



Annual Report
2014/15



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Note from the Chair



This has been a year of development for Healthwatch Tameside. Our work has extended in both scope and impact. Our staff have worked tirelessly to ensure that we fulfil our role as “People’s Champion for Health and Care”.

At the start of the year we were faced with a difficult choice. We could

either take on an additional service within our existing funding or we could continue to deliver the same services but with a significant budget cut. The additional service we had the option to take on was to help people who wanted to make a formal complaint about NHS Care they had received. In some areas this is called an independent complaints advocacy service.

We agreed to take on this additional service and our staff have made me and the whole Board proud of the way that they are supporting our local residents when things go wrong for them.

Our role isn’t just about when things go wrong though. We undertook our first Enter and View visits this year. These were at Tameside Hospital and showed that improvements have been made in many areas that members of the public had expressed concerns about in the past.

Although more improvements are still needed at the hospital we feel that we now have an effective and positive working relationship with senior managers and operational staff there. Our staff and board have been working with that organisation for over ten years now and we feel that the hospital’s leaders are more open and transparent than they have

been at any other time in those ten years. This can only be good for improving the quality, safety and experience of care.

NHS and social care services are planning and working much more closely together than ever before - both within Tameside and across the Greater Manchester area. Examples of this include: Healthier Together, Care Together and GM Devolution. We have played a major role in ensuring local people’s voices have been heard in this (including being shortlisted for a Healthwatch England award for our work on Healthier Together). Our board feel that this is such an important topic that they have prioritised this in our 2015/16 work plan.

We have also developed a close and positive working relationship with our neighbours at Healthwatch Oldham - including having a single Operational Manager working across both organisations.

This year saw a significant increase in our contact with the local population. The figures later in this report will tell the full story of this. I must pay tribute, however, to the dedicated hard work of all our staff and volunteers. Without them, none of this would have been possible.

Thank you all.

Dr Kailash Chand OBE



About Healthwatch

We are often described as the local consumer champion for health and care. This means we want to make health and social care better for people in Tameside. We believe that the best way to do this is by designing local services around local people's needs and experiences.

Everything we 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.

As an organisation with statutory powers 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.

Our vision/mission

We describe our work in four main ways:

1. We listen to people's experiences of using health and social care services. This gives us **insight** - so we can understand better what's working well for people and also where improvements can be made.
2. We work with the people who plan, pay for and run NHS and social care services. We use our insight to try to **influence** services - so that quality improves based on local experiences. We also work with them when they are planning changes to services - so that quality is maintained wherever possible.

3. We provide **information and support** to people accessing NHS and social care services. This could include basic information signposting through to helping someone to make a formal complaint about an NHS service they have received.
4. We need to have good **internal systems and processes** to make sure we are doing our best with the limited resources we have. Our funding works out at roughly 65p for each person who lives in Tameside.

Our strategic priorities

In **2014-15** our priorities included:

- a) Ensuring that 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.
- b) Establishing our new service to help people who want to make a complaint about NHS care they have received.
- c) Recruiting and training Enter & View volunteers.
- d) Following up topics raised by Tameside Health and Wellbeing Scrutiny Panel's work looking at care homes.
- e) 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.



Engaging with people who use health and social care services

Understanding people's experiences

In Tameside we have a diverse population spread across a number of different towns. We have therefore developed a **range of ways for local people to engage with us and tell us their stories** about health and care services. These include:

- Online surveys
- Use of the Patient Opinion feedback system (we offer online, paper based, face to face and telephone access)
- Outreach visits to voluntary and community groups (e.g. Age UK, Stroke Association, Tameside Deaf Club)
- Targeted engagement with specific groups (e.g. a project to gather the views and experiences of pupils at Denton Community College)
- Referral by 'word of mouth'
- A network of volunteer Healthwatch Champions who run regular sessions in community venues including: supermarkets, libraries, GP waiting rooms and hospital waiting areas.

We think we are unique in our area in being the only organisation that allows people a way for their experience to be fed back anonymously to their health or care provider. We find that doing this enables us to gather experiences from people who would otherwise be unwilling to tell their stories.

During 2014/15 we collected the following experiences from people:

- 136 stories via Patient Opinion
- 103 written patient stories
- 202 completed general survey forms
- 49 pharmacy survey forms
- 96 Enter & View interviews with patients and/or their relatives

We undertook **outreach activity** with the following groups:

- Alzheimer's groups
- Older people's groups
- Mental Health service user groups (including a women's group)
- LGBT community group
- Deaf people's organisations
- CCG Long term health conditions engagement activity
- Healthier Together engagement events
- Stalls on Ashton market
- CAB volunteers - to help them raise awareness of our services

We have face to face contacts with approximately 250 people each month through our volunteer Healthwatch Champions and our outreach activities.



