

Healthwatch Stoke-on-Trent



Annual Report

2014/15



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Note from the Chair



It is with a genuine sense of pride that I write this introduction to our second Annual

Report of Healthwatch Stoke-on-Trent. We have spent this year consolidating our position and relationships across the City. We have also worked hard to grow our membership and awareness with the public and other stakeholders.

We have been extremely active in embedding ourselves as an independent organisation able to fulfil the statutory functions we have been commissioned to deliver. Our health economy locally has faced some significant challenges during the year. Identified as one of 11 Distressed Health Economies across England, the leaders of health and care services across Stoke and Staffordshire have had to step up to the table to address the challenges presented. Healthwatch Stoke-on-Trent was invited to be a member of the group which led the KPMG review of the local health economy. Our manager Val Lewis took the role of representing patient voice at these meetings and reminding decision makers that any proposals needed to put the patient at the heart of the solution.

The national spotlight on A&E waiting times has often been on Royal Stoke Hospital over the winter with 12 hour trolley breaches reaching an

unprecedented level in the hospital during January. It is no comfort to know that we are not alone in under performing on A&E targets, but perhaps in some perverse way, the scale of the problem focused minds more on collaborative working towards a solution. Once again Healthwatch has been a constant in these meetings and the A&E Survey we conducted jointly with Healthwatch Staffordshire has informed the thinking on solutions.

As chair I have been very pleased to see our involvement across the broadest range of activity from focused A&E surveys, GP Access Surveys, Mental Health Access, Discharge Pathways, Parkinsons work, through to the engagement with Public Health running their Big Alcohol Debate and very specific input to the series of Health Literacy workshops in the City.

I am also able to report that Healthwatch has a presence and makes a significant contribution, at most strategic tables in the city now and I observe a level of respect for the views expressed by Healthwatch Stoke-on-Trent because we are so well grounded in public opinion.

As a member of the Health and Wellbeing Board, we undertook to lead on the development of a Dignity and Respect Charter for the citizen and we are very pleased that this has been adopted by the Board and will be launched in June.

All in all a good year and 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-on-Trent



Note from Chief Officer



Writing an Annual Report can be daunting and yet, writing this, I realise how much we have grown and how much impact we have had. It is

all down to a great team of staff and a wonderful band of volunteers, from our Board members to our magnificent frontline volunteers.

It's a report we can be proud of in Stoke-on-Trent, both as staff and as volunteers and it's also one we can use to show how much difference we make simply by being there. So thank you to everyone who has been involved with us and, as a reader, I hope you will enjoy reading this and seeing how much has been done.

The winter of 2014/15 will be remembered locally as the time when our University Hospital of North Midlands Accident and Emergency performance was in the national headlines for many days in succession for all the wrong reasons.

The decision to bring Royal Stoke and County Hospital Stafford together in the University Of North Midlands NHS Trust (UHNM) led to some public concern. In Staffordshire these were about proposals to move services up to Stoke-on-Trent and in Stoke-on-Trent concerns were aired about the capacity of the Stoke site to manage the increased volume of patients.

The two local Healthwatch - Staffordshire and Stoke-on-Trent worked together to support UHNM to engage in public dialogue over the plans. This proved to be very successful for all parties and we have since collaborated on a number of pieces of work and will, I think, begin to work more closely together whilst maintaining our independence to speak and represent the people of Stoke-on-Trent.

Healthwatch Stoke on-Trent has not been content with only raising its profile successfully. We have also attended a Health Select Committee to give evidence on the Transforming Cancer and End of Life Programme in Stoke and Staffordshire. Additionally our young people were quoted in a parliamentary debate by local MP Rob Ffello who shared some of their messages around the CAMH's (Children and Adolescent Mental Health services) to support improvements in these services.

We have a very small team of staff who have to be multi-disciplinary and able to adapt and adopt to meet patient and volunteer needs. They have done this superbly and their support and enthusiasm for their work has been very much appreciated by me.

However, we would be nothing without the patients, service users, carers and voluntary and community organisations and groups who provide the voice of those who use services. We know that by working with them, recording their views and sharing their messages we are able to influence commissioners and clinicians to make services patient centred.

Here's to another busy but fruitful year

Val Lewis, Manager



About Healthwatch Stoke-on-Trent

We are here to make health and social care services better for ordinary people. We believe that the best way to do this is by designing local services around their needs and experiences. We also believe that the design of those services should put the patient and service user at the centre of the process.

Everything we say and do is informed by our connections to local people and our expertise is grounded in their experience. We are the only body looking solely at people's experience across all health and social care settings.

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

As a statutory watchdog our role is to ensure that local health and social care services and the local decision makers, put the experiences of people at the heart of their care. We can hold commissioners and service providers to account and we often do, but we try to make sure that this is done in a positive way that promotes co-operation and improves services.

Our Statement of Intent

“Healthwatch Stoke-on-Trent will enable a strong voice and provide support to local people and community and voluntary groups so that they can influence the way their health and social care services are planned, purchased and provided.”

The Context

Users and the public must be at the heart of all health and social care service delivery. To achieve this ambition, the Health and Social Care Act 2012 established a new consumer champion for users of health and social care services, called Healthwatch. Healthwatch exists locally as Local Healthwatch and nationally as Healthwatch England. There is a Local Healthwatch in every higher tier Local Authority in England - a total of 132 individual organisations and these have developed in a variety of forms from full charitable organisations, to CICs, private companies and, in the case of Healthwatch Stoke-on-Trent a Charitable Incorporated Organisation (CIO).

Our Structure

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, from VAST, a VCS infrastructure organisation & from



Saltbox, a faith based charity. As the contracted organisation VAST employ the staff and provide office space and back office services including financial management. Healthwatch Management Board 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

Local authorities were required to commission a Local Healthwatch organisation from 1 April 2013 and in Stoke-on-Trent a 3 year contract was awarded, after a competitive tendering process, by Stoke City Council to VAST, the voluntary sector infrastructure organisation and VAST have supported the creation of the Local Healthwatch for the City. This report covers our second year.

Provision and Intention

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. It will use evidence to underpin its priorities and target its efforts and will work in partnership with existing networks and services to achieve improved health and social care outcomes and reduce health inequalities within the City of Stoke-on-Trent.

Healthwatch Stoke-on-Trent will provide good value for money making the best use of its resources by seeking to avoid duplication with other bodies in the City

of Stoke-on-Trent and working creatively with them to deliver the most cost effective solutions to achieve its chosen priorities.

