concerns converged, revealing clinical barriers to delivering care that often directly linked to comments made by patients.

The subsequent report was completed in September 2019 and has since been used by Trust management to inform internal improvement measures, as well as being used as evidence at Norfolk's Health Overview and Scrutiny Committee.

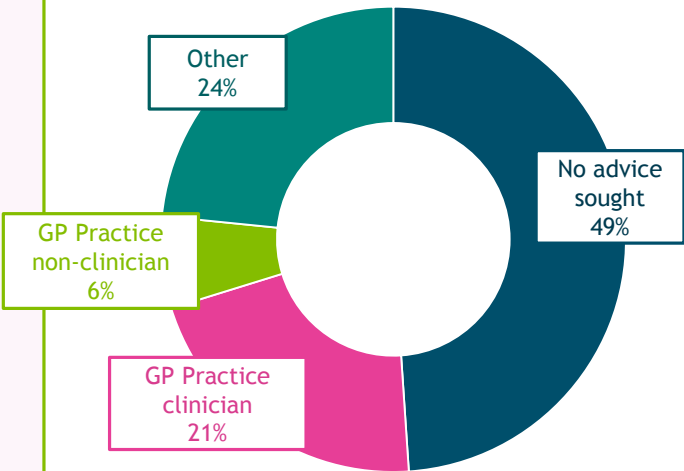


# Why patients choose to visit the Emergency Department at James Paget University Hospital

Staff at the James Paget University Hospital (JPUH) approached us to find out more about patients’ usage of the emergency department (ED).

During August and September 2019, we visited the ED on five separate occasions. These visits were used to speak to patients about their reasons for attending and the advice they had sought prior to this. Staff at the JPUH also wanted to find out how patients were being signposted when seeking medical advice. A survey was created and 140 patient responses were completed.

Just over half of the patients questioned had sought advice from places such as their GP or NHS 111 before attending the ED, most patients visited on the day they needed treatment and most chose the hospital because it was closest to them.



“Before attending the ED Walk-in service, what other clinical advice did you access for the same condition?”

Some patients acknowledged that they were aware their illness or injury was not appropriate for attending an ED, however they were unable to get an appointment elsewhere, so were advised to come. A third of patients told us they would have attended their GP had an appointment been available.

Several patients that were interviewed were holiday makers, some of these told us that they were signposted to the ED by staff at their holiday accommodation. This demonstrates that holiday makers need to be signposted appropriately to other services such as registering as a temporary resident with a GP or using a pharmacy.

Nearly half of the people we spoke to said they would access an alternative service, such as a walk-in centre or minor injuries unit. Many patients felt confident that as part of their diagnosis and treatment an x-ray would be required, which is why they presented directly to the ED rather than seek GP advice.

The report was shared with JPUH staff and local commissioners who told us that our findings contributed to:

- + Increased appointments within primary care through Improved Access and Extended Access with practices offering additional appointments during evenings and weekends.
- + Primary Care Streaming to on site Out of Hours Primary Care at JPUH during evenings and weekends - including paediatrics. This includes education for patients on why they have been streamed to primary care rather than being seen in ED.
- + High Intensity Users service provided through East Coast Community Healthcare - supporting those patients with the highest ED attendances.
- + Continued promotion of the NHS111 service where we continue to see increased activity, and the provision of the Clinical Assessment Service through NHS111 to offer advice and ensure patients are directed to the correct service
- + NHS England (as lead commissioner for dental services) commissioning additional out of hours dental sessions within Great Yarmouth and Waveney.



## Feedback from the Deaf community on changes to interpreter services

We were first alerted to problems with GP and dentistry British Sign Language (BSL) interpretation services at our NHS Long Term Plan focus groups back in April 2019.

At the event participants raised concerns around lack of interpreter availability, cancellation of appointments, poor standard of interpretation, and difficulty communicating with interpreters.



*Photo from our Long Term Plan focus group with the deaf community*

Shortly after we received these initial comments, we received further feedback at an event in Norwich which correlated with themes expressed by focus groups participants.

