



Healthwatch Stoke-on-Trent
Annual Report 2012/13



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A word from the Chair..

Healthwatch Stoke

It is with a genuine sense of pride that I write this introduction to the first Annual Report of Healthwatch Stoke-on-Trent. In 2013 we became the new official & independent consumer champion for health and social care in Stoke-on-Trent, building on the work of the old LINK. We aim to give children, young people and adults a powerful voice, making sure their views and experiences are heard by those who run, plan and regulate health and social care services.

Over this transitional year, we have been extremely active in setting up as an independent organisation able to fulfil the statutory functions we have been commissioned to deliver. We have been developing the foundation and structure of the organisation to ensure Healthwatch Stoke-on-Trent helps local residents to receive the best care possible.

Healthwatch Stoke was born in unprecedented times with the public sector grappling with austerity, with tens of millions of pounds being taken out of the local economy with Health and Social Care services affected badly and the NHS undergoing its biggest transformation since it was formed in 1948. In the midst all of this, making sure that patients, carers, local communities and the wider public's views are listened to and taken on board is more important than ever.

As an organisation we want to make sure that we have the very best relationship with local statutory bodies, and at the same time be an authentic and trusted advocate for local people.

In our first year we have been able to celebrate the following achievements:

- Establishing our Management Board
- Establishing a series of patient led thematic groups who lead on our work priorities
- Establishing a credible voice as a member of the Stoke-on-Trent Health and Well Being Board
- Invited to participate in the Stoke CCG Governing Body and Quality Group
- Membership of the Stoke CCG Patient Congress
- Food Watch Survey at UHNS
- Partner in the Domiciliary Care Review Task & Finish Group
- Hosting a Trust Special Administrator event to explore the strategic options being discussed following the Mid Staffs controversy
- Creating relationships with key partners across Health and Social care ensuring that the patient and service user voice is represented
- Influencing the refresh of the Joint Strategic Needs Assessment and priorities for the City
- Supporting the development of the Stoke CCG Commissioning Intentions

Finally, I would like to thank all those who have been involved in supporting Healthwatch Stoke in the past year, in particular our Management Board, staff and volunteers alike together with other stakeholders, and I look forward to growing the organisation with the local community at the heart of all decisions.

Every Blessing

Lloyd Cooke
Chair, Healthwatch Stoke

Introduction

“Healthwatch Stoke-on-Trent will be clearly recognised as a strong, credible, influential and independent organisation that has at its heart the users of health and social care services. It will be representative of, and accountable to, the local community, ensuring that the views of all local people are heard and effectively used to help shape local health and social care” services.

“A challenging first year, but we are now in a strong position to deliver on behalf of patients and service users”

Creating a new organisation from scratch whilst, at the same time, being expected to deliver a service from Day 1, is a challenge. However, it is one that the team at Healthwatch Stoke-on-Trent rose to meet, and although it has been a very intense year, there is a sense that we are in a good place now to grow and flourish.

There is a Healthwatch in every higher tier local authority in England, and in addition we have Healthwatch England. This is our parent organisation through whom we communicate; co-ordinate national concerns; and who have a view on the issues being identified across the country by local Healthwatch. They can also escalate collective local concerns and act on them at a national level when appropriate.

Healthwatch Stoke is funded by Department of Health but commissioned by Stoke-on-Trent City Council to provide its service. The contract in Stoke-on-Trent is held by VAST, the local voluntary sector infrastructure organisation which also employ the staff, provide the office accommodation and back office services. Healthwatch Stoke-on-Trent has been set up as an independent organisation registered with the Charity Commission as a Charitable Incorporated Organisation (CIO). It has two Trustees (VAST & Saltbox) who maintain contractual liability, a Management Board which is responsible for setting the priorities, work-plans and day-to-day functions of Healthwatch Stoke-On-Trent, as designated in the service specification and Performance Management Framework, via a delegated remit from the Trustees.





Lloyd Cooke - Chair of the Healthwatch Management Board, Lloyd brings considerable experience to his role from his involvement with health and social care

across Stoke-on-Trent and as CEO of Saltbox a charity supporting faith groups, older people, ex-offenders, mental health and substance misuse challenges



Mike Dixon - a founding Board member of the Link. He is Chairman of the Community Health Voice, a patient involvement group, in the City and surrounds.

Mike has been active for 10 years in the City's community infrastructure, including Meir Park Resident's Association. His activities and associations will complement the work of Healthwatch



Hilda Johnson - works with North Staffs Users Group (Mental Health charity) and is based at Harplands hospital. Her experience of mental health issues, her work as a

borough councillor and her passion for equity of service for all brings a valuable skill set to the board



Abi May - Abi's personal experience of bereavement as a result of her daughter's difficult journey through mental illness means she wants to try to improve the

way that both patients and carers voices are heard in relation to their care in mental health. Abi has taken a significant role in linking with the CQC for Healthwatch Stoke during their transition phase



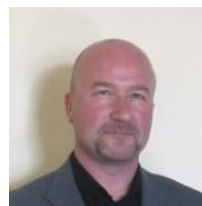
John Sneddon will be known to many readers through his work with patient and public involvement. He is a previous Foundation Chair, non Exec Board member of the

Macmillan Cancer Care project on Cancer and End of Life Care—an area in which he was heavily involved with Stoke-on-Trent LINK. John's understanding of the health service and knowledge and resources are invaluable



Andrew Thompson - as Operations Director of VAST, Andrew was instrumental in bringing the contract for Local Healthwatch to VAST which oversees the

implementation of the Local Healthwatch. His seat on the management board will ensure that Healthwatch is guided to fulfil its obligations under the contract



Chris Thorley - through his work with RNIB and other charities for the visually impaired across the region and his own experience of visual impairment, Chris

brings a passion for involving and engaging the people affected by health related decisions particularly those with disabilities and other excluded groups.



