



**Working to support, maintain
and improve the safety,
quality and experience of
health and social care for
the people of Tameside.**

Healthwatch Tameside

Annual Report 2013/14

Chair's Introduction

It is with great pleasure that I introduce this the first Healthwatch Tameside annual report. I was appointed as Chair in September 2013 and must first thank Phil Spence as Interim Chair and the Shadow Board for the work they did in ensuring that I was taking on a strong local Healthwatch with a clear vision.

Once elections had taken place, our formal Board was established and this quickly took the vision and turned it into some clear objectives under the aims of our *4i* model:



- Healthwatch Tameside gathers **insight** about people's experiences of health and care services by listening to the stories they have to tell
- Healthwatch Tameside uses these stories to **influence** local health and care organisations to maintain and improve the quality of care they provide
- Healthwatch Tameside provides **information & support** to help people to choose the best health or care service to meet their needs and wishes
- Healthwatch Tameside needs good **internal systems & processes** if it is going to provide effective services to the people of Tameside

I hope you agree that this year hasn't just been about setting up Healthwatch. Our staff team has been busy working with local communities and our health and care partners. Details of what we have done are in the main part of this report.

I must extend my thanks to Community and Voluntary Action Tameside (CVAT) for the professional support they have given us during the year. Particular recognition should go to their dedicated staff team who work on our behalf:

Chief Officer	Tony Okotie (to January 2014) Ben Gilchrist (from March 2014)
Manager	Peter Denton
Healthwatch Officers	Ruth Madden (to August 2013) Michelle Wood (June 2013 to January 2014) Sue Pomfret (from September 2013)
Admin worker	Julie Beech

Last, but by no means least, I must thank all the volunteers who have contributed to our work over the year. Without your commitment and generous gifts of time and skills we would not be where we are now.

I feel proud at the end of our first year to be able to say that we truly are the local consumer champion for health and care for all the people of Tameside.

Dr Kailash Chand OBE

Set up and Governance

Community and Voluntary Action Tameside (CVAT) secured the contract from Tameside Metropolitan Borough Council to set up and support Healthwatch Tameside. CVAT had been the host organisation for Tameside Local Involvement Network (LINK) which was replaced by Healthwatch as a result of the Health and Social Care Act 2012.

An initial Shadow Healthwatch Board was created which included representatives of the old LINK board as well as voluntary and community sector representation.

Healthwatch Tameside was established as a Community Interest Company in May 2013. This established Healthwatch Tameside as one of four separately constituted organisations within the CVAT family structure. The contract with Tameside MBC was held by CVAT for the whole of 2013/14 - to enable Healthwatch Tameside to establish itself firmly before the contract is transferred to its name.

All Tameside Local Involvement Network (LINK) members were contacted and invited to become Healthwatch members. On 31 March 2014 the Healthwatch Tameside membership was approx. 1,000 individuals and organisations.

Elections took place to the Healthwatch Tameside Board during the summer of 2013 and the full Healthwatch Tameside Board is now in place. It comprises:

- 5 people elected by the Healthwatch membership
- 2 people nominated by Tameside Council
- 1 independent (unpaid) Chair
- 5 more people appointed by the 8 listed above (appointments made on the basis of any gaps in knowledge, skills and experience in the Board)

An open recruitment process was used to select an unpaid independent chair for Healthwatch Tameside. Two shortlisted applicants were interviewed by a small panel including Shadow Healthwatch Board members and other stakeholders. Dr Kailash Chand OBE was appointed in September 2013 as Chair as a result of this process. Prior to Dr Chand's appointment, Philip Spence (a Shadow Board member) served as Interim Chair.

Board Members

Shadow Board (to Sept 2013)

Frank Downs
Joyce Howarth MBE
Ruth Langley
Hanif Malik
Cllr Gill Peet
Harry Singleton (May-June)
Phil Spence
Liz Wright

Board (from Oct 2013)

Dorothy Cartwright (elected)
Frank Downs (elected)
Janet Fenton (elected)
Ruth Langley (TMBC appointed to Dec 2013)
Bernard Nagle (elected)
Cllr Gill Peet (TMBC appointed)
Phil Spence (appointed from Jan 2014)
Lesley Surman (elected)
Pamela Watt (TMBC appointed from Jan 2014)

4 further appointments made with effect from April 2014

"I picked up a card from a Healthwatch Champion in the supermarket and phoned the office for information about transport to hospital. I was so pleased with the result I went back and picked up a card for my friend."

How have we engaged with and represented the whole community?

We have used a number of different ways to ensure that we are able to represent the views and experiences of local people. The charts below include data from the people we have engaged with who have given us demographic information. Although we ask everyone for this data for equalities monitoring purposes, some people chose not to provide it. We offer equal access to our services whether or not people provide demographic data.