Enter & View

This year we undertook one set of Enter & View visits. These were at Tameside Hospital. The hospital has faced a number of challenges for several years. We have been part of a Quality Oversight Group which has monitored how the hospital has implemented its improvement plans. Our Enter & View visits were designed to see what the impact of these improvement plans was - particularly in terms of the topics that local people had told us (and the LINK before us) were important to them. We were pleased to note that many improvements had been made.

The hospital was very receptive to our Enter & View report, including the further improvement areas we identified and recommendations we made. We have been invited back to see the changes they have made since our visits.

“I thank you for your report and in particular the recognition of the partnership work between the Trust and Healthwatch. I can assure you that your comments & recommendations will feed into our Improvement and Assurance Programme.”

Karen James, Chief Executive, Tameside Hospital NHS Foundation Trust

Thanks to all our staff and volunteers who took part in these Enter & view visits. Names of our authorised Enter & View representatives are listed on our website. Thanks also to the hospital staff who were very welcoming and supportive of our visits - it felt like they really did want to hear how we thought they could improve.





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

We have developed a number of ways for people to get information about health and care services:

- Online resources on our website, signposting people to reliable sources of specialist information.
- Incorporating the Patient Opinion and Care Opinion portals into our website - so people can read about other people's experiences of care

before deciding which service they want to choose.

- Training our Healthwatch Champions and providing them with paper resources so they can provide basic information signposting during their visits to community venues.
- Redesigned our telephone information service which now also supports members of the public who call in to our offices.
- Developed and improved our eBulletin so it is now sent out fortnightly to a growing distribution list.
- Established a regular Twitter feed which sends out key messages daily and has seen our number of followers more than double.

Our eBulletin is now distributed to over 630 people every two weeks

Our eBulletin and Twitter feed contain a mixture of messages that we feel are important in keeping our local population informed. These include:

- Signposting to information, advice and guidance from reliable local and national sources
- Promoting active citizenship through participation in activities that can improve an individual's



health and wellbeing (e.g. physical activity, mindfulness sessions, etc.)

- Sharing data about how health and care services are currently performing
- Raising awareness of opportunities to have their say and influence services through other organisation's engagement activities.

We also provide a **“Help with NHS Complaints”** service as part of our information and support service. This service helps people to ‘self advocate’ if they are unhappy with the care they received and want to make a formal complaint to the NHS.

Demand for this service has increased significantly during the year.

Our active NHS Complaints caseload increased from 26 to 40 during this year. In total we worked with 71 people who wanted to complain about NHS services.

We have grown our Twitter following to over 1,100 people with posts regularly reaching 4,500 people and our most popular ones reaching over 30,000 people

We have continued to provide content for the **Healthwatch Hour show on Tameside Radio**. Our contributions to this show are also available for download from our website. The topics we covered on the radio this year included:

- Stoptober
- Sexual health - access to services
- Sexual health - contraception
- Heart - know your numbers
- Eye health
- Migraines
- Weight loss
- ‘Feeling under the weather’
- HIV testing week
- Baggy Trousers UK (testicular cancer)
- Safe drinking & Dry January
- Bug busting
- Cardiac Support Group
- Prostate cancer support
- Adult autism support



Influencing decision makers with evidence from local people

Producing reports and recommendations to effect change

This year we have produced **one formal report and one response to a statutory consultation**:

- We undertook a set of formal Enter & View visits at Tameside Hospital. These were undertaken with the hospital's full co-operation and support. Both the Hospital and the CCG responded positively to our report and recommendations and we have recently been invited back for an informal 'walk around' to see the changes they have made.
- We made a formal response to the 'Healthier Together' consultation which focused mainly on proposals to change some hospital services across Greater Manchester. There is more information on this in impact story three (see below).

We have also **raised a number of individual care issues and highlighted patterns that we have noticed emerging in patient stories**. For example, we heard a few stories about pain management during colonoscopies - the hospital agreed to add this to the scope of a review of that service that they were undertaking.

Putting local people at the heart of improving services

We play an active role in **ensuring that local people are heard in key**

discussions about the quality and development of local services. We represented the public as their consumer champion in the following regular forums:

- Tameside Health and Wellbeing Board
- Tameside Adult Safeguarding Partnership
- Tameside Hospital Quality Oversight Group
- Tameside Hospital Patient Experience Group
- Tameside and Glossop Clinical Commissioning Group Quality Committee
- Tameside and Glossop Clinical Commissioning Group Patient and Public Impact Committee
- Tameside and Glossop Local Improvement Group (focusing on GP practices)
- Tameside Pharmaceutical Needs Assessment Steering Group

We actively **promoted opportunities for the public to get directly involved** in the following:

- Healthier Together
- Monitor Adult Hearing Loss Review
- Pharmacy Needs Assessment (Tameside)
- GM Patient Transport focus group (looking at future service specifications)



- Care Together (integration of health and social care in Tameside and Glossop)
- Wellness Service consultation
- Congenital heart disease review
- Red Cross mobility aids service
- Carers workshops

We have also actively promoted the use of the **Patient Opinion platform** across local health and care organisations. This is a way for stories that people tell us about their experience of care to be read, responded to and acted on quickly - often within only a few days of us receiving them. Many of our key local services use Patient Opinion and we have seen an improvement in responses this year (though we still want to see more feedback about what changes have been made as a result of people's stories).

Working with others to improve local services

We have some statutory powers and requirements about working with regulatory bodies and other partners. Here is a summary of our activity relating to these:

- We made no recommendations to the Care Quality Commission to undertake special reviews (themed investigations) or investigations (responsive inspections). We did, however, offer them access to patient stories we had collected to help inform their planned inspections. We would like to strengthen our working relationship with the Care Quality Commission through more direct engagement between their staff team and ours.
- All service providers and commissioners we requested information from responded to our formal requests.
- We sent Healthwatch England copies of our formal reports via e-mail.
- We met regularly with the Chair of the Tameside Health and Wellbeing Scrutiny Committee but felt no need to formally refer any items to them.

Partnership working outside these statutory requirements is extremely important to us. We were involved in the following wider partnership activities:

- We are an active member of the Greater Manchester Healthwatch network. This helps us to ensure that local people's voices and experiences are heard in activities that stretch beyond the Tameside boundary.
- We contributed to the Healthier Together External Reference Group.
- We provided interim management support to Healthwatch Oldham whilst their support & delivery contract was out for tender.



Impact Stories

Case Study One

Positive outcome from a complaint



A member of the public contacted Healthwatch Tameside by telephone. This was a difficult conversation as the caller was very wary of any type of 'official' organisations and he did not want to give any information apart from his name and mobile telephone number. It was clear that he wanted to make a complaint about NHS services that he had received but he did not want to give any details in case of reprisals.

We had a number of telephone conversations and eventually he agreed to come in for a face to face meeting. In the meeting it became clear that there were several issues, some of them were outside the remit of Healthwatch Tameside, but all interlinking. After some discussion that included a lot of re-assurance and 'confidence building' we agreed that a referral to another organisation would be beneficial to the caller.

With his agreement we set up a joint meeting with the other organisation when we discussed the support that they can give. At this stage the person said that he wanted to think about everything that had been said and come back to us. He did get back in touch and with further re-

assurances another meeting was set up with the other organisation. In this meeting it was agreed that Healthwatch would work in partnership with the other organisation on the NHS complaint with the other issues being addressed by them. We all worked together to obtain the best outcome for this person.

Over the time that this person was coming into the Healthwatch offices, his confidence started to grow and independently he made enquiries about other projects that are run from the building which we share with Volunteer Centre Tameside. He is now volunteering with another project, and attending a short training course.

As a result of this phone call to us a member of the public has achieved positive outcomes in terms of their complaint about NHS care. It also helped them to build their confidence and they are now successfully volunteering in their local community too.





Case Study Two

Information for a local young person

NHS staff from out of area ask for help...



Healthwatch Tameside was contacted by a ward sister from a hospital outside our area. She was enquiring about services in the Tameside area.

A young person from Tameside was in hospital and had been for several months. She had been badly affected by the death of her partner about 12 months previously. As this person was recovering the staff at the hospital were keen to put into place, prior to discharge, services that could support continued recovery in the community.

We researched specialist services who offer bereavement counselling and other services for young people who are in or recovering from a crisis. This information included:

- Who is eligible to access the service?

- How to access the service
- When is the best time to make a referral?
- Who is best placed to make the referral?
- What experience the service had working with young people who had experienced bereavement?