Louise Hudson - as the mother of a young adult with severe disability and complex health issues, Louise has considerable experience of both health and social care services within both

children's and young adults services. She wants to support enablement of the voice of carers and disabled children and young people. She works for Scope Face2Face and brings a wealth of experience of the challenges facing parents of children with additional needs.



Lynne Bradley -worked as a radiographer in the NHS and has a good understanding of the needs of the patient from a service provider perspective. She is involved

with the Multiple Sclerosis Society as an aromatherapy masseur and has volunteered with the Eczema Society. She has a passion for improving patient experience and enabling patient voice and her experience as a carer of a family member following a severe stroke brings a very personal perspective to her view.



Denise Deakin- is a mum of two teenage boys and lives in Stoke. She has experience of working with families in Stoke-on-Trent. She delivers family activities in local children

Centres and sports venues and many varied parent carer groups, including a successful Dad/Male carer group and an ADHD Support Group through her work with Scope, Face2Face, Fleetkins CIC and Aiming Higher Together CIC. She manages a team of 33 parent/carers all of whom have children with a disability. Sharing the voices of families is very important to her.



Barry Dolton - is a retired professional civil engineer with wide experience of infrastructure projects both in the UK and overseas, and was for 24 years an adviser in

what is now the Government's Department for International Development (DFID). He has an intense interest in trying to both improve services and reduce costs at the University Hospital of North Staffs, and sees the wholesale re-vamping of health service targets as a priority. He believes many of the skills acquired during his former career equip him well to contribute to the achievement of these objectives.



John Farrar - John has worked as a Finance Manager in the Voluntary Sector within North Staffordshire since 1998 for Potteries Housing

Association (now Brighter Futures) and YMCA North Staffs , working for some of the most vulnerable members of our community. He currently sits on the wider welfare reform group and is treasurer of Staffordshire Credit Union which gives him an understanding of both people's needs and the need to maximise value for money for the users of health services. John believes passionately that all members of our community should have the right and access to free high quality healthcare .

The Staff Team



1 Left to Right: Paul Astley, Dave Rushton, David Bourne, Becky Elliott, Val Lewis

The Healthwatch Stoke Staff Team was very small during most of Year One of operation with just the Manager Val Lewis, Engagement Officer Dave Rushton, and Administrative Officer David Bourne.

Following a successful internship through Keele University, the Board appointed Paul Astley as our Information and Signposting Co-ordinator and the recent appointment of Rebecca Elliott who is our Sub-group Co-ordinator completes the staff team.

All staff work closely as a team, with good communication between team members which helps to ensure a wider awareness of current matters.

Our model encourages engagement with the public but also the building of good relationships with commissioners and providers. Staff regularly attend meetings and events across the city to ensure that the Healthwatch presence and the voice of patients and service users is heard, and we co-ordinate events

and activities with partners to enable views to be sought and given.

“It is a great benefit to EngAGE and the Fifty+ Forum to be able to work with Healthwatch in Stoke-on-Trent when the Forum is consulting about health and/or social care services. At Forum meetings we are fortunate to have input from Healthwatch colleagues both on the panel for Q&A and as facilitators of discussions.

The level of knowledge and awareness that they bring to these roles at Forum meetings is valued both by older people who attend and take part and by the EngAGE staff team. We share with Healthwatch the feedback that we gather about health and social care services.”

**Frances Chadwick, EngAGE Co-ordinator
EngAGE Stoke-on-Trent Fifty+ Forum**

The Local Picture

In the city we have 53 GP Surgeries, 122 Care homes (nursing and residential) 70 Pharmacies, 37 Dental Practices, 30 Opticians.

There are particular challenges facing our primary care services at the moment with a significant number of vacancies for GP's and an ageing GP population making it likely that this shortfall will increase.

Social Care, including domiciliary care services (over 1400 people currently access these home care services in the City) are commissioned through Stoke City Council. The local authority works closely with **Staffordshire and Stoke-on-Trent Partnership NHS Trust** who have responsibility for the community health services in the City.

University Hospital of North Staffs (UHNS)

The University Hospital of North Staffs (UHNS) based in Stoke-on-Trent is a teaching hospital in partnership with Keele University. They have a patient-centred clinical research facility providing state-of-the-art facilities. Each year they care for over 700,000 people who come to us for emergency treatment, planned operations and medical care. University Hospital's main site is the City General Hospital, located in Stoke-on-Trent. From there they provide a full range of general acute hospital services for approximately half a million people living in and around North Staffordshire. The Trust also provides specialised services, such as Trauma, for three million people in a wider area, including neighbouring counties and North Wales.

UHNS' specialised services include cancer diagnosis and treatment, cardiothoracic surgery, neurosurgery, renal and dialysis services, neonatal intensive care and paediatric intensive care. They are also recognised for their particular expertise in trauma, respiratory conditions, spinal surgery, upper gastrointestinal surgery, complex orthopaedic surgery, laparoscopic surgery and the management of liver conditions.

As with all major trauma centres there are particular challenges for UHNS to support patients visiting the hospital from outside the area. This in turn is reflected in the work of Healthwatch. We have good working relationships with our neighbouring Local Healthwatch and cross referral of patients wishing to express a concern, living outside our area, is common practice.

