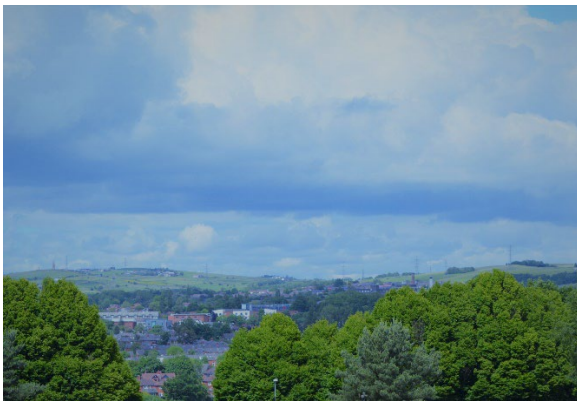


Annual Report 2021/22



Chair's Introduction



For a second year, all of our lives have been dominated by the Covid pandemic and just like every other organisation we at Healthwatch Tameside have had to adjust the way that we work whilst always maintaining focus on delivering our statutory duties.

We have had to adapt the way in which we listen to, and gather the experience of people needing support from health and social care services and I am most proud of the way that we have achieved this. We recognise that not everyone has access to, or the ability to use digital technology and we have retained the use of postal surveys and the telephone as ways of collecting information.

Our Board members bring a range of skills and experience to Healthwatch Tameside and this year we have recruited new members to the Board who further strengthen our diversity.

Most of this year I have been Acting Chair since the untimely and tragic death of Professor Dr Kailash Chand OBE in July 2021. I am grateful for the support of the Board of Healthwatch Tameside and the exemplary team of

staff who are dedicated to promoting the involvement of local people, monitoring the standards of service received by local people, obtaining their views and producing reports to inform health and care leaders, and sharing intelligence (suitably anonymised) with other Healthwatch to have the greatest impact.

This year we collaborated with the other nine Healthwatch in Greater Manchester, and local dentists to produce a report on NHS Dentistry. All of our reports are published on our website, or available through our offices and I would commend them to our community.

We are committed to working in partnership with Healthwatch across Greater Manchester and have recently signed a Collaborative Agreement and approved a 2022-25 all-age strategy with the ambition to passionately illuminate the voices of all diverse communities in Greater Manchester and to advocate on their behalf, at all levels of the new Integrated Care System to ensure that individuals can get all the health and care support that they need.

As new health and care systems take shape in July 2022 we will remain resolute in the delivery of our unique Healthwatch duties. Duties which include acting as a critical friend to health and care leaders and supporting them as they build a stronger more integrated service.

Tracey McErlain-Burns, 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

It is our Board's intention that for the remainder of our contract:

- 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.

- Healthwatch Tameside will have developed and maintained strong relationships with local Primary Care Networks. This will be a key relationship, alongside our partnerships with other organisations.
- Healthwatch Tameside will continue to use its strong community connections to maximise the support available to local people. This includes clear connections between Healthwatch and a range of voluntary and community organisations and 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. It also reflects the changes brought about by the creation of the Greater Manchester (GM) Integrated Care System (ICS) and the need for local people's voices to be heard by GM and local leaders.

Making a difference and representing people

Making a Difference

Some examples of how we have made a difference during 2021/22:

We gave feedback about patients having to wait outside a local GP surgery before their face to face appointments. The surgery shared this with their team.

They generally ask people to wait outside to help reduce the risk of infections but they do allow elderly and vulnerable patients inside. They agreed to also ensure that if the weather is poor, patients can come into the waiting room.

Some people accessing mental health services from Pennine Care told us that phone calls to them weren't getting through. This seemed to be related to people who used services to block calls from unknown numbers or if no caller ID was present.

This was discussed at the Mental Health Strategy Group and Pennine Care agreed to look into it and work out a solution.

Following feedback from a patient representative, we asked about mental health information being available in A&E. The person had found it difficult to get information about what services and support were available.

This was discussed in the Living Life Well meetings and new information was produced and distributed.



Representing People

Much of the difference we make is achieved through attending meetings on behalf of the local population. In these meetings we can influence future policies and services by summarising the key messages that local people have told us.

