



# Annual Report 2019/20



*Photo credit: Martyn Nolan*

## Chair's Introduction



It's been a year of change for Healthwatch Tameside. Change led by the maturity of local, regional and national relationships.

The first change for us was to welcome back Peter Denton as our manager. He had spent two years on secondment as Healthwatch Liaison Manager with the Greater Manchester Health and Social Care Partnership. We welcome Peter back and value the experience and knowledge he brings in term of engaging with Tameside's communities on health and care issues since 2005.

We must thank Vikki Packman who was our Interim Manager, covering the latter part of Peter's secondment.

This year also saw significant changes in our Healthwatch Board. We were lucky to recruit a number of new Board members with a wide range of skills. I am proud to chair a board with such a diversity in local connections and an extensive knowledge of the health and care system.

It has been sad to see some of our long-standing Board members retire from

their roles. Several of them had been founding members of Healthwatch Tameside. Their drive and commitment has enabled the staff team to build Healthwatch into a strong and well respected organisation that serves our local population. I would like to personally thank every one of our Board members who retired at the start of this year.

2019 also saw the first Healthwatch project delivered nationally. Healthwatch England was instrumental in this - gaining funding from the Department of Health for us all to engage in our local communities and to ask for people's thoughts about the NHS Long Term Plan. I am extremely proud of the way that our staff team went about this and the fact that we had one the highest response rates in Greater Manchester is testament to their dedication and hard work.

Finally, the emergence of COVID-19, the pandemic and associated lockdown has led to significant changes, not just to the ways we can work but also to the services people use and the partner organisations we work with. We are in unprecedented times and the future is unclear for everyone. Please be assured that Healthwatch Tameside is here for you and we are committed to continuing to support and represent our local community.

All that remains is for me to thank our Board, staff and volunteers for their dedication and hard work throughout the year. They make Healthwatch Tameside the successful organisation that it is.

*Dr Kailash Chand OBE*  
*Chair*

# About Healthwatch Tameside

Healthwatch Tameside was established in 2013 and exists to serve our local population in three main ways:

1. Listening to local people to understand their experiences of, and aspirations for, local health and care services.
2. Talking to the people who plan, pay for, manage and deliver local health and care services. We use the things local people tell us to help these services to provide the best quality they can and to understand what people need and want for the future.
3. Providing information and support to local people. This can be information about current services or support when things go wrong or there are difficulties accessing a service.

Healthwatch Tameside is provided by Action Together CIO using funding from Tameside Council.

## **Our vision**

Our current Healthwatch Tameside contract comes to an end in March 2024. During this period it is our intention that:

- Healthwatch Tameside will continue to engage collaboratively with our local health and care organisations and be valued highly for the breadth, depth and quality of the insight we collect through our community engagement.

- Healthwatch Tameside will have developed and maintained strong relationships with the emerging Primary Care Networks. This will be seen as a key strategic relationship, alongside our partnerships with other statutory organisations.
- Healthwatch Tameside will continue to use its strong community connections (as a result of Healthwatch outreach and as part of Action Together) to maximise the support available to local people. This includes clear connections between Healthwatch Information Signposting; Help with NHS Complaints and a range of voluntary and community information and support services.
- Healthwatch Tameside will continue to be seen as having a positive influence and playing a leading role in cross boundary working where this is in the interests of local residents and will be resourced sufficiently to do this. This reflects the complexities of the relationship with Glossopdale which receives NHS services led from Tameside and social care services led by Derbyshire County Council. It also reflects the significant change programmes in Greater Manchester which affect both mental health and acute hospital services which have significant implications for patient flows into and out of Tameside.

## Making a difference

At Healthwatch, we firmly believe that our work is all about making a difference. We are committed to helping services improve in the future and to helping people to get access to the best quality health and care services they can.

Here are some of the things people have said to us this year about how we have made a difference.

**The Pulmonary Fibrosis Support Group** in Tameside said there was not a similar group in neighbouring boroughs and GPs were not aware they existed. Healthwatch Tameside sent the information to other local Healthwatch to forward to GPs in their area. (April 2019)

They also published this in the August 2019 newsletter:

*"Karen from Healthwatch came to group a couple of months ago and while she was there, she gave us all a form to fill in. It was so we could take part in the Heart and Lungs study that had been rolled out in Tameside and Glossop. Five of us also attended the Focus Group that she held in the Action Together offices.*

*The Healthwatch Report is now available to see online. Some key messages from this report are Communication, Diagnosis, Treatment and Support, and Technology. Communication seems to be at the centre of the themes covered by the survey. Let's face it, without good communication, we can feel like we are being kept in the dark, and how do you know how to deal with something, unless you know what you are up against. Let's hope some good comes from this report and that the providers of services take note."*

Tameside and Glossop Integrated Care Foundation Trust said this in their response to the survey:

*We would like to offer our thanks to Healthwatch Tameside for producing and sharing this report and also to send our appreciation to those who have taken the time to share their experiences. The information that people have provided in the survey and focus groups will be used to help improve services and the overall experience of care.*

*Some areas we are currently progressing which speak to the recommendations in the report include:*

- *Earlier identification of people with lung and cardiac conditions in primary care*

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- *Providing supported discharge for people with Chronic obstructive pulmonary disease (COPD) and use of the patient activation measure to enable patients to manage their own conditions more effectively*
- *Ensuring people are treated in the right setting to reduce waiting times for clinic appointments*
- *Developing mobile applications (e.g. myCOPD app) to help patients manage their condition in their own homes*
- *Ensuring efficient referral of patients to both heart and lung rehabilitation*
- *Working together with the local Heart Link support group, with a member attending divisional meetings to help share their experiences of our cardiology services*

*We recognise the importance of providing a holistic, joined up heart and lung service and we have established a specific cardio-respiratory programme board which is focused on improving the overall care provided to the patients who use these services. As part of this board, we invite patients to share their views so we can understand their specific needs for the delivery of their healthcare. As well as patient representatives, the board includes a range of healthcare professionals including people from hospital, community, primary care, ambulance and voluntary organisations to ensure we operate as part of a truly integrated system that meets the needs of the people it serves.*

*We look forward to working together with Healthwatch to improve services and will continue to work in collaboration with our commissioners and other local partners, to ensure improvements are made across the whole health and social care system.*

#### **Partner organisations value our work:**

*"Thanks for sending the reports...really good to see the work you have carried out in Tameside and contributing to Greater Manchester work. I particularly like the comment from the Trust...will be interesting to watch how they utilise the insight you have generated." (Healthwatch England)*

*"This is really fantastic thank you so much for sending through! I just wondered how widely I can share the information for both GM and Tameside? Thanks ever so much!" (Tameside Council, Community Wellbeing).*

