

Healthwatch B&NES Community Pot Final project report 2019-20

If you have any questions about this report, please contact Vanessa Scott,
Portfolio Manager Healthwatch B&NES
T: 07754780487 or E: vanessascott@thecareforum.org.uk

The deadline for report submissions is 12.00 (midday) on Friday 29 January 2021

NOTE: The text boxes will expand as you type.

SECTION A: YOUR ORGANISATION

1. Name of Organisation	Citizens Advice - Bath & North East Somerset
2. Full Address of Organisation (for correspondence)	2 Edgar Buildings George St Bath BA1 2EE

3. Contact details

Main Contact for reporting	
Name	Douglas Eason
Position	Business Development & Marketing Manager
Telephone	01225 303829
Mobile	
Email	Douglas.eason@cab-banes.org

SECTION B: THE PROJECT

4. Focus of project

- Please state clearly what issue(s) your project looked at.
- Were these the issues that you had planned to focus on?
- If not, please explain what the project focused on and how and why the focus changed.

The project aimed to work with the Compassionate Communities hub in Peasedown St John where local people can raise issues about services or be signposted to help them find services.

Project out puts:

- 1) Meet the increased demands for benefit and debt advice
- 2) Sustain CA involvement with Compassionate Communities to assist with signposting
- 3) Expertly document all cases to develop comparable data that can be used to verify the impact of the hub
- 4) Share with Healthwatch key themes identified as issues by local people and any plans to address them.

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- 5) Share findings with BANES Council, BANES CCG, appropriate boards and committees in BANES, so they can be used for the development of service improvements, and publish the findings on the website and social media.
- 6) Record the following information about the project's participants:
Demographics to be recorded for carers and dependant (where known):
- Age range, gender, postcode, disability/condition and ethnicity.
 - Which health and social care services they have used.
 - What their experiences were of the project including what worked well, what they think could be better, and why.
 - What barriers they have faced in accessing CA through the hub and how these could be overcome.

5. What did you do?

- Using your Memorandum of Understanding for reference, please tell us what progress was made against each of the activities that were due to be delivered through this project - including numerical data for outputs where agreed.
- Please include details of any factors that contributed to or impeded the achievement of the agreed outputs.
- If the agreed outputs were not achieved, please explain the reasons why and any actions that were taken to try to address this.

NB - Please include any photos, video links, examples of surveys, media and communications used etc to illustrate what you did in the box below or attach them as an appendix.

During 2020 we developed the full partnership with the Compassionate Communities Hub in conjunction with other 3rd sector partners, BANES & Virgin Healthcare. To date we have accepted 218 referrals from the Hub into the core service.

The primary benefit of our presence at the hub was realised in our ability to contribute to client centred, multiple disciplinary resolutions to client's needs. In short, a one stop shops for distressed residents. Previously this would have been an Manvers St or the library at Keynsham or MSN.

With the help of the funding we were able increase the numbers of calls taken by the local office but also to tap into the wider CitA national phone network to take overflow calls when all our agents were engaged on calls. As can be seen from the key starts attached whilst or face to face service was closed down this funding allowed us to increase our phone contacts by 30% over the same period in the previous year

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6. What did you find out?

- Please outline the key findings from your project, considering:
 - key themes from the feedback that you received
 - themes related to any particular health and social care services that participants said that they used
 - what participants said worked well (with regards to health and social care)
 - where participants felt things could be improved (with regards to health and social care)
 - any conclusions or recommendations that your organisation would like to make based upon the feedback that you have received (please try to make these SMART - if you would like to discuss these further please do not hesitate to get in touch with us)

***NB** - Please include any relevant survey data, tables/ graphs, case studies etc to illustrate what you learnt in the box below or attach them as an appendix.*

The biggest learning point we took from our contacts over the last year was that whilst the number of clients were able to serve dropped the normal of “quick queries” almost disappeared completely.

In the previous year we saw 5,262 unique clients who came to us with 18,946 different queries (3.6 issues per client) however we were able to resolve many of these queries at 1st point of contact. Hence a total of 21,553 contacts (1.13 contacts per issue)

During Covid our unique client numbers fell to 3,626, and our issues fell to 12,580 however this still represents 3.5 issues per client however our total contacts exceeded the previous year at 22,958 (1.8 contacts per issue)

In short less clients used the service, those that did had the same number of queries but due to the restrictions of not having a face to face operation each of those issues took a lot more effort to resolve for clients.