This alarming pattern of feedback prompted our engagement team to investigate the issue, discovering that on 1st April 2019 interpretation and translation company, DA Languages secured the contract for GP and dentistry BSL interpreting services across the East Anglia, commissioned by NHSE East of England.

Subsequently, this information was presented at our Insight and Intelligence sub-

committee, where our board recommended further engagement was undertaken to understand the scale of issues faced by Norfolk's BSL-using population.

Following a further focus group held at West Norfolk Deaf Association, we had a significant body of evidence at our disposal, which informed a report that was presented by our CEO at the East of England Quality Surveillance Group (QSG). The feedback in our report prompted the QSG to escalate the issue, where quality improvement measures were agreed between NHS England and DA Languages, so that patients receive a timely and reliable service they are entitled to.



*“My support worker called my doctor to ask for an interpreter, but no one was there. Having waited ten minutes or so, the doctor came to get me and told me to come in anyway. It was stressful to work out what he was saying. I was upset and stressed because there was no interpreter so explained I didn't want to go in”*

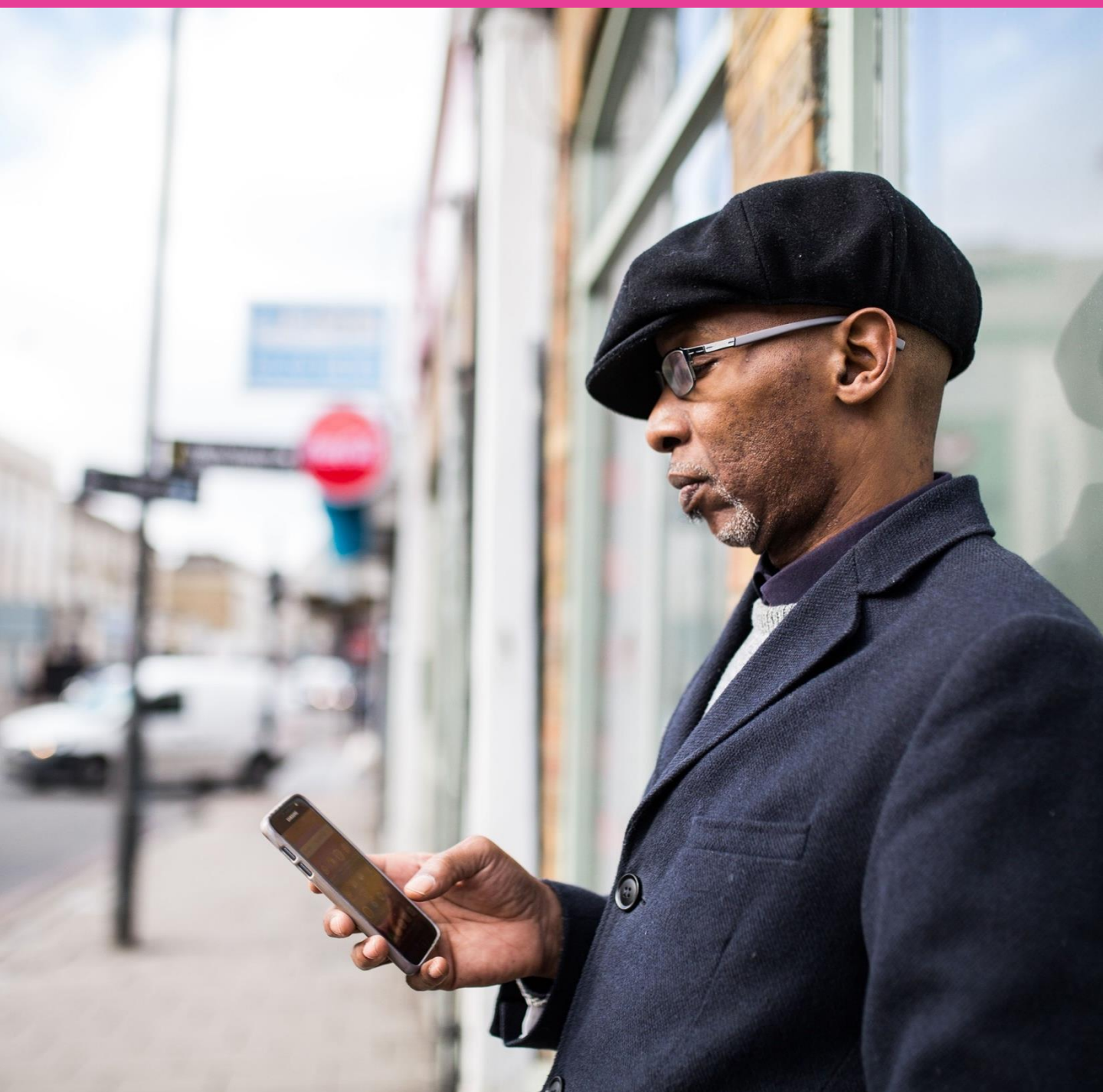
- Focus group attendee

We are aware that services for deaf and hard-of-hearing people in Norfolk are still not where they should be, but we have also been notified that dentistry and GP interpretations have improved from where they once were.

The case of BSL interpretation services in Norfolk demonstrates the influence we have to raise public concerns at the highest level, and force action where patients are experiencing difficulties.

# Helping you find the answers

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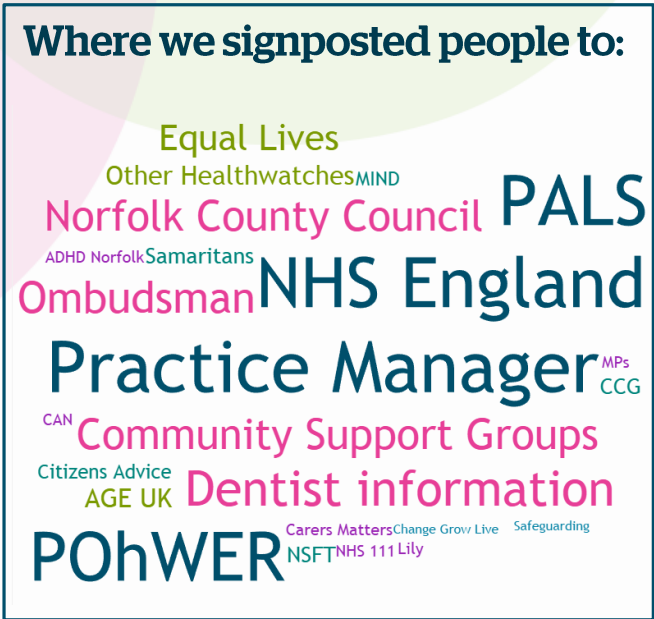
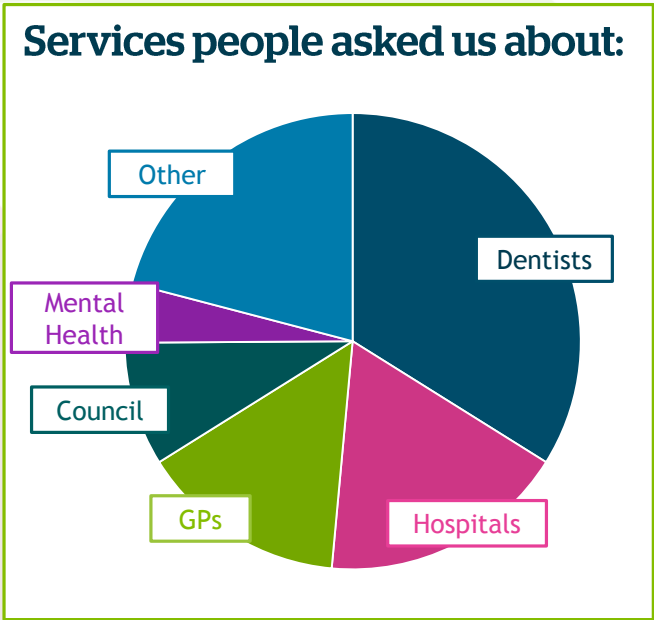


In the last year we have helped people access the information and care they needed.