The national vision for Local Healthwatch is that it will;

- Act as local consumer champion representing the collective voice of patients, service users, carers and the public
- Support individuals to access information and advice about services
- Provide or signpost people to independent advocacy if they need help to complain about NHS services
- Have real influence with commissioners, providers, regulators and Healthwatch England using their knowledge of what matters to local people

Healthwatch Stoke-on-Trent was formed with a structure which supports the national vision as described although it does not provide independent advocacy. Enquiries are signposted to an appropriate advocacy provision. The organisation has a core staffing structure, guided by a Management Board of twelve members of the community and local organisations. The members of the Board have an interest in patient voice being central to influence and design and commissioning of health and care services and a clear understanding that this core service, through the small team of staff, needs to be heavily underpinned by volunteer activity on a number of different levels which will be described later.

The structure of the organisation is best described in the structure chart at Fig 1.

The detail of our governance is described later in this report



Fig 1 Staffing and organisational structure

Volunteers

The volunteer functions are many and varied and continue to evolve as we gain a better understanding of what we have to do and the demands that this places on our organisation.

The staff of Healthwatch Stoke-on-Trent work very closely with all our volunteers and our work is informed by them and supported by them. The primary work could best be described as being around:

- the capture of Voice of patients and service users,
- the awareness raising of Local Healthwatch and what it provides for the public in terms of a service

and route to influence and raise concerns

- the opportunities to participate in influencing the shape and future priorities of the health economy in Stoke-on-Trent

The type of volunteers recruited and the roles they carry out are described in Fig 2 but it should be noted that these roles are ever evolving and new opportunities to participate as a volunteer in the work of Healthwatch are always emerging.



Volunteers are central to our work and we are able to offer a range of roles which we believe support the needs of our diverse range of volunteers

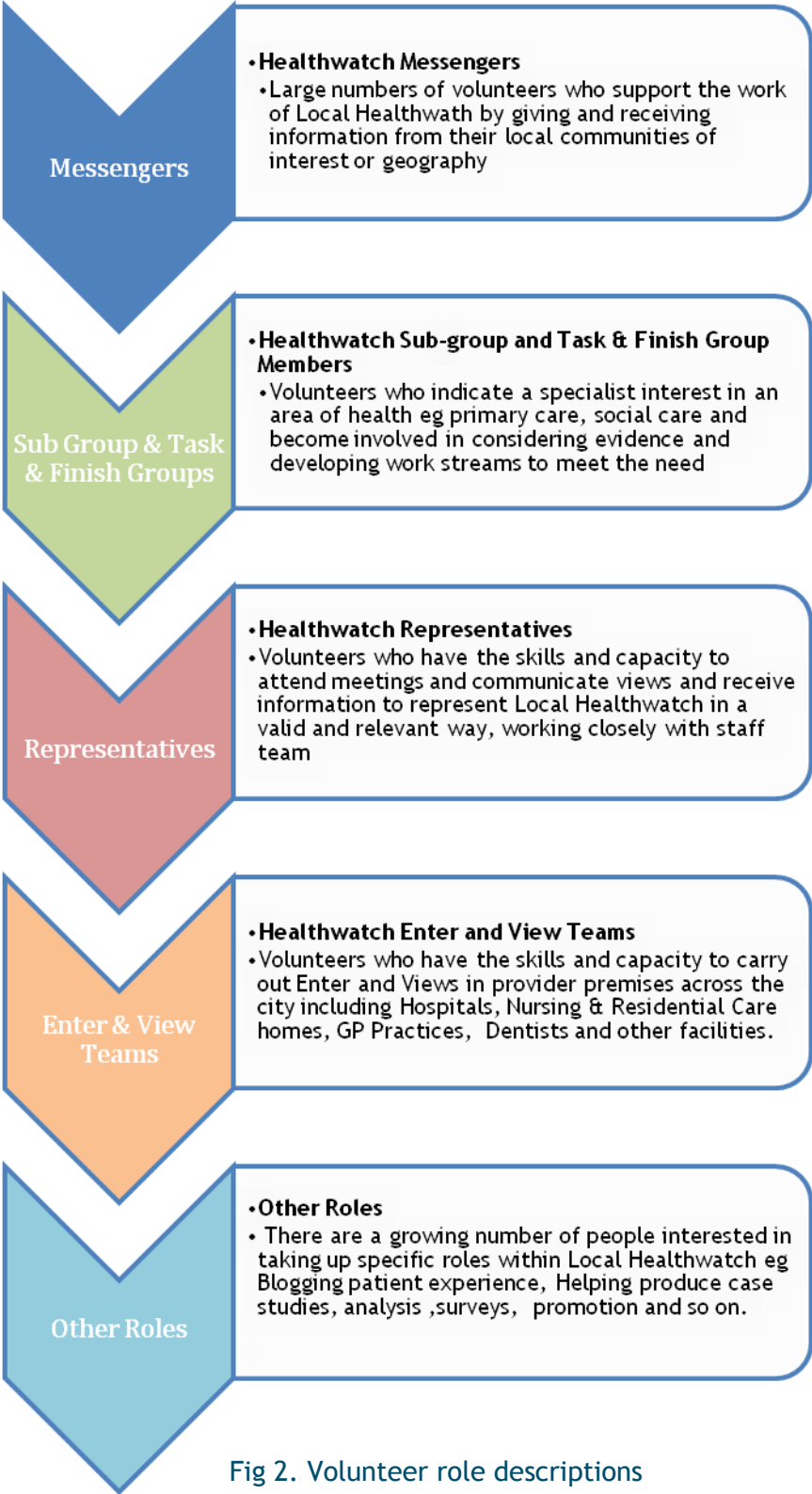


Fig 2. Volunteer role descriptions



Engaging with people who use health and social care services

Understanding people's experiences

To function effectively as a local Healthwatch it is important to gather the views of the local population.

Healthwatch Stoke-on-Trent adopts a varied methodology for doing this. We recognise that we are a new organisation which is currently growing its volunteer base with a small staff team of 5 people at its core. We cannot do everything ourselves. It has therefore been important to cement relationships with providers, staff and voluntary and community groups who already work closely with many of the people who most often access services.

This enables us to ask them to ask their client group for a view and enables them to feed in any concerns they have themselves about services.

A good example of how this works would be STAND who support people with disability. They regularly feed information to us about how difficult it is for patients accessing hospital services when parking is poor and there is little acknowledgement of the additional time it takes to park, pay, enter buildings, access clinics and services. We can collate this add our own evidence and work with them to raise the issue and have changes made.

We ensure that we ask to attend events organised by other organisations, either to have a presence via a stand, or, ideally, to

talk to their audience about Healthwatch and hear what they have to say.

We also work closely with our local Patient Congress and share intelligence with them which is a two way process.

We are growing our links with Patient Participation Groups (PPGs) in General Practice across the city and this supports patient voice in being channelled to us. There is still more work to be done to widen this engagement with PPG's and we recognise that some are less well developed as yet.

Our work with the faith communities in the city is enhanced by having as our Chair the CEO of Saltbox, a leading faith charity in the city. In his role as a faith leader he supports us in accessing a very diverse range of faith groups to talk about Healthwatch and explore how we can work more closely together.

