



# On equal terms

**Then and now**

Healthwatch Staffordshire Annual Report 2020 - 2021

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# Message from our Chair



I have been honoured to continue in my role as Chair of the Healthwatch Staffordshire Advisory Board with this being my fourth year in this vital position. Healthwatch Staffordshire is here to listen to your health and social care stories and share these with the people who plan, buy and provide these services with the aim of enabling the services to be the best they can be.

At the beginning of 2020, none of us could have foreseen the terrible challenges and impacts on our lives that the Coronavirus pandemic had in store for all of us.

Over the last 18 months we have experienced anxiety, suffering, tragedy, restrictions on our activities and employment

not to mention the challenges to our health and social care systems that no one could have imagined we would ever see in our lifetimes.

We have also seen great community spirit, marveled at the ingenuity, hard work, dedication and resilience of front-line health and social care workers, and those that support the delivery behind the scenes not to mention the Public Health and Local Government Officers along with the army of volunteers that have stepped up to the plate. We should all cheer all of them. So many people have suffered either through illness or bereavement. Many others have faced mental health challenges because of the impact of lockdown.

I am immensely proud that during the 3 lockdowns and intervening periods Healthwatch Staffordshire remained operational throughout. The Healthwatch Team made sure the website was up to date at all times with the latest official advice and guidance on the rules at the time as well as supporting the public with their enquiries, signposting, intervening and continuing to challenge issues as well as carrying on with our focused pieces of work including offering collaborative working/constructive critique with our strategic partners throughout Staffordshire.

However, we are all aware that even if the virus is brought under control through the immense efforts of those involved in the vaccination programme the future looks challenging with the growing operation waiting lists and a concern about the number of serious health conditions going undiagnosed.

## Message from our Chair - continued

Allied to this is the huge transformation under way in redesigning the health care system under the Integrated Care System plans for Staffordshire. Any new models of care must be discussed with the public, their views sought and incorporated into service change to ensure that the right care is provided in the right place with no gap in service provision. Furthermore, the skills and experience of the voluntary sector must be incorporated into future plans together with being appropriately funded.

The team of Officers and Volunteers at Healthwatch Staffordshire have worked tirelessly to ensure that we address your concerns. Naturally, our aim isn't just to "catch people doing it wrong" and so we look to compliment services when we hear stories of good practice and excellent customer service. We have also sought to make sure that we connect with those underrepresented groups within our communities as we know that often less likely to be heard by these service professionals and decision makers.

Thank you to our Healthwatch staff and volunteers plus all who have supported and contributed to the work of Healthwatch Staffordshire. In the last year we have sadly had to say goodbye to our former Chief Officer, Simmy Akhtar, but I'm delighted that we were able to secure the services of Simon Fogell our new Chief Executive Officer as her replacement and who has proven to be an excellent appointment.



It is impossible to include all the detail of our work in this report and so only the highlights are included. If you wish to discuss any aspects of our work, then please do not hesitate to contact our staff team and if after having read about our role you would like to volunteer with us, please contact us to register your interest.

I look forward to working with you in the future in these challenging times.

Maggie Matthews, Chair

# About us

## Here to make health and care better

We are the independent champion for people who use health and social care services in Staffordshire. We're here to find out what matters to people and help make sure your views shape the support you need, by sharing these views with those who have the power to make change happen.

## Helping you to find the information you need

We help people find the information they need about services in their area. This has been vital during the pandemic with the ever-changing environment and restrictions limiting people's access to health and social care services.

### Our goals



#### 1 Supporting you to have your say

We want more people to get the information they need to take control of their health and care, make informed decisions and shape the services that support them.



#### 2 Providing a high quality service

We want everyone who shares an experience or seeks advice from us to get a high quality service and to understand the difference their views make.



#### 3 Ensuring your views help improve health & care

We want more services to use your views to shape the health and care support you need today and in the future.



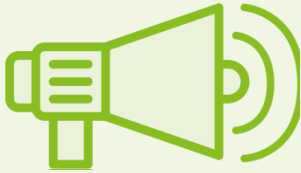
**“Local Healthwatch have done fantastic work throughout the country during the COVID-19 pandemic, but there is more work ahead to ensure that everyone’s views are heard. COVID-19 has highlighted inequalities and to tackle these unfair health differences we will need those in power to listen, to hear the experiences of those facing inequality and understand the steps that could improve people’s lives.”**

**Sir Robert Francis QC, Chair of Healthwatch England**

# Highlights from our year

Find out about our resources and how we have engaged and supported people in 2020-21.

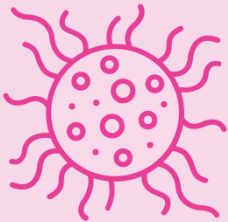
## Reaching out



**64,321** people engaged on our website compared to **7,223** last year

**41,816** people used our website for information compared to **6276** last year

## Responding to the pandemic



We engaged with and supported

**45,990** people with help and queries

during the **COVID-19** pandemic

by email, social media, website or telephone

## Making a difference to care



We published

**4 reports**

Including Covid-19, GP services during Covid and our priorities.