In the past year we met and worked with the following organisations and committees on a regular basis:

- Healthwatch in Greater Manchester Network
- Tameside Health and Wellbeing Board
- Tameside & Glossop Pandemic Resilience Group
- Tameside & Glossop NHS multi agency Digital Strategy Group
- Tameside & Glossop CCG Primary Care Committee
- Tameside & Glossop CCG Primary Care Development and Improvement Group
- Tameside & Glossop CCG Quality Oversight/Quality & Performance Assurance Group
- Tameside & Glossop Integrated Care Foundation Trust Patient Safety and Service User Experience Group (PSUEG).
- Tameside & Glossop multi agency Integrated Medicines Optimisation Group
- Tameside & Glossop multi agency Mental Health Network
- Tameside & Glossop CCG-led Mental Health Strategy Steering Group
- Tameside & Glossop Living Life Well Collaborative
- Tameside & Glossop Maternity Voices Partnership
- Tameside Adult Safeguarding Partnership Board
- Pennine Care Foundation Trust Healthwatch Partnership Group
- Pennine Care Foundation Trust Governors public engagement sessions

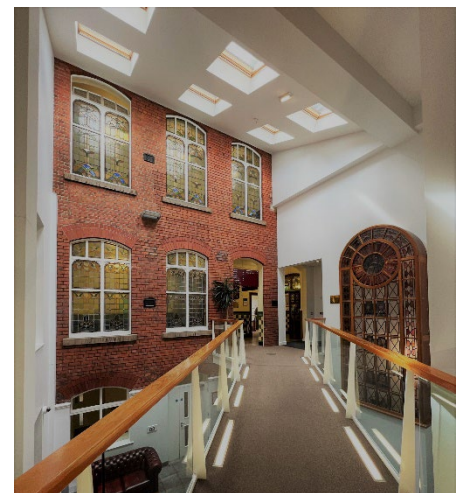
These regular meetings enabled us to do a number of things on behalf of local people:

- **Making sure that people leading our health and care systems understand the feedback we are given by local people.**
- **Asking questions based on things we know that local people have said to us before.**
- **Checking that the public engagement that informs decisions is balanced and not just based on the views of the people who are easiest to talk to.**

From July 2022, the NHS structure is changing. Tameside and Glossop Clinical Commissioning Group will be replaced by the Greater Manchester Integrated Care Board. There will still be local partnerships at Tameside level.

Through our work locally and at a Greater Manchester level we have achieved the following to help to ensure that local people's voices are heard through Healthwatch:

- The Healthwatch in Greater Manchester network will have formal representation at:
 - Greater Manchester Integrated Care Partnership
 - Greater Manchester Quality Surveillance systems
- The Healthwatch in Greater Manchester network has agreed a joint, all-age strategy setting out our joint priorities for the next 3 years
- The Healthwatch in Greater Manchester network has signed a new Collaborative Agreement, describing how we will work together. This replaces our old memorandum of understanding that was signed six years ago
- The Healthwatch in Greater Manchester network is presenting a funding bid to ensure that joint working is well co-ordinated and doesn't have a disproportionate impact on our local service delivery.
- We have agreed representation in the following new local partnerships and meetings:
 - Tameside Strategic Partnership Board
 - Tameside Provider Partnership
 - Tameside Quality Surveillance Group
 - Tameside GP Alliance
- Many other local networks and meetings will continue in a revised form and it is anticipated that Healthwatch will continue to play an active role in these.