We also regularly have a stand in the foyer of the hospital to talk to patients about their experiences informally and to promote our role.

Our work with young people has been particularly successful this year. We recognised that for young people to engage they need to feel empowered by the process.

We regularly speak to students at Stoke-on-Trent Sixth Form College and a number of them from the Health and Care course volunteer with us and supported our GP Access and A&E survey by talking to patients waiting to be seen. We have just



been informed that Healthwatch has been included as a curriculum subject on the college Social Care course and we go into the college for an afternoon to work with students and recruit them to volunteer with us if they are interested.

At a number of events such as the Youth Hustings, we listened to some very eloquent young people telling us their experiences of accessing mental health services and their concerns around waiting times for both diagnosis and then again, for treatment and access to therapies. As a result of this we invited them to get involved in commenting on the Childrens and Young Persons Emotional Wellbeing Strategy. A focused workshop was arranged and twitter and facebook promotion encouraged discussion and awareness raising through social media. The timing of the event was negotiated carefully, the event was well structured to enable maximum input from them and the outcome was very positive indeed with young people contributing in a very animated and engaged way to inform the strategy. The commissioner was particularly impressed and Healthwatch was pleased to note that the suggestions that came from the groups were used throughout the final version of the strategy.

“Healthwatch was able to bring together a group of young people whose experiences of mental health services in the City provided important insight into the draft priorities we had developed following on-going consultation with a range of stakeholders including young people. Their suggestions and comments helped us to refine our priorities further and endorsed the direction of travel for children and young people’s

emotional wellbeing and mental health provision in the City. We look forward to regular engagement with the group as we begin to deliver the strategy.”

Paula Wilman, Senior Commissioning Officer, Life Course Commissioning Team, Peoples Directorate, Stoke-on-Trent City Council.

Our close links with Healthwatch England then supported us in being aware of a planned debate on CAMHS which was being held in Westminster. On the advice of Healthwatch England we circulated the feedback from young people to all our local MP’s and were very pleased indeed when Rob Ffello MP quoted their work in his Commons response to the debate.

“Our local MP Rob Ffello quoted young people from Stoke-on-Trent in his comments as part of the CAMHS Debate in Westminster”

We have regular presence in the foyer of the Royal Stoke Hospital where we encourage patients and families to share experience with us

We also attend hospital and community Trusts patient council or patient involvement committees and hear what is being said by them.

Our Twitter and Facebook presence is growing and now involves some regular dialogues with patients and the wider public over services, consultation opportunities and views. More and more information is being pushed to a bigger audience through shares and likes and retweets. We have also increased participation amongst individuals who want to engage, not only the organisations who want to collaborate. There is a place



for both, but ensuring that the public have the bigger voice is important to us.

With a focus on Frail Elderly services in Stoke-on-Trent's health economy, through the continuing development of the New Model of Care (Step Up/StepDown) Healthwatch Stoke has been particularly keen to draw on the views of older people. The Discharge Pathways work and the Parkinsons work meant that we targeted older people many of whom were over 65 years of age to seek their views.

In particular we have worked closely with large cohorts of older people including those over 65 years of age, through the EngAGE Forum (a project of Age UK North Staffs), which we attend regularly to promote Healthwatch and hear what people have to say. Reports and anecdotal feedback from them is shared with us and we have ensured that reports produced by EngAGE have also been fed into the JSNA (Joint Strategic Needs Assessment) for the City.

We have also appreciated the good relationships that we have developed with disability groups such as STAND and Deaflinks which have supported raising concerns about issues of particular relevance to them. In particular the challenges around adequate and well sited parking for disabled and less mobile patients attending hospital which we have continually flagged with the hospital Trust. We have also added our voice to that of STAND over concerns around disabled access to public buildings where PIP (Personal Independence Payment) Assessments have been carried out.

Stoke-on-Trent is often described as the hole in the doughnut of Staffordshire. We also have our major acute hospital sitting in the city boundaries but servicing the county of Staffordshire. Mental Health Services are also provided across a much

wider footprint than the city alone. Our Partnership Trust offer services across Stoke and Staffordshire and further afield as well. As a major trauma centre, Royal Stoke Hospital services a much wider population across Shropshire, Cheshire and beyond. This means that patients may be accessing acute and elective services as well as out patient care but live outside the boundaries of the city. To support this Healthwatch Stoke-on-Trent works increasingly closely with Healthwatch Staffordshire and also has good communication links with local Healthwatch in Shropshire, Cheshire and Telford and Wrekin. We also maintain communications with the Community Health Trusts in Wales. This enables us to easily signpost patients to their local Healthwatch, but also enables us to compare and contrast quality of service provision which may impact on each others cohort of patients.

Because of the natural flow of patients across the border we have volunteers who have expressed a preference to work with our local Healthwatch in the city rather than in the Healthwatch local to them. This may be because they are registered with a GP within the city, or feel that the other services they access are more relevantly supported through this Healthwatch.

Stoke-on-Trent is one of the most deprived cities in England and was ranked the 16th most deprived local authority (out of 326) in England (based on the 2010 Indices of Deprivation). There are a number of areas locally that are among the top 5% most deprived in the whole of England. These include areas around the wards of Tunstall, Burslem Central, Moorcroft, Etruria and Hanley (located in the north and west of the city), Abbey Hulton and Townsend, Bentilee and



Ubberley (in the east) and Meir North and Meir South (in the south east).

Within Stoke-on-Trent, nearly 131,000 people (52.4%) were living among areas of the city ranked among the top 20% most deprived in the whole of England, which means the majority of the population are likely to be living in areas of the city considered to be among the most deprived. In contrast, there were 11,200 people (4.5%) living in areas of the city ranked among the top 20% most affluent in the whole of England¹.

Health and social vulnerabilities are significant and we face challenges in moving to a more positive position. However, the local authority and the CCG are working ever more closely to address these challenges through a more integrated health economy and a more cohesive approach to other key influencers such as housing, education and employment and skills.

In 2013, 2,469 people died from all causes in Stoke-on-Trent. The three main causes of death were cancer (29.1%), circulatory disease (22.9%) and respiratory disease (17.7%). These three conditions accounted for 69.7% of all deaths².

A focus on the merits of significant change to care services for Cancer Pathways as part of the Transforming Cancer & End of Life Programmes has been a very topical issue for Healthwatch Stoke during the year. We were asked to give evidence to a Health Select Committee last autumn with Healthwatch Staffordshire. The

emotive nature of the proposals for change has led to some local friction and challenge. Healthwatch takes a very clear position in which we cannot get involved in the political aspects of the merits, or otherwise, of private or NHS providers leading the programme. All that we can do is try to ensure that the Programme leads provide adequate opportunity for public engagement and debate on whatever proposal is put forward for delivering an improved service for Cancer and End of Life patients. We have a very positive relationship with the Programme Leads and meet regularly with them. Our role is to enable challenge and dialogue and ensure that the views of patients and service users are considered carefully as part of any decision over a service design and delivery. We will continue to work together with Healthwatch Staffordshire to enable this to take place across the whole health economy.