**Of course, we are always happy for people to share our reports!**

**We work hard to help individual people to resolve problems they experience - and then use these to help to improve services for others.** In this case study the patient waived their anonymity - they just wanted procedures to change for the future. It was about the problems getting an MRI scan when you have a pacemaker. We had been asked to send this to the CCG, the CQC and Healthwatch England, with this being a national procedural issue. (October 2019)

Response from Tameside & Glossop CCG -

*"Thanks very much for the case study. I am very sorry for the delays the patient experienced and hope that it will not happen to any other patients going forward. This has been subject to a complaint to NHS England and we have recently received a copy of the complaint outcome letter which went to the patient. There are some recommendations in the complaint outcome letter both for the CCG and the practice. We have followed up on these and have put in place some changes that should prevent it happening again.*

*It was advised that there was a lack of clarity for the management pathway for individuals with pacemakers requiring MRI scanning. Commissioning colleagues with responsibility for diagnostics have communicated to all practices where patients with pacemakers can be referred to for MRI scans. NHS England have also said that they will be raising this issue as an item of national importance.*

*There were also delays within the practice and the outcome letter recommended the practice undertake a significant event analysis of the situation. I have asked the practice to share their significant event analysis with me so that we can share the learning with other practices. Thanks"*

Someone complained to Healthwatch Tameside about a **lack of privacy during an examination** at Tameside Hospital last year. We raised this, and the hospital said they were changing the curtaining.

Healthwatch has been to visit this treatment area and confirmed the new curtain tracks and curtains are in place. There is a curved one round the bed, allowing room for staff to move round the bed in private, and there is a second straight one behind the door. This was completed in November 2019.



During the COVID-19 Pandemic we are committed to making a difference for local people.

At the start of lockdown received this from Tameside and Glossop Clinical Commissioning Group quality team:

*“We all redeployed in different roles at the moment too! Do you still send this feedback to Primary Care Team and ICFT as appropriate?”*

Response from Healthwatch: *“The information has been sent to both the Primary Care team and the ICFT. If I hear of any concerns needing more immediate attention than the monthly report, then I get in touch with the most relevant person to help sort it out at the time. I have raised a couple of concerns with Tameside Hospital during April, where patients felt procedures around COVID-19 could be different - one outpatient and one inpatient.”*

Response from CCG: *“Lovely, thanks - that’s really helpful to know”*

The later sections of this annual report provide details of how we have been able to make these differences to services and people’s lives.



# Representing our local population

A key part of our role is to represent the views, experiences and expectations of the local population to people who plan, pay for, manage and provide local health and care services. There are two routine ways in which we do this.

We shared regular insight and reports with the following:

- NHS commissioning organisations - the people who plan, pay for and monitor local NHS services.
- NHS provider organisations - the organisations that provide NHS hospital, mental health and community health services.
- Individual healthcare providers who ask for them - including GP practices, etc.
- Public Health - the people who plan and manage services that aim to reduce the risks of us becoming unwell.
- Social Care commissioners - the people who plan, pay for and monitor social services (including care homes, home care, etc.).
- The Care Quality Commission - the organisation that regulates health and care services.
- Healthwatch England - the organisation that looks for common themes and topics that come up regularly across the network of 150 local Healthwatch organisations in England.

*"Thank you for the data, we are including this in our Quality Improvement plan so it's great to get the info."*

**Millgate Healthcare  
Partnership (August 2019)**

We met and worked with the following organisations and committees on a regular basis:

- Tameside Adult Safeguarding Partnership Board
- Tameside and Glossop Primary Care Committee
- Tameside and Glossop Primary Care Development and Improvement Group
- Tameside and Glossop Quality Board
- Tameside and Glossop Integrated Care Foundation Trust Board of Governors
- Tameside and Glossop Integrated Care Foundation Trust Patient Safety and Service User Experience Group (PSUEG).

*"Thanks for this report. We'll include this report at the Patient Safety and Service User group (PSEUG) tomorrow in addition to the September report. The comments are also shared directly with the Divisions and we'll update you on actions being taken through PSEUG, so this is documented."*

**Tameside & Glossop Integrated Care  
Foundation Trust (October 2019)**



- Tameside and Glossop Mental Health Network
- Pennine Care Healthwatch Partnership Group

In addition, we have worked with the following on specific pieces of work:

- Partnership with Healthwatch England and other local Healthwatch organisations across Greater Manchester to engage on the NHS Long Term Plan.
- Production of a Heart and Lung report, supporting the work of local Public Health focused services.
- Engagement following the merger that created Ashton Medical Group - looking at the impact of the merger in terms of patient access and patient experience.

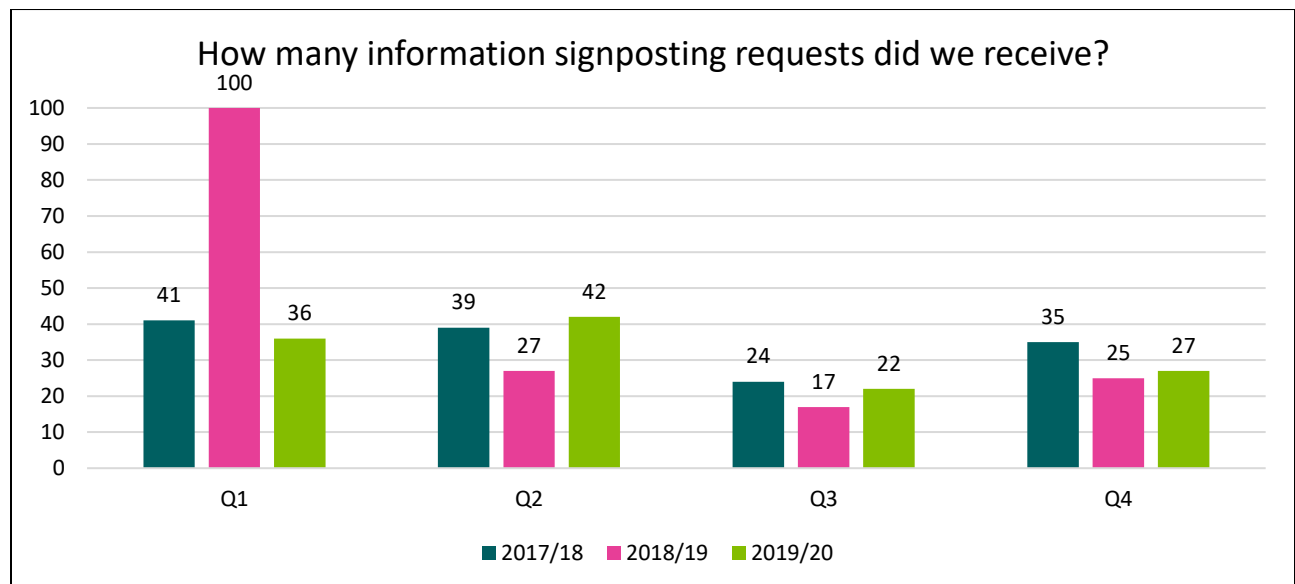
Reports of our major pieces of work are available to download from our website and can be sent out by post or e-mail if requested.

