



Annual Report 2016-17

Chair's Introduction



This has been another productive year for Healthwatch Tameside with an impressive and much needed range of work with the people of Tameside.

Our sessions in the community continue to be the bedrock of our engagement with Tameside residents and groups: an amazing 175 sessions this year, collecting over 1000 stories or surveys.

I would like to recognise the commitment and hard work of our volunteer Healthwatch Champions whose involvement means we can deliver such a wide reach across Tameside. We are extremely grateful to all of them for the time they give to Healthwatch. If you want to get involved with Healthwatch Tameside's work please do get in touch with the office.

In depth work through our support for people through the NHS Complaints process has also significantly added to our understanding of service provision in the borough.

As a result of this insight work we have started a specific mental health project, and were proud to present an initial report on this work at a well-attended launch event. This is important in helping us work towards our objective of focusing on groups who are often under-represented in decision making. We are committed to ensuring that the continuation of this work in the year ahead leads to the influence that people's voices deserve on such a crucial topic.

We've been really pleased to see Tameside Hospital's rating by the CQC rise to 'good' after being put in special measures only four years ago.

Throughout this period the partnership working we have developed has been strong, to address the challenges being faced. We value the continuation of this work and the recognition by the hospital of the role Healthwatch is playing.

We have worked closely as a member of the network of Healthwatch in Greater Manchester. In April 2017 we saw Peter Denton, our Healthwatch Manager since Healthwatch began, and before this with the Link, move to a two-year secondment as Greater Manchester Healthwatch Liaison Manager. I would like to personally thank Peter for his excellent support for the board and the work he has done in leading the staff team. We wish him all the best and look forward to a new manager joining us in 2017.

Many thanks also to all our committed and passionate Board members, and to our hard working, and resourceful staff team, who have worked tirelessly on our behalf.

Finally thank you for all your support over the past year. We look forward to working with you in the year ahead to champion health and social care that listens and responds to local people in Tameside.

Dr Kailash Chand OBE
Chair

About Healthwatch

Tameside

We exist to make health and care services work for the people who use them.

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

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

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

We believe that asking people more about their experiences can identify issues that can make services better.

Our vision

Healthwatch Tameside's vision is that health and care services for residents of Tameside are shaped by their needs, aspirations and experiences. We want local people to be able to use good quality, accessible services which help them to be as fit and well as they are able to be. We want services and support to help people to reduce their likelihood of becoming ill as well as to support them when they are unwell.

In 2016/17, we have seen many changes locally. A single commission has been established for health and social care services. Now a single team works together to plan and monitor services. This means that as new

contracts are awarded they will work together in a more joined up way.

We have also seen moves towards integrated neighbourhood working which will see GPs, social services, community NHS services and the voluntary and community sector working much more closely together, closer to people's homes.

Tameside Hospital has also become the first Integrated Care Foundation Trust in England. It is now called Tameside and Glossop Integrated Care NHS Foundation Trust. Over coming years this will mean that more care and support is managed by a single organisation - meaning that people should find it much easier to navigate the health and care system. This means that people should get easier access to the support and care they need, when they need it and that the different elements of the service will work more effectively together.

New strategies are also being developed and implemented at a Greater Manchester level including:

- Work to help people to live as healthily as they can - so fewer people become unwell and people with long term health conditions have the best quality of life that they can.
- Better integration of community based health, care and support.
- Improving the quality of hospital based care (including Healthier Together)

Healthwatch Tameside will continue to work to make sure your voices and experiences are heard through these changing times.

Delivering our statutory functions

Healthwatch has a number of statutory functions - things that the law says we must do. These fall into four main areas. We will describe our activities in the context of these below:

1. Gaining INSIGHT - understanding people's experiences of services.

We hold regular sessions at community venues, for people to talk to Healthwatch staff and volunteers, about their personal experience of health and social care provision.

We are invited to attend community group meetings to chat to people. We also do pop-up sessions on the market, and at community fun days and events.

In total, we spoke to people at approximately 175 sessions during this year.



We collected:

- 371 stories
- 651 completed surveys

We have worked closely with a number of mental health support groups during the year and this enabled us to identify some challenges locally.