Recognition that health literacy levels are very low in Stoke with an average reading age of 7 years for the population focuses the mind on how to communicate with the public over health matters. Healthwatch Stoke-on-Trent has been involved in a series of Health Literacy Events to support awareness of the challenges this brings. In particular Healthwatch is concerned to influence decision makers away from an assumption that health literacy is only about improving reading ages and ensuring that patient focused literature is easier to understand. This plays a part but the underlying themes must be about understanding what motivates vulnerable individuals who may face health challenges and significant social and economic challenges on a daily basis. In these circumstances we must understand what motivates changes in diet, lifestyle, childcare, attitudes to education and so on. In short, change must be enabled but

¹ Pharmaceutical Needs Assessment-Stoke-2015

² Pharmaceutical Needs Assessment - Stoke - 2015



from the position of the priorities of the individual and must therefore be person centred.

Healthwatch Stoke-on-Trent recognises that there are many vulnerable groups across the city and that many of these struggle to have a voice. It is not realistic to suggest that we could provide a voice for all these groups in such a short period of time, but we have worked hard to enable the voice frail elderly, those with long term conditions, carers, young people with mental health challenges and those with disabilities.

We are also proud of the progress we have made through relationships with other organisations who work very closely with specific vulnerable groups. Developing these relationships has meant that we are able to ask them to invite people to speak to us, or ask us to attend events they are holding to speak to their cohort.

There is general recognition that the voice of carers is not easily heard and Healthwatch Stoke has been pleased to work closely with North Staffs Carers Association on a number of occasions to promote the needs of carers; enable them to be involved in consultation over issues of relevance to them as carers; promote the information sessions on the impact of the Care Act; attend social sessions to hear the views of carers and understand the challenges that they face. This relationship has supported a better informed Healthwatch able to consider carers views as part of many pieces of work.

Healthwatch has also been able to respond to specific needs from seldom heard groups. An example of this is the deaf community who attended a Care Act Briefing we held. It became apparent that their needs were not being wholly met across a whole range of health services

and we are currently working with a small task and finish group from the deaf community and a local Vountary & Community organisation to explore what specific pieces of work we should prioritise to improve the awareness and support deaf and hard of hearing patients and service users experience.

“Its so good to know that Healthwatch is going to work with us to get our voice heard, this sort of thing doesn’t happen to us” Member of the deaf community.

Enter & View

It has taken a while for Healthwatch Stoke-on-Trent to commence Enter and View Visits. This statutory function is a very important one and is one which we needed to feel wholly confident to deliver well.

We have now trained a number of volunteers and delivered our first 3 visits during this year.

As with all our work, the decision to undertake an Enter and View has to be clearly defined and agreed by our Board and our process for enabling this to happen requires us to follow a process.

The Enter and Views we have conducted are:

1. A new service being delivered by the acute Trust UHNM. They had commissioned a ward at Harplands Hospital which delivers mental health services. The intention was to support earlier discharge from acute wards of frail elderly patients with dementia and implement a re-ablement programme to support them in returning to independent living or supported living. Some concerns about the physical environment had been



flagged with Healthwatch and it was decided to conduct an Enter and View visit to:

- a) explore the environment,
- b) talk to patients about their experience of the unit,
- c) speak to family members and carers as well to establish their view of the service.

The visit was a very positive one indeed. It was conducted as an announced visit to be conducted within a stated timeframe of one week, but the actual time and date was unknown to the provider.

A number of small recommendations were made based on observations of the representatives and these have been addressed by the provider. The report was circulated to all interested parties at the Acute Hospital, the Mental Health Trust, commissioners at Stoke and North Staffs CCG's and it was shared with the local authority.

A summary of the report can be viewed on the Healthwatch website.

2. The second visit was a nursing home with 3 separate units including support of dementia patients. Some general concerns had been raised with Healthwatch by the public which the representatives wished to look at. The agreed reasons for the unannounced visit were:

- a) To check the environment for its suitability for providing the levels of care required;
- b) To observe working practices and standards of care provided across the establishment;

The report made a number of recommendations for improvement but overall was very positive and well received. Some amendments have already been made to signage and access to dining

tables. Distribution of the final report has been across the local authority, commissioners, safeguarding team and it has been published on our website.

3. The third visit was undertaken to a unit on the same site as the previous one but managed by a separate provider. Care Quality Commission (CQC) inspection in January had rated it as requiring improvement under the Safe and Effective criteria. The stated purpose for the visit was:

- a) to check the environment of the Wedgewood Unit as to its suitability for providing the levels of care required;
- b) to observe working practices and standard of care provided the establishment;
- c) to support our contribution towards the 'Step up Step Down - New Model of Care' consultation currently being undertaken by the Stoke-on-Trent & North Staffs Clinical Commissioning Group.

The report for this is in the process of being signed off.

Our Authorised representatives are:

- John Gould
- Jean Mayer
- Barbara Mawby
- Paul Harper
- Abi May
- Stewart Barker
- Lynne Bradley
- Hilda Johnson
- Barry Dolton
- Val Lewis (staff)
- Rebecca Elliott (staff)
- Dave Rushton (staff)
- Paul Astley (staff)



Providing information and signposting for people who use health and social care services

Helping people get what they need from local health and social care services

At Healthwatch Stoke we understand that the health and care marketplace can be difficult to navigate. We find that one of our key areas of work is helping people to find what they need, otherwise known as signposting. Also, people need access to good quality information so they can make informed decisions.

- In the financial year 2014-15 we supported 89 individuals

These interactions can be very short, simple and able to be addressed in a quick telephone call, or sometimes develop into an ongoing case with many interactions over a period of time.

“Thank you so much for all your time and effort in getting this resolved”

Service User

As well as this, our service directory has been distributed across Stoke-on-Trent to GP surgeries, pharmacies, care homes and more. This has been found useful by the general public and professionals alike with all 12,000 copies distributed and shelves emptied at the Healthwatch office.

Our web presence is growing too. We work hard on social media and with a

potential re-tweet reach of 605,000 in the year to March our messages can be seen to be delivered. Our website traffic has grown also over the last year with over 17,000 visits.

The website is intended to be a good source of news and information for the public and is regularly populated to be sure that Healthwatch Stoke is the go-to web destination for health and care news in the city.

We have made a decision to refresh our web presence and install the Informatics and Sentiment Analysis system which enables the public to post comments and score individual services. This will go live in late June and we think it will support providers and commissioners as well in seeing the local picture. We will produce monthly reports for providers and share these with commissioners so that patient opinion is part of the consideration when quality and service design are discussed.