Between April 2019 and March 2020, 229 members of the public have contacted us for help to access the information and care they needed. Of those, 101 people sought advice on making a complaint and 89 people requested help on accessing services.

Our information and signposting service is free, friendly, and independent. We signpost to a range of services and organisations including PALS (Patient Advice and Liaison Service), Norfolk County Council, the Parliamentary and Health Service Ombudsman and various community groups.

HWN offers a signposting role where we empower you to take more control of your own health and care. This means we can put you in touch with organisations and sources of information regarding NHS and social care services in Norfolk, and we can give you information about what to do when things go wrong and you're unsure of how to make a complaint.



Norwich City of Wellbeing Map

Healthwatch Norfolk launched our very first ‘Norwich City of Wellbeing Map’ on 10th October 2019, to coincide with World Mental Health Day. It was developed in partnership with HWN staff and trustees, as well as the 12 stakeholders who feature on the map. These Norwich-based charities, organisations and facilities are examples of places in the city centre who can lend a listening ear to people in need. You can download an online version of the map from [our website](#).

To date, nearly 5,000 maps have been distributed across Norwich, both to the stakeholders and to key places of interest such as the bus station, train station, and County Hall. We are currently in the process of evaluating the map and exploring the possibility of creating maps for different areas within Norfolk.





# Our Volunteers



## We have 30 volunteers (including Trustees) who are spread across the whole of Norfolk.

We hold volunteer days each quarter to keep them informed about our work and give them the opportunity to share information. Volunteers are also invited to attend various training sessions on Enter and View visits and Safeguarding Adults.

Many of our volunteers attend Health and Social Care meetings and forums across the county. This is just a selection of where they represent Healthwatch:

- + Patient Participation Group Forum
- + STP Clinical & Care Group
- + CCG Local Delivery Groups
- + End of Life/Palliative Care Groups
- + Norfolk Older People's Partnership
- + NCH&C Equality & Diversity Group
- + Maternity Services Liaison Committees
- + Therapeutics Advisory Group (TAG)
- + IC24/111 Work stream
- + Cancer Programme Board
- + Primary Care & Community Work stream
- + Mental Health Work stream
- + Community Engagement Panels

A number of volunteers have undertaken Enter and View training over the past year which has enabled them to assist with a programme of visits to care homes across Norfolk. You can view our Enter and View reports on our website.

Other activities undertaken by our volunteers:

- + PLACE assessments
- + Providing comments on the Health Trusts' Quality Accounts
- + Enter and View Visits to care homes
- + "Reading Review Panel" for health leaflets and brochures prior to publishing by local Health Trusts