This was backed up by the increase in people using our Help with NHS Complaints service who mentioned mental health as part of their complaint.

As a result, we started a specific mental health project.

This project involved running a mental health focused survey as well as looking back over our past data to look for changes in people's experiences. A report of this work was produced and launched at an event with all key partners represented. It made a number of key recommendations:

1. Any person receiving mental health care is to be respected as a human being, who has feelings.
2. Getting the access to services right is critical, including:
 - a. The length of waiting times to start treatment, or for follow-up appointments.
 - b. Appropriate support at a time of crisis.
 - c. Each patient being treated in a personalised way - if they have tried one form of treatment, and it did not work for them, do not expect them to try that again at a later date, before alternatives are considered.

- d. The location of the service being provided, and whether people can get there (physical, emotional and financial considerations).
- e. Where self-referral is available, remembering that not everyone can use a computer.

- 3. Effective communication can make the difference between a positive and negative experience.
- 4. When a person is a multi-service user, all the agencies involved need to work together, whilst respecting confidentiality.
- 5. The health of vulnerable people needs to be given extra consideration.
- 6. The way a member of staff interacts with service users is remembered. For example, do they always smile, even when they are busy?

This event led to pledges from a number of organisations to work with us through 2017/18 as part of a review of services.

We will also ensure that it feeds into the implementation of the Greater Manchester Mental Health Strategy.

2. Working to INFLUENCE the people who plan and manage services - based on the things local people have told us.

We have worked hard to influence services this year. We have further developed the ways that we share our

insight with service planners, commissioners and service providers.

We have shared over 825 patient and service user experiences this year - on a monthly basis.

We have also worked closely with individual services who want to make improvements. For example, we worked closely with Donneybrook Surgery between March and July 2016 and gathered the views of 85 patients who had used the surgery.

Donneybrook responded to us saying:

"As we discussed, I think most of the issues arise through a lack of knowledge or understanding about how to access appointments and we are working on this. There is some evidence that we are making progress though!

There have been some organisational and staffing changes in our prescribing dept too - from July. We now have a practice pharmacist on site every day, who will work with a full time prescribing clerk. This should standardise the way prescription requests are handled and reduce the number of people involved, which in turn should lead to better processing and communication with patients. Positive feedback so far.

I have produced some posters for our waiting room in light of your report findings which will be displayed shortly and I will discuss in more depth with our Patient Group when we meet next week.

Thanks for your help. It is appreciated."

3. Providing INFORMATION signposting and support to help local people to make an informed choice about services they access.

We responded to 191 information signposting requests. The topics we were asked about included:

- NHS dental services
- Wheelchair provision criteria
- Transport to medical appointments
- Social care assessments
- Support groups
- Aids and adaptations

A lady's husband has memory issues. She is his registered carer but is not getting a break. He wants to go out together and won't have strangers in the house although now he sometimes doesn't recognise his wife. The house has all the necessary physical adaptations - it's social help that is needed. She doesn't know where to go or what to do.

Healthwatch signposted to Age UK.

We assisted 78 patients and/or their families with the NHS complaints process.

Again during 2016/17 we have noticed that the complexity of people's enquiries and complaints has increased. Where people's needs are relatively straight forward and can be met by one or two services they seem to be able to get the service they need fairly easily. It is where people need support from a wider range of services that they seem to have difficulty navigating the health and care system and when they do find the right services these don't always

seem to work as effectively together as they could.

A person who had periods of crisis, and at times felt suicidal, had become addicted to drugs. They had been waiting for a diagnosis of a mental health condition for 14 months. This has finally been given, after Healthwatch were contacted for assistance, and medication has been provided. The family are left wondering how different their lives might have been if the diagnosis had been provided during childhood. All generations of the family have been affected.

4. Sharing what we know with Healthwatch England, the Care Quality Commission and other similar external organisations.

We have continued to invest in positive working relationships with external partners, having a varied level of contact with the different organisations.

We have worked closely as a member of the network of Healthwatch in Greater Manchester. We contributed to work which has led to the creation of a Healthwatch Liaison Function funded by the Greater Manchester Health and Social Care Partnership. April 2017 sees Peter Denton (our Healthwatch Manager since 2013 and Tameside LINK's manager before that) move to a two-year secondment as Greater Manchester Healthwatch Liaison Manager.