Reports

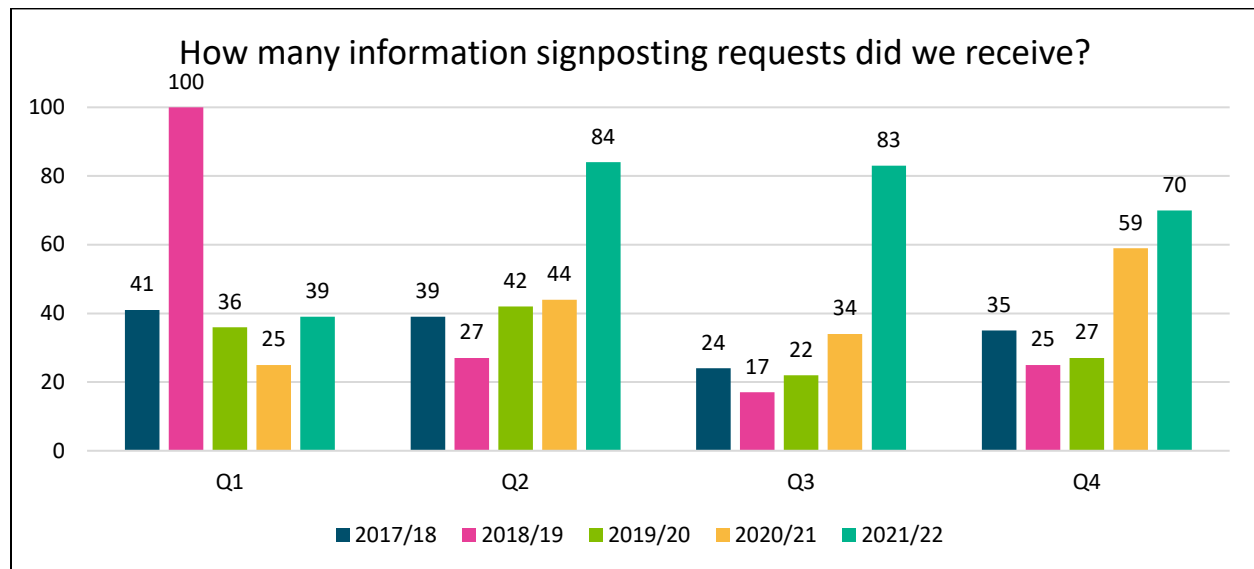
During the year, we published the following reports (the result of over 475 completed surveys and stories collected from local people during the year):

- COVID-19 Survey report (July 2021)
- Greater Manchester Healthwatch Dentistry report (August 2021)
- Urgent Care report (December 2021)
- Mental and Emotional Wellbeing report (December 2021)
- Transport to Medical Appointments report (December 2021)
- General Feedback report 2021 (March 2022)

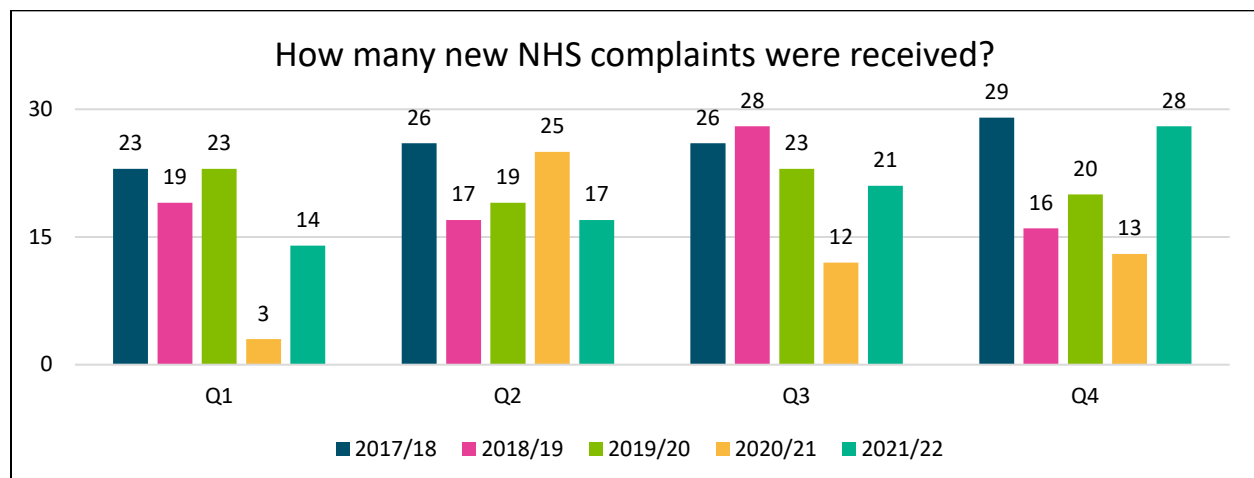
Providing information and support

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 is also a way of helping people when things go wrong. As a result, the enquiries we receive can be very varied.

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



A large number of the additional information requests this year related to people having difficulty accessing NHS dentistry. This is a national problem and we are working closely with Healthwatch England to try to resolve these challenges. We are also working with our Local Dental Committee to see if there are any things that can be done locally to help the population.



Engaging with our local population

This year saw a welcome return of face to face engagement with local people. Although the COVID pandemic saw an increase in the amount of feedback we received through our surveys, we always get more detailed feedback when we speak to people face to face.