We have good working relationships with all our key local health and care organisations and can arrange ad hoc meetings with their leaders and senior managers as required by our work. As a result, we have not had need to exercise any of our formal statutory powers during 2019/20.

## Providing information and support

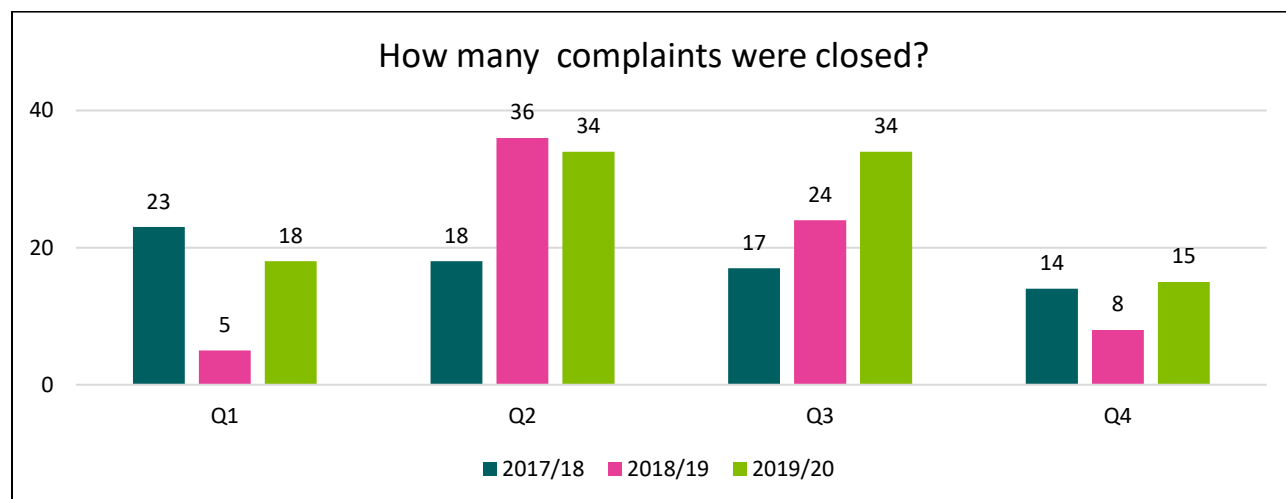
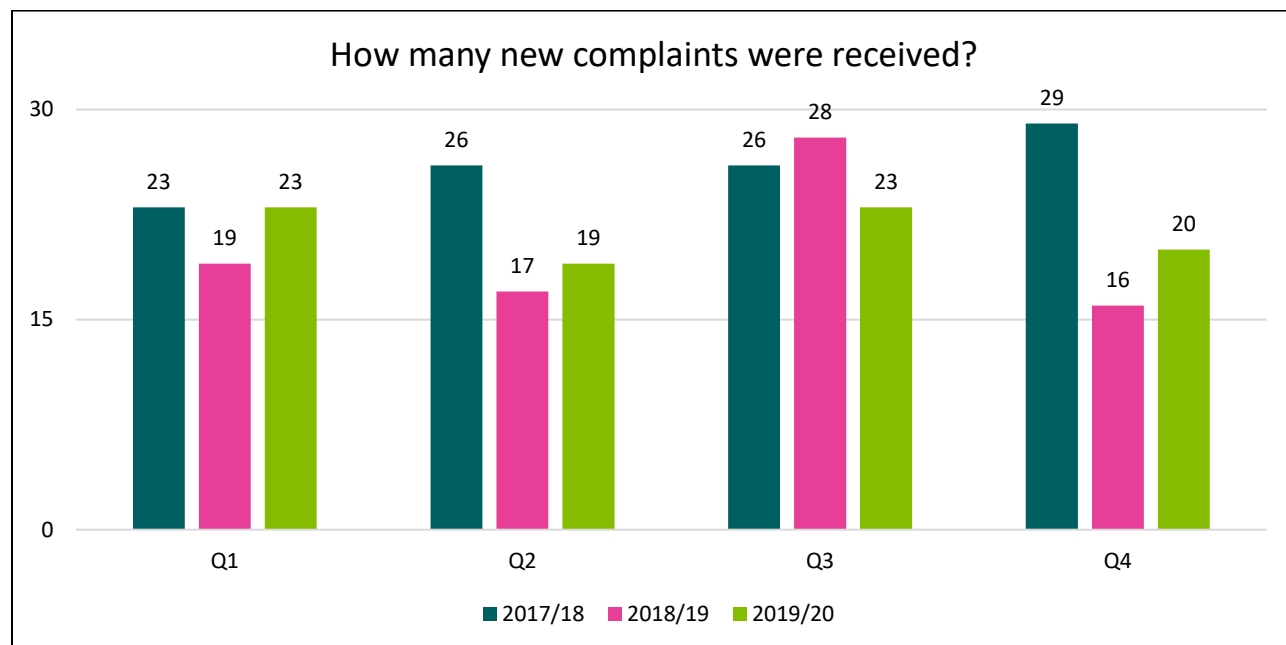
One of our key services is providing support and information to local people. Sometimes this is about helping with access to health and care services but it's also a way of helping people when things go wrong. As a result, the enquiries we receive can be very varied. During the year, we signposted people to 38 different services.