The ward sister already knew about the more well-known mental health services and organisations.

As a result of this enquiry to our information signposting service the patient's ongoing care plan was changed to include referral into a specialist local young persons' mental health support service.

Our team investigated options and found out about a local voluntary organisation that provides mental health services and support to young people. We found out about referral criteria, contact details and information about 'drop in' support sessions and passed these on to the ward sister.



Case Study Three

Influencing Change across the system

Helping shape service redesign

Healthier Together is a Greater Manchester initiative looking at service redesign in terms of Primary Care, Secondary Care and Integrated Care. It is aligned with local Tameside plans both in terms of our hospital's long term sustainability and the ambition for integrated health and social care.

Although much of our work related to the Healthier Together statutory consultation, our Board felt this should be a priority because:

- We felt that the statutory consultation resources and plans did not fully take into account the needs and preferences of our local population.
- This was a significant opportunity for the population to influence future services and (as local consumer champion) we had a responsibility to help our local population to have their various voices heard.

In terms of the collection of evidence relating to Healthier Together, we were clear that this was a statutory responsibility of the Healthier Together team. Our engagement therefore took a different form:

- We raised awareness of the consultation and how local people could have their say.
- We helped the local population to understand what the proposals were about.
- We worked with our local CCG to ensure that we had a joined up approach.

Our engagement took a number of forms:

- We used our volunteer Healthwatch Champions, our weekly Healthwatch Hour slot on local radio, Twitter, our website, eBulletins and postal circulation list to raise awareness of the consultation - directing people to paper and online consultation resources.
- We worked in partnership with our local CCG to share consistent messages about how people could get involved.
- We worked in partnership with Healthwatch Oldham to provide a plain English document about the consultation (this was subsequently used by a number of other Greater Manchester Healthwatch organisations and formally adopted by the Healthier Together team)
- We worked in partnership with a local newspaper to produce a series of weekly articles explaining each of the key question areas in the consultation.
- We took part as a panel member in Healthier Together formal debates - enabling information from the pre-consultation business case to come to light which would not otherwise have been easily accessible to the public.
- We listened to the questions and concerns raised by members of the public at consultation events.



We ensured that evidence included in the pre-consultation business case was included in our briefings and at the public debates where we spoke.

- We used our understanding from public comments and questions at consultation events to inform our involvement in the ‘invitation only’ sessions we attended in terms of transport implications and the impact assessment of the proposals.
- We produced our own formal response, based on things we had heard local people say.
- We contributed to the Healthier Together External Reference Group report on the efficacy of the engagement and public consultation.

Out of all the Greater Manchester areas where the status of our local hospital wasn’t in question, Tameside residents submitted the largest number of responses.

We are still awaiting the formal announcement of the next stage of

Healthier Together. However, we have already seen the following outcomes:

- Out of all the Greater Manchester areas where the status of our local hospital wasn’t in question, Tameside residents submitted the largest number of responses. This was greater than the number of responses from some areas where the future status of the local hospital was up for discussion as part of the proposals. We feel this means that local people in Tameside were able and empowered to have their say.
- Healthier Together has formally agreed and adopted closer working relationships with Healthwatch across Greater Manchester, learning from feedback about this formal consultation and the pre-consultation engagement.
- Conversations with the Greater Manchester Devolution team suggest that they are also taking on board the learning from the Healthier Together engagement and consultation.

This work on Healthier Together was shortlisted for a national award by Healthwatch England.





Our plans for 2015/16

Opportunities and challenges for the future

Greater Manchester has been granted a unique Memorandum of Understanding for devolution of many health and social care decisions. This could have significant implications for our local population. In addition, local plans ('Care Together') for health and social care are bold and on a large scale. When combined with a hospital which was one of the 'Keogh Trusts' and is in Special Measures this gives us a number of significant topics of interest for our local population.

Added to this we have some of the worst health outcomes and health inequalities in the country with both life expectancy and healthy life years figures significantly lower than average. Put in the national context of stretched funding, more people living longer with more complex health and care needs and national shortages of qualified, experienced staff there is clearly much that needs to be done.

We are committed to ensuring that the voices of local people are heard by decision makers. We have some key principles to enable and support this:

- We work closely in partnership with other local Healthwatch organisations across the Greater Manchester area.
- We work collaboratively with our local NHS, social care and public health partners. Where there is negative feedback for a service we see this as an opportunity for improvement rather than an opportunity to criticise.
- We have an 'open source' approach to the data and patient stories we collect. We share these freely with our partners whilst maintaining anonymity when people have asked for it.
- We must retain our independence. We work hard to promote good practice in public engagement and to encourage people to get involved but we don't normally engage with the public on behalf of our partners.