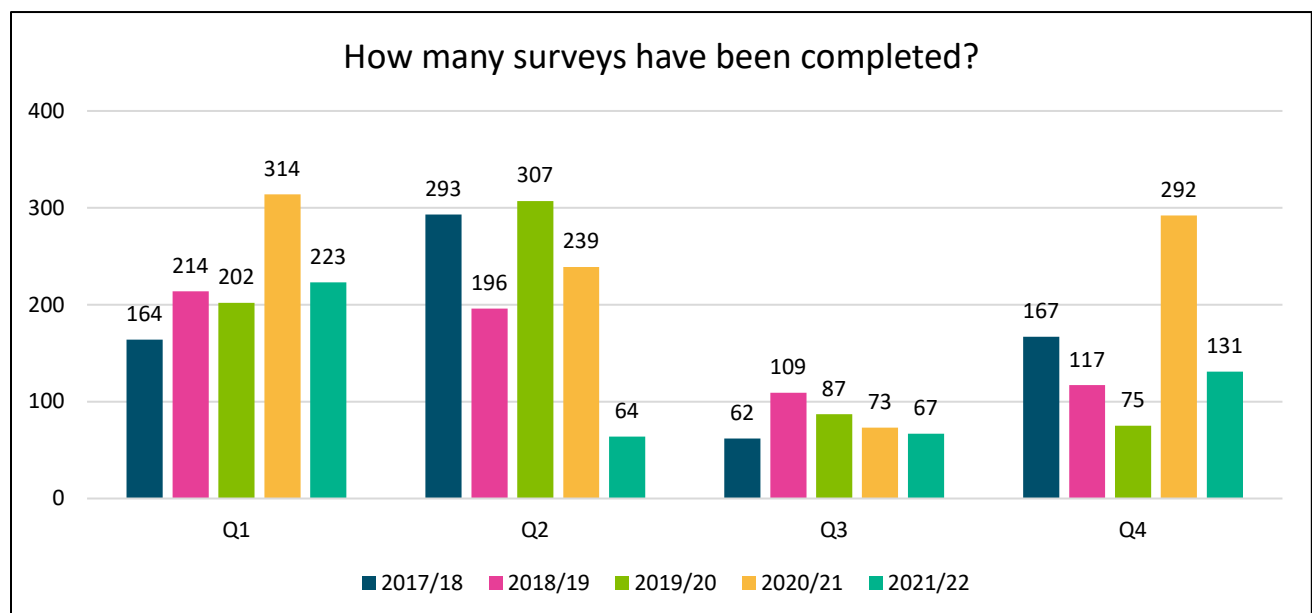
We were able to re-establish some regular outreach sessions in community locations as well as to strengthen our links with local community groups.