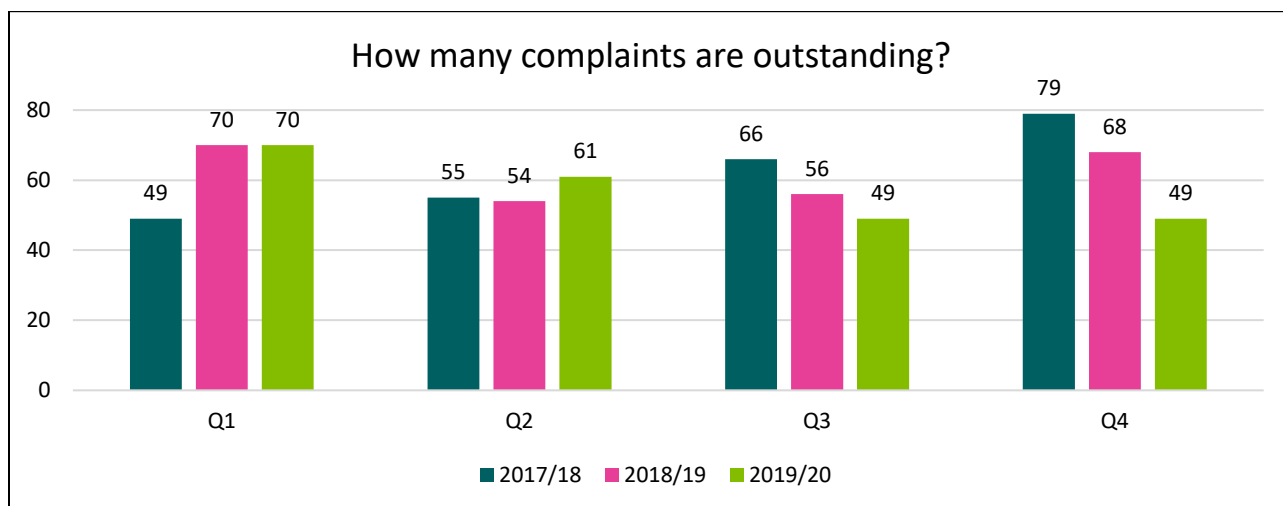
The charts below illustrate how demand for this service has varied over the past three years.



The spike in Q1 2018/19 related to large numbers of people we spoke to from out of area (during events) where we signposted them to their local Healthwatch.

As part of this information and support work, we provide a 'Help with NHS Complaints' service. This provides independent support for people who are unhappy the NHS service they (or a friend/relative) have received and who want to make a formal complaint to the NHS. Our aim is to support people so they can speak for themselves but sometimes this is not possible and we have a good working relationship with local advocacy services when they are needed.





Complaints files are closed in batches after a full review (happens every few months). They can be re-opened at any time, when the client decides they want to take the complaint further after all, so the total number of open complaints never matches the new/closed balance.

Because the Help with NHS Complaints service is delivered alongside our other Healthwatch services, quite often we are able to help people to resolve their problem without having to go through a lengthy, formal complaints process.

**‘Thank you’ comments from complaints clients on closing their file:**

- *“I was not sure what the next stage was, I will certainly be in touch to tell you of the outcome providing the relevant departments tell me of their findings, you and I have done all we can and I hope that the people who are investigating this complaint also will do all they can too, thank you for all you have done”*
- *“Thanks again for everything you have done. All the time and effort in drafting the letters etc. I think I did need to close it as it was just dragging things back up and wasn’t doing me any favours. I hope your meeting with the Pals and Complaints goes ok and you get the outcome you are hoping for. Thanks again”*
- *“Thank you for your prompt and informative emails/phone call. I am desperately in need of medical attention, but your considerate responses have been helpful and showed a degree of caring I have not seen from the medical profession, who seem to forget I am a human being suffering every day, and not a ‘case’ that can be dismissed as having ‘aberrant perceptions of reality’. I rather doubt I will make further or timely progress, but it is worthwhile knowing someone is to hand to consult with. Thank you for your time, energy, understanding and consideration.”*

## Engaging with our local population

At Healthwatch Tameside we know that local people value face to face contact and paper-based surveys - they respond to this much more than any online activities we do. We always get more responses through face to face contact and these responses generally contain more valuable insight too.

We were reminded that this isn't the same for all Healthwatch when we were involved in a national project to gather people's views on the NHS Long Term Plan. We received the second highest number of responses in Greater Manchester (313) but whilst the vast majority of ours were received on paper or face to face, the Healthwatch with the highest number of responses (333) received the vast majority of theirs online (we used the same channels in our localities to promote online responses). As a result of knowing this difference, we have continued to focus our outreach activity on face to face contact.

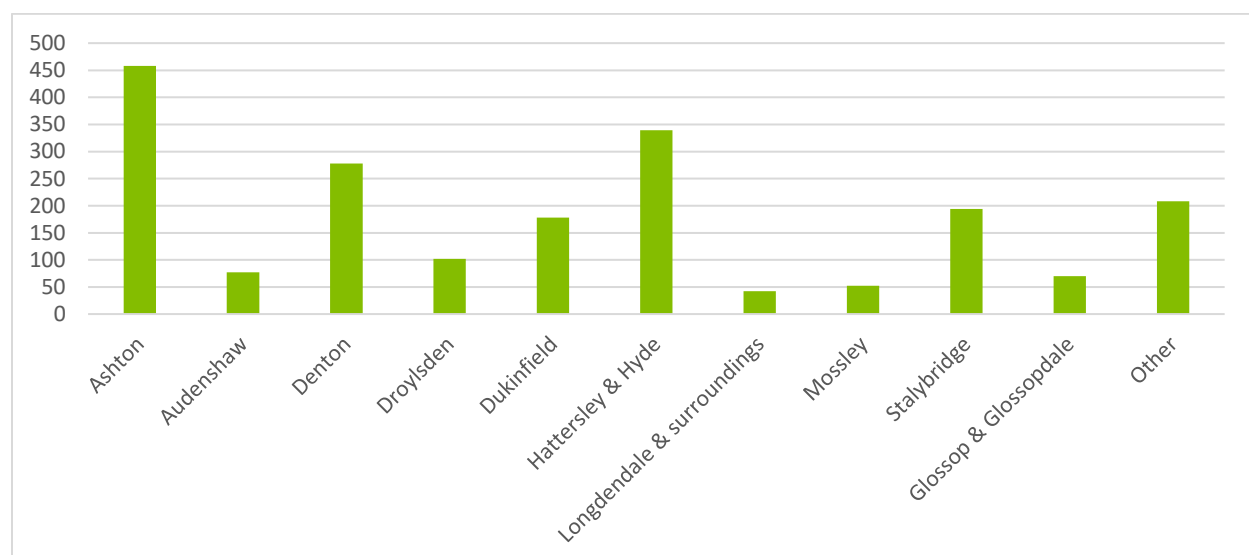
Our community contacts (mainly individual Healthwatch members) database continues to grow and we worked hard to extend our outreach in 2019/20. At the end of our year this database contained 1,050 records, an increase of 349 during the year. In addition, we attended 39 community venues, events and local groups - this generated contact with 765 people.

When we engage with people we invite them to share information about themselves with us (though this is confidential and entirely voluntary). This helps us to monitor how well we are able to represent our local communities and to plan specific outreach work into communities who are not as well represented as we would like.