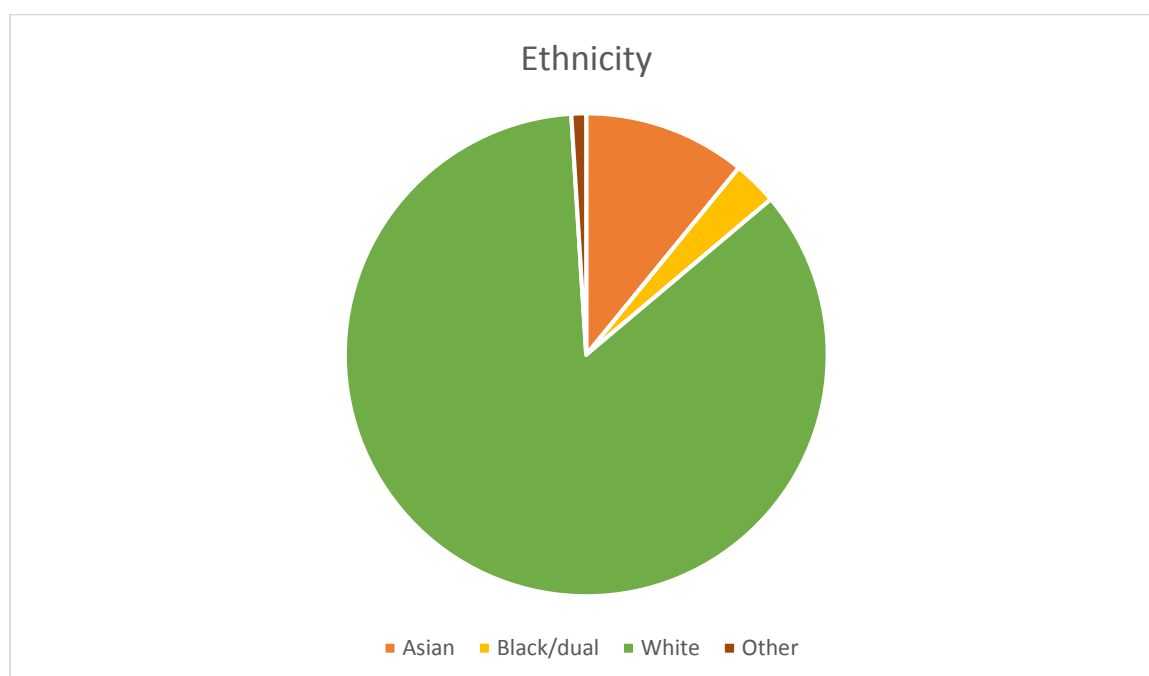
Gender

Our membership comprises approximately 60% women and 40% men (using data from the 650 members who told us their gender).

A slightly higher proportion of women (75%) responded to our surveys and ‘tell your story’ activities.

Ethnicity

Approximately 760 of the people we engaged with gave us their ethnicity. The chart below shows how this is made up in terms of our key local communities.



In 2014/15 we will explore opportunities to work more closely with Bangladeshi, African and Eastern European communities based in Tameside as these are the sub-groups that appear to be least well represented in our work.

Sexual Orientation

A relatively small proportion of the people we engaged with chose to declare their sexual orientation. Of those who did, 6% did identify themselves as lesbian, gay or bisexual. We have discussed with the Lesbian and Gay Foundation the possibility of recruiting one of their local community leaders to be a Healthwatch Champion.