North Staffs Combined Health Care NHS Trust

Mental health services in the city are provided by North Staffs Combined Health Care NHS Trust

They provide mental health services - the main site being located at the **Harplands Hospital** which opened in 2001 and which provides the setting for most inpatient units. Service delivery is supported by a number of resource centres across Stoke and North Staffordshire, which provide step up and step down alternatives for acute hospital admission and a children's and adolescent inpatient unit.

In addition to the inpatient services, they also provide the following:

- Crisis resolution and home treatment support through our community teams.
- Specialist mental health services which include inpatient drug and alcohol services; liaison psychiatry; community mother and baby services; mentally disordered offenders and psychological therapies.
- Child and adolescent mental health services including community tier 2 and 3 services.
- Neuropsychiatry services.
- Organic older people's mental health services.
- Learning disability services provided in both hospital and community settings.

There are two community hospitals in the city run by the Staffordshire and Stoke-on-Trent Partnership NHS Trust:

Haywood Hospital

This Hospital provides a range of services to patients including:

- Intermediate care and older people services (inpatient ward)

- Physiotherapy
- Occupational therapy
- Outpatients (clinics for ENT, musculoskeletal and others)
- Podiatry
- Pharmacy
- Walk-in-centre
- Imaging/x-ray
- Rheumatology (inpatient ward and outpatients)
- Rehabilitation Medicine (inpatient ward and outpatients)
- Bone Densitometry
- Limb Fitting Service
- Wheelchair Services

The Haywood Hospital also has specialist services for rheumatology and specialist rehabilitation

Longton Cottage Hospital

Longton Cottage Hospital provides intermediate care and rehabilitation to patients prior to discharge home after treatment at an 'Acute' Hospital such as the University Hospital of North Staffordshire; patients may also be discharged to nursing homes. Longton Cottage Hospital also provides care for palliative care patients who cannot be looked after at home. There is a respite bed for continuing care patients.

Longton Cottage Hospital provides care for a variety of conditions/illnesses including:

- Poor mobility
- Stroke Rehabilitation
- Parkinson's disease and Dementia
- Heart and/or Kidney problems
- Fractures, Leg Ulcers and Cellulitis
- Long Term Conditions e.g. Diabetes, Respiratory and Urinary Infections
- Cancer Patients
- Patients with brain and/or spinal conditions
- Nutritional problems
- X Ray service

In addition there is also:

Heywood Walk in Centre offering a range of services for minor injuries and minor ailments

Hanley Health and Wellbeing & Walk in Centre is open 8.00 am - 8.00 pm 7 days a week providing minor injury and ailment support

Our Health Economy

Stoke-on-Trent is a city which has suffered greatly from the impact of the closure of the pottery industry. It is home to some of the most deprived communities in the country and we have set out some of the details that help to describe the health challenges that it faces.

Many places in England have challenges around health and Stoke-on-Trent is affected by a number of these which it is useful to outline to give some idea of the range of the issues we face. It is important to understand how these have a significant impact on the health and attitudes of the public towards their healthcare.

- Stoke-on-Trent contains some of the most deprived areas in the country, in 2011 109 SOA's in Stoke-on-Trent fell within the 20% most deprived in England; in 2010 51% of the population in Stoke lived in the nation's 20% most deprived areas.
- 28.4% of children in Stoke-on-Trent live in poverty (Eng ave 21.1);
- Stoke-on-Trent has higher death rates from heart disease, cancer and stroke than the national average;
- It was estimated that in 2012, 7.7% of people in Stoke lived with diagnosed or undiagnosed diabetes (National Diabetes Information Service) the national level being around 6% (2010 Public Health England).
- 16.13% of adults in Stoke-on-Trent have been diagnosed with depression (Eng ave 11.68).
- Both males and females die 2.4 years younger than the national average in Stoke-on-Trent;
- There is some way to go in Stoke-on-Trent with healthy lifestyle measures showing Stoke-on-Trent lagging behind. Physical activity, levels of smoking and quality of diet

all fall considerably short of the national average.

- Smoking 25.3% v 20% (Eng ave)
 - Healthy Diet 20.7% v 28.7% (Eng ave)
 - Physical Activity 17.8% v 21.8% (Eng ave)
- The data shows high levels of smoking in pregnancy, obese children and teenage pregnancy in Stoke-on-Trent when compared with the national average.
 - Smoking in pregnancy 20.9% v 13.5% (Eng ave)
 - Obese children (y6) 24% v 19.2% (Eng ave)
 - Teenage pregnancy (u18) 49.5% v 34.0% (Eng ave)

There are many contextual issues which need to be factored in to understand the health issues in Stoke-on-Trent.

For example, only 8.7% of over 16s participated in recommended levels of activity compared with an 11.2% England average.

A study in 2006 found a lack of activity to be more prevalent in the deprived population, this accounts for half of the population in Stoke-on-Trent (2011).

The number of 16-17 year olds with NEET status (7.6% not in employment, education or training) is significantly higher than the national average (6.2%), and these individuals are more likely to have poor health and die and early death.

Also, poor levels of educational attainment (33.8% having no qualifications in Stoke-on-Trent, the sixth worst in the country) have been linked with low levels of health literacy.

A study on Health Literacy in Stoke-on-Trent found,

- Lack of knowledge relating how to cook fresh fruit and vegetables.
- Health not being a priority and local residents not seeking health advice until a health problem arises (reactive, not preventive).