Speaking of news, our monthly newsletter is well respected locally as a reliable source of information and is distributed to over 1000 individuals, a quarter of these being professionals. We are aware that the newsletter is then distributed again by many of the individuals who also represent organisations or support groups, but it is difficult to estimate the final reach. This is a good example of how we inform people directly, but also help others promote or improve their own service.



It is however, when people contact the office directly that staff get to witness the real value of signposting and information sharing. There has been a variety of queries over the last twelve months.

They can vary from simple requests for the name of a commissioner or advice on who to contact for care support, to more complicated questions around rights, understanding what a patient is entitled to see in terms of patient records and how to go about actioning this.

The range of questions and queries are significant and we have established a very positive relationship with Powher who have the local contract to provide advocacy support.

We promote their monthly open sessions in the city and we meet with the team leader on a bi-monthly basis to share intelligence and explore how and what type of advocacy cases they are receiving. This helps us to stay informed and enables us to monitor the number of people who have taken up the offer from referral.

We are continually struck by the number of people who wish to tell us their experience of a health or care service who do not wish to complain. This willingness to share stories which have had a huge impact on their lives but no wish to take up a formal complaint process is a real concern. However it has led to us using a new strap line when we promote our service which is

“If you don’t want to complain but you want someone to know - tell Healthwatch”

We have produced small wallet sized cards with this message and our contact details and this is distributed across our network of Healthwatch Messengers to enable

them to hand it out to members of the public who want to share a story.

There are numerous examples that illustrate our information and signposting.

We were contact by a carer who felt completely overwhelmed by his caring responsibilities for his wife who had dementia. He was signposted to North Staffs Carers for advice on how to manage his financial affairs as his wife’s legal guardian, as well as accessing some social activities and sharing his experiences with others who understood how he was feeling.

We were contacted by a patient who wanted to see her GP records and needed advice on how this could be achieved after a negative response to her initial request. The intervention by Healthwatch resulted in the CCG re-issuing guidance to all GP’s on how to respond appropriately to requests for information from patients.

We were contacted by a voluntary organisation that had contracted with the local CCG to deliver interpreting services for deaf patients, but had been unable to establish who was running the new contract within NHS England. This left deaf people at risk of having no signers to support them at medical appointments. Healthwatch’s intervention enabled this to be sorted out swiftly after a three month hiatus.





Influencing decision makers with evidence from local people

Producing reports and recommendations to effect change

During the year we have produced a number of reports including:

- Frail Elderly Discharge Pathways Report
- Parkinson's provision in Stoke-on-Trent
- Access to Mental Health Services Report
- Ward 4 Enter and View (Shared Care Scheme Frail Elderly living with dementia)
- Formal Report responding to the CYP Emotional Health and Wellbeing Strategy Consultation
- Formal Report responding to the consultation on the implementation of the Care Act
- Formal Report responding to the consultation on the proposed service cuts to Supporting People funding

In all cases the views of the patient and services user have been sought to inform the content of the reports and their voice has been central to those reports.

We are aware that the Discharge Pathways, Parkinsons and Children and Young People's Emotional Health and Wellbeing reports in particular have influenced change and supported more patient focused decisions.

Our Discharge Pathways Project has been very successful in seeking views of older people on how they experience discharge from hospital and the interim report, (completed early to enable it to feed into the consultation on the New Model of Care) has been well received across providers and commissioners and is informing the development of the model.

[Click here to download report](#)

It has been particularly important in highlighting the different ways that older people respond to discharge, their understanding of the information and their ability to grasp it and take control of their discharge. The recommendations have been considered and are referenced across many different arenas locally and are also being referenced in the West Midlands Quality Review Service (WMQRS) - Quality Review for the Care of Frail Older People.

“Our Discharge Pathways report is being referenced in the WMQRS Quality Review for the Care of Frail Older People”

A concern raised initially by a health care professional led to Healthwatch Stoke-on-Trent carrying out a piece of work, targeted primarily at frail older people who suffered from Parkinsons. 250 questionnaires were distributed and 120



were returned. It was clear that there was a growing dissatisfaction about access to timely advice and medication reviews in the community setting, to support best possible quality of life for Parkinsons patients. Working in tandem with:

- Neurological Alliance;
- Radis Care;
- Staffordshire and Stoke-on-Trent Partnership Trust;
- Parkinson's UK;
- Stoke-on-Trent CCG;
- Staffordshire Housing

a survey was conducted which revealed some significant patient concerns with the service

[Click here to read the report in full](#)

Outcomes, following the publication of the report, have been gratifying to date. The CCG Commissioner with responsibility for long term conditions such as Parkinson's has met with the key partners and Healthwatch and discussed the report. The report has been tabled at the Neurology Network Meeting and, following this meeting, has resulted in a tentative commitment to increase the number of Parkinsons's nurses in the community.

“It was helpful for clinicians to hear what Parkinsons patients were experiencing and to understand the level of impact of poor community service provision on patient health”
Observation of Healthwatch staff member at the meeting

However, Healthwatch Stoke-on-Trent is also pushing for consideration of mechanisms to place more expertise around Parkinson's out into general practice. This would support earlier

diagnosis and better management through GP led services and might further enhance patient experience.

“56% of those with advanced Parkinson's responded that their GP didn't seem confident to offer advice regarding the condition”³

Healthwatch Stoke-on-Trent tries to consider all aspects of its work strategically as well as operationally.

It has therefore been very appropriate to use examples such as our Parkinsons and Discharge Pathways work to remind clinicians and commissioners of the patients' experiences which are central to any integration programme working well. With the New Model of Care and the Better Care Fund working in tandem to keep people well at home, avoid unnecessary admission and support earlier discharge from hospital, Healthwatch has supported improved patient voice in the process. This was achieved through strong challenge to the CCG over the efficacy and timeliness of their consultation process. It led to a request to Healthwatch to help their comms team produce more patient friendly, easy read summaries that informed patients about the New Model of Care. It also significantly improved the content and presentation styles used at consultation events. Enabling this improved patient contribution can only lead to improvements in overall health economy. The work continues.

Putting local people at the heart of improving services

³³ Parkinsons Report - Healthwatch Stoke-on-Trent 2015



Healthwatch Stoke-on-Trent listens very carefully to the local population to guide its work and set its priorities.

It is a clear policy for all our staff and volunteers to consider how they introduce the patient voice into every arena in which we work. Being part of a small team ensures that all staff are “front line” at some point during the working day. This means speaking directly to patients, carers and service users about their experiences. Those “lived” experiences are the best possible examples to use when talking to commissioners, clinicians, managers or frontline staff.

At a strategic level the Healthwatch manager ensures that commissioners and senior managers are reminded about the patient or service user and how their experience should be central to any quality, performance or service design discussions. Bringing that point of view to the meeting often focuses the minds of participants and changes the direction of conversations.

Our staff encourage volunteers to ensure that patient voice/local view is shared when on working groups, promotional stands, attending events, in representative roles or in meetings with managers or commissioners.