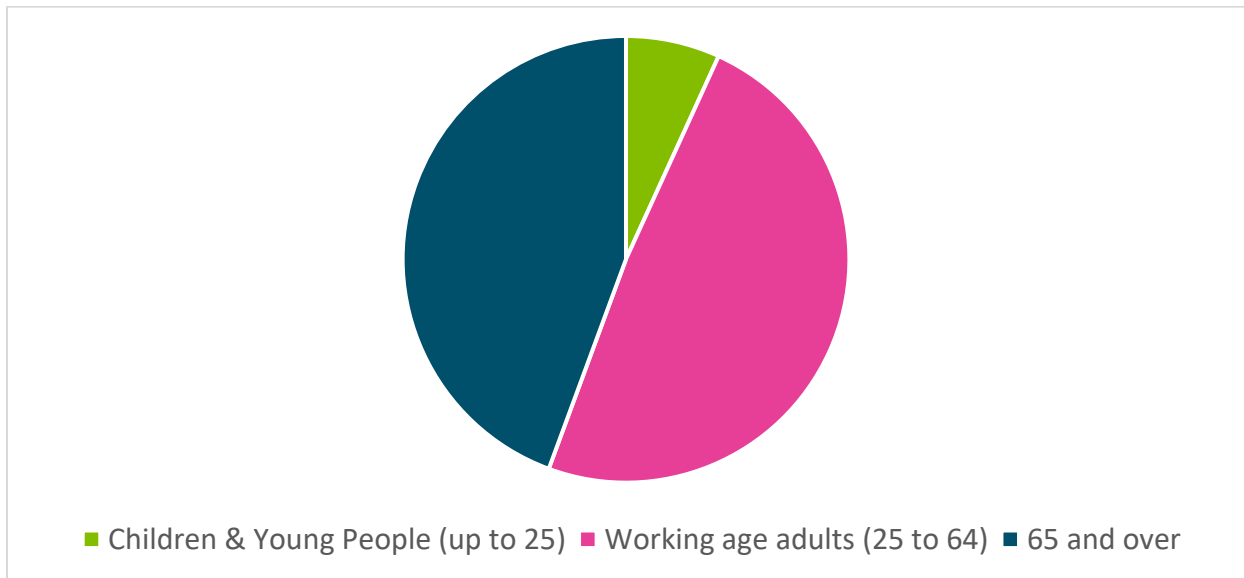
We engaged with 125 people who identified themselves as family carers and 23 people who said they had been in the care of the local authority.

These charts illustrate the other categories of people we have engaged with:

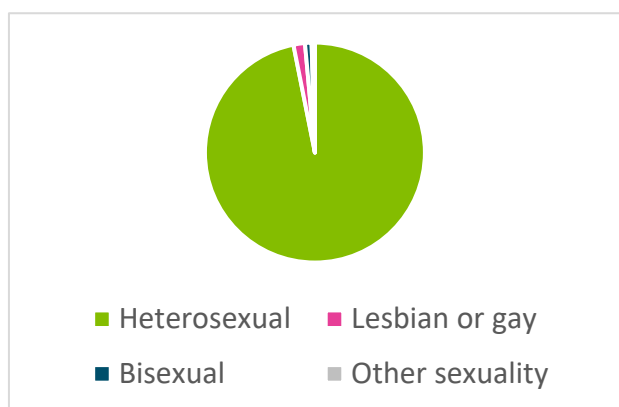
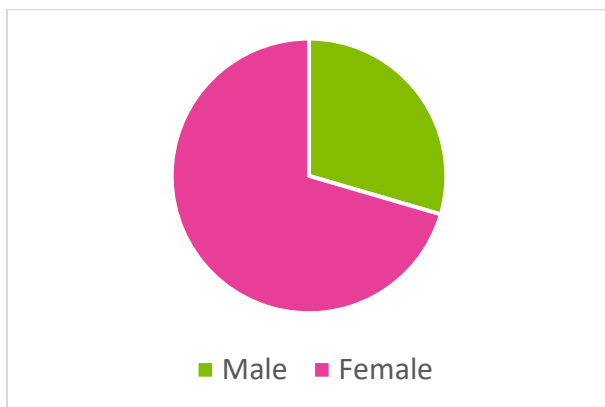
### Where people live