- Some residents not registered with health services, e.g. GPs, dentists.”

All of the above is further exacerbating what is already a strained health economy in Stoke-on-Trent.

All data taken from:

Joint Strategic Needs Assessment -
<http://webapps.stoke.gov.uk/jsna/>

Public Health Observatories - Health Profile of Stoke-on-Trent 2013
<http://www.apho.org.uk/resource/item.aspx?RID=50353>

Public Health Observatories - Community Mental Health Profile Stoke-on-Trent 2013
<http://www.nepho.org.uk/cmhp/index.php?pdf=E06000021>

Hurst, G., Smith, G. and Davey, R. (2012a), Briefing Report: “My Health Matters”. A Community-led intervention aimed at reducing health inequalities related to physical activity and healthy eating. NHS Stoke-on-Trent and Staffordshire University.

National Statistics UK Census

What we were expected to do

The Outputs for Year 1 in the contract relate primarily to the setting up of the organisation and we are pleased to report that these have been achieved to the satisfaction of the commissioners at the Local Authority. These were:

1. Develop proposals for a robust Governance structure for Healthwatch Stoke-on-Trent in consultation with local stakeholders, including the Council and local communities
2. Implement agreed Governance and decision making structure
3. Develop and agree the Healthwatch Stoke-on-Trent constitution
4. Agree how Healthwatch Stoke-on-Trent representatives will be selected for the Health and Wellbeing Board and other strategic bodies and elect/appoint appropriate representatives
5. Develop and implement its staffing structure
6. Develop and agree key organisational policies including the Enter and View Policy and process
7. Develop and publish a work plan for 2013/14 (not progressed due to slower than expected establishment of working sub-groups who felt unable to set their priorities until Year 2014)
8. Develop a successful delivery model for Healthwatch Stoke-on-Trent, which has been tested with local stakeholders for effectiveness and suitability and complements existing services and mechanisms across the city of Stoke-on-Trent
9. Establish a local base (within the boundaries of the city of Stoke-on-Trent) for Healthwatch Stoke-on-Trent including:
 - premises where Healthwatch Stoke-on-Trent operates from, which must have access and facilities which are compliant with the Equality Act 2010
 - a single general enquiry contact telephone number for public access
 - Healthwatch Stoke-on-Trent website

- Advertise and promote Healthwatch Stoke-on-Trent
10. Establish communication processes and protocols with Healthwatch Staffordshire and other neighbouring Local Healthwatch organisations to ensure that issues which are common to other Healthwatch areas, particularly within North Staffordshire, are managed in a co-ordinated manner
 11. Establish communication processes and protocols with Healthwatch England
 12. Identify and establish contact with existing voluntary and community sector groups, patient participation groups, engagement forums and provider organisations across health, public health and social care
 13. Identify current sources of, and commence delivery of, advice and information services

In addition to these Year One outputs, Healthwatch Stoke has progressed significantly with its objectives and this will be demonstrated throughout this report

These objectives are:

- To ensure that the collective views of the patients, service users and carers as well as the general public influence strategic planning and policy decisions around health and social care.
- To promote dialogue between service providers, local authority health and social care teams, Clinical Commissioning Groups (CCGs), NHS Commissioning Management Board and the Care Quality Commission (CQC) and any other relevant body, to enable effective consultation and to encourage inclusion of the patient and service user in shaping services.
- To build the capacity of the consumer to engage effectively with the public and statutory sectors.
- To create a better understanding of benefits of consumer engagement within the public and statutory sectors.



Our Structure

On the 1 April 2013, we had an office, two former LINK staff who had been TUPE'd over to Healthwatch and a newly appointed Manager. We had no Board, no Chair but we did have a series of short and longer term targets to meet which were set out in the Healthwatch Contract provided by the Council.

There were clear messages given that Healthwatch was not the LINK and a clear expectation that, whilst we would reflect on the LINK legacy and learn from this, we would form an organisation which was completely independent. It would reflect both its statutory function and its wider remit to support, enable and grow the voice of patients and service users from cradle to grave. It was important to be strategic in our planning and be able to demonstrate that everything that we did was motivated and informed by patient and public experience. To do this we knew that we needed to appoint a Management Board which reflected the population and who would have overall responsibility for the strategic direction of Healthwatch Stoke.

Following wide advertising of the opportunity, Interviews were held and twelve Management Board members were appointed to lead the work of the organisation. The Board members brought a diverse range of skills and interests to the Board's thinking and have been key in its development over the subsequent period.

Sadly three of the Board members have had to step down but for the very best of reasons. Two have found their personal businesses have grown to an extent which curtailed their input to Healthwatch, and the third has taken up a post which presented a conflict of interest. Following good governance principles they resigned. All three have been replaced and the Board is once again at full strength. The details of the Board members in this report (see page 3 & 4) reflect the current membership but our thanks go to Kelly Caddy, Simon Ahmad and Peter Chell who were valuable members of our Board during our formative period.

Healthwatch Stoke-on-Trent is determined to create an organisation which is led by patients and service

users, but enables true partnership and dialogue with service providers. It has therefore developed a structure which enables this as far as possible.

The focus is on patient and public voice in influencing and shaping what we do. We have focused on creating a volunteer led organisation via the Board, the thematic sub-groups and the individual volunteers who support our work.

In addition we knew from the outset that, for Healthwatch Stoke to be successful, we would need to create relationships of trust and mutual respect with service providers and commissioners. We have worked extremely hard on developing these relationships in our first year. It would be wrong to imply that we have got this absolutely right just yet, but this has been due to capacity issues rather than an unwillingness on anyone's part to proceed. The recent expansion of our team means that these are now largely resolved.