Disability

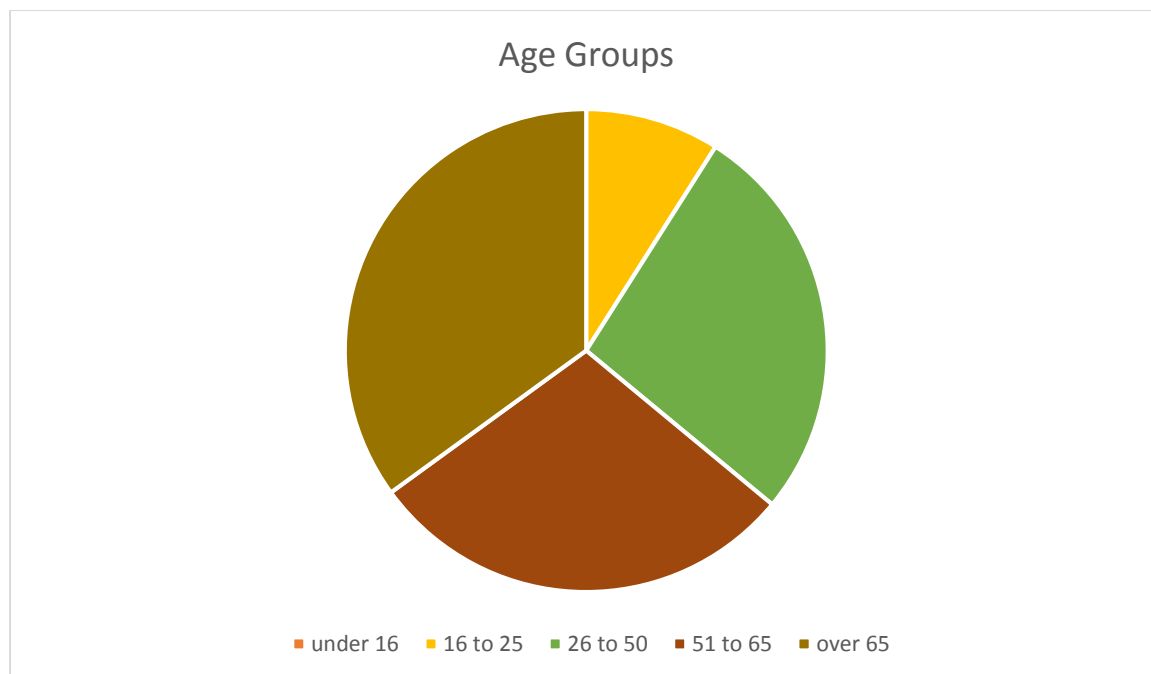
Just under one third of the people we engaged with who answered the question about disability said that they considered themselves to be disabled people.

Religion and Belief

The 120 people who answered in terms of their religion and belief gave answers which reflected the religions expected by the ethnicity of the people who responded.

Age

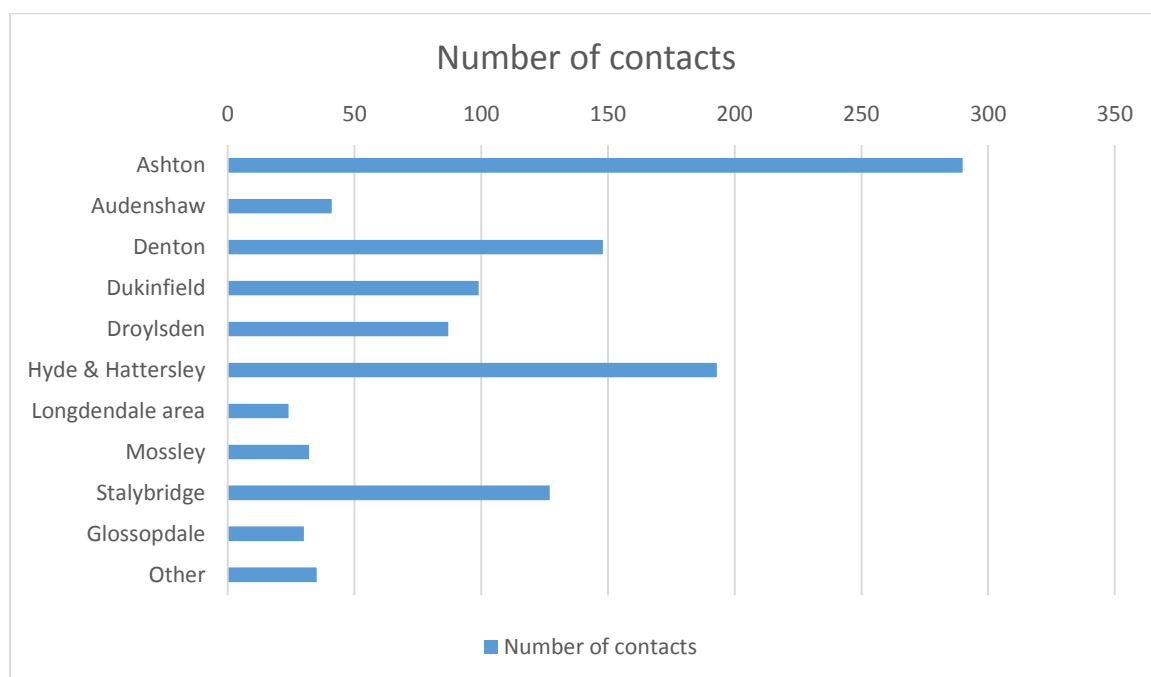
In total 675 of the people we engaged with gave us information about their age. The chart below reflects the answers they gave.



We are working with schools and colleges to engage with more young people.

Locality

Many of the people we engaged with also told us where they lived.



We are reviewing our plans for engagement with people in the under-represented towns.