The Annual Meeting of Healthwatch Stoke-on-Trent last year enabled the gathering of views around shaping our specific priorities. These were considered by our Board along with the themes that had emerged from other patient engagement events. Local priorities for service design and implementation were agreed as our priorities for the year. They are detailed in the About Us section at the beginning of this report.

In particular we have involved patients or shared their views in the commissioning provision and management of the

following health and social care services for example:

- Direct feedback to Quality Leads in the CCG and NHS England on issues raised by patients affecting the quality of services eg Signing/Interpreting services for medical appts for the deaf community;
- Patient groups have worked closely with Healthwatch Stoke to feed information back on the care.data proposals and representatives have attended national events on this topic to put forward local views
- Provision of patient representatives and collection of patient opinion in consultation and strategic development activities around Mental Health Strategy, Care Act, Carers Strategy, Dementia Strategy, Mental Health Strategy, Supported Housing and Learning Disability Review
- As reported previously young people were involved in a significant piece of work to provide comment on the Young Persons Emotional Wellbeing Strategy

Healthwatch Stoke-on-Trent works with volunteers in a variety of roles and is growing its number and skillset of Representatives. We are providing support to enable them to truly represent at meetings rather than just attend. In the coming year this programme will be extended further to increase our representation and volunteer involvement in enabling patient voice.

In addition, our volunteers support staff by taking stands to events and also acting as Healthwatch Messengers in their local communities to promote what we do and to capture and feedback patient stories which help to build our evidence base.

Three of our Board members who are particularly interested in aspects of



service delivery have attended local and national events. Prior to each they have attended the office to meet with staff to receive detailed briefings about the topics to enable them to feel confident to participate.

Examples of events attended would be attendance at the Care.data events organised regionally by NHS England, attendance at CQC conferences, participation in Care & Treatment Reviews (Winterbourne), Equality Delivery System (EDS) Training events at the Stoke CCG, events around the Transforming Cancer and End of Life Programmes, transition workshops for the Acute Trust when moving services between sites.

The Healthwatch Board receive summary reports from the representatives after these meetings.

Health and Wellbeing Board representative

“It is really important that the Health and Wellbeing Board have Healthwatch as a member. They are able to bring vital intelligence on the experience and quality of service people have received, in a way that really helps the board debate and challenge itself to ensure its strategies and priorities take account of what is happening day to day. Healthwatch have a unique perspective of championing service user and patient experience with board responsibilities for shaping and implementing strategy.”

Diane Lea, Independent Chair of Stoke Health and Wellbeing Board

The manager of our local Healthwatch is the nominated representative on the Health and Wellbeing Board.

The role on the Board is an important one as the membership is small and has only recently been extended to include provider representation (non-voting) from the Acute, Mental Health and Partnership Trusts who provide the bulk of health services and a significant percentage of community services across the city.

The Healthwatch Manager uses her seat on the Board to try and seek assurance, on behalf of the Board, that there is a commitment to integration and collaboration between health and care at all levels in the city. She also challenges any reports that come to the Board which do not appear to adequately reflect the drive for collaboration between health and social care and tries to create dialogue and debate to explore how this collaboration can be embedded at all levels of strategic implementation, management and delivery of services.

Healthwatch has been very proactive in challenging the inadequacies of the Joint Strategic Needs Assessment (JSNA) in terms of access to contribute reports and data for the voluntary sector; promotion to the public of the importance of the JSNA in supporting the development of the priorities for the Health and Wellbeing Board; provision of information for the public in a form which makes it easy for them to understand. There has been significant progress in this although there is still some way to go to make JSNA an open and easily accessible resource and Healthwatch hopes that this will continue.

A Health and Wellbeing Board Development Day is planned in early July and Healthwatch has been invited to contribute ideas for the content and



format of the day. This has been received very positively.

Working with others to improve local services

Healthwatch Stoke-on-Trent has worked hard to develop a working relationship with the CQC. We recognise the challenges faced by the CQC in implementing the changes they have had over the last year. This has made it difficult to establish strong relationships as staff have moved around within the organisation. We now have a regular review meeting with key local CQC representatives which has helped and this allows for exchange of information and sharing of concerns. Our local link takes messages and evidence back to the CQC.

We contributed a detailed summary of concerns and issues to the CQC prior to the recent CQC inspection of UHNM Royal Stoke and actively promoted the Listening Event in the City for the CQC and attended the event too.

We have not made specific recommendations to the Care Quality Commission either directly or indirectly to undertake special reviews or investigations. We have actively contributed to any local inspections which we knew were taking place and for which we had evidence to be taken into consideration. We support impending inspections and we are now alerted to any intended inspections in a timely way. This has taken a while to put in place but at the time of writing is working much more effectively.

Healthwatch Stoke-on-Trent has a good working relationship with the Local Area Team at NHS England's Rugeley offices. We attend regular Healthwatch information sharing meetings with key staff and this supports us and them in

understanding the issues and concerns that are relevant to patient experience. It has been useful for us to have this link on a number of occasions when talking to someone who understands the internal processes has reduced time delays and supported information sharing and response effectively. Our membership of the Quality Surveillance Group and invitations to participate in Risk Summits has been helpful to all parties to provide patient experience input.

Healthwatch Stoke-on-Trent has worked hard to create good relationships with a large number of voluntary organisations who work with particular vulnerable groups. Much of our work is enhanced by working collaboratively with them to seek views of patients and service users and to gather a wider pool of evidence to support our final reports and demonstrate that they call on evidence from a variety of sources which supports validation.

We have undertaken a specific review of a service in the form of the Parkinsons review. This was a very collaborative piece of work and brought together a number of organisations.

The Mental Health Access report involved working with a number of voluntary groups who provided evidence and supported access to their client groups who provided a view on the services which helped to inform the report.

We have also provided a number of patient stories in the form of case studies for discussion with the Quality Lead at Stoke CCG and these have been discussed on wider platforms within the CCG.

In the course of our work this year we have issued two Freedom of Information Requests relating to our Discharge Pathways project. We received the information requested from Stoke-on-Trent and Staffordshire Partnership Trust



(SSOTP), but did not receive the information from UHNM (University Hospital of North Midlands)

All our reports are loaded onto our website and are shared with the providers concerned but we also disseminate much more widely, targeting commissioners, providers, CEO's and specific managers/team leaders whom we know have a particular interest in the subject matter. We do this via email with a link to the report and a brief summary of the detail.

We monitor the number of downloads of our reports and the recent Discharge Pathways report has been downloaded 115 times.

We have shared intelligence with Healthwatch England around a number of subjects.

We were one of the local Healthwatch that escalated concerns to Healthwatch England asking that they get involved in the Care.data consultation. The proposals put out by NHS England did not, in our view, give a clear balanced view and did not provide patients with enough information to make an informed judgement. We believe that we played some part in the subsequent delaying of decisions over this to give more time for patients to be consulted.