Local Healthwatch across the country have found that they are in great demand from all parts of the health and social care sector, with a view being sought by every committee, board and group.

Sustaining the level of demand for a presence is a challenge in itself and in Stoke we are having to

review and prioritise how we represent and give a voice to patients and service users at every level.

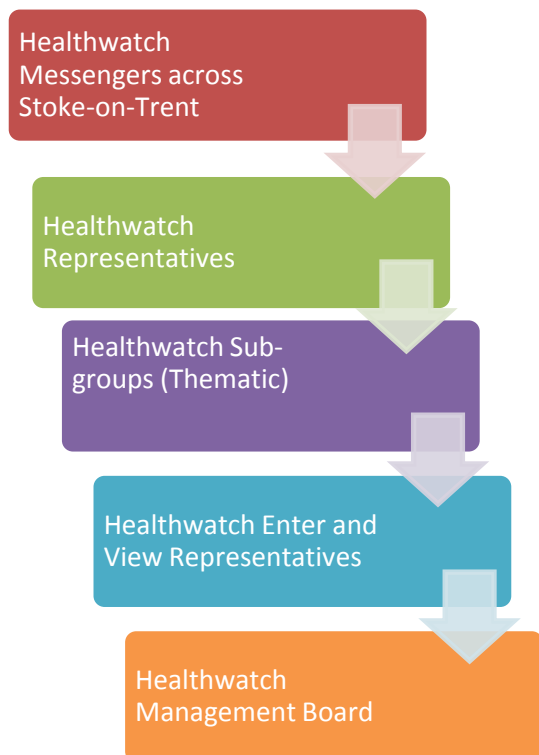
Representation is being enabled by our growing number of volunteers who work with the organisation. We have a structure which we think will enable wider representation and enablement of patient and service user voice through our volunteer structure.

Healthwatch Stoke-on-Trent, as a C.I.O, is not a membership organisation with members of the public joining and receiving voting rights. The members of a C.I.O. are the Trustees. However we are very much an organisation which operates on the collective voice of patients and service users. We have

recruited a large, and ever growing, number of volunteers from Stoke-on-Trent to the organisation.

They are able to make informed choices about what being involved with Local Healthwatch means to them.

How the public can be involved:



Newsletter: There are many people who want to know what Healthwatch is doing and be able to attend events and express views on subjects of interest to them. They do not wish to get heavily involved in the day to day operations and they may be patients or service users who wish to be kept informed, but could equally be commissioners, employees of providers, local press or service providers who want to be kept informed. The monthly, soon to be twice-monthly newsletter enables this.

Healthwatch Messengers: The efficacy of Local Healthwatch will depend on its ability to make sure as many people as possible know about us and feed information to us. Healthwatch Stoke made a conscious decision to recruit Messengers. These are people and organisations who already work with the population across Stoke to hear what they have to say and signpost them or share information with them.

Examples of Healthwatch Messengers who work with us, either as individual members of the public or through their role in their own organisations are: Police and Community Support Officers; North Staffs Carers Association; WEA, Brighter Futures; Deafvibe; RNIB; Changes

We have 35 individuals who have signed up as Healthwatch Messengers and act as eyes and ears in our communities.

We are also targeting Residents Associations and Stoke FE College students and we regularly have a slot on the Keele University Nursing Courses to talk to all the year groups about Healthwatch and raise awareness with them. A number of student nurses have become involved with us as a result of this.

We aim to reach the point where we can confidently identify Messengers across all communities of interest and communities of geography across the city who can spread information and gather views quickly to feed back to us.

Healthwatch Representatives: The breadth of demand for Healthwatch presence across the Health economy means that we need well trained and briefed representatives to support our voice in meetings and at events. We are actively recruiting

individuals with some experience of formal meetings and events to support us in this role. We believe that this will be a growing role for volunteers involved with us across the city.

Enter and View Representatives: No enter and views have been carried out during our first year of operation but recruiting and training representatives is now a top priority for us so that we can provide this service across the health and social care economies where required.

Healthwatch Sub-groups: Healthwatch Stoke-on-Trent has a structure which aspires to provide representation at all levels. The sub-groups are our thematic representation of patient and service user voice. We have sub groups focused on:

- Primary Care
- Secondary Care
- Social Care
- Mental Health & Learning Disability
- Public Health

All of the above are, or will be, wholly populated by patients, service users and voluntary organisation representatives who bring patient voice for more vulnerable groups. On each there is also at least one Board member ensuring cross-representation to strategic considerations.

We had originally intended to have a Children and Young People's Sub-group operating in the same way, but it is clear that this is not the best way to support the voice of young people in a wider context. The work with Children and Young people is described later in this report.

The role of the sub-groups is central to the activities of Healthwatch Stoke-on-Trent. All matters relating to their specific interest area, are referred through the sub-group to ensure a wider discussion is held over the actions required. This process ensures that we remain patient centric in our decision making and staff are reminded by the group of the patient view and reaction.

Other Voices enabled:

Disability: The Management Board is currently considering how we might best enable the voice of people with disability. We feel uncomfortable with the concept of learning disability only being associated directly with Mental Health in our sub-group. The Board is exploring how the pan-disability voice can best be

enabled and heard across all areas of the health and social care economy. We want to ensure that physical, sensory and learning disabilities are all considered and represented in our work.