Finance

Work undertaken by Healthwatch England suggests that, excluding extreme cases, funding for local Healthwatch organisations in England generally lies somewhere between £0.45 and £1.20 per head of population. The vast majority of local Healthwatch organisations received less than £1.00 per head of population in 2013/14. The £0.67 per head of population that Healthwatch Tameside receives places us approximately one third of the way from the bottom of the funding 'league table' for England.

"A friend had told me that Healthwatch Champions would be in our local supermarket on a Tuesday morning. I didn't need to do any shopping but called in because I wanted to get in touch with them."

A summary of finances for Healthwatch Tameside for the period 1 April 2013 to 31 March 2014 is given below.

Income	
Tameside MBC	£136,000
TOTAL INCOME	£136,000
Expenditure	
Office costs	£17,157
Salaries, on-costs, etc.	£83,751
Professional fees	£12,035
Project delivery costs	£19,235
TOTAL EXPENDITURE	£132,178
Excess of income over expenditure	£3,822
Balance brought forward from LINK	£20,630
Reserves carried forward	£24,452

It should be noted that although Healthwatch Tameside took on the additional Information Signposting function which had not been part of the LINK's contract, Tameside MBC funding remained at the same level the LINK had received. The money Tameside Council receives from Central Government for Healthwatch functions is not 'ring fenced' and we understand that in challenging financial times the Council has tough decisions to make about how it spends its money.

We are grateful that careful budget management by Tameside LINK in the past and discussions with Tameside MBC have enabled Healthwatch Tameside to have a level of operational reserves which may be applied to support future activity etc. Guidance suggests that having reserves that equate to approximately three months operating costs is good practice. Our reserves are currently below that level.

Operational Activity and Outcomes 2013/14

LINK follow-up

Tameside LINK published the following reports shortly before its contract ended:

- Report of Enter & View Visits at Tameside Hospital
- Interviews with people recently discharged from Pennine Care acute mental health services in Tameside
- Activity following the review of transport to medical appointments

Shortly after Healthwatch Tameside was established, it was announced that Tameside Hospital was one of the Trusts that would be reviewed by Sir Bruce Keogh. Healthwatch Tameside ensured that the Keogh investigation was aware of the LINK's report and findings. When the Keogh report was published it was clear that many of their findings and recommendations echoed those of the LINK. Healthwatch Tameside has been an observer and advisor to the hospital's Improvement Board (maintaining our independence by having no voting rights). This has enabled us to understand how the hospital's improvement plans relate to the care issues that the LINK highlighted on behalf of local people and also to track the implementation of the improvement plans.

Outcomes

- The Keogh review had access to all Tameside LINK's data about Tameside Hospital.
- In January 2014, the Care Quality Commission met our Healthwatch Champions and heard all the recent stories of care at the Hospital they had collected.
- Healthwatch Tameside has been able to monitor Tameside Hospital's improvement plans.
- Individual patient stories collected by Healthwatch have been shared with the hospital and discussed with senior nursing staff as appropriate.

Outcomes

- Pennine Care is aware of all the concerns about discharge from acute mental health wards that were collected by Tameside LINK.
- Healthwatch Tameside has received assurances that changes have been made in both the environment and operation of these wards since the LINK's work took place and that the service has improved as a result.
- 'Elephant kiosks' have been installed by Pennine Care to help patients to give their feedback in a structured way.

Sickness of a key staff member at Pennine Care made it difficult to receive an initial response to the LINK's report and recommendations about discharge from acute mental health services. Once the staff member returned, meetings were held to discuss the LINK's work and a brief written response was received. The response indicated that many of the issues raised were already known to Pennine Care and that a significant investment in refurbishing and redesigning the wards used by this service had been made. We were told that this had resulted in improved care. The Healthwatch Board has agreed to review mental health as one of its projects for 2014/15.

In the autumn of 2012 the LINK had published the report of public engagement activity relating to transport to medical appointments. The LINK followed this up through discussions with commissioners and providers to ask what changes they proposed to make. A final report was published in March 2013 which listed these commitments. Output from this report and the earlier LINK research was used to inform a collaborative Greater Manchester Healthwatch Network survey of Patient Transport Service performance which was undertaken in early 2014.

Outcomes

- Commitments were received from commissioners and providers to improve patient transport.
- Key questions were asked again in January 2014 so that performance could be compared with the previous survey.

Patient Opinion & Care Opinion

As the local consumer champion for health and care, Healthwatch Tameside needs to be able to capture and share feedback from people who have used a wide range of services. We also need to be accessible to a wide range of people across our local communities. The Shadow Healthwatch Board identified that an online tool which had public access and enabled patient/service user experience data to be shared with service commissioners and managers was needed in order to deliver this service efficiently and effectively.