In July 2020 we reconciled our client data for 2020 to date with 2019 to determine if we were still support the extremely vulnerable client group (defined for the purpose of

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this exercise as being clients who had used our service 4 times or more in the previous year. We identified 207 clients as falling into this group however none of these clients had been able to access any of our services since the 1st lockdown in March 2020. We do not know what support was offered to these clients or how they access it.

Covid has shown up once more the issue of digital poverty in our region. Those with internet and phone access could change their channel to access services to the CCH however those without such access remain excluded from support it appears.

The proportion of clients accessing the service by gender, and ethnicity has barely changed pre & post lock down and the data paints a similar picture for those clients who consider themselves to have a disability

7. Demographic information

- Using your Memorandum of Understanding for reference, please report who you engaged with through this project, including any agreed questions such as:
 - postcode
 - age range
 - disability
 - carer etc
- Did you identify any differences or themes in the experiences of different demographic or protected characteristics groups (i.e. that might suggest barriers to and/or potential inequalities in access to health and social care services)?

The proportion of clients accessing the service by gender, and ethnicity has barely changed pre & post lock down and the data paints a similar picture for those clients who consider themselves to have a disability

8. Outcomes - please tell us how this project has impacted those people who took part?

***NB** - If you have any testimonials or quotes that you would like to share to demonstrate the outcomes that your project achieved, please include them in the box below or attach them as an appendix.*

There have been some truly life changing examples of clients who have benefited from the “joined up actions” of CCH, from clients living with addictions in their cars being housed, and getting on to benefits & subsequently entering employment to clients who have shielded for 12 months and received support with food and fuel supplies.

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The CCH allowed us to build a business case to take to the energy redress scheme to access £100,000 or energy top ups for clients which was subsequently matched by another £50,000 of funding from BANES.

9. Considerations

Did you have to take any steps when designing and conducting the project to ensure the safety and wellbeing of your participants? If yes, please explain what these steps were and how you overcame them. Example areas include: Data Protection, Ethical considerations, safeguarding etc.

No

10. Next steps...

What action do you think needs to be taken now to share the feedback/ conclusions/ recommendations from your project and help to improve people's experiences of health and social care services in B&NES?

- Please refer to your Memorandum of Understanding for any actions that had been agreed between your organisation and Healthwatch B&NES.

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- Please let us know if your organisation is planning to carry out further work in this area.
- Please let us know if there is anything further that could be done in partnership with Healthwatch B&NES. We are very happy to work with you to escalate feedback, best practice and concerns where required. If it would be useful to talk about this in more detail please do get in touch
E: vanessascott@thecareforum.org.uk or T: 07754780487

In 2021, we are planning to do further research into the impacts of digital poverty on resident in Bath & North East Somerset and this information will feed into that research.

We are happy to publish some of the findings of this project as preliminary research material, mentioning that this research was done with support from Healthwatch BANES.

We will publish this on our website and social media channels, and will inform our management team so that they can make senior members of relevant organisations aware of the situation.

Once we have gathered further research information and made additional findings, we will seek to make local decision-makers aware of the findings, via email and media outlets.

11. Working with Healthwatch B&NES

This is the second time that we have run a small grant scheme for VCSE organisations. We very much hope to be able to continue this funding stream and build relationships with partners across B&NES. We would therefore be very grateful for your thoughts on which elements of this process have worked well and if there was anything that you think we could improve on or do differently next time.

Over the last few years of austerity, our research and campaigns department suffered significant cuts to resources. We would very much like to develop our relationship with Healthwatch BANES and see our research and campaigns team delivering a greater impact for the community.

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SECTION C: WHAT NEXT?

Please ensure that you have completed **all** sections of this report. Once complete, please submit this report electronically along with any accompanying documents) to Vanessa Scott
E: vanessascott@thecareforum.org.uk

The deadline for report submissions is 4pm (midday) on Friday 29 January 2021

We aim to hold an event for all grant recipients to discuss the findings of their projects with one another and the Healthwatch B&NES Executive Board. Details of this event will be shared in due course.

NB - The financial report is a separate document. This also needs to be submitted by 12.00 (midday) on Friday 29 January 2021.