Children and Young People

We recognise that the voice of children and young people is crucial in the running of Healthwatch, but we also recognise their understandable reluctance to be involved in such formal structures. We are therefore working closely with the Children & Young People's Strategic Partnership, through their Priority 4 group which has a focus on engagement. This group is striving to create an inclusive series of platforms to engage youth voice, and one of the methodologies is the production of a digital platform to enable Youth Voice, but also provide an information platform for all organisations working with children and young people to use to promote, inform, challenge, encourage and otherwise engage the youth of the city. Healthwatch wants health voice to be included in this.

To ensure good governance of Healthwatch the Management Board has also set up:

- Governance Group
- Data Management Group
- Enter & View Oversight Group
- Business and Finance Group
- Engagement Task & Finish Group



The governance groups are wholly populated by members of the Management Group, but they can and do bring in experts to supplement their knowledge when necessary.

Networks of networks

Healthwatch Stoke has been determined not to create additional layers of meetings and network and so we are working closely with all existing networks in the city to utilise their reach and spread to promote Healthwatch.

An excellent example of this is the work we do with EngAGE and the Fifty Plus Forum who meet monthly

and invite speakers and have forums for debate which often have a theme around health or social care.

Their membership is broad and inclusive and by working through their networks we are able to gather views to inform our work as well as inform them of developments which we think may be of interest to their members. We apply the same approach with disability support groups and are developing strong links across mental health support groups through organisations such as Changes and Brighter Futures who run support groups.

Other examples of involvement of Healthwatch over the year includes: User and Patient Experience Support Groups, Patient Participation Groups at GP

surgeries, PCSDO Team meeting, Stroke Support Group, Age UK event, Deafvibe event, STAND meeting, NSPC event, Hospital at Home Patient group, UHNS Patient Council meetings, Patient Congress Meetings, and a variety of smaller groups who asked for us to attend and present information.



"Healthwatch helped this Charity by going directly, in a forthright manner, to the senior personnel in NHS England with whom we were struggling to make contact and move forward. As a result, named contacts were formed allowing us to work out a speedy solution to the benefit of patients with sensory impairment."

Hazel A. Williams
Managing Executive
dDeaflinks



"Healthwatch are a really important member of the Health and Wellbeing board. They bring real insight into the experience and quality of services in the health arena and are able to help the board translate that into positive strategies and plans"

Diane Lea, Independent Chair
Stoke-on-Trent HWBB



Our Progress



What have we done?

As well as the tremendous effort that has gone into the setting up of a robust organisation to support our work, the Healthwatch team and Board members have made sure that they have been listening, influencing, challenging and sharing across Stoke-on-Trent.

Involvement with patients and public

We now have over 500 people involved with Healthwatch who have physically signed up to the organisation to receive information or contribute time or effort in some way. This has been achieved by attending large numbers of events throughout the community and promoting our organisation.

These have included Forums, Resident Associations, Promotional events, stands at other organisations events, PCSO Staff information sessions, locality meetings, Voluntary sector organisations such as Deafvibe, STAND, Hospital at Home Patient Groups, Patient Council meetings, Keele University Nurses degree courses, Patient Participation events CCG Patient congress meetings to name but a few.

In addition we have hosted a public meeting for the residents of Stoke-on-Trent to ask questions of the University Hospital of North Staffs (UHNS) and the Trust Special Administrators (TSA) for Mid Staffordshire Hospital. This meeting was called to address the growing public concerns about the potential impact of the transfer of services from Mid Staffs to UHNS under the TSA proposals.

There is an ongoing dialogue about this which Healthwatch Stoke-on-Trent is involved in supporting through hosting and organising events in partnership with the UHNS.

Our Secondary Care Sub-group decided to carry out a Foodwatch Survey at the UHNS, which was a follow up to work done by the LINK 2 years previously and aimed to provide some measure of analysis of

progress against the recommendations made. This work was carried out by volunteers who visited the wards over a week long period and interviewed patients.

Involvement with Stakeholders

An equally important part of the role of Healthwatch is to foster positive working relationships with commissioners and providers.

In Stoke-on-Trent we have been very fortunate to have been made very welcome by all stakeholders who have demonstrated a real appetite to engage with, and hear, patient voice.

Health and Wellbeing Board

Healthwatch has a seat on the Health and Wellbeing Board to which we contribute extensively on patient and service voice and offer challenge when we see that insufficient consultation or dialogue with the public has been undertaken.

We have just successfully challenged the priorities set under the refresh of the Joint Strategic Needs Assessment which we felt were not robust enough in the way they presented the priority around Mental Health. We undertook, with the agreement of the Health and Wellbeing Board a wider conversation and with the endorsement of the Mental Health Partnership Board, negotiated a change to the wording of this priority. It now states that the priority is “Improving Mental Health and Wellbeing”, whereas previously it had been “Promoting good mental health and wellbeing”

We have also been asked to lead on the development of a Dignity and Respect charter for the city by the Health and Wellbeing Board. This is an ongoing piece of work in partnership.

Stoke-on-Trent Clinical Commissioning Group

Healthwatch is also invited to attend the Stoke-on-Trent CCG Governing Body and the Quality Committee of the CCG. Both of these give us tremendous insight into the current status of the health economy and the emerging quality issues. Our views are valued and we are always invited to express opinions. We recently worked with the CCG to improve the consultation process and the content



of their Commissioning Intentions document, and were heavily involved in the organisation of the Call

to Action in Stoke-on-Trent which attracted over 200 people in addition to those who contributed online.