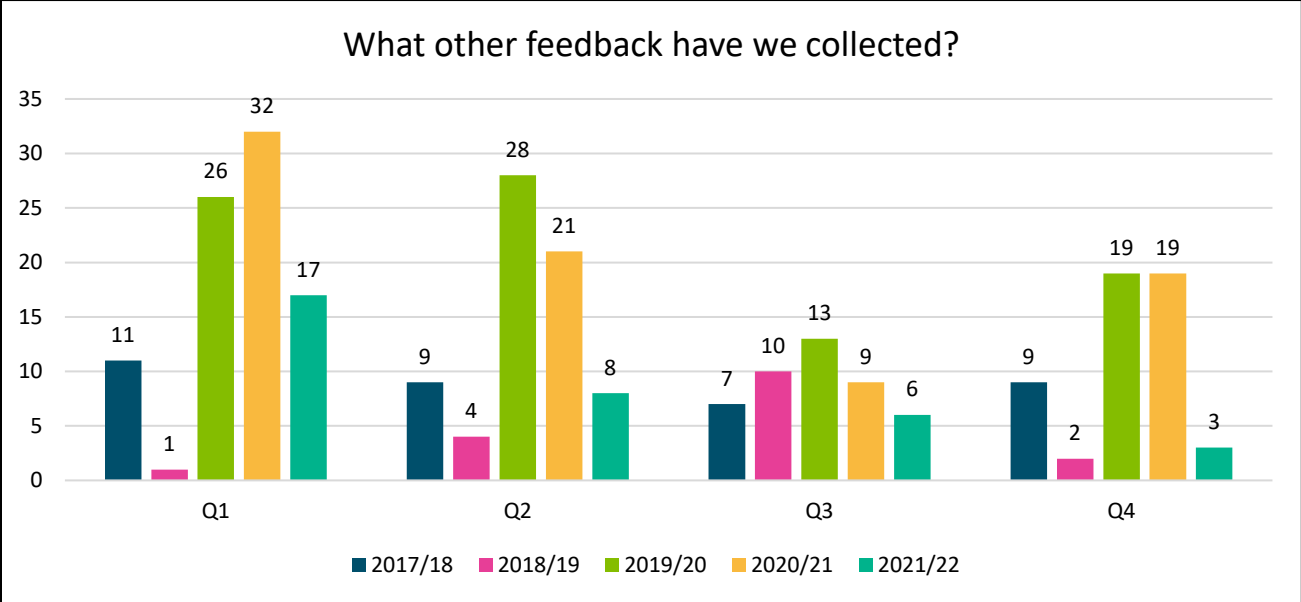


We are always looking for opportunities to work with new local groups. We welcome contact from any group who wants to work with us.

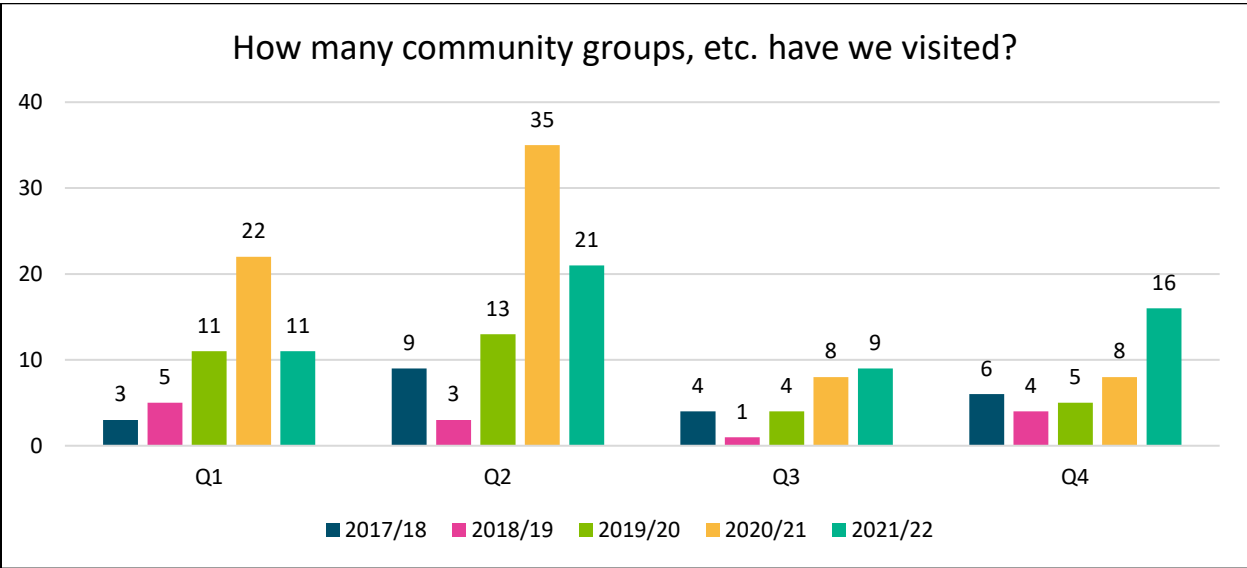
How has our engagement compared with previous years?

The following charts indicate how our engagement this year compares with previous years.





‘Other feedback’ is the term we use to describe feedback that we receive as part of providing another service or in an unstructured form. For example, someone using our Information Signposting service or attending an outreach session giving us informal feedback about a service they have used.



Note – in 2020/21 we included Zoom sessions, social media engagement, phone and e-mail contact with groups as ‘visits’. In 2021/22 the relaxation of COVID restrictions enabled us to return to more face to face engagement but we still continued with virtual engagement where this was requested.

We also collaborated with Healthwatch Derbyshire to ensure that Glossop residents using Tameside based services had opportunities to feed into our work.