*Some of our volunteers at a training session*

### Student Ambassador: Ramish



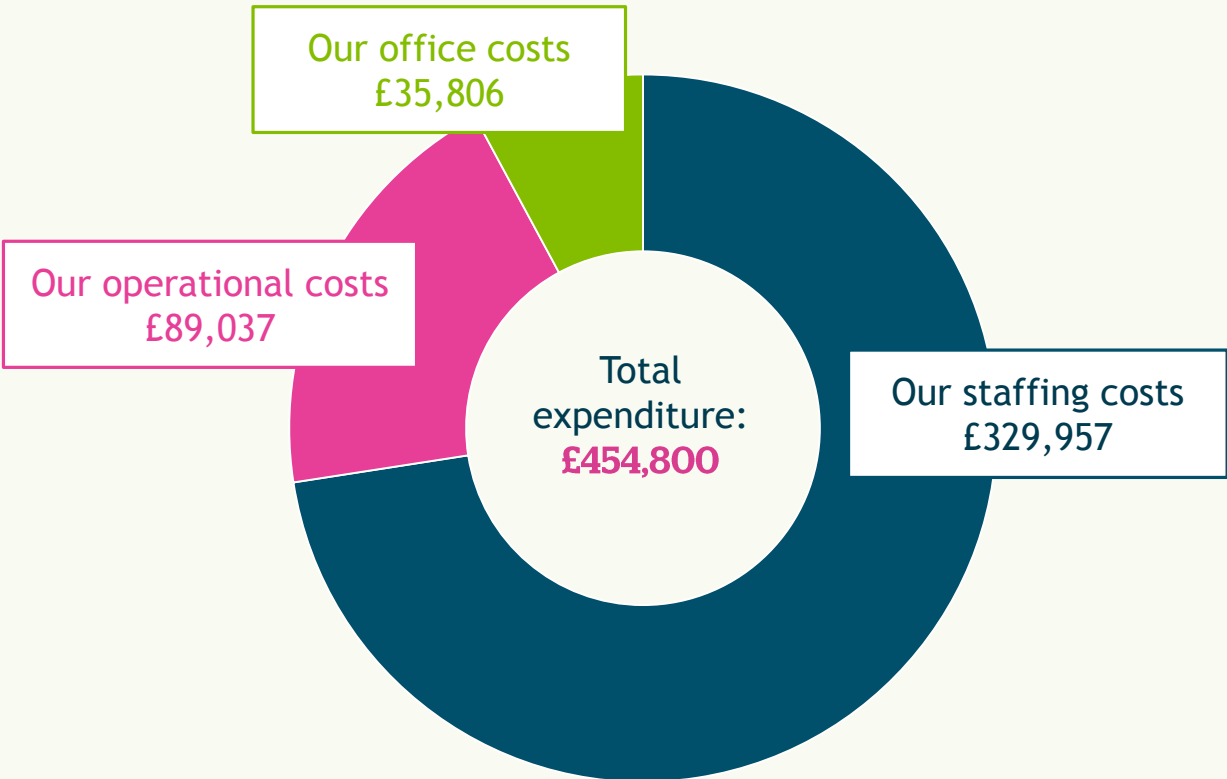
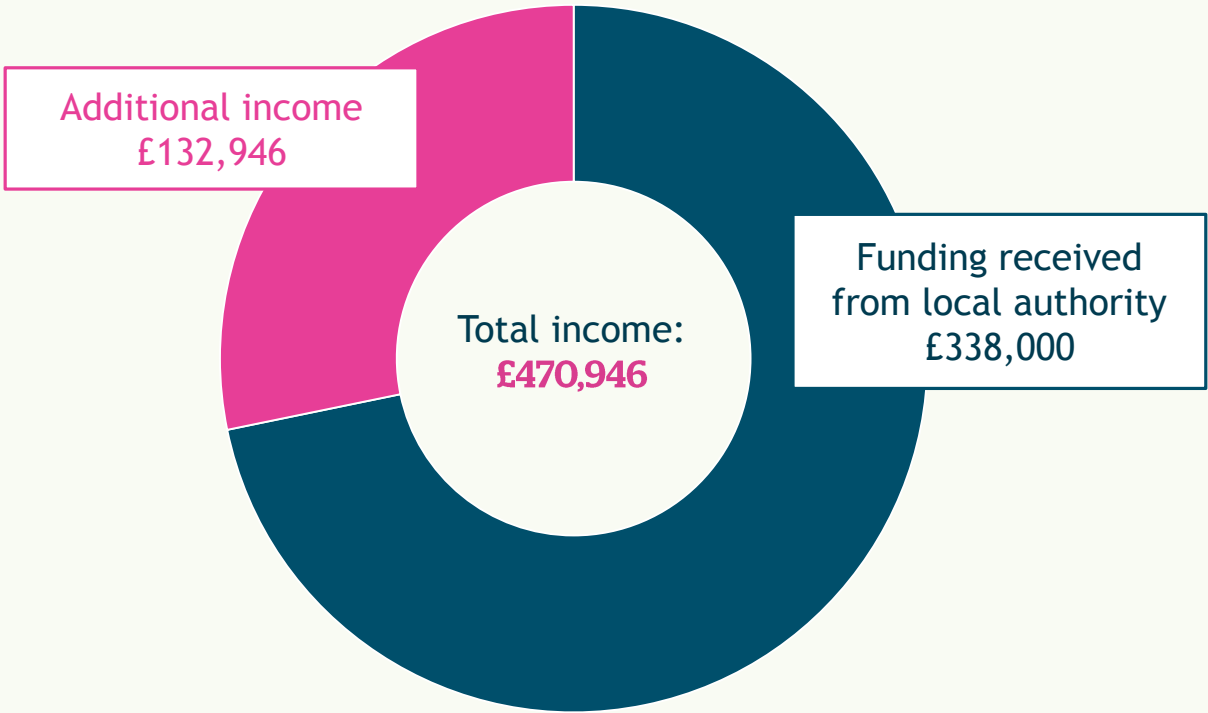
I was first introduced to Healthwatch Norfolk in October 2019 and I signed up to be their Student Ambassador. After joining I was assigned to participate in an engagement event in the UEA Medical Centre. I was nervous and did not know what to expect or what to do but after observing how it works, I became comfortable to converse with the public and collect their reviews. Over time, I collected more reviews which in turn would produce data for social and healthcare services. I thoroughly enjoyed my time at Healthwatch but sad it has come to an end. The organisation is amazing and they are continually doing a fantastic job in raising awareness and helping the locals. The team are very friendly; I was introduced to them and the organisation with smiles and open arms.