We were further invited to provide the “Challenge” to the CCG at a recent organisational workshop and focused on the patient engagement aspects of their work, which was very well received.

“Stoke-on-Trent CCG is responsible for commissioning most of the healthcare for the people of Stoke-On-Trent. Having just completed our first year as a Statutory body our working relationship with Healthwatch Stoke has been an important support during this crucial first 12 months.

We have particularly appreciated their role in helping us shape our approaches to patient engagement and ensuring the patient’s voice is heard and acted upon - along with the other members of our Patient Congress, Healthwatch were an integral part of the success of our Call To Action events, held earlier this year. We are able to engage with them for advice and support, without detracting from their important role as a check on ourselves, which is made all the more transparent by our relationship with them.”

Sandra Chadwick, Chief Operating Officer, Stoke-on-Trent Clinical Commissioning Group

Patient Congress - Stoke-on-Trent CCG

We have a very active Patient Congress in Stoke-on-Trent as part of the feedback loop for the CCG, and the Chair of the Patient congress who is also the Lay Member for Patient and Public involvement, Margy Woodhead, has been enthusiastic in her welcome of Healthwatch’s contributions to the Congress.

Additionally, Healthwatch has become involved with the Patient and Public Involvement Committee run by the CCG and is very active on this group which gives a tremendous access to patient participation groups across the city.

NHS England

Healthwatch is a regular participant in the Quality Surveillance Group (QSG) hosted by the NHS England Local Area Team. This meeting brings together, on a monthly basis, all the key players with a role in quality monitoring and is a useful analysis of current risks to quality across the area which helps to inform the work of Local Healthwatch.

Stoke-on-Trent City Council Healthwatch has worked hard to develop positive working relationships with all departments at the City Council. In particular the work we have done with the Overview and Scrutiny Task and Finish Group in the review of Domiciliary Care in the City has been well received and cemented relationships with the social care teams, complaints team and wider locality staff. There is still some work to do to ensure that all staff on the ground in the localities are aware of us, and able to promote us to the communities in which they are based, but we are pleased with the very warm reception we experience each time we make contact with them to explore ways of working well together.

QSISM Quality Safeguarding and Information Sharing

The joint Stoke and Staffordshire Safeguarding Meeting takes an indepth look at residential and nursing home providers, as well as domiciliary care providers across the two local authority areas. The CQC attend this meeting as well, and Healthwatch is able to contribute to and take from the meeting information which supports the improvement of quality of social care services in the city.

Better Care Fund

Through our role as a member of the Health and Wellbeing Board we felt able to contribute to the development of the Better Care Fund proposal contributing views about what matters to patients and service users and the strong messages that have come through about the need for better integration for a smooth pathway for the patient. Time was limited for wide consultation and it was Healthwatch who pushed for a higher priority to be given to Mental Health issues at an earlier stage of the proposal

“Healthwatch was a valued member of the recent Task and Finish Review into Domiciliary Care in the city, bringing a balanced, person focused perspective to the debate. They organised public consultation events, and undertook a survey across around 1400 users of domiciliary care services that helped inform the findings and recommendations of the Task and Finish Group. Healthwatch also participates in the Adult Strategic Partnership and contributed significantly to a recent development event looking at refreshing the vision and purpose of the Partnership and setting priorities. The council was pleased to be asked to review and contribute to the Healthwatch directory of services recently and looks forward to further collaborative working over the coming months.”

Louise Rees, Asst Director,
Commissioning & Procurement,
Stoke City Council

Community and Voluntary Sector

We have an active and vibrant voluntary sector in Stoke-on-Trent and have made a conscious decision to work with people and organisations across the city who already have close working relationships with some of our most vulnerable patients and service users.

We are determined not to set up new networks and structures but to work closely with those that already exist. To this end we have regular communications with a number of organisations which promote support for people with disabilities.

We attend the STAND (Wheelchair Access group) meetings where disability access to hospital and

other care services are always on the agenda. We have already agreed that we can use their membership as a sounding board for issues which might adversely affect people with disability. For example, physical access to hospital premises, car parking, appointment booking systems, signage, routes to clinics, timings of appointments. All of these things matter more and poor quality support can make the patient experience a negative one.

Deafvibe has used Healthwatch Stoke to provide support in clarifying what the contractual relationship would be between NHS England and Deafvibe when the service was moved from the control of the CCG to NHS England. The intervention of Local Healthwatch prevented a situation where patients who required signers/interpreters to attend medical appointments may have been left without support because of poor communication of the service level agreement.

Healthwatch Stoke has considered itself fortunate to be able to work with a number of voluntary sector organisations who support vulnerable patients and service users as a sounding board over recent months. In particular we are very grateful for the ongoing support of North Staffs Users Group to inform thinking around mental health services, EngAGE for the constant flow of information about services affecting older people, STAND for the information about needs of those with disability, North Staffs Carers Association for the valuable advice about the impact of possible service change on carers, Brighter Futures for sharing information around discharge pathways and many more organisations. We welcome their views, client voice and the generous way that they provide us with information and support to inform our work.

VAST

VAST as the holders of the Healthwatch contract has been instrumental in the development of the Healthwatch Stoke-on-Trent organisation and the back office support and the structural advice and guidance during our development year has been invaluable.

Patients and Service Users

Our most important partners are the patients and service users of health and social care services in Stoke-on-Trent. We are receiving a growing number of contacts, via phone, email and through public and face to face contact with our staff and volunteers. These contacts tell us stories of good and bad experiences of health and care services and we ensure that these are shared with those who can do something to change poor practice and celebrate good practice.