Priorities 2022/23

From our 2021/22 work plan, we are currently preparing the following reports for publication:

- Mental Health service users and carers' survey
- Changes to the way people access health and care services report
- Delays in non-urgent care survey

Every year we review the main topics that local people have raised with us. This helps our Board to set our priorities for the coming year. We also review which groups of people in the local population have engaged with us. If we feel that any group has been under-represented in our work we then look to plan targeted outreach work to improve our engagement with these people.

We are still developing our workplan for 2022/23. This is because we need to make sure that it is aligned with Greater Manchester priorities as well as local ones in Tameside. The new Greater Manchester Integrated Care System is in a transitional phase and Greater Manchester priorities are still being set.

Our draft plan includes:

- A local (Tameside) re-run of the mental health survey we ran in 2017. Since that survey was published, the Living Life Well and other services have been set up. We want to see whether these new services have made a difference to the things that local people tell us about mental health support
- Joint working with other Healthwatch in Greater Manchester to look at:
 - Support for children and young people (we're particularly interested in children with learning disability and/or autism).
 - Support for people in need of mental health and mental wellbeing support.

In addition we will run a number of short surveys and smaller scale pieces of work focusing on topics that emerge during the year and which local people tell us are important to them.

Financial and governance information

Healthwatch Tameside operates as part of Action Together, the voluntary sector infrastructure organisation in Tameside. Healthwatch Tameside has its 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 which 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 2021/22 was:

Professor Kailash Chand OBE (Chair) until July 2021

Tracey McErlain-Burns (Deputy Chair) Acting/Interim Chair from July 2021

Camilla Guereca

Glenis Lee

Jyoti Rao

Maria Bailey

Royce Goodier

Dr Slawomir Pawlik (TMBC nominated observer)

It is with great sadness that we learnt of the sudden death of our Chair, Professor Kailash Chand OBE in July.

Kailash had served as a local GP in Tameside for many years before taking up leadership roles in his beloved NHS. He was passionate about an NHS that was free at the point of access and open to all. He was awarded an OBE in 2010 for services to the NHS and healthcare.



This was devastating news for us. Kailash had chaired our Board meeting only two weeks previously and we were very much talking about our future work on behalf of the local population. He was so much more than our Chair. He was a true champion for local people and a great friend of all who knew him.

We also thank Anna Wardle who stepped down from the Board at the end of March 2021.

Our Board met virtually, using online meeting platforms. They had 6 meetings this year in addition to regular e-mail communications.

Our staff team in 2021/22 comprised:

Peter Denton (Manager)
Ayesha Khatun (from January 2022)
Imogen Shortall (from June 2021)
Julie Beech
Karen Whitworth
Karolina Jantas (to December 2021)
Kay Robinson (from June 2021)

In addition, Liz Windsor-Welsh (Chief Executive Officer, Action Together) has provided support and guidance in her role as accountable officer for Healthwatch Tameside.

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 2021/22.



Financial information 1 April 2021 to 31 March 2022

Figures for 2020/21 are included for comparative purposes.

	2020/21	2021/22
Income		
TMBC contract	£136,000	£135,806
Other income	<u>£1,350</u>	<u>Nil</u>
Total	£137,350	£135,806
Expenditure		
Office & Support Costs	£30,030	£30,000
Salaries and on costs	£97,036	£103,206
Direct Delivery	<u>£3,363</u>	<u>£2,703</u>
Total	£130,429	£135,909
Surplus/Deficit for year	+£6,921	-£103
Brought Forward	£42,667	£49,598
Less deficit/plus surplus	<u>+£6,921</u>	<u>-£103</u>
Carry Forward	£49,598	£49,495

Notes:

1. Costs have remained reasonably consistent with the previous year, the only significant change being in staffing costs. The previous year had a vacancy in part of the year. We have also seen a rise in salary rates of 1.75% during 2021/22.
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. We anticipate that current cost of living increases will impact on our expenditure in the next two years.
3. Although there is no separation in our contract between core Healthwatch services and the Help with NHS Complaints (NHS Complaints Advocacy) service, the complaints function was taken on in lieu of a 15% cut in 2014. We therefore apply the following assumption when apportioning our local authority funding:
 - a. £115,435 core Healthwatch (85%)
 - b. £20,371 NHS Complaints (15%)



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Image credits - Peter Denton

Healthwatch Tameside, 131 Katherine Street, Ashton-under-Lyne, OL6 7AW

www.healthwatchtameside.co.uk info@healthwatchtameside.co.uk 0161 667 2526