



Annual Report 2017-18

Chair's Introduction



Alongside our core work this year I am particularly proud of the mental health project summarised in this report that has been undertaken by Healthwatch Tameside. The results that are already being achieved from this in-depth piece of work are striking and timely with changes to mental health care locally and across Greater Manchester.

As ever Healthwatch Tameside have undertaken an impressive and much needed range of work with the people of Tameside. Our contact with over 2500 people this year is a brilliant achievement and 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.

Partnership work has as ever been vital to how we make a difference and we've maintained a strong working relationship with Tameside Hospital in particular. We have also worked closely with our sister organisations as a member of the network of Healthwatch in Greater Manchester which has been significant with the development of health and social care devolution across Greater Manchester. Detailed work through our support for people through the NHS Complaints process has also continued to greatly add to our understanding of service provision in the borough.

I would like to thank our passionate and committed staff team for all their hard work this year. Also, our gratitude goes to our Board members for their commitment and support. 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 services that listen and respond 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.

2017/18 has seen the integrated working in the neighbourhoods

continue. This includes GPs, social services, community NHS services and the voluntary and community sector working more closely together. New additions to each neighbourhood include:

- **Social prescribing** - linking people with long term conditions to non-medical support that enables them to improve their wellbeing.
- **Asset based approaches** - building the capacity and resilience of local people and agencies to improve their local community together.

The single commission (Tameside Metropolitan Borough Council (TMBC), NHS Tameside and Glossop Clinical Commissioning Group (T&GCCG) and Tameside & Glossop Integrated NHS Foundation Trust (ICFT)) has set up a:

- **Partnership Engagement Network**. This creates forums for people and organisations to get their voices heard and give the opportunity to hear about and contribute to the development of public services. Healthwatch Tameside attends these meetings.

Within Greater Manchester, the Greater Manchester Health and Social Care Partnership is continuing with its 5-year plan to reshape the health and care system so that it really works for everyone. The basis of new plans is to - **'Start Well, Live Well, Age Well'**.

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 have talked to the residents of Tameside to find out which health and care services they have used, and what they thought was 'good' or 'how it could be improved'. We have had contact with over 2,500 people.

There are different ways to get in touch with us:

- Talk to a staff member or volunteer at a regular community outreach drop-in session.
- Talk to us at a community event or Healthwatch event.
- Invite us to talk at your community group.
- Phone the office.
- Send an email.
- Via our website.
- Fill in a story form and post it to us.
- Complete a survey online or on paper.

In total we collected:

- 229 stories
- 771 completed surveys

"It was great to meet you last night. The group really enjoyed the session. It was very informative, and you delivered it in a way they all understood. They would like to invite you back once the room is decorated and the coffee morning is up and running. You really made an impression! Ashton Pioneer Homes"

We also do larger-scale projects, when we want to find out more detail. During 2017 we completed a mental health project. This consisted of:

- Collecting feedback/stories about mental health care.
- A specific mental health survey.
- An event.
- Visiting community groups who provide support for mental health.
- Focus Groups.

The report was published in November 2017, and can be found at https://www.healthwatchtameside.co.uk/sites/default/files/mental_health_report_2017_0.pdf

"A really powerful read.

Steven Pleasant MBE, Chief Executive
TMBC, Accountable Officer Tameside &
Glossop CCG"

"Thank you for sending me a copy of your mental health report.

We will be working closely with Pennine Care to review the potential for new ways of working, so this information is really helpful. Thank you again.

Karen James, Chief Executive,
Tameside & Glossop Integrated Care
NHS Foundation Trust"

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

We look at all the information we collect for trends and patterns. Are services improving or not? Are there areas of good practice in one service that could be shared with another service? Is there anything which worries us?

Using the combined data in an anonymised way, we talk to the people who provide the services and the people who decide which services can be provided within their budget (the commissioners). We summarise what we have been told and take part in discussions about ways to make improvements and changes.

The mental health report described under 'Insight' was used in a whole system review of the mental health care pathway, and changes are to be made. There will be a new service (later in 2018) within the neighbourhoods to complement the service provided by Healthy Minds (Pennine Care Foundation Trust). There will be a single access point for the combined service.

Further work is being undertaken in 2018/19 as part of the mental health care pathway review. This will look at what additional care can be provided where there are currently gaps between the Healthy Minds provision of care and secondary (hospital) care. Healthwatch Tameside are continuing to feed anonymous information into the discussions. The meetings are attended by commissioners of the mental health service, providers of the service,

voluntary sector representatives, local authority representatives, neighbourhood representatives and Healthwatch.

At the mental health event on 1st April 2017, members of the Deaf Club asked how they could contact emergency services, when they couldn't speak on the phone.

We asked NWS the question. They provided a leaflet explaining how to register for the Emergency SMS service. We forwarded copies to the Deaf Club. NWS also arranged to visit the Deaf Club in June 2017, to give the members a chance to give feedback about their experiences of using NWS, and to ask questions. A follow-up meeting was arranged a few months later.

During 2017/18, we requested an update from Tameside Hospital on the review being undertaken in the endoscopy/colonoscopy department. The present position regarding the workstreams was provided by the Medical Director. Healthwatch raised some questions, which we received replies to. This included confirmation that tracking of patient experience was a part of the governance process in the department. We will continue to add any feedback we hear (anonymously) to the review.