Specifically our priority areas are:

- **GP and outpatient appointments.** Some local people have told us they have problems getting appointments but others tell us it's fine. We are working to understand why we get different views and will then work with partners to try to identify potential improvements.
- **Impact of the Care Act.** We will be asking local people to tell us what impact the new Care Act has had on their care.
- **System Change** including GM Devolution and Care Together. This has the potential to have a significant impact on our local population. We will play a role in ensuring local people's voices are encouraged and listened to.
- **Communication between the NHS and Patients.** Again this is an area where there is variation in patient feedback and some people have expressed concerns. We want to better understand what works well and what creates barriers.



Our governance and decision-making

Our board

Our Board is a mixture of people elected by our members and people appointed because of the specific skills, knowledge and experience they have. We believe this allows us to strike a good balance and enables our highest level decisions to be based both on 'grass roots' experience and appropriate specialist knowledge.

Our Board has an independent Chair.

During 2014/15 our Board comprised:

- Dr Kailash Chand OBE (Chair)
- Dorothy Cartwright (elected)
- Frank Downs (elected)
- Janet Fenton (elected) - until March 2015
- David Hoyle (appointed)
- Hanif Malik (appointed)
- Bernard Nagle (elected)
- Cllr Gill Peet (appointed)
- Phil Spence (appointed)
- Lesley Surman (elected) - until September 2014
- Pamela Watt (appointed)
- Lyndsey Whiteside (appointed)
- Ian Young (appointed)

Elections will take place during 2015 to replace Janet Fenton and Lesley Surman. Following the elections the appointed places will also be reviewed to ensure the Board has the necessary skills and experience.

How we involve lay people and volunteers

In addition to the five elected places on our Board, local people have a number of ways to influence our work. These fall into two main areas:

1. We invest significant staff time in 'triangulating' all the data we receive. We compare survey responses, Patient Opinion posts, complaints data and individual stories people tell us. Where we spot patterns (or sometimes a single particularly worrying experience) these become priority areas for us to engage with commissioners and service providers on behalf of the local community.
2. Our Healthwatch Champion volunteers come from a broad cross section of our population. They shape where we go to engage with the public and gather their stories. This helps to ensure we are targeting the right groups within each community and community of interest. Through their regular network meetings, the Healthwatch Champions help us to identify emerging community messages that we then look at as priority areas for our work.

This year we recruited six new Healthwatch Champion volunteers. We also recruited and trained 10 new Enter & View volunteers.

Our volunteers gave us 549 hours of their time this year - varying from just a few hours through to two volunteers who gave us over 130 hours each!



Financial information

2014-15 saw similar levels of Healthwatch Tameside expenditure as the previous year. As expected, demand for our services increased. This was as a result of increased awareness and taking on the 'Help with NHS Complaints' service. There was no additional income to cover this extra service and the cost of delivering it has been met from our core local authority funding. The table below provides a summary of our finances from 1 April 2014 to 31 March 2015.

INCOME		£
Funding received from local authority to deliver local Healthwatch statutory activities & 'Help with NHS Complaints' service		136,000
Additional income		nil
Total income		136,000
Brought forward balance from 2013/14		24,452

EXPENDITURE		
Office costs		14,748
Staffing costs		90,430
Direct delivery costs (including professional fees)		26,053
Total expenditure		131,231
Balance carried forward to 2015/16		29,221

It should be noted that our initial contract with Tameside MBC expires on 31 March 2016 but may be extended up to a further two years. We are grateful that prudent expenditure and monitoring mean that we have some reserves from which cost of living and other increases can be met for the potential full duration of the contract (until March 2018). We are concerned that any significant increase in demand for services or partnership working will be difficult to meet totally using the current funding received from the local authority. Guidance suggests having reserves that equate to approximately three months operating costs is good practice. Our reserves are currently below that level.





Contact us

Get in touch

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for our 'help with NHS complaints' service)

Website URL: www.healthwatchtameside.co.uk

We will be making this annual report publicly available by publishing it on our website and circulating it to Healthwatch England, CQC, NHS England, Tameside & Glossop Clinical Commissioning Group, Tameside Health and Wellbeing Overview and Scrutiny Committee, 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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