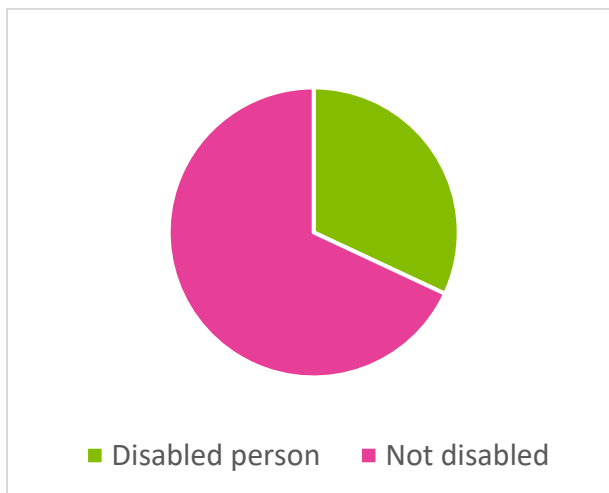
## Age



## Gender and sexual orientation

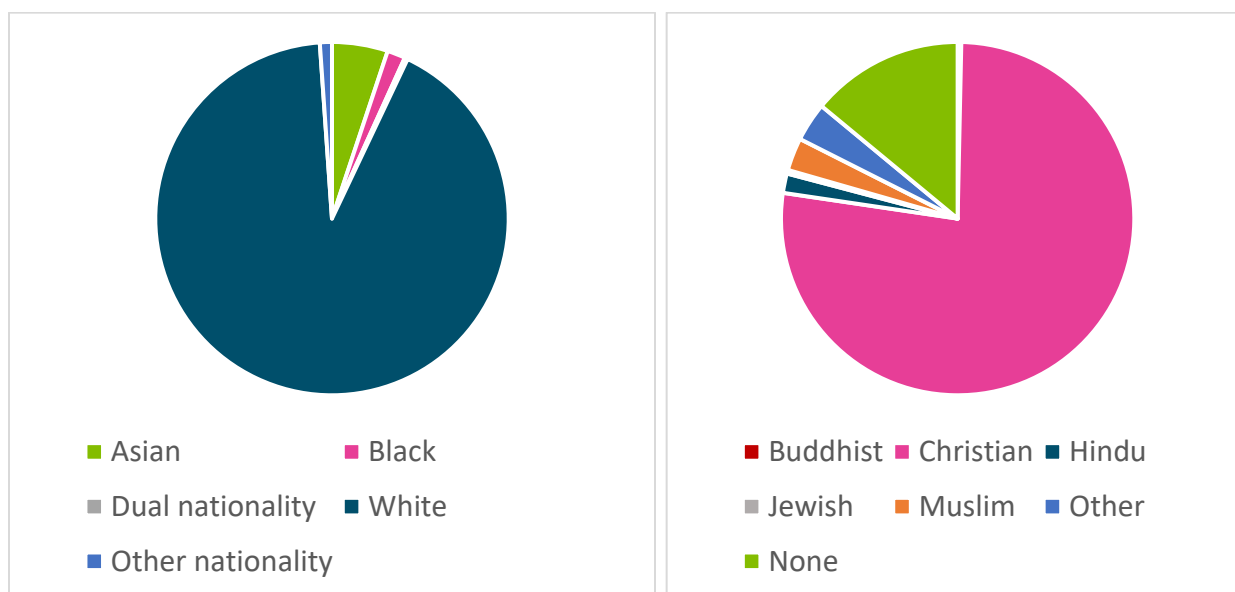


## Disability





## Ethnicity & Religion



It should be noted that because these figures are based on a total of all our engagement, some people may have been counted more than once (e.g. if we met them in a group situation and then they later completed a survey). These charts should be seen as an illustration, rather than an exact measure. For many of the categories shown, we are able to look at the data in more depth to identify specific communities for future outreach.

### A significant element of our engagement has been delivered through our Healthwatch Tameside Champions

Once again, our Healthwatch Champions have been out in the community this year. Giving community members the opportunity to have their 'Voices Heard' and give insight into their experience of using NHS and Social Care services. The Champions are also helping people with signposting information to services.

Miranda, Penny and Mary have been available at regular sessions in pharmacies, libraries, in the hospital waiting areas and a regular group session.

Two new volunteers have joined us this year. Margaret and Jo have kindly agreed to be the Healthwatch Champion based in the support groups that they attend. This is working very well and we hope to recruit more Champions within groups in the future. Eileen has offered support to the team on larger community events when she can.



Although we were affected by the lockdown response to the Covid-19 pandemic at the end of this year, when all community activity has had to stop. Our Champions are still offering support to people that they come into contact with, remotely of course. They are feeding back experiences so these are not lost.

Win, Joan and Harry are all set up, waiting in the wings ‘raring to go’ when we can all get back to meeting each other.

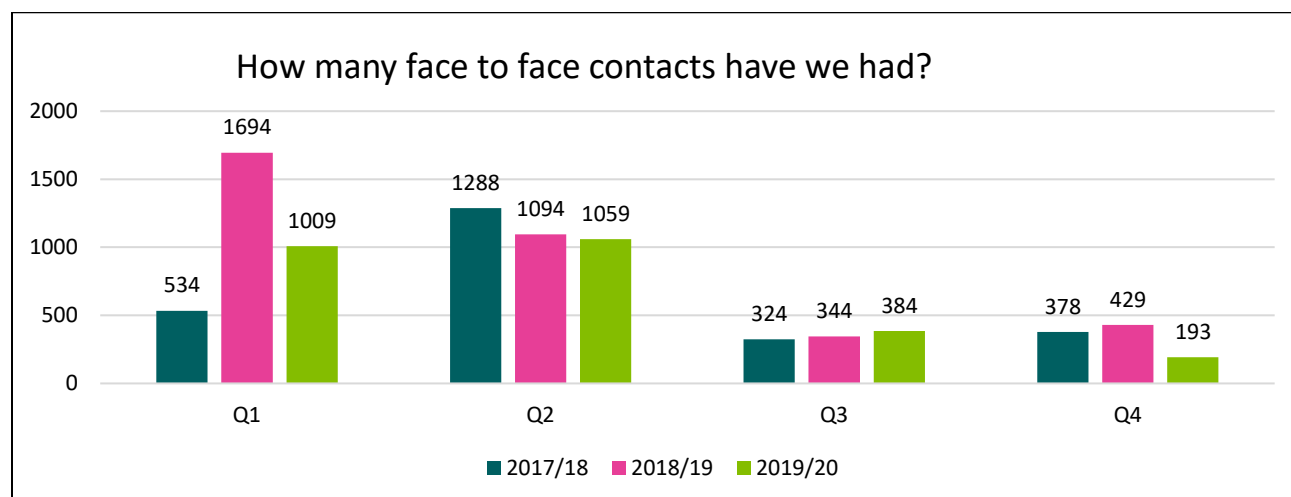
Many thanks to all our Healthwatch Champions. Without their support the Healthwatch Tameside team would have less opportunity to hear from the residents of Tameside.