There was a Quality Summit for all 10 Greater Manchester (GM) Healthwatch in February 2018, to discuss emerging concerns across GM. These were taken to the Quality Board meeting of the GM Health & Social Care Partnership.

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

During 2017/18 we have responded to 142 requests for information and/or signposting. The themes included:

- Aids and adaptations
- NHS dental appointments and payments
- Counselling/mental health services
- Support for carers
- Transport to medical appointments
- Support groups
- Eye care
- Hospital appointments

We met a lady who was struggling with her vision. She could see but it was almost like a mist. The optician had told her that the hospital should have given her magnifying glasses. She didn't understand this or which hospital she should contact. Healthwatch gave her information about low vision assessments and passed on the number for Rochdale infirmary, and signposted to Tameside Sight.

A while later the lady rang the office to say she had been for the assessment and been given five aids to help her in daily life. She is very pleased and said that if she hadn't met Healthwatch she would still be struggling.

As part of the NHS Complaints service, we have provided guidance to 105 patients and/or their families.

The number of people requesting information and/or guidance through

the NHS complaints process continues to grow. Many of the complaints are complex multiple service provider issues.

To say we are blown away with the last three days, after months of inactivity, is an understatement, but at least things are moving forward now, and I am pretty certain it is thanks to your help with our complaint. We are surmising that the two, maybe three, Consultants have worked together to expedite a safe conclusion to the situation, for which we are extremely grateful.

I just want to say a heartfelt thank you for helping me with my complaint regarding the care of my mum. I appreciate the guidance you gave me and it helped a lot having your kind support. Best wishes to you and the Healthwatch team.

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

We continue to share our reports with Healthwatch England and the Care Quality Commission, in addition to providers and commissioners.

"Thanks for sending me a copy, this is really interesting and very useful for us, Andrea Tipping, CQC"

We also send summaries of anonymised data we have collected, on a regular basis.

Priorities 2018/19

- **Young people** - we talked to the Health and Social Care students at Tameside College in January 2018, and we are looking to extend this work into the college. We will also work with Tameside Hospital on their project to ensure the voice of young people is heard.
- **Care homes** - we are currently helping a few people with complaints about care (or lack of) they are receiving. We want to learn more about this area of care.
- **Mental health** - inpatient wards. Our previous mental health reports contained some feedback about inpatient care, but not as much as community care. This is an area we want to explore further.
- **Missing data** - we will be looking at the data collected last year, to see what areas we know little or nothing about. This could be:
 - A service that the people we have spoken to aren't using
 - A town in Tameside where we have not spoken to many people
 - A demographic (e.g. age, ethnicity, gender, sexual orientation, disability, etc) where we have not spoken to many people.

We will then design a plan to provide an opportunity to increase our knowledge in these areas.

- **Volunteers** - we want to review the role of a Healthwatch volunteer, review the type of volunteering opportunities, and the venues used for regular Champions sessions. We will be recruiting additional volunteers.
- **Outreach/engagement** - we have identified several community groups we have not visited before, as well as some we have not visited for quite a while. We will be contacting these groups, and any others who ask us to speak to their members about the work of Healthwatch. While we are there, we will also collect feedback about services used by the members.

Financial and governance information

Healthwatch Tameside operates as part of the Action Together 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.

In 2017/18 we had over 1,000 individuals and organisations who were 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 2017/18 was:

Dr Kailash Chand OBE (Chair)
Dorothy Cartwright (elected)
Frank Downs (elected)
Dr Murtaza Husaini (elected)
David Hoyle (appointed) - to September 2017
Hanif Malik (appointed)
Bernard Nagle (elected) - to June 2017
Lyndsey Simms (appointed) - to December 2017
Ian Young (appointed) - to June 2017

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 2017/18 comprised:

Ben Gilchrist
Kirsty Fisher (July to December 2017)
Susan Pomfret (to December 2017)
Karen Whitworth
Julie Beech
Elaine Kilburn

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

We have reminded one organisation that they should be responding to our requests for information within 20 days. The information was then provided the same day.

Financial information 1 April 2017 to 31 March 2018

Income	Tameside MBC	£ 136,000
	TOTAL INCOME	£ 136,000
Expenditure	Office & Support Costs	£ 37,623
	Salaries, on costs etc.	£ 89,787
	Direct delivery costs	£ 8,590
	TOTAL EXPENDITURE	£ 136,000
Excess of income over expenditure		£ 0
Brought forward from 2017/18		£ 50,427
Carry forward to		£ 50,427

Notes:

1. Income is at a fixed level throughout the term of the contract which terminated on 31st March 2018.
2. Costs rise year on year and as noted in the previous annual report we made provision in last year's budget for a planned deficit to assist with increased staff capacity required to service additional demand. The change in staff structure during this financial year has necessitated greater input from the senior management of Action Together and an increase in the external resource required. However, despite this we have managed to balance expenditure to income and have therefore not reduced the brought forward figure at all this year.
3. Staffing realignment during this coming year, and the significant cost of the tender preparation for the new contract period will see some of the brought forward balance being utilised in the financial year to March 2019. As costs rise over the six-year period of the contract we would anticipate that a significant amount of the savings previously accumulated would be required by the end of the term.

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