We have also had strong links with Healthwatch England with whom we have shared local data that we have collected, as well as contributing to a number of national developments.

Priorities 2017/18

Healthwatch Tameside has a work plan for 2017/18, which also acknowledges that additional priorities may be developed through the year, in response to any local issues which arise. The current priorities are:

1. Follow-up on our mental health work. A full review of services is being undertaken within Greater Manchester, and locally in Tameside. This Healthwatch project will feed information from the public into the review.
2. Continuation of our work collecting information about people's experiences of all areas of health and social care. With the formation of the single commission, we are keen to use this information to influence the new arrangements for care provision.
3. Promoting public engagement, especially in relation to the single commission (Integrated Care Organisation and Care Together), Healthier Together and other Greater Manchester priorities.
4. Further development of our volunteer model, and the outreach sessions.
5. Continuing to build relationships with providers and commissioners of all health and social care services.

Financial and governance information

Healthwatch Tameside operates as part of the Community and Voluntary Action Tameside family of organisations. We have our own independent Board. Five Board members are elected by our members, the remainder are appointed to ensure we have a good mix of knowledge, skills and experience.

We currently have over 1,000 individuals and organisations who are members of Healthwatch Tameside. Membership is open to individuals who live or access health and care services in Tameside. It's also open to voluntary and community groups with an interest in health and social care in the borough.

Board membership for 2016/17 was:

Dr Kailash Chand OBE (Chair)
Dorothy Cartwright (elected)
Frank Downs (elected)
Dr Murtaza Husaini (elected)
Dr Pauline Mottram (elected) -
to October 2016
Bernard Nagle (elected)
David Hoyle (appointed)
Hanif Malik (appointed)
Cllr Gillian Peet (appointed) - to
October 2016
Lyndsey Simms (appointed)
Philip Spence (appointed) - to
January 2017
Pamela Watt (appointed) - to
February 2017
Ian Young (appointed)

In addition to our Board we have a network of local Healthwatch volunteers who are active in local communities. The information they

collect about people's views is reported regularly to the Board and used to shape our work and priorities.

We thank all our volunteers for the numerous hours they put in on our behalf.

Our staff team in 2016/17 comprised:

Ben Gilchrist
Peter Denton
Susan Pomfret
Karen Whitworth
Julie Beech

Healthwatch Tameside's collaborative approach to our activities means that we have not felt the need to use our statutory powers during this year.

Financial information 1 April 2016 to 31 March 2017

Income	Tameside MBC	£136,000
	TOTAL INCOME	£136,000
Expenditure	Office & Support Costs	£33,613
	Salaries, on costs etc.	£86,061
	Direct delivery costs	£4,297
	TOTAL EXPENDITURE	£123,971
Excess of income over expenditure		£12,029
Brought forward from 2016/17		£38,398
Carry forward to 2017/18		£50,427

Notes:

1. Income is at a fixed level year on year. Staffing and other costs rise in line with inflation (we spent £6,000 more on staff this year than last year). As a result, a planned under spend has been brought forward into the year to help us to absorb these increased costs.
2. In order to be accessible to seldom heard groups we have a significant budget line for access and support costs. If this is not spent one year, it is carried forward to spend on outreach activity the following year. In 2016/17 there was very little call on this access and support costs budget due to much support being given 'in kind' by volunteers and partner organisations.
3. 2016/17 also saw us make greater use of community run venues for our meetings and events. This resulted in significant savings on our room hire budget.
4. Our 'Help with NHS Complaints' service continues to see steady increases in demand. It costs us more to deliver than the notional sum allocated for it in our budget.
5. We have created additional fixed term staff capacity for 2017/18 to help us to meet the additional demand for service and ensure that some of our carried forward budget is used to benefit local residents. As a result we have a planned deficit budget for 2017/18 - but one which will ensure we retain a reasonable level of reserves at the year end.
6. Good practice guidance suggests that it is prudent to carry a minimum of 3 months operating costs as reserves. That means we should retain at least £31,000 of reserves at current expenditure levels.

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