We provide information about concerns to providers and require them to respond to these. We also share this with the Quality Committee and Quality Manager at the CCG, and, respond to requests from the CQC for information to support their investigations.

Public engagement

This year we aim to increase our reach even further and have planned an intensive programme of engagement activities and events across the city. We will have a high profile in the hospitals, at GP surgeries, in residential and nursing homes, across community centres and events organised in the city by others, at public events, at voluntary sector events, through peer mentoring groups, patient experience groups and Locality leads in the City Council and the CCG. We also hope to have a regular presence in places where people naturally gather such as supermarkets, shopping centres and other centres where people gather..

Understanding our patients and enabling their voice in a way that meets their needs is important to us.

It is becoming more and more apparent that many patients and service users do not wish to make formal complaints but they do want someone to know what is wrong and be assured that action has been taken to address their concern. Healthwatch Stoke-on-Trent can support people wanting to log a concern and indeed, we find that the building up of evidence from

“Healthwatch have been an active participant in the Overview and Scrutiny Committees work this year. They were a co-optee on an in-depth task and finish review and have attended both Adult and Neighbourhoods and Children and Young Peoples Overview and Scrutiny Committees on a regular basis, to share their knowledge of patient experiences.

Their contribution, particularly on the Home Care Task and Finish group review has been extremely valuable and their knowledge of local health issues and patient and carers experiences has added greatly to our evidence gathering. Their contribution has been positive and enthusiastic and has been well received by all organisations we dealt with. I hope that this positive relationship will continue in our strive to improve local services for our service users and their families.”

Cllr Ali
Chair of the Adult and Neighbourhoods Overview & Scrutiny Committee.

people contacting us is crucial in identifying trends. Our messages are changing to ensure that we are able to encourage patients to tell us their experiences.

Healthwatch role is to enable these voices to be heard just as clearly as those who wish to pursue the formal complaint route.

“Patient Congress has worked collaboratively with Healthwatch Stoke-on-Trent throughout the year. We have valued the extra dimension that this relationship has brought. It helps to give us assurance as we strive to meet the needs of most vulnerable groups to provide positive health outcomes. Healthwatch has been actively involved in the local NHS Call to Action and helped to ensure the widest possible voice was heard at our events. We view this as a symbiotic relationship and look forward to working together in the future.”
Margy Woodhead - Lay Member Stoke-on-Trent CCG & Chair Patient Congress



Financial Statement

	2014
Receipts	
Project Fees	90,937
Misc Income	850
Bank Interest	-
Total Receipts	<u>91,787</u>
Payments	
Staffing Costs	4,566
Training	1,782
Postage	817
Telephone	607
Mobile Phones	782
Computer Costs	6,064
Copying & printing	2,615
Printing Costs	2,741
Stationary	1,045
Office Equipment	262
Travel Expenses	1,621
Volunteer Travel Expenses	1,226
Professional Charges	1,091
Publicity & Promotion	6,012
Community Engagement	514
Miscellaneous Expenditure	111
Refreshments	1,452
Room Hire	1,848
Total Payments	<u>35,156</u>
Net Receipts/ (Payments)	56,631
Cash funds at start of this period	-
Cash funds at end of this period	<u>56,631</u>

See financial commentary on page 23



Commentary to the Financial Statement For Healthwatch Stoke-on-Trent For year ending 31st March 2014

The contract value with Stoke-on-Trent City Council is split between the contract holder, VAST, in respect of the main staff, accommodation and back office costs and a sum to be managed by the Healthwatch Management Board. This second sum is known as “Discretionary Funding” and for the first year amounted to £90,937. A further sum of Miscellaneous Income, being £850, was received in respect of discretionary and additional staff.

In order to better support the activities of Healthwatch, specifically in regard to Sub-group co-ordination the Board determined that two further staff would be employed and funded out of the Discretionary Funding. Appointments were made towards the end of the year with salary costs of £4566 being incurred for the periods.

A major role of Healthwatch is to undertake “Enter and View” reporting. The regulatory structure governing this activity has complexities for which training is required. To satisfy this need, staff undertake both the relevant training but went on to acquire the skills to train volunteers. A cost of £1782 was incurred in achieving this.

Healthwatch works in partnership with health and social care organisations, particularly by offering the community’s views of services as recognised by contacts and comments from patients and users. To assist with collating, analysing and managing this information, a CRM system was acquired at a cost of just over £4,000 which includes ongoing technical support. Additionally, in operating a computerised administration system there are various other costs to be borne, which together with the cost of the aforementioned system brought expenditure on computer systems to £6,064 for the year.

Healthwatch incurs significant costs in communicating with the local community on printing, copying other materials and general stationery expenditure. On these items, expenditure totalled £6,400 for the year. This was, in fact, significantly below levels anticipated for a normal operating year which reflects the lower levels of activity during the start-up phase of the organisation. Publicity and promotion at £6,012 and particularly Community Engagement at £514 for the year, reflect the same profile of expenditure.

Expenditure on general administration, such as for telephones and postage was generally lower than expected. Support costs for volunteers and meeting costs were significantly lower than anticipated, again, reflecting the lag between the start date of Healthwatch and the incurrence of costs through its activities.

As a consequence, total costs were much lower than was anticipated in the original planning stages for Healthwatch, with a turnout of £35,156.

In turn this has resulted in a surplus from the “Discretionary Funding” of £56,631. This surplus will be carried forward to the following year to support discrete and special activities during our second year.



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