Impact Stories

Case Study One

Contributing to consultation on Emotional Wellbeing and Mental Health of Children and Young People

How young people's voice influenced a strategy

Healthwatch Stoke-on-Trent (Healthwatch Stoke) was informed of the local consultation for the 'Emotional Wellbeing and Mental Health of Children and Young People from Birth to 18 years



1 Young people discussing mental health

Commissioning Strategy 2015-18' in December 2014 when the commissioner presented this during one of our subgroup meetings attended by Healthwatch volunteers where they explained how the multi-faceted consultation exercise had been continuing over the last year. Children & Adolescent Mental Health Services (CAMHS) is a priority for Healthwatch Stoke and we were keen to ensure that our input towards this local consultation counted given that the national picture for CAMHS is one of grave concern.

Healthwatch Stoke wanted to hear the voice of the young person on whom this

strategy would directly impact. A focus group was organised in January 2015 where local providers of young persons mental health support were invited to bring young people who accessed their service to come along and engage in a session. Healthwatch Stoke also invited their network of young people to come and have their say.

The evening was a complete success and was attended by fifteen young people all of whom had varying experiences of the mental health services locally. We planned a workshop that would look to engage the young people and enable them to make an informed comment about the commissioning strategy. We looked at the key priorities set out in the strategy; we looked at their own priorities and asked them to tell us what their priorities are as young people living in Stoke-on-Trent. All of the comments, suggestions, ideas and discussions were noted down and prepared to form the basis of Healthwatch Stoke official response to the Local Authority who was facilitating the consultation. The Commissioning Team have offered the following statement to demonstrate the impact this piece of work has had:

"Healthwatch was able to bring together a group of young people



whose experiences of mental health services in the city provided important insight into the draft priorities we had developed following on-going consultation with a range of stakeholders including young people. Their suggestions and comments helped us to refine our priorities further and endorsed the direction of travel for children and young people's emotional wellbeing and mental health provision in the city. We look forward to regular engagement with the group as we begin to deliver the strategy."

Paula Wilman, Senior Commissioning Officer, Life Course Commissioning Team, Peoples Directorate, Stoke-on-Trent City Council.

Following this Healthwatch Stoke was made aware, by Healthwatch England, of an impending Parliamentary debate in the House of Commons specifically looking at CAMHS and the ongoing work around the Task Force Report. Healthwatch Stoke contacted the three local MPs to ascertain if they had any intentions to attend the debate. Rob Ffello MP responded to confirm that he was intending to take part in the debate. Healthwatch Stoke furnished Rob Ffello MP with a number of supporting documents.

We also highlighted a number of areas of concern that young people were telling us about. The debate in the House of Commons took place on Tuesday 3rd March 2015 and Rob Ffello MP in Stoke-on-Trent took part, referencing Healthwatch Stoke and the voice of the young people in Stoke-on-Trent. Healthwatch England provided a summary of the debate which was circulated across the Local Healthwatch network.

Healthwatch Stoke feels that this has helped to improve the experience of children and young people as they have been able to directly influence the commissioning intentions for the mental health services that the children and young people use. We can see that the support offered to Rob Ffello MP in taking part in the parliamentary debate has raised the important issue of bettering the CAMHS from a local and national standpoint, thus making a difference across the system.

Healthwatch Stoke celebrated this success by informing our volunteer network and the young people that took part in the focus group of the attention and influence their work had locally and nationally. Healthwatch Stoke will continue to have CAMHS as a priority and will strive to ensure that the children and young people have their say on their services across Stoke-on-Trent.

Healthwatch Stoke also welcomes the stated intention of the commissioner to continue to involve the young people as the strategy is implemented.

For us here in Stoke this is a great example of collaboration, co-operation and enablement. We are also very pleased that the role of Healthwatch England in alerting us to national debates and policy assisted in wider promotion of a local issue.





Case Study Two

Patient experience with their discharge from Hospital

Patient Experience of Discharge and the Impact on the Integration Programme



Healthwatch Stoke-on-Trent feels strongly that commissioning should be based upon evidence relevant to the local context. One of our key roles is to support the development of evidence and encourage a community of practice in sharing key learning across the health economy. With this in mind, HW Stoke develops its work streams to inform the wider health economy and its direction of travel.

“We identified the most appropriate cohort as frail elderly patients - this enabled us to consider the more strategic implications for the report in terms of supporting the transformation agenda with well informed recommendations”

Currently, the local priority is cross-economy transformation, with a focus on reducing admissions, less time in hospital and earlier discharge into community based care - a key recommendation in a

local KPMG (External consultancy) review. It seemed clear that the group to be most impacted by these changes would be the frail elderly because these patients form the biggest proportion of those having unplanned admissions to hospital and discharge is more likely to be complicated by their characteristics and ability (or not) to negotiate homecare needs, rehabilitation and medication. Our intelligence was telling us that patients were having a poor experience of this discharge pathway.

Because this group is known to be more vulnerable, it was decided that describing patient experiences, rather than a simple service evaluation, could help to inform and shape the next stage of the transformation and service design. A service evaluation would not ask questions like; what does it mean to be a frail elderly health consumer? The report should describe barriers to personalised care in this group based upon their experiences and encourage discussion about these issues.

Who we engaged with

Healthwatch Stoke makes no claims to be expert on frail elderly care, so informing the project led us to work with a range of organisations that support frail elderly clients. Informal conversations were held with leaders of voluntary organisations to develop a contextual understanding. Two practice managers were interviewed for their views. We also have a positive relationship with the Acute Trust - UHNM, so we met with senior staff with responsibility for a specialist frail elderly



ward. It should be noted that the hospital was enthusiastic about Healthwatch doing work like this as it is looking for opportunities for learning. Also, we have a significant knowledge base in our volunteers and a steering group was set up to help coordinate the project.

It was important to understand who the frail elderly are from the beginning. This means understanding their context to inform the content of the questionnaire and its design. A questionnaire suitable for the target group was developed, using accessible language, large print, use of colours and restricted length. This questionnaire focused upon experiences and asked respondents to grade simple statements such as “whilst in hospital, I understood what was going to happen to me” or “I found it easy to talk to doctors and nurses about my care”.

500 of these questionnaires were distributed to patients discharged from the hospital using their database.

We already had excellent relationships with voluntary sector organisations with whom we work closely and these relationships have been further enhanced by the co-operative approach we took and the recommendations in the report that firmly place patient voice at the centre of any work that we do.