# Finances



We are mainly funded by our local authority under the Health and Social Care Act (2012). In 2019-2020 we spent £454,800.

Balance brought forward: £383,631





# Our plans for next year

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# What next?



Of course, in the year ahead, we will need to think carefully about how we work through the pandemic and adjust to a new normal. We will focus on supporting local people; especially those that are typically underrepresented or find it difficult to be heard.

In Autumn we were commissioned by Norfolk and Waveney CCG for a project looking at access to sexual assault and abuse support services. Face to face and online engagement is planned for later this year, recognising that we have had to adjust the project timeframe in response to COVID-19. The project is currently in the planning phase with data collection starting in June 2020.

Another project commissioned by the East of England Diabetes Clinical Network (DCN) was to look into how prison residents with diabetes access care. HWN staff went into HMP Bure and HMP Littlehey to ask both staff and residents what the care was like, what are the biggest risks to residents with

diabetes along with their ideas on how things could work better. The final report has been produced and will be published on our website shortly.

*“We will focus on supporting local people; especially those that are typically underrepresented or find it difficult to be heard.”*

Looking ahead, a priority for next year will be to seek funding for specific projects working with local communities. By exploring themes in feedback we have been able to identify areas that we would like to focus on in the coming year, for example, reviewing autism services, diabetes care and working with families whose children have learning disabilities.

This year we would like to build upon the connections we have made with local health and social care organisations. We are also keen to establish new relationships with community groups and encourage collaboration through joint funding applications.



# Thank you

We would like to thank everyone that supports our work and is helping us put people at the heart of health and social care including:





# Get in touch

Visit our website or contact us using the details below to leave a review about any health and social care service in Norfolk, sign up to our newsletter, or find out how to volunteer with us.

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t [@HWNorfolk](https://twitter.com/HWNorfolk)



Our annual report will be made publicly available on our website. We will also be sharing it with Healthwatch England, NHS England, Norfolk and Waveney Clinical Commissioning Group, Norfolk Health Overview and Scrutiny Committee and Norfolk County Council.

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.

Healthwatch Norfolk is commissioned and funded by Norfolk County Council.

We are a registered charity (charity number 1153506) and also a charitable company limited by guarantee (company number: 8366440).





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