After an investigation of available products the Patient Opinion & Care Opinion platform was chosen. The reasons for this included:

- It provided a single system for collecting, storing, sharing and analysing patient and service user experiences for all services registered with the Care Quality Commission.
- The system is provided by a social enterprise which was supported by the Department of Health and shared data with NHS Choices and NHS/social care regulators.
- Key local NHS organisations (including Tameside Hospital) were already using the system.
- Patients and service users may submit their stories online, on paper and over the telephone. This fitted well with our use of volunteer Healthwatch Champions in the community (see below).
- Stories submitted through Patient Opinion and Care Opinion are moderated and given a criticality rating by their staff prior to publication. This helps us to ensure that serious issues (including potential Safeguarding alerts) are identified and acted on in a timely manner.
- Commissioners and service providers receive an e-mail alert as soon as a story has been moderated. This means they can respond to the stories swiftly, without waiting for us to raise a concern with them.
- Commissioners, providers, Healthwatch and the person posting stories can all respond. This means that where further information is needed or there is feedback about changes that have been made, this can be done easily and in an open, accountable way.
- By default, all stories can be read by other people looking to decide where to go for treatment or care (people have the ability to opt out of this). This helps us to deliver our information signposting function (see below).

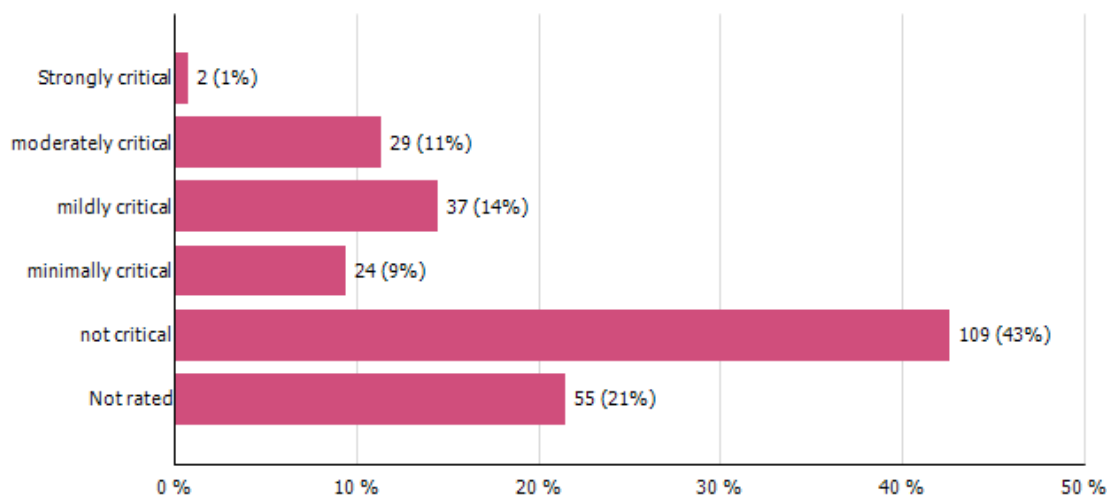
The Patient Opinion/Care Opinion platform was in place for Healthwatch Tameside from 1 April 2013 (our first day of operation).

Outcomes

During the first year of Healthwatch operation, the following outcomes were achieved through the Patient Opinion/Care Opinion platform:

- 256 Tameside residents were able to tell their stories as patients and service users and each of these was shared with both the commissioner and provider of the service(s) involved. Many of these included responses from the care provider
- Between them, these stories have been read a total of 42,500 times (i.e. on average each story has been read approx. 160 times) - by the staff concerned, Healthwatch staff, members of the public and people in other health/care organisations.
- During this year, the average number of stories collected each month has doubled (from approx. 15 to approx. 30).
- An independent judgement of the quality of care received (criticality scores - see table below) has enabled Healthwatch Tameside to discuss (and seek to influence) follow-up actions with service providers and commissioners, especially where the impact of sub optimal care is greatest.
- Keyword analysis of patient stories, when compared with average criticality ratings has enabled Healthwatch Tameside to identify patterns and changes in care on a month by month basis and to discuss these with services.

How moderators have rated the criticality of these stories



A lady told one of our Healthwatch Champions about poor hand hygiene she had observed from a nurse in a hospital. We posted this experience on her behalf on Patient Opinion. Within two weeks the hospital's Director of Nursing had posted an apology and fed back to say that staff had discussed what they could learn from this feedback at one of their regular ward meetings.

Website & Twitter

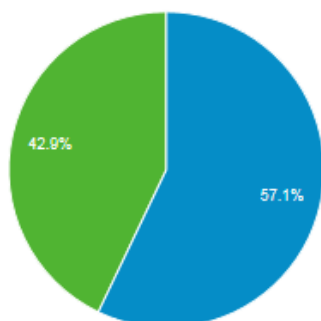
One of the fundamental principles of the Healthwatch Tameside approach is to empower people to act for themselves where possible. That way we can focus our resources on the people who need most support. For that reason, we had a fully populated website and active Twitter feed from our first day of operation.