**21 recommendations** were made to support service improvement

## Health and care that works for you



**41 volunteers**

helped us to carry out our work. In total, they contributed 55 hours.

**We employ 5 staff**

4.5 of whom are full time equivalent, which is an increase of a 0.5 full time equivalent post from the previous year.

We received

**£205,338 in funding**

from our local authority in 2020-21, 1.062% more than the previous year.

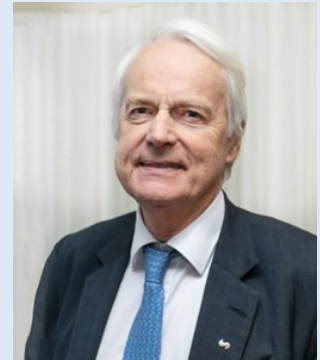
## HEALTHWATCH STAFFORDSHIRE 'HIGHLY COMMENDED' IN PRESTIGIOUS NATIONAL AWARD

"I never stop being inspired by your dedication to making care better for your communities.

"Whether reaching out to those whose views are not being heard, helping people to find the support they need or making sure NHS and social care services act on the improvements that the public want to see, the award entries highlight the difference you make.

"I would like to congratulate everyone who has been shortlisted. You have done your communities proud."

*Sir Robert Francis QC, Chair of Healthwatch England*



Healthwatch Staffordshire was 'highly commended' in 'The impact our team makes' category 'for research highlighting the problems patients face when discharged poorly from a hospital', in the Healthwatch Awards 2020, which were run by Healthwatch England.



## Digital Communications

The Covid-19 Pandemic meant a change in direction and required new ways to engage with our audiences whilst building on improvements already invested in our digital platforms.

Enhanced social media was at the forefront of our strategy to bring an accelerated service to our Staffordshire audience.

From the start our analytics showed an increase in the use of our social media platforms as we advised on closures and relocation of services, shared local and national updates, engaged with vulnerable people who were shielding, posted lockdown rules and test and trace regulations, posted where to get tested for Covid and in time vaccinated, and joined in and supported the huge recruitment for NHS volunteers.

Promoting our Covid-19 and Primary Care surveys allowed us to hear the voices of Staffordshire people and their need to see improvements in the health and social care they received.

The growth in users, engagements and reach throughout the year showed that people were engaging more and more with us digitally.



We have 458 followers on our Instagram platform



We have 479 on our Facebook platform



We have 2756 on our Twitter platform

Our social traffic originates from our 3 media platforms Twitter, Facebook, and Instagram.



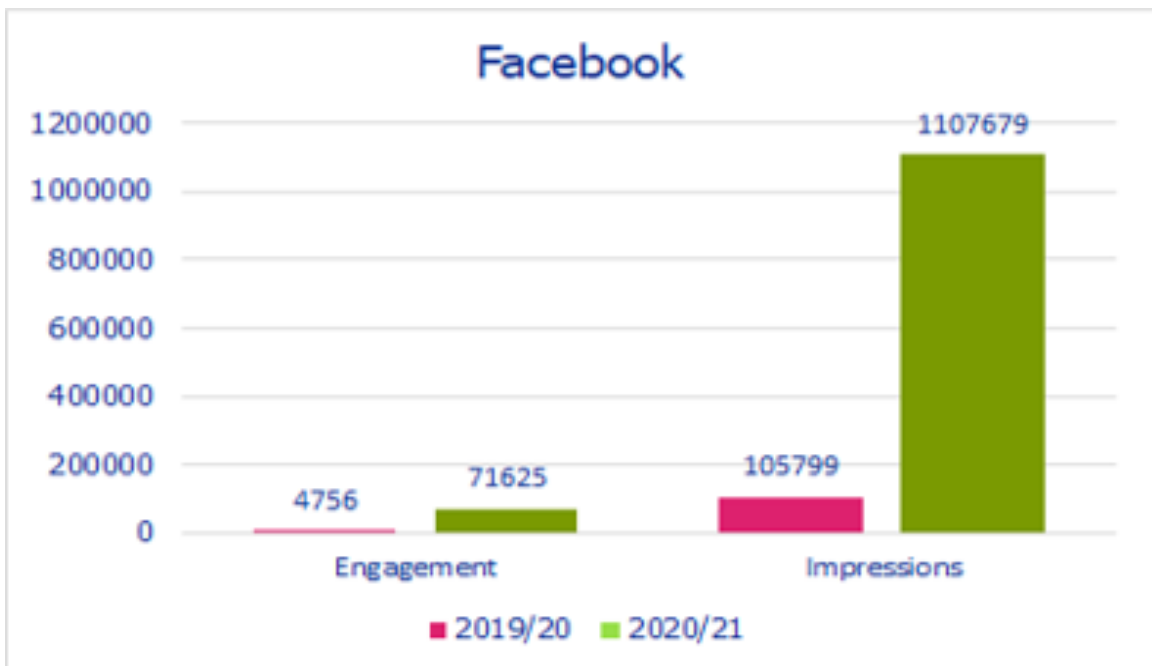
## Digital Communications continued

To ensure people were able to engage with us in many forms our digital interactions during Covid-19 comprised of:

