

healthwatch

healthwatch
Staffordshire

Annual Report 2017/18

healthwatch
Staffordshire

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Making Choices
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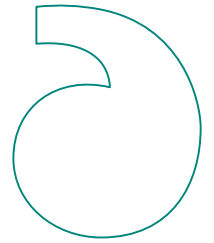


Health Check

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Message from our Chair



*Maggie Matthews Chair,
Healthwatch Advisory Board, Staffordshire*

I am delighted to present the Healthwatch Staffordshire (HWS) annual report. This gives an opportunity to both look back at the last year and forward to the changes that have occurred in this current year.

The work of Healthwatch Staffordshire has been supported very strongly by our volunteers without whom we could not attempt to undertake the work on behalf of you, the population of Staffordshire.

We have had four retirements from our Advisory Board this year. Sue Adey-Rankin and Bob Rankin who have been members of our Board since its earliest beginnings and we thank them for their continued support. Jack Barber who has stepped down after working with us to spend more time with his family and finally, Carole Stone who was CEO of North Staffordshire Voice for Mental Health has now gone off to pastures new and has commenced a new career in retailing!

This means that we are currently recruiting for Advisory Board members. Please do consider making an application.

We need people to join us who are committed to enabling Healthwatch Staffordshire in its work to ensure that the quality of health provision for our population is at the heart of the work we undertake. The current Board, although small in number, is extremely supportive and I give them my heartfelt thanks.

We have continued to hold our Advisory Board meetings in public on a County-wide basis so that we can share local issues with both the public and members in each area of Staffordshire. This has gone well and we have had interesting speakers at each meeting who are the leaders in their specific aspect of Health and Wellbeing. Where we can, we have located our meetings in the local Fire and Rescue Service rooms which are based in the heart of each community, giving easier access to the members of the Public who are always invited to attend.

The model of delivery of Healthwatch Staffordshire has had to be considerably reviewed in this new financial year due to the extreme budget cuts that we have experienced. Our Volunteers are doubly important to us now. They undertake many roles for us in reviewing the quality of service when we Enter and View Care and Nursing Homes, GP Practices, Dentists etc, also attendance at meetings to represent Healthwatch. Please do volunteer if you possibly can, you will be made very welcome.

We are looking forward to engaging again with the Staffordshire Transformation Partnership (STP) and we hope that some of you too will be part of their Community groups. Lastly, thanks to all of you who have engaged with us at Healthwatch Staffordshire in the last twelve months.

Message from our Executive Director

This has been a year of great change for Healthwatch Staffordshire. Our Chief Executive of 5 years Jan Sensier left the organisation in October 2017 to take up a post closer to home. Jan had been with Healthwatch from its inception in 2013 and oversaw the development of a strong staff team, a network of Champion partner organisations as well as a network of volunteers across the county. All these work collaboratively to collect the public's experiences of health and adult social care services. Healthwatch then use this individual and collective voice to represent the issues and concerns that Staffordshire residents have shared with us and ensure their views have an impact.

At the same time, Staffordshire County Council undertook a public Invitation to Tender exercise for the Healthwatch contract, which was greatly reduced in value given the significant financial constraints the County Council as a whole is facing. Engaging Communities Staffordshire submitted a Tender and successfully retained the Healthwatch Staffordshire contract in the public Tender exercise.

Despite these changes, Healthwatch Staffordshire has continued to work in collaboration, acting as the critical friend and not afraid to challenge where required the key stakeholders in the health and social care economy to champion the voice of the public across a range of Health and Social Care issues.

It is pleasing to note that the 'Together We're Better' Sustainability and Transformation Partnership (STP) has once again gained momentum with a new implementation team in place and is beginning to move forward at a pace. Healthwatch remains a key player in the process to ensure that the voice of the public is heard and that they are kept fully aware of the developments and implications for services as the programme progresses.



We have worked closely with NHS Improvement on an initiative called Red 2 Green which aims to empower patients in hospital to ask some key questions of clinicians to help them maximise their time in hospital and achieve discharge at an optimum time. We surveyed 100 patients in hospital and carried out in-depth interviews with 12 patients to assess how well they knew about the initiative and whether they supported it. The feedback Healthwatch provided to NHS Improvement helped shape the rollout of the project in other areas.

Our Annual Report contains much more on the different issues we have been involved in and how we have used the public voice to champion people's concerns and issues.

Finally, I would like to say a huge thank you to all of our dedicated team of staff and volunteers and to our Champion organisations without whom we could not achieve the outcomes set out in our Annual Report. We look forward to continuing to work for you and with you over what looks to be a very busy year ahead.

Simon Fogell
Executive Director

Highlights from our year

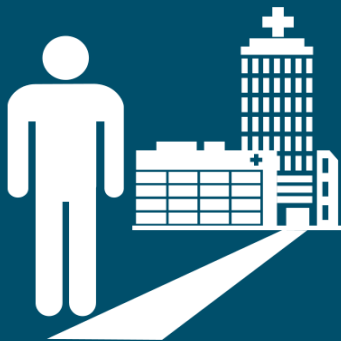
Our reports have tackled issues ranging from **Drugs and Alcohol** to **Activities in Care Homes**



This year we've reached nearly 160,000 people on social media



We've visited 43 local services on our Enter & View programme



Our volunteers help us with everything from Hospital surveys to Enter & View visits



We have received over 300 service reviews from residents and service users across the county



We have met nearly 7,000 local people at our community events





Who we are

As Healthwatch Staffordshire, we exist to make health and care services in the County work for people who use them.

Everything we say and do is informed by our connections to local people. Our sole focus is on understanding the needs, experiences and concerns of people of all ages who use services and to speak out on their behalf.

We are uniquely placed as a national network, with a local Healthwatch in every local authority area in England.

Our role is to ensure that local decision makers and health and care services put the experiences of people at the heart of their work.

We believe that asking people more about their experiences can identify issues that, if addressed, will improve services.

We know that you want services that work for you, your friends and family. That is why we want you to share your experiences of using health and care services with us - both good and bad. We use your voice to encourage those who run services to act on what matters to you.

Our vision and mission

“Our vision is to be a strong, independent and trusted voice of the public for health and social care services across Staffordshire”

Simon Fogell - Executive Director

Healthwatch Staffordshire acts as an independent voice of local people, championing quality health and social care. We endeavour to ensure that the needs and preferences of service users are central to how services are planned and delivered across Staffordshire. Through effective engagement to gain service user feedback, we can raise awareness of key issues affecting our local health and social care services and recommend improvements.

Healthwatch Staffordshire is delivered by Engaging Communities Staffordshire. Engaging Communities is a community interest company that brings public engagement, consultation and consumer advice services together in a central organisation to create evidence and insight to help improve local health and social care services.

Our mission is to:

Monitor service delivery through concerns raised, feedback received and our Healthwatch Advisory Board.

Analyse consumer feedback and data to produce evidence and insight reports.

Challenge commissioners and providers on the quality, access and delivery of health and social care services.

Develop services through public involvement and engagement to ensure the consumer voice is heard.



Healthwatch Staffordshire Team



Jackie Owen
Healthwatch Manager



Simon Fogell
Executive Director



Jo Hall
Community Outreach Lead



Carol Hewitt
Engagement & Information Lead



Ian Wright
Community Outreach Lead

Your views on health and care





Healthwatch Staffordshire District Network Meeting

Listening to people who use health and care services

Our engagement activities enable us to:

- Raise awareness of Healthwatch and the services we offer
- Promote the benefits for individuals and communities of geography, interest and identity
- Offer opportunities for real involvement
- Gather feedback to influence health and social care service design and delivery.

We have an annual calendar and schedule of events and activities including Healthwatch promotional stands at events, community days and in public spaces including libraries, supermarkets, leisure centres, fetes and county, borough and district shows, presentations to community and support groups, consultation events, local drop-in and survey sessions.

We have spoken to lots of people at these events and explained the work of Healthwatch Staffordshire, how people can get involved, gathering feedback and views on services and promoting our volunteering opportunities.

To promote our engagement opportunities and activities, we use a broad range of communication tools to try and maximise our reach which include:

- Website
- Monthly Newsletter
- Social media and campaigns
- Radio and TV
- Press releases and editorials
- Paid advertisements and advertorials
- Leaflet and poster distribution, displays and campaigns
- Direct mailings
- Targeted promotional campaigns for consultations and projects including our work on mental health and primary care services
- Public Board meetings and listening events
- Annual Report and Annual Healthwatch Staffordshire Conference

During 2017/18 we engaged with nearly 7,000 people and delivered over 360 engagement events and activities

Engaging with diverse communities

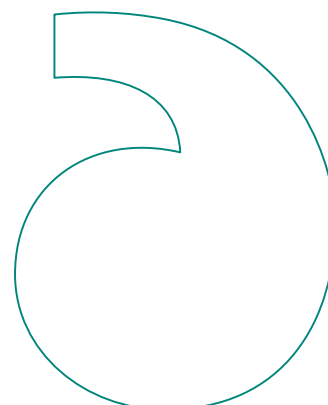
Homeless Access to Healthcare

As members of a task and finish group with Stoke and North Staffs CCG we supported them to conduct an engagement exercise with homeless people to gain an understanding of their health needs, identify any barriers that they face in accessing community services, and design or develop services that are better able to meet the needs of this cohort.

Working closely with our partners in the voluntary sector, and co-members of the task and finish group, Voices and Expert Citizens, we were able to plan a series of engagement activities to ensure that we could include the voices of people experiencing homelessness of different types, including rough sleepers, those in temporary housing, 'sofa-surfers', people in hostels and B&B accommodation, recovery communities and people with experience of accessing the local Severe Weather Emergency Provision (SWEP). We were able to use creative and assertive engagement techniques to capture the views of some of the most excluded members of society who would not have been able to participate otherwise.

Working closely with our partners enabled us to add additional information to the overall report and considerations by including feedback from a service provider perspective, and an ongoing case study that highlighted a significant gap in District Nursing provision for homeless people at the risk of poor health outcomes and cyclical admissions to hospital for the same issue.

We have recently had confirmation from the CCG that they will now be commissioning a district nursing service that will work directly with homeless people. We will continue to engage with homeless people once the new service is operational to monitor its effectiveness and whether health outcomes for homeless people are improved.



Young People

Over the past 12 months we have engaged with several Young People's groups and have now developed a specific leaflet outlining opportunities for young people to become involved as Healthwatch Volunteers. In July last year we engaged with around 150 young people as part of the citizenship programme and used our online voting system to get young people's views on how happy people are with their Health and Social Care Services. The results of this highlighted the importance of having good clear information available to young people to inform them of the types of services available and how they access them.

We recently attended a careers forum at the county showground for year 8&9 students across Staffordshire. Around 500 students attended. We asked students to complete a health quiz to determine the level of knowledge about young people's rights to health and social care and assess their understanding of services available to them. What was highlighted from the quiz was the level of misconception that young people have about their rights and about their ability to access services without parental involvement or permission.



We attended a youth forum at Queens hospital, Burton and we also attended a meeting to discuss future collaborative work with Lichfield Cathedral School. We participated in a very successful event at Uttoxeter Racecourse aimed at helping children with Special Educational Needs

We have created a number of volunteer roles for young people and have had interest in these from around 25 young people who want to get involved in Healthwatch. We are pursuing these through our contacts with schools and young people's organisations.

These events generated interest from 10 young people at these events that we are progressing through the schools .



Older People

Healthwatch was contacted by a number of service users and Domiciliary Care Providers concerned about the changes to the contracts for Domiciliary Care as a result of a retendering exercise by the County Council's Health and Care department. Some service users were confused about how the changes would affect them and distressed by the thought that they would have to change care agency. As Domiciliary Care Users are often hard to reach by nature of their disability or frailty, we worked closely with Domiciliary Care providers to reach out to service users affected by the changes and encouraged people to contact us to share their concerns. From the feedback received we were able to escalate these concerns to Commissioners and seek reassurance that these concerns would be addressed and responded to. As a result of feedback, we escalated concerns to the county council who agreed that these would be taken seriously and addressed. Subsequently a mobilisation plan was put in place to secure the smooth and safe transition of the service with as little disruption as possible to service users.

Mrs M contacted Healthwatch following a letter received from us about sharing experiences and concerns about Domiciliary Care services. This was her second call, the first being about how to apply for direct payments so that her mother could keep the same domiciliary care agency she had been with for 8 years. The second call was about getting help from the council as her mother would after all have to change agency due to the provider going out of business following the retendering of the contract. Mrs M was struggling to get the council to help her find a new care agency for her mother because she was self funding. Mrs M was at her wits end as the care would stop after the next 3 days. It transpired that Mrs M had been paying the council a quarterly in advance fee to act as a broker for the family and that that last payment had been only 4 weeks previously. This meant that the family were entitled to receive help to secure an alternative care provider. Healthwatch were able to escalate this to the senior commissioner in the council to address the case. Within 2 hours we received a response that an officer would be in touch with Mrs M within the hour to see how they could help. Mrs M confirmed that this had happened and that her mother had been allocated to a new care agency.





Enter and View

What we have learnt from visiting services

As a local Healthwatch we have statutory powers under the Health and Social Care Act 2012, to 'Enter and View' publicly funded health and social care premises to see and hear how people experience the services. This gives us the opportunity to collect the opinions and experiences of people using these services, their carers or relatives. We do this by;

- Talking to residents/patients, their relatives and carers, and staff who are providing the care
- Observing the nature and quality of the service
- Developing insights and making recommendations to improve care

Healthwatch Staffordshire has developed a robust approach to delivering this function which involves a number of different strands. We carry out visits based upon the 3 areas identified by Healthwatch England as being appropriate

- To contribute to a wider Healthwatch programme of work
- To look at a single issue across a number of premises
- To respond to local intelligence at single premises

Building on the Service User experience focused framework used by Healthwatch Staffordshire as outlined in our last report, we have recently adopted the 8 Quality Indicators for care homes developed by 'Independent Age' a national charity and piloted by Camden Healthwatch these state that homes should ;

- Have strong visible management
- Have staff with the time and skills to do their job
- Have a good knowledge of residents, their needs and how these may be changing
- Offer a varied programme of activities
- Offer quality, choice and flexibility around food and mealtimes

- Ensure residents can regularly see health professionals such as GP's and Dentists
- Accommodate residents personal, cultural and lifestyle needs
- Be an open environment where feedback is actively sought and used

Healthwatch Staffordshire uses these indicators to evaluate whether a home offers good quality care to its residents. The work done by Camden indicates that this evaluation is helpful to individuals, carers and relatives when looking to choose a care home and we believe that this adds value to the Enter and View function of Healthwatch. As a result of this we have recently revised our reporting formats around the indicators so that evidence against the indicators can be clearly identified.

In 2017-18 we have carried out 39 Enter and View visits to residential Care and Nursing Homes, 3 Visits to our local hospitals and 1 visit to a Day services provider. These visits were carried out by 9 of our Authorised Representatives who made 72 recommendations. Of this number, 9 visits were return visits to see if the recommendations we had made had been implemented. We have noted that 34 of our recommendations have been acted upon, either as an immediate reaction to our visit and report, or over a period of time that we have noted on our follow up visits.

All of our Enter and View reports are shared with the CQC, County Council Quality Team, and Healthwatch England .

We appreciate all the time and effort that has been contributed by our Authorised Representatives, without whom these visits would not be possible.

We believe that these visits can contribute to improvements in the care, wellbeing and facilities of people who are using these services.



Enter and View Impact Case study – The owner takes stock

At one residential home, we found some issues meriting prompt action from the Management, which upon the receipt of our draft report and some further discussion with the Director, some clear and robust actions were taken to make some important improvements.

Our findings from the visit

The home was not clean. In one of the dining rooms, the fireplace appeared dusty and there were bits of food on the floor. There was food debris and rubbish on the dining chairs and lounge chairs

We also observed a manual handling transfer. Staff did not explain to resident that they were going to use a hoist to transfer him from his chair to a wheelchair and continued chatting to each other whilst seemingly ignoring the resident. They then proceeded to carry out an unsafe manual handling transfer.

Whilst in the lounge one of the authorised representatives had to help a resident put their cup of tea down as they were unable to do this. Care staff were nearby in the dining area attached to the lounge but did not help. Whilst in this lounge area we could see the dining area. Staff were not interacting with the residents who were sitting in this area. Staff were assisting residents with eating and drinking, but we observed that they were standing over people, not seated by the side of the person they were assisting.

Our recommendations

- We recommend that we complete another visit in the home to see what changes have been made and so that we can discuss changes/improvements with the Home Manager, who was not at the home at the time of our visit. It would also be hoped that we could hear about the activities that may be in place or to be introduced to the home.
- We recommend that a review of Manual Handling techniques is completed as soon as possible, with further training or supervision as necessary.
- We recommend that steps are taken to improve staff interaction with residents and the delivery of person-centred care. This may be able to be achieved by supervision.
- We would recommend that the home environment and gardens are made more dementia friendly.
- It is also recommended that a deep clean of the home is completed.
- We also recommend that residents and staff are consulted regarding the food and menus to see if any improvements are required in this area.

Actions that the home owner took

The owner advised Healthwatch that following a meeting with the Care Manager they have agreed to employ a second cleaner who will work 7 am to 4.30 pm Monday to Friday. The second cleaner will now go into the kitchen from 7 am to 11 am to help with breakfast, so one of the carers does not need to do this anymore each day and the new shift will then become a cleaner from 11 am to 4.30 pm Monday to Friday, so will effectively be an additional 27.5 hours cleaning and 20 hours care hours increased each week.

The owner suggested that we arrange a meeting with their care manager, to go through the other areas of concern mentioned in the report. The owner confirmed that they had instructed their care manager that all care staff have refresher manual handling training as a matter of urgency.

The Activity Coordinator for the home subsequently attended the Healthwatch Staffordshire Stay Active in Care Event

Hospital Discharge Report

Following a study by Healthwatch Volunteers looking at experiences of using hospital discharge lounges at our 3 acute hospital sites, Healthwatch found a number of common themes for patients which were around;

- Delays in obtaining take home medication
- Delays in transport
- Poor signposting
- No clear criteria as to which patients were suitable for discharge via this route

The report also highlighted areas for praise, particularly around the commitment of staff to make the experience as comfortable as possible. The report concluded with a number of recommendations for improvement to the service and these were responded to positively by the hospitals concerned.

“We would like to thank Healthwatch for this most recent study, which looked at the experience of our patients when discharged from hospital via the discharge lounge. An improvement plan was written as a result with a specific focus on improving patient awareness and comfort”

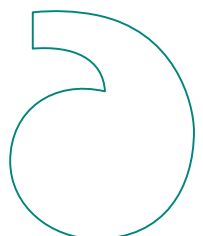
Trish Rowson (Director of Quality and Safety .
University Hospital North Midlands)



Living not Existing Report



Healthwatch Staffordshire Volunteers undertook a research project looking at meaningful activities in 24 Care Homes across Staffordshire. Our report ‘Living Not Existing’ was published in July and drew interest from our local media and also featured on the BBC Midlands Today programme. The report highlighted some excellent examples of good practice with some homes offering a range of meaningful activities both within the home and externally. There were good examples of homes building strong links to their local communities, including schools, and churches and having regular input into activities from external groups. The report highlighted barriers that some homes encountered to providing a good range of stimulating activities and concluded with a number of recommendations on how homes could overcome these.

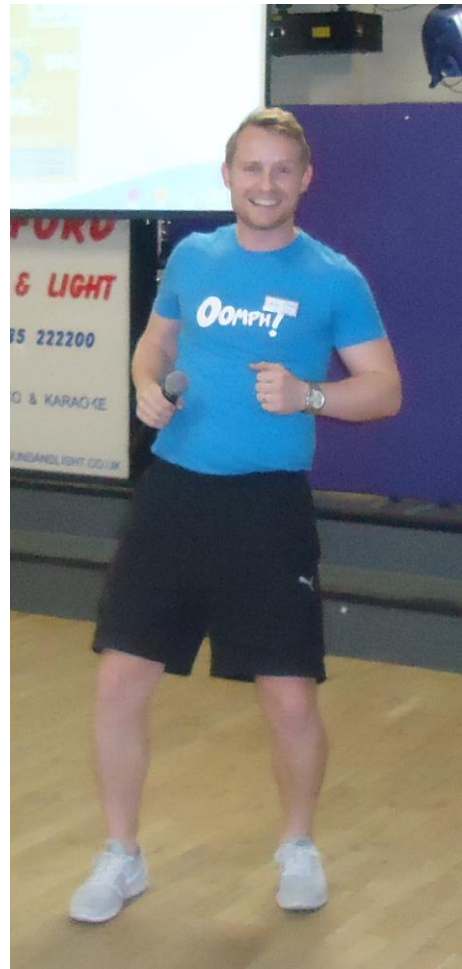


Stay Active in Care Event

Following on from our work looking at Activities in Care Homes and our subsequent report 'Living not Existing' Healthwatch Staffordshire hosted their Stay Active in Care Event, for care home staff from all over the county. This event was arranged as a follow up to the report LIVING NOT EXISTING - The importance of meaningful activities in care homes. The report was sent to all care homes in Staffordshire.

The event was arranged to bring together staff from different care homes from across the county who are involved with the delivery of activities in care homes, for the exchange of information, ideas and best practice in this important area. Several presentations were also arranged and useful resources were made available.

We had an attendance of 70 care home staff, from different backgrounds, from care staff involved with delivering activities to Activity Coordinators to Managers and Owners.



An interactive presentation by Steve from Oomph

Feedback from the event

“Since I attended the Healthwatch Seminar in Stafford on the 15th November, I have sourced material from NAPA and am applying for an ACCESS grant from Sport Across Staffordshire. We now publish weekly and monthly programmes of activities on our noticeboard and I enclose the current ones.”

“The two resources we find beneficial is Active Minds (we already have catalogue) and golden carers, something we hope to subscribe to in the new year as this offers a lot of interesting activities and ideas to suit all.”

“We have contacted some of the resources given and information packs are on the way. Since the event, we have purchased HDMI to make interactive use of the TV so as to include everyone, as previously this interaction was one to one with an iPad. We are making ‘Walks down Memory Lane’, where we look at individual’s birthdays, where they were born, where they worked, and making virtual walks around towns / holiday visits. Then all these things can be discussed and shared with others. We have also encouraged all the staff to make changes to the way they engage with residents following the informative presentations. “

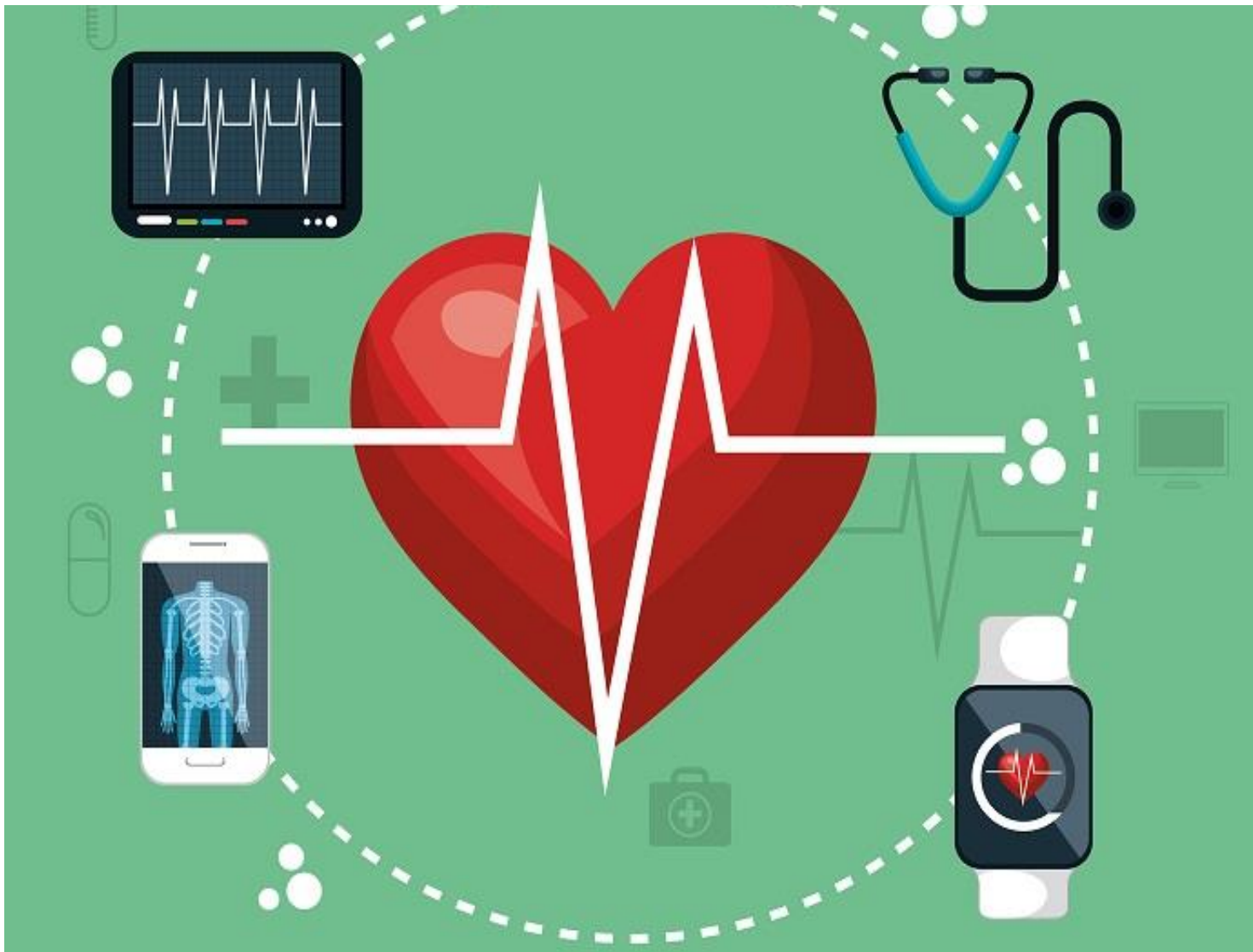
NHS Health Complaints Advocacy

Healthwatch Staffordshire continued to provide a quality Independent Complaints Advocacy Service (ICAS) through April 2017 - March 2018.

During this period, we supported 276 Staffordshire residents to take forward their issues and concerns through the NHS complaints procedure, with a total of 31 clients being supported to take their complaints to the Parliamentary and Health Service Ombudsman.

56% of clients received intensive advocacy support, which means that advocates helped clients to draft complaint letters, to consider their options when a response to their complaint was received, and advocates also supported clients at meetings with health service providers. 34% of clients received information from their advocate which empowered them to get to get their complaints resolved without the need of advocacy support. Clients were also signposted to alternative or additional sources of support when appropriate. 10% of clients received light touch advocacy which gave them access to an advocate throughout the complaints process and were able to contact their advocate at key stages of the complaints process to discuss options to enable the complaint to move forward.

Last year Staffordshire County Council made the decision to bring the statutory advocacy services it commissioned together, under one advocacy hub and therefore the ICAS was transferred over to the new provider, Total Voice Staffordshire, on 1 April 2018



Helping you find the answers



How we have helped the community get the information they need

Providing information and signposting for people who use health and social care services. There are many reasons why a health or social service user may require information and signposting services;

- To learn about what services are available to them in their local area
- To help them make a decision on what services would be best for them
- To be able to access the right support for a wide range of issues
- To have confidence that they are accessing the services that best meet their family's needs
- Following a change in circumstances e.g. new health condition or moved to a new area



As part of our Engagement Strategy we rely on a wide range of methods of Information and Signposting to help the public navigate the health and social care system.

A member of the public called requesting information on services for his wife with Dementia. Because he was a self-funder he was finding it difficult to receive any information from the council. Healthwatch were able to provide information about drop in services, support groups, dementia cafés and respite care



From left to right Ian Wright, Healthwatch Staffordshire Community Outreach lead presents a long service award to volunteer Beryl Gregory during an event at Queens Hospital, Burton in the presence of Ali Betteridge, Burton Hospitals Foundation Trust and Hannah Morton , Healthwatch Derbyshire



Experience Exchange

We have also worked to develop a wider range of digital services for our public. Experience Exchange is part of our ongoing commitment to make sure that the public can have their voice heard. It lets you search for and provide feedback on hundreds of health and social care providers in Staffordshire. It works as a digital directory for health and social care in Staffordshire as well as offering an unbiased and independent platform for people to leave feedback on the service they have received.

Over the last 12 months, we have received 119 reviews from residents and service users across Staffordshire.

Dedicated Freephone number 0800 051 8371

We receive a large (over 1,100 for the year) number of calls to our Freephone number from members of the public seeking advice, guidance, information and support.

Website and Social Media Engagement

Our website is a first point of contact for many who are trying to find out more about us, looking for specific content or trying to contact us. Hence, why the website is regularly updated with information about how members of the public can feed in information about their views and experiences of health and social care services. Ongoing work plan questionnaires are regularly uploaded onto the website for people to complete. The website also has the feature 'Talk to Us' which people can fill in to provide feedback to Healthwatch on local services. Healthwatch Staffordshire recognises the importance of the engagement potential of social media, such as Facebook and Twitter, and we actively engage with the public using these methods.

Social Media

Our multiple Social Media channels continued to grow throughout the last year and by far the most active is our Healthwatch Staffordshire Twitter platform with 2,282 followers, reaching an audience of over 84,400 - it is one of our most effective methods to disseminate information.

Engagement and Promotions

We use a range of engagement and promotional opportunities including presentations to community groups, drop-in sessions, local events, meeting with groups and stakeholders to update them on service developments and provide information. We regularly hold stalls and attend events to promote Healthwatch, network with other organisations and most importantly engage with members of the public. Healthwatch Staffordshire also engages with the community by working together with other organisations to share information and people's experiences.

Newsletter

We produce a quarterly newsletter which is used as a communications tool and is used to disseminate information to our Healthwatch Members and wider public and stakeholders, keeping them informed of all planned activities, projects, current issues and much more.

The newsletter goes out to over 2,000 individual email addresses, is published on our website in a dedicated area, and is distributed and promoted by our network of Healthwatch Champions, Champion Organisations and partners.

Information leaflets, booklets and posters

We have a range of information leaflets available covering a range of subjects.



Making a difference together





How we have worked with our community

Breast Screening

From engagement with diverse communities we identified that various hard-to-reach groups were typically not engaging with breast screening programmes. Often these groups have higher health risk factors due to lifestyle or circumstances, tend to present symptomatically with more advanced conditions, and experience poorer health outcomes.

We supported the local breast screening team to develop better understanding of the needs of these communities, and introduced them to our partner organisations who support people facing multiple disadvantage. Together they have developed a programme of accessible in-reach clinics for various diverse groups including the female prison estates, and the team continues to build new relationships with other providers.

Our Community Outreach Lead, Jo Hall, received an award from Expert Citizens for her work in this area.

The nomination for Jo stated that her "wealth of knowledge has enabled the service to communicate with a range of people formerly considered hard to reach. Jo has supported me, provided advice and guidance, and has helped me to achieve new and non-traditional routes of access for people within services that I would not previously have considered."

The breast screening team have reported significant improvement in engagement with hard-to-reach groups since adapting their approach, and by having access to an effective screening programme that is delivered by a service that is understanding and accommodating of their individual needs, the long-term health outcomes for these diverse communities will be improved and potential problems will be identified and treated earlier.



Neurology

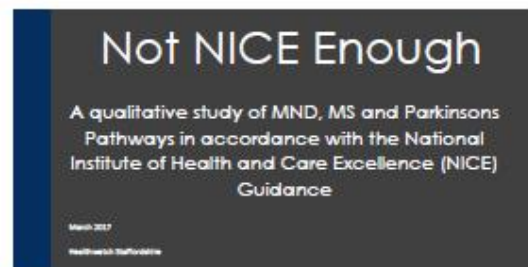
Following our report published last July, Healthwatch has been working with a Task and Finish Group consisting of service users, providers, The MS and Parkinson's Society and clinicians to design a resolution to the issues identified in our previous report around delays in diagnosis. The Motor Neurone Disease (MND) Association recently developed a 'Red Flag' tool to help GP's quickly identify symptoms of MND. Healthwatch Staffordshire made contact with Consultant Neurologist at University Hospital North Midlands, and local nurse specialists to see if they would support the development of a similar tool to reduce the delays in obtaining referrals to Consultants. The 'Red Flag' tools are now prepared to be launched and accreditation is being applied for to the Royal College of GP's in order that the tools will be acceptable for CPD purposes. The success of this will be measured by the increase in referrals to secondary services.

Pharmaceutical Needs Assessment

Healthwatch worked collaboratively with the County Council to carry out engagement to find out people's views about their experiences of using pharmacy services and their needs for services in the future. The Pharmaceutical Needs Assessment is published by the Health and Wellbeing Board for Staffordshire and looks at the following:

- Where community pharmacies (chemists) are, and what hours they open
- What different services pharmacies provide
- Whether there needs to be new pharmacies to make it easier for people to access them, and
- How the services provided in pharmacies can help improve the health of local people and help care for local people.

The work that Healthwatch did resulted in a good response which was incorporated into the 2018 pharmacy needs assessment.



Red to Green

Healthwatch were asked by the Emergency Care Improvement Programme (ECIP) to gather some feedback from patients at Royal Stoke Hospital around a new initiative they were rolling out across the country called Red to Green, that aims to reduce the amount of time that patients spend in hospital when it is not delivering clinical value. Red to Green is a simple initiative that aims to help health professionals improve the efficiency of care and treatment for patients through a number of tools.

Healthwatch were asked to carry out surveys with 100 people who were inpatients and interviews with a further 12 at the Royal Stoke Hospital in Stoke-on-Trent. The interview participants were recruited by Royal Stoke Hospital in order to ensure that they gave outline consent before they were approached by Healthwatch Staffordshire. A report was produced for ECIP outlining the findings, and conclusions and making recommendations about how the initiative could be further improved so that Patients were fully involved with and aware of the initiative.



Prison Health Care / Champion Network

As Staffordshire has a high and diverse prisoner population it is important for us to keep prison healthcare and transition of care between community and prison healthcare services as a priority. We have developed close partnerships with prison healthcare providers Care UK, the prison service and prisoners to develop a volunteer champion role for prisoners located in Staffordshire based prisons, which enables us to involve prisoners in the work that we do, and to support them with their healthcare where needed

In partnership with NHS England, we have engaged in a rolling programme of consultations with prisoners in Staffordshire-based prisons to get their views about the healthcare they receive, and to inform the NHSE quality inspections. The consultations include prisoners from male, female, young offenders, aging, secure and open estates throughout the county.



The support of our prison champion network has enabled us to include prisoners in many of our external consultations, and they also represent the prisoner voice by acting as experts by experience on various issues. This role enables us to receive regular up to date feedback from the prison environment, share information with prisoners that they may not otherwise receive, and remain involved in prison healthcare where needed. To date we have 11 prison champions and are arranging induction for 15 more. Over the past 12 months we have visited;

Drake Hall	Werrington
Dovegate	Stafford
Swinfen Hall	Featherstone
Brinsford	

Following issues highlighted in our work in Drake Hall prison about access to community services, both the prison Healthcare Providers and NHS England were very keen to use our intelligence to work with prisoners preparing to leave prison.

Burton/ Derby Collaboration

Healthwatch Staffordshire have been working with Burton Hospitals NHS Foundation Trust to ensure there is a strong patient voice in their work to prepare for a merger between Burton Hospitals and Derby Teaching Hospitals Trust. Healthwatch has had representation on the Patient Reference Group and the Community Hospital Services Group and have played an active role in recruiting volunteers to participate in clinical review areas as part of the merger process. Healthwatch are very involved in meetings discussing the future of the two Community Hospitals at Tamworth and Lichfield currently part of Burton Hospitals. These meetings were attended by both staff and a Healthwatch Advisory Board member.



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GP Surveys

Lichfield/Burntwood/Tamworth

This Project was initiated by Healthwatch Champions in those areas expressing concerns about GP access and Patient Participation groups, and the future of the two Community hospitals in Tamworth and Lichfield. Over 750 responses were received from 28 GP practices and the findings showed;

- The difficulty in securing an appointment was a recurring theme.
- Long waiting times were sometimes incurred.
- Mental health care and learning disability health checks were highlighted as areas where improvements were needed.
- Patients felt they were treated with dignity, but there could be more privacy in reception areas.
- The 2 Community hospitals are valued and well attended, and both sites should be considered for an increased range of specialist clinics to serve the local area.
- Knowledge of Patient Participation Groups was low, with a lack of time and information given as the main barriers.



The report will be shared with the Patient Participations Groups, the Patient Council and the CCG. It highlights the huge issue of appointments, the need to offer more support to patients with mental health concerns and the offering of more clear and thorough information to parents seeking immunisations and child health and development checks.

NHS England

We have worked closely with NHS England both around our work within prisons as outlined in the report, and also in the commissioning of additional dental services in the county, contributing intelligence received through our Feedback and Experience Exchange about gaps in services. We have also participated in a panel for the procurement of GP services where contracts have been up for renewal and have gone out to tender. Healthwatch also attend joint quarterly meetings between NHSE, and CQC around Primary Care Services.

Care Quality Commission (CQC)

We continue to work closely with CQC and share all our reports and intelligence with them. We meet on a quarterly basis with our local inspection team and use the opportunity to share intelligence and to hear about developments within CQC around the revised reporting systems and domains.

Healthwatch England

We have shared all of our reports with Healthwatch England and have responded to requests for information within requested timescales. We have also been an active member of our West Midlands Healthwatch Forum.



Ways we have involved volunteers

We have continued to support our volunteers with a range of training opportunities and taken the approach of delivering joint training sessions for volunteers and staff to enhance the learning and networking opportunities.

Our volunteers support Healthwatch Staffordshire in numerous different ways across a range of engagement and promotional activities including County and District/Borough shows, survey sessions including our Primary Care project going into GP practices and talking with patients, telephone interviews for our research projects and facilitating focus groups for our mental health work; our Healthwatch Champion volunteers also represent Healthwatch Staffordshire on a number of patient panels, quality committees, complaints review panels and engagement advisory groups.

As a result of our work with volunteers, we were recognised by Healthwatch England at the Healthwatch England Conference in Nottingham last July, with a national award for our work with volunteers. Healthwatch Staffordshire was named winner of the coveted volunteering category for the contribution made by our network of 60 unpaid volunteers. Our Chief Executive at the time Jan Senior said;

“our volunteers make a massive contribution to our work in the community so we see this award as a tribute to them”





Life as a Healthwatch Volunteer

“I became a Healthwatch Enter and View Representative in 2017. I qualified as a nurse in 1968 and have been employed in the nursing profession ever since. Following the loss of my husband and a spell of ill-health, I found myself at a crossroads and needing to decide what to do with my life.

Quite by chance, I met a long-term colleague and friend who I had not seen for some time. She is a Healthwatch Volunteer and persuaded me to contact the Stafford Office. I visited the office and discussed the various volunteer roles available. As my lifelong love has been Health and Social Care, I decided to become an Enter and View Representative.

I completed a comprehensive training programme and joined two other Representatives to observe their Care Home visits. I was so happy! I discovered that I was able to provide some assistance to improving Health and Social Care in Care Homes for the Elderly. I was teamed with a new partner and together we made several visits to Care Homes in Staffordshire. We were able to comment on good practice and also to make recommendations to improve the lives of the people who live in the Care Homes we visited.

Everything was going so well! And then we were asked to visit a Learning Disabilities Home. I was quite apprehensive and was unsure how I would cope with this visit as it was outside my area of experience.

We visited the Home and I found that all my fears were unfounded. It was an absolute pleasure to talk to the staff and residents. They led such fulfilling lives and were so well looked after. Everyone was very friendly and some were using ‘touch’ instead of words as a way of communication. The staff were so enthusiastic about caring for them. They told us which people could be difficult if we tried to talk to them. On the day of our visit, a small group went horse riding. They were taken to off-site activities each week. The Activities Room was overflowing with people involved in many varied interests. The staff were also providing excellent End of Life Care for one of the residents.

Despite being nervous about this visit, I learned so much from the residents and staff. This visit showed me another aspect of volunteering with Healthwatch – one which I hope that I will be able to repeat. “

it starts with
YOU



Artwork One Recovery Hub, Newcastle under Lyme

Drugs and Alcohol

In 2017 Staffordshire County Council reduced the funding for drug and alcohol services by 59% and following feedback and concerns raised by service users in the North Staffordshire area, we completed a long-term impact assessment. Our findings demonstrated unmet need for service users and additional pressures placed on other healthcare providers, criminal justice agencies, and local authorities.

We involved service users, service providers and professionals from a wide range of agencies in our consultation so that we could capture the views of those who are indirectly affected by the changes, and also those who are no longer able to access drug and alcohol services as a result of the changes.

Several of the service users offered to support our consultation further and helped us to arrange and complete surveys and focus groups and have spoken openly on local radio about how the changes have affected them.

Since our report was published we have worked with our partners using an asset-based approach to address some of the identified unmet need and reduce the pressure on other services.

One of the areas of unmet need was access to community mental health support so we have worked closely with One Recovery and Rethink Mental Illness to agree a partnership whereby mental health support and wellbeing programmes will be provided by Rethink at North Staffordshire One Recovery locations commencing in June 2018, and service users will be supported to access community support groups where appropriate. We are continuing our work to address unmet need in other areas of the county, and where possible will replicate this model or find other solutions.



Mural painted by service users at One Recovery Hub

“Jo hall regularly visits the hub and recently consulted with service users about the impact of the funding cuts that was followed up by a radio interview. Jo also arranged for Debbie Moores to be interviewed by Moorlands radio. Jo has been extremely useful in utilising her contacts to broaden the availability of interventions for clients accessing the John O’ Gaunt recovery hub and has helped the service to forge links with useful contacts and services”

Debbie Moores - One Recovery North Manager

Paul’s story

I have been using One Recovery services in Newcastle for nearly a year and participated in the Healthwatch Staffordshire consultation as I wanted to raise my concerns for people who do not have the same opportunities that I have to be supported in my recovery from heroin.

I started using heroin as I struggled to come to terms with bereavements that I had suffered but was not able to access the right support at the right time. Since starting to access One Recovery I have been able to see a volunteer counsellor here who has helped me to come to terms with the grief that I suffered. I also work closely with One Recovery staff to understand my addiction and develop coping strategies to keep me well going forward.

As a result of this support I have now been opiate free for 9 months and have recently completed my treatment which means that I am no longer reliant on opiate substitution medication. Having access to a Recovery Hub where I can get support from my peers, the staff, Narcotics Anonymous and other agencies has been vital to my recovery, as I have somewhere to go when I feel low and in need of support so choose to go there rather than risk relapse.

Not everyone has the same opportunities as I do however, so I wanted to share my concerns through the consultation. The One Recovery service is brilliant and much needed, but I am worried that the cuts to funding will mean that people who may need the service cannot access it. Also, not all service users will have the same opportunities as I do as for many people there will not be a Recovery Hub that is local enough for them to use regularly. Without this ongoing and accessible support, I do not think I would have achieved all that I have with just willpower alone

Our plans for next year



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What next?

The Healthwatch Advisory Board have produced an outline plan of work areas that they wish to focus on over the coming year. These are:

- Enter and View - develop a robust programme of visits and support our Authorised Representatives through appropriate training
- STP - Communication and Engagement, around Community Hospitals and Domicilliary Care out of hospital
- Signposting - developing a robust work programme from trends picked up across the county through our outreach work
- Digital Communication - making greater use of digital communication to inform our population
- Grow and deploy our volunteers - increase and develop the number of volunteers and utilise their skills and knowledge effectively
- Review statutory function - ensure we are fulfilling the requirements set out by Healthwatch England and Staffordshire County Council

These overarching objectives will be built into our specific work programme and inform our activities over the next 12 months.

Each year Healthwatch asks its residents what the key issues are that they would like us to focus on and from this consultation, develop 2-3 in depth projects agreed by the Healthwatch Advisory Board. This year however we have decided to use intelligence gathered over the past 12 months through our experience exchange and engagement activity to look at themes and decide upon our priorities for 2018/19 Some specific areas reported to us that are of concern to people are:

- Access to services for people with Autism and support available to parents
- Direct Payments for young people and carers accessing day services
- Discharge to Assess and Home First from hospital

We will be working with our Healthwatch Advisory Board to consider further investigation into these areas.

In addition, we respond to Staffordshire County Council who have asked us to focus on some key areas:

- Continuing our work supporting the Sustainability and Transformation Partnership to;
 - Simplify the urgent and emergency care offer
 - Define and realise a new and positive vision for health and care services in Stafford and the surrounding area that is fit for the 21st century
 - Rview community hospitals in the South of the county (Sir Robert Peel Community Hospital in Tamworth and Samuel Johnson Community Hospital in Lichfield).
- Providing insight to inform the County Council's commissioning priorities
- Working with the Healthy Staffordshire Select Committee to maximise the intelligence and impact of our monitoring and scrutiny of services
- Working with the wider community and voluntary sector to maximize community engagement



Healthwatch Advisory Board



Healthwatch Staffordshire is delivered by Engaging Communities, a not for profit Community Interest Company (CIC) which was set up to help provide a voice for the public in the delivery of public services and using our expertise and industry knowledge to maximise our impact on engagement with the shared ethos to:

- Always support the voice of the community and to offer an effective way for people to be involved in the services that provide for their health and social care needs.
- Enable better decisions to be made by health and social care organisations based on the experiences and views of the public and the collection and analysis of cross county data.
- Involve people in ways that are both efficient and effective.

Healthwatch Staffordshire is governed by the Healthwatch Advisory Board which holds ultimate accountability for the delivery of the Healthwatch Staffordshire contract and wider portfolio of service delivery.

The Healthwatch Advisory Board is led by our Chair, Maggie Matthews and supported by board members John Bentley, Beverley Dawson, Frances Beatty, Derek Hoey and Mike Dent. Also, Carole Stone, Jack Barber, Susan Adey-Rankin, Bob Rankin who have now stepped down from the board.

Our finances



Financial Information.



Income	£
Funding received from local authority to deliver local Healthwatch statutory activities	415,109
Additional income	0
Total income	415,109
Expenditure	£
Operational costs	60,676
Staffing costs	321,199
Office costs	26,237
Total expenditure	408,112
Balance brought forward	6,997



Contact us

Your voice counts

We want to hear from you



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Online - www.healthwatchstaffordshire.co.uk



By Twitter - [@HWStaffordshire](https://twitter.com/HWStaffordshire)



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