Using the evidence

The Commissioning Support Unit told us that our report “affected the manner of engagement and the language used in the consultation”

As stated above, a key role is to help facilitate a community of practice and encourage learning. The learning in this report varied due to the bottom-up

approach taken in the research design and it became clear that there were potential outcomes beyond the original scope. To maximise these outcomes the paper was:

- shared with the hospital who were able to comment on the content and distribute to professionals internally
- promoted widely and has now been downloaded from our website 115 times by a wide variety of stakeholders including health & care professionals, academics, students and the general public; it is contributing to the wider debate about how evidence can be developed and used
- shared with Stoke CCG who are monitoring the implementation of proposed changes and have discussed our findings with the Trust at a CQRM meeting;
- fed into the consultation for the New Model of Care and the Commissioning Support Unit who told us that it “affected the manner of engagement and the language used” in the consultation. Our relationship here is ongoing;
- contributed towards the development of new draft standards for elderly care by WMQRS;
- contributed to the Health Literacy programme in the city of which Healthwatch is a valued member,
- discussed at a Quality Surveillance Group meeting;
- shared with QSG (Quality Surveillance Group NHS England)



membership and referred to by the CCG Quality lead;

- shared with the local media (print and radio);

What has been our impact?

- We feel that our goal of encouraging a community of practice was met and exceeded and will contribute to patient experience being central to service design but results will only show in future service design
- The staff in the Unit responded very positively to the report and listed a range of changes that they wished to make as a result of the recommendations. This is being monitored by the CCG but too early to confirm outcome
- This has built learning about the need for context-specific communication through the Health Literacy program which will better inform their service in the future
- Has led to Healthwatch Stoke being invited to evaluate the

carer's economy in the city, thus validating our approach in promoting bottom-up, evidence driven practice. This acknowledgement of our thinking can only improve outcomes for service-users.

Awareness raising and focus

- A detailed article in the local (Sentinel) newspaper about the findings of the report;
- We have been invited to discuss the findings on BBC Radio Stoke in two separate interviews.
- We have a newsletter with a readership approaching 1000 who have all been informed
- The report on our website has been downloaded over 100 times
- The evidence is being referenced in the WMQRS Quality Review for the Care of Frail Older People





Our plans for 2015/16

Opportunities and challenges for the future

Our priorities have been agreed through listening to the public at various events formally and informally throughout the year and by interrogating our Customer Relationship Management (CRM) system to identify emerging themes that suggest there may be a need for further work. We also listen carefully to commissioners and sit in strategic meetings as well as being informed by national policy and strategy.

The end result is a series of high level priorities that we have put together with our Board's endorsement to focus on in the coming year.

However, the health and care economy is always responsive to those unplanned events which occur such as the A&E crisis last year. It is therefore recognised by the Board of Healthwatch Stoke-on-Trent that some pieces of work will arise that are not part of the bigger plan, but it will be very necessary to respond. Our plans have an element of flexibility which will support that need to be responsive.

Our strategic priorities

Key work areas will be:

Continuing Strategic Engagement and increasing public awareness of local Healthwatch

Collaborative working and information sharing and challenge

Better Care Fund - monitoring the integration programme

New Model of Care Step Up/Step Down- measuring patient transition and ongoing monitoring of service for improved patient pathway and high quality community intervention

Care Act Implementation - patient and public awareness and understanding

JSNA Development of local data contributions - continued role in challenging JSNA evidence collection and the way it informs Health and Wellbeing Board work

CAMHS and Mental Health service access and transition issues - continued monitoring and challenge of progress against local priorities

Royal Stoke transition - monitoring and feedback on patient experience and involvement

Managing the ongoing Enter & View Programme - further recruitment and training of representatives

Promotion of the Dignity & Respect Charter - on behalf of Health and Wellbeing Board.

Continued volunteer recruitment, induction, assignment, training and management

These key work areas will be underpinned by responsive work that arises throughout the year and is considered to be important to patients and service users. The Board will prioritise appropriately to manage workload effectively.



Our governance and decision-making

Our Board



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 has contributed much to Healthwatch Stoke-on-Trent during the year. He 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 is 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 who passed away

only this year, Louise has considerable experience of both health and social care services within both children's and young adults services. She supports 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 for 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 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/carer volunteer befrienders 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 UHNM 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 - has worked as a Finance Manager in the Voluntary Sector in North Staffs 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 sits on the wider welfare reform group and is treasurer of Staffordshire Credit Union. This 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.



How we involve lay people and volunteers

Healthwatch work is driven by the views of lay people in the form of our Board members who volunteer for their role. The work of the organisation is always informed by the evidence gathered from the public, directly and indirectly. Most importantly it has been directed and recommended by our Subgroups which are wholly populated by patients and service users.

The sub-groups have met monthly, around specific health themes, Mental Health, Secondary Care, Primary Care and Social Care, with a more informal arrangement to gather views from children and young people around their health and care needs.

These groups have brought evidence to the meetings, received reports and information from Healthwatch staff and decided on pieces of work which have then been drawn up into project briefs and submitted to the Board for consideration. Staff support the meetings but they are chaired by patient representatives.

There has been some concern that the subgroups may not have been as widely representative as we would wish, so, with the agreement of the Board 2015 sees the beginning of a pilot scheme. Prior to this a detailed consultation was held with all the sub-groups inviting them to identify what was positive and not so positive about the current model. These very honest responses then informed the design of the new model which is being piloted.

This brings all the key volunteers together once a month to be informed by staff, contribute their own views and question and challenge providers and commissioners. The meeting then agrees the priority workstreams they wish to pursue. The groups are then invited to volunteer to work in small activity groups on specific workstreams and develop the brief and oversee the piece of work.

To support our volunteers we have developed Terms of Reference and guidance and our Volunteer Handbook supports them in understanding what they can expect from Healthwatch and what Healthwatch expects from them. This also sets out guidance around confidentiality, code of conduct, sample templates for reporting back information and outcomes from meetings and events.

Some examples of decisions made by our volunteers would include identifying and supporting the Enter and View visits, working with staff to develop the Mental Health Access project and contributing to the development of the Discharge Pathways project.

Volunteers have also been involved in shaping surveys and questionnaires used during the year and are very active in suggesting themes for public engagement to support increased knowledge of the current public/patient concerns around health and care.

Our Board receives and signs off drafts of reports that have been produced so that we can assure ourselves that we have sufficient approval for published work.



Financial information

INCOME		£
Funding received from local authority to deliver local Healthwatch statutory activities		201,000*
Additional income		691
Total income		201,691

EXPENDITURE		
Office costs		41,542
Staffing costs		126,811
Direct delivery costs		68,105
Total expenditure		236,458
Balance brought forward		57,140

NB* Funding awarded was £216,000 for year April 2014 - March 2015 - however an underspend of £15,000 from the year 2013/14 was deducted from the total paid by the Local Authority by mutual agreement.



Contact us

Get in touch

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Healthwatch Stoke-on-Trent will be making this annual report publicly available by 30th June 2015 by publishing it on our website and circulating it to Healthwatch England, CQC, NHS England, Clinical Commissioning Group/s, Overview and Scrutiny Committee/s and our local authority.

We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

If you require this report in an alternative format please contact us at the address above.

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