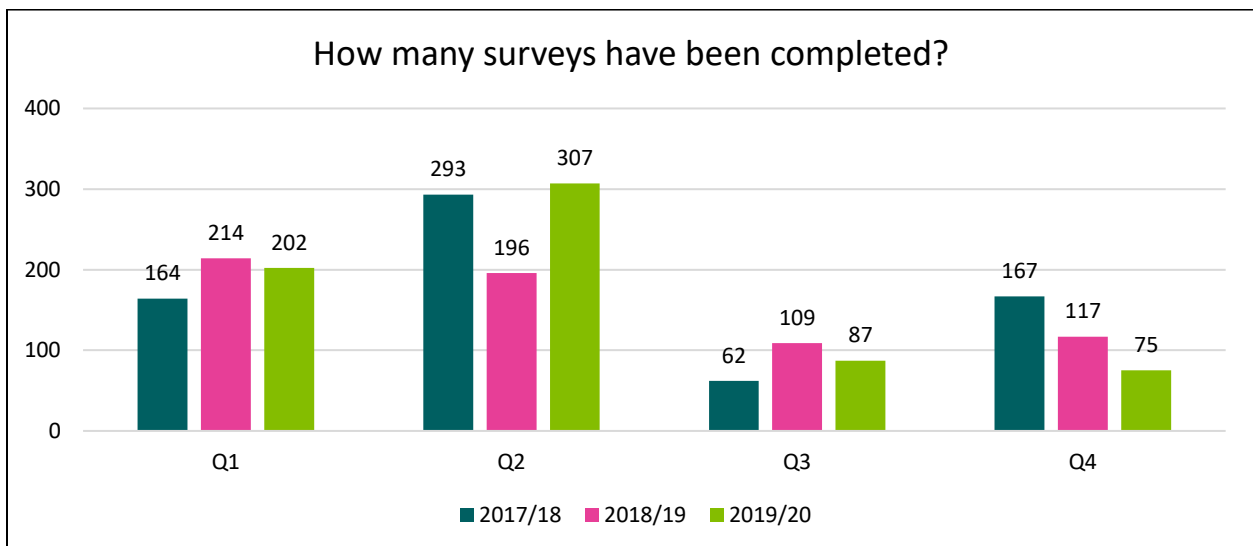
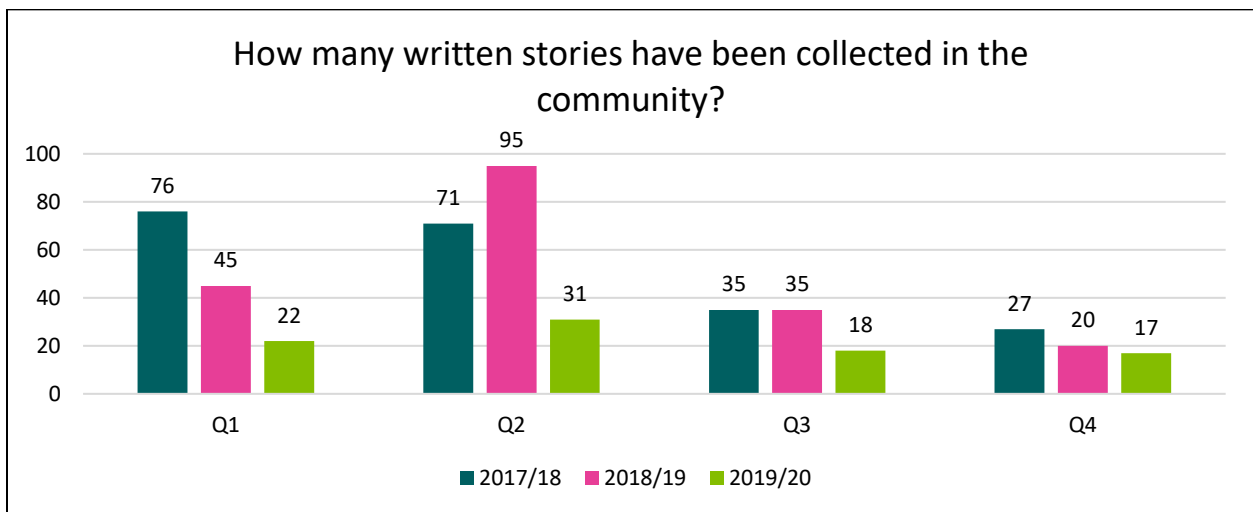
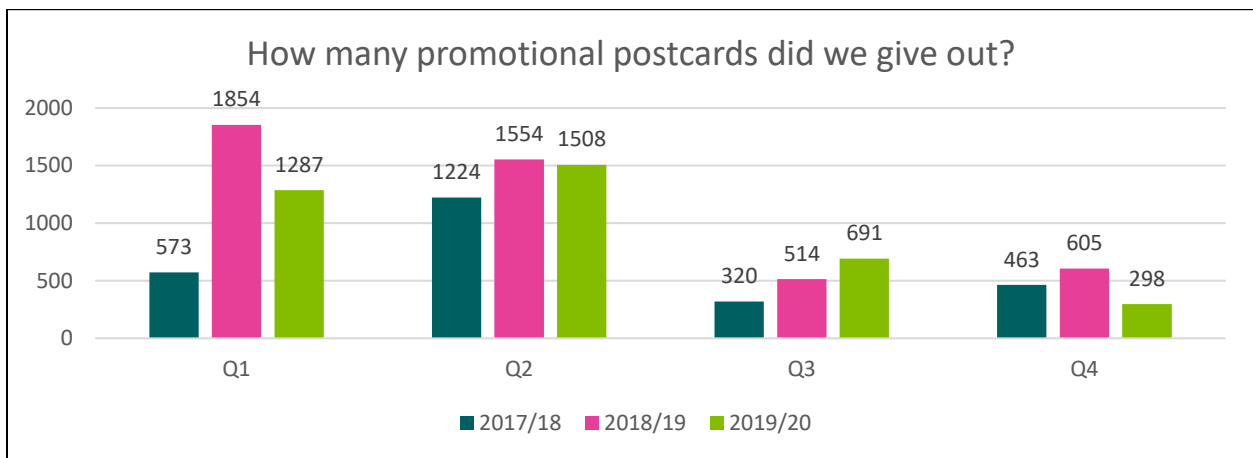
And finally, in this financial year we sadly had to say ‘good bye’ to two of our longstanding Healthwatch Champions. Diana and Jean sadly passed away in 2019. We miss them not only for the valuable contribution they made to Healthwatch Tameside and local residents, but as colleagues and friends.

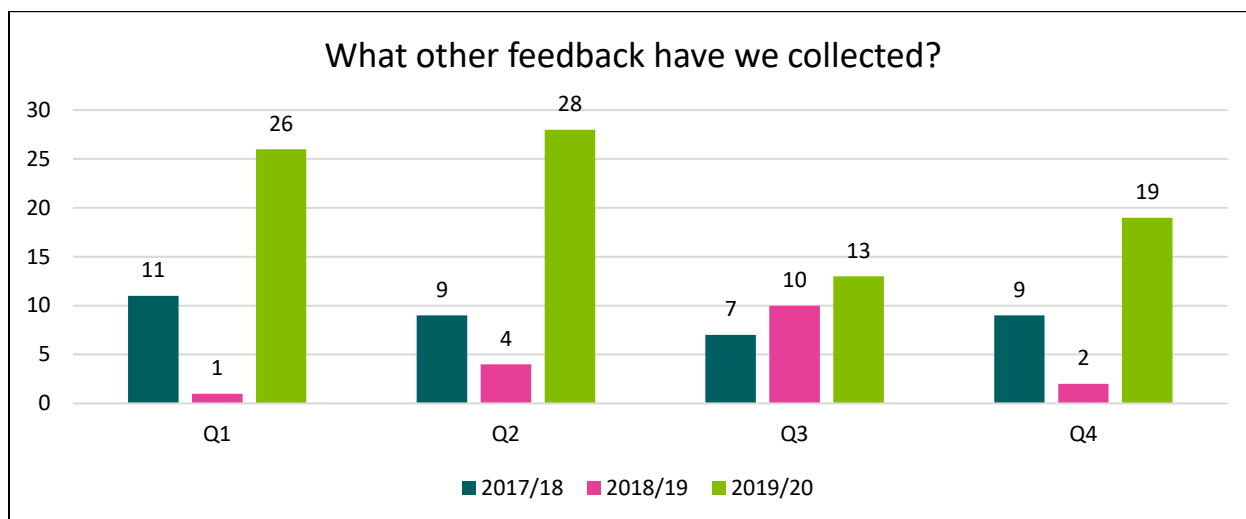
### **How has our engagement compared with previous years?**

The following charts indicate how our engagement this year compares with previous years. The impact of the COVID-19 pandemic in the last quarter of 2019/20 is clearly shown in these figures.

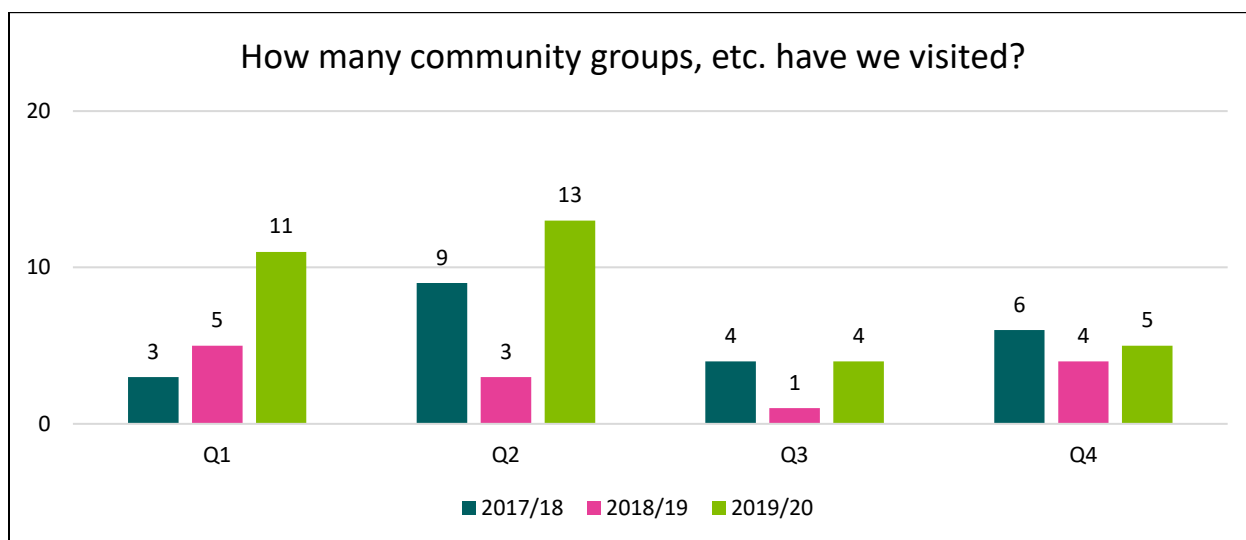
Variation between the years can be caused by the nature of the work we are prioritising at the time. For example, if we are focusing on a specific survey this can result in the reduction of the number of longer stories we collect from people. Our staff and volunteer resource is finite and we have to deploy it in line with the priorities our Board sets annually.







‘Other feedback’ is the term we use to describe insight we collect which doesn’t easily fit on one of our standard surveys or forms. Although this can take more time to analyse, we find that it is often extremely rich and detailed. We encouraged this type of feedback in 2019/20 and found that it is a particularly successful way of gathering insight as part of a visit to a community group.



These charts indicate significant seasonal variation. This reflects the different activities we undertake at different times of year. For example, we do more outreach at open days, festivals and in town centres during the summer and use the spring, autumn and winter to visit more community groups who meet indoors.

## Priorities 2020/21

Towards the end of 2019, we started our annual planning cycle to identify priorities for 2020/21. Before we could finish this, the COVID-19 pandemic arrived and we felt that it was important to re-evaluate these. As a result, the Healthwatch Tameside Board agreed to suspend routine priority setting (a decision which will be reviewed in August 2020).

During the pandemic, the Board felt that it was best to focus our energy on:

- Providing our information signposting service in a way that helps people to get access to the care they need during the COVID pandemic - especially where services and the ways to access them have changed.
- Continuing to monitor people's experiences of health and care services and to feed back to the health and care system when new challenges, concerns and barriers are identified.
- Developing a COVID-19 specific survey which focuses on:
  - People's experiences of accessing care
  - People's mental wellbeing and isolation
  - People's ability to eat healthily and exercise
  - People's experiences with new ways of accessing the care they need (e.g. video consultations with their GP)
  - Any changes in people's ability and motivation to access online services
- Providing monthly updates from our COVID-19 survey to inform future service change plans
- Changing our community engagement model, specifically:
  - Increasing the frequency of our eBulletin
  - Expanding our social media presence
  - Working with volunteering, wellbeing and mutual support activities to raise awareness of our services with the vulnerable people they work with
  - Ensuring that groups we have previously worked with know that we are still open for business and that they can refer their members and beneficiaries to us

We anticipate that when we return to more normal priorities, these are likely to include:

- Access to mental health services and support
- Intermediate care and discharge from hospital
- Access to primary care



## Financial and governance information

Healthwatch Tameside operates as part of Action Together, the voluntary sector infrastructure organisation in Tameside. We have our own Board which sets our priorities and overall strategy.

We currently have over 1,000 individuals and organisations who are part of our Healthwatch Tameside network. Network 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 2019/20 was:

Dr Kailash Chand OBE (Chair)

Anna Wardle

Babs Allen

Glenis Lee

Jyoti Rao

Royce Goodier

Tracey McErlain-Burns

Slawomir Pawlik (TMBC nominated observer)

We thank all our Board members who stepped down at the end of the 2018/19 financial year, several of whom were founding Healthwatch Board members.

Our staff team in 2019/20 comprised:

Peter Denton (Manager)

Ayesha Khatun

Carolyn Shaw

Elaine Kilburn (to February 2020)

Julie Beech

Karen Whitworth

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 2019 to 31 March 2020

*Figures for 2018/19 are included for comparative purposes*

	2018/19	2019/20
<b>Income</b>		
TMBC contract	£136,000	£136,000
Other income	<u>£475</u>	<u>£4,930</u>
Total	£136,475	£140,930
<b>Expenditure</b>		
Office & Support Costs	£39,346	£39,346
Salaries and on costs	£92,898	£101,566
Direct Delivery	£4,231	£3,498
Greater Manchester Collaboration Project	<u>n/a</u>	<u>£4,270</u>
Total	£136,475	£148,680
Deficit for year	nil	- £7,750
Brought Forward	£50,427	£50,427
Less deficit		- <u>£7,750</u>
Carry Forward	£50,427	£42,677

## Notes:

1. Core contract income is at a fixed level year on year. Staffing and other costs rise in line with inflation. As a result, a planned under spend has been brought forward into the year to help us to absorb these increased costs.
2. The current contract runs until 31 March 2024. It is anticipated that the balance we carry forward each year will gradually diminish in order to meet our running costs.
3. The Healthwatch England Long Term Plan engagement work was commissioned from us in 2018/19 and has been accounted for on net (rather than gross) basis.
4. During 2019/20 we acted as the fund holder for some Greater Manchester Healthwatch collaboration. The majority of income we received for that project was redistributed to other Healthwatch organisations.

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