Our website focuses on the following:

- Promoting Healthwatch Tameside
- Providing an online route for people to tell their stories about experiences of health and social care services
- Providing initial information signposting and enabling people to contact us if they require more information
- Promoting opportunities to get involved in our work
- Ensuring that we are open and accountable in terms of meeting our statutory obligations

We are pleased to have achieved a good balance between new visitors to our website and people who are returning to it:

■ New Visitor ■ Returning Visitor



Outcomes

- 1,300 individual people have accessed information through our website
- On average people visiting our website accessed data on more than 4 pages
- In total there were over 9,500 page views by people accessing our website for information or to tell their story
- 500 of the people who accessed our website viewed it for 3 minutes or longer
- People have accessed our website from a variety of devices including:
 - Desktop computers
 - Laptop computers
 - Tablets (e.g. iPad)
 - Smartphones

Outcomes:

- 700 people follow us on Twitter and receive at least 4 posts a day
- Over 1,000 Tweets were sent during 2013-14 - providing information signposting or encouraging people to engage with local services
- Healthwatch Tameside interacts with key local partners (including Tameside Hospital, the CCG and MPs) in an open, informal way as well as through our partnership working

Our Twitter account supplements our website (and can be viewed from our website). It fulfils three main purposes:

- Signposting people to useful health and care related information resources
- Raising awareness of opportunities for people to tell their story or have their say about health and care issues
- Networking and promoting good practice in engagement with patients, service users and the public

Public Engagement

When setting up Healthwatch Tameside we were conscious that we needed a variety of ways to engage with local people. Online solutions like Patient Opinion are fine for people who can get online and who may be out at work during the times that our office is open. For other people, an online tool is not at all suitable.

As a result we have established a network of volunteer Healthwatch Champions who give us a presence in local community venues across Tameside. The Healthwatch Champions have collected people's stories about the care they have received and also helped us to collect over 200 completed survey forms.

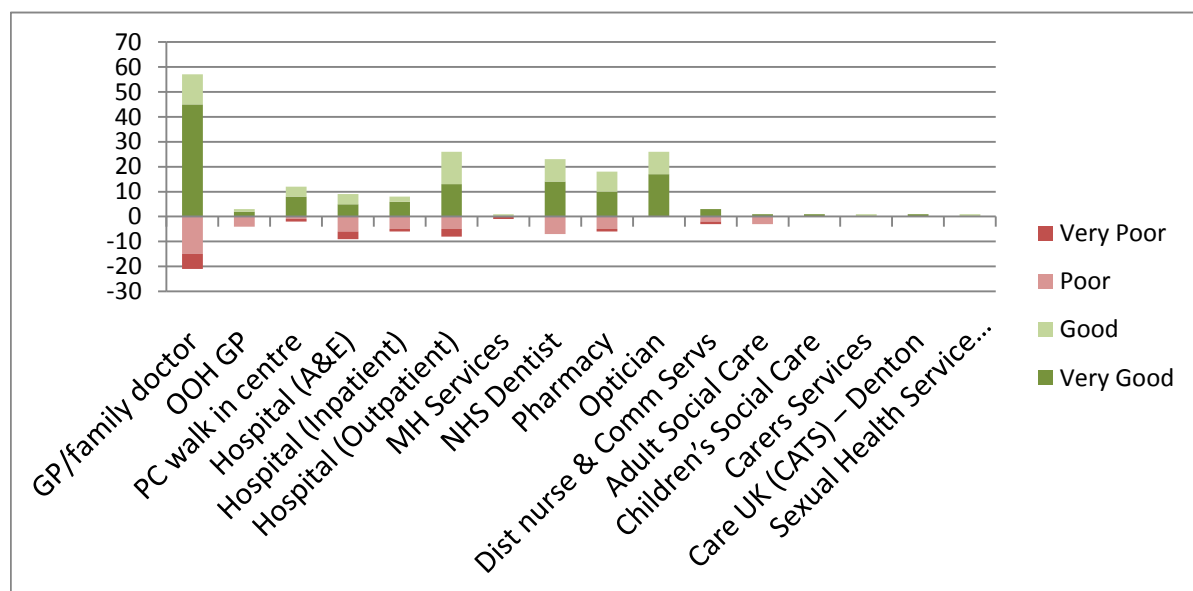
We have established a rolling survey, asking local people:

- Which services have you used in the past year?
- Which of these was the best service and how good was it?
- Which of these was the worst service and how good was it?
- What was good about these services?
- What could improve about these services?

Data is analysed on a quarterly basis and discussed with relevant service commissioners and providers.

Outcomes

These are some key messages from public engagement activity about how well people said that services performed



Our Healthwatch Champions have engaged with the public and enabled us to:

- Have over 4,500 face to face conversations with members of the public
- Distribute 160 'tell your story' forms
- Collect over 150 individual pieces of patient and service user feedback
- Attend over 20 community groups and events
- Distribute over 10,000 post cards raising awareness of Healthwatch Tameside and our services

Information signposting

Information signposting is a new function for local Healthwatch. Its main purposes are:

- To help people to know how to access health and care services
- To signpost people to information that will help them to decide which service is best for them (i.e. to make an informed choice)

Healthwatch Tameside has provided this service in five distinct ways:

1. Through our website and the Healthwatch Champions, we have factsheets to help people and answer the most frequently asked questions (e.g. 'I can't get to my hospital appointment by bus, what help can I get?')
2. One of our Healthwatch Officers has information signposting as a dedicated part of their role. This is to answer more complex enquiries and to ensure that our factsheets are up to date. This officer can be contacted by phone, e-mail, drop-in to our office and by referral from a Healthwatch Champion at one of their community sessions.
3. We have a register of specialist external organisations people can be referred to for further information, advice and support. This is available from our office as well as being accessible on our website.
4. Through our Twitter feed we regularly broadcast links to useful information resources.
5. In partnership with Tameside and Glossop CCG, we have established Healthwatch Hour on Tameside Radio. This is a weekly show providing health and care information from Healthwatch, the CCG and other sources.

Outcomes

Over 86 information signposting requests have been received in our office. Of these:

- 72 were responded to within less than a week
- 11 more were responded to within one and two weeks
- All were completed within a month of us receiving the enquiry

We worked with a group of Bangladeshi women who wanted to take action on a topic they felt was a problem in their community. They had a number of concerns relating to access to GP services. We provided support in a number of ways, including:

- 1. Signposting them to their GP practice managers and the NHS Choices website.*
 - 2. Supporting them to register for online access to surgeries.*
 - 3. Giving them information about the LIPS interpreting service and how to access it.*
 - 4. Telling them how they can complain if they are unhappy with a service.*
 - 5. Encouraging them to join their local GP Practice Participation Group.*
-

Volunteers

Healthwatch would not be able to deliver its services without significant support from a group of dedicated volunteers. We were fortunate that many former LINK volunteers chose to support our work as Healthwatch and a strong recruitment drive has added to this.

By December 2013 our Healthwatch Champions were delivering an average of 25 community outreach sessions every month. In 2013/14 we have had to cancel fewer than 6 sessions because volunteers have been unavailable. This is a testament to their dedication and flexibility.

An employee of a care agency met our Healthwatch Champions at a session at Tameside Hospital. She was so impressed that she took a stock of post cards to give their clients and also joined Healthwatch as an individual member.

The Healthwatch Board thanks the following volunteers for their contributions to our work during 2013-14:

Over 200 hours:

Frank Downs

100 to 200 hours:

Penny Greenwood

Miranda Shea

Diana Todd

Up to 100 hours:

Joan Drummond

Ron Ferguson

Doris Goodwin

Murtaza Husaini

Kate Kershaw

Amrit Mistry

Jamnadas Mistry

David Sharp

Gillian Taylor

Becky White

New Volunteers

Linda Collier

Mary Fitton

Loraine Gleave

Chris Godwin

Margaret Willingham

Veronica Griffin

Outcomes

Healthwatch Tameside has established effective working relationships with:

- Tameside & Glossop CCG
- Tameside Hospital
- Pennine Care
- Tameside & Glossop Community Health Services
- Tameside Council
- Healthwatch England
- Independent Complaints Advocacy
- Greater Manchester Healthwatch network
- Glossopdale Healthwatch partnership
- Care Quality Commission

Partnerships

Healthwatch Tameside is charged with influencing local health and care services but we have no formal powers to insist that changes or improvements are made. As a result, it is vital for us to establish strong working relationships and partnerships with local stakeholders. These partnerships have enabled us to raise issues at formal committee level within the CCG as well as working directly with operational managers.

In addition to Tameside based partnerships, we have been an active member of the Greater Manchester Healthwatch network and also worked closely with regulators such as the Care Quality Commission.

Patient Transport Service

As part of our Greater Manchester Healthwatch network involvement, we took part in a survey of people who had used the Patient Transport Service in 2013/14. The contract had changed to a new service provider and across the network we were hearing stories of people who felt they had been let down by the service.

During a two month period some 575 survey forms were completed across Greater Manchester - including Tameside residents. The full report of this survey will be published in June 2014 and the service commissioner (Blackpool CCG) and provider (Arriva Transport Solutions Ltd) will be asked to feedback. We will include the outcomes from this in next year's annual report.

Statutory Powers and Functions - 2013/14

Healthwatch Tameside has established and enjoyed a positive working relationship with many of our key stakeholders. As a result, we have not needed to exercise our statutory powers in terms of making a formal information request.

We have worked with Tameside Hospital NHS Foundation Trust, Pennine Care NHS Foundation Trust and Tameside & Glossop Clinical Commissioning Group to follow up formal reports produced by our predecessor, Tameside LINK.

We did not see the use of the Enter & View power as a high priority during 2013/14. This was largely because our largest local NHS provider (Tameside Hospital) was subject to inspections from a range of other bodies (CQC, Monitor, CCG, Keogh, ECIST, etc.). Our Board felt that those other inspections were likely to highlight any issues that we would find and that it would be a better use of our resources for us to do follow up activity later to assess the impact of the changes that we knew were taking place. We provided evidence to these other inspections where appropriate. We have plans to undertake Enter & View activities during 2014/15.

We have continued the LINK's close informal working relationship with Overview and Scrutiny in Tameside MBC but have not had any need to formally refer any items to them. We are planning follow up activity in 2014/15 which relates to a Scrutiny report which is expected to be published in June 2014.

We have not had cause to refer any items to Healthwatch England for special review or investigation. We have kept abreast of their work and contributed where appropriate.

The Healthwatch Chief Executive has attended Tameside Health and Wellbeing Board meetings and represented Healthwatch there. We have also been involved in the implementation group which sits underneath the main board.

This annual report is available as a download from the Healthwatch Tameside website. Printed copies were made available at our first Annual General Meeting and are also available on request from our offices.

Healthwatch Tameside has used the Healthwatch registered trademark throughout the year in the delivery and promotion of its services. No sub-contractors have been engaged and therefore no sub-licences for the trademark have been required.

Priorities 2014/15

The Healthwatch Board has agreed the following strategic aims and objectives for 2014-15:

Aim	Objectives
<p>1. Gaining INSIGHT</p> <p>We aim to gather information about a broad range of local people's experiences of health and social care services and to interpret this alongside other information to gain a true insight into the quality of local services.</p>	<ul style="list-style-type: none"> a. Using online and face to face tools to gather people's experiences of care. b. Involving local people in the collection and interpretation of our information. c. Analysing the information we collect alongside data from our partners and published data sources. d. Taking an 'open source' approach to our data - sharing freely to enable effective 'triangulation' across the whole health and care economy - locally, regionally and nationally.
<p>2. INFLUENCING services</p> <p>We aim to work in collaboration with partners across the local, regional and national health and care system to help them to maintain and improve the quality of the services they are responsible for.</p>	<ul style="list-style-type: none"> a. Establishing and maintaining positive and professional relationships with key people within our partner organisations. b. Maximising opportunities to represent local people in formal and informal meetings with our partners. c. Producing and sharing clear and concise reports, based on the experiences of local people. d. Ensuring that local people are aware of opportunities to engage directly with our partner organisations.
<p>3. Providing INFORMATION & SUPPORT</p> <p>We aim to signpost people to good quality information and help them so that they can make an informed choice about access to services and how to complain when things go wrong.</p>	<ul style="list-style-type: none"> a. Developing and maintaining a range of good quality information resources. b. Working in partnership with other information and advice services. c. Supporting people who wish to make a complaint about NHS care and referring people to advocacy and other support services as appropriate. d. Identifying gaps in existing information provision and highlighting these to our partners.
<p>4. Having effective INTERNAL SYSTEMS & PROCESSES</p> <p>We aim to run Healthwatch efficiently and effectively, ensuring that the board, staff and volunteers have the necessary skills and resources to fulfil their roles.</p>	<ul style="list-style-type: none"> a. Having a strong and well supported board. b. Having staff and volunteer recruitment, training and support systems that attract the right people and empower them in their roles. c. Utilising good quality IT systems to support our work. d. Making the most of the partnership between Healthwatch and CVAT in order to deliver an accessible Healthwatch which is able to draw in sufficient resources to provide good quality services.

Specific projects planned for 2014-15 include:

- Ensuring local people are involved in plans around changes in local health and care services - and that when changes have been made, the impact on patients and service users has been evaluated effectively.
- Reviewing engagement with young people.
- Establishing our new service to help people who want to make a complaint about NHS care they have received.
- Recruiting and training Enter & View volunteers.
- Following up topics raised by Tameside Health & Wellbeing Scrutiny Panel's work looking at care homes.
- Undertaking Enter & View visits at Tameside Hospital - to determine whether the hospital's improvement plans have resulted in better care in terms of some of the concerns raised by Tameside LINK.

Healthwatch Tameside

Part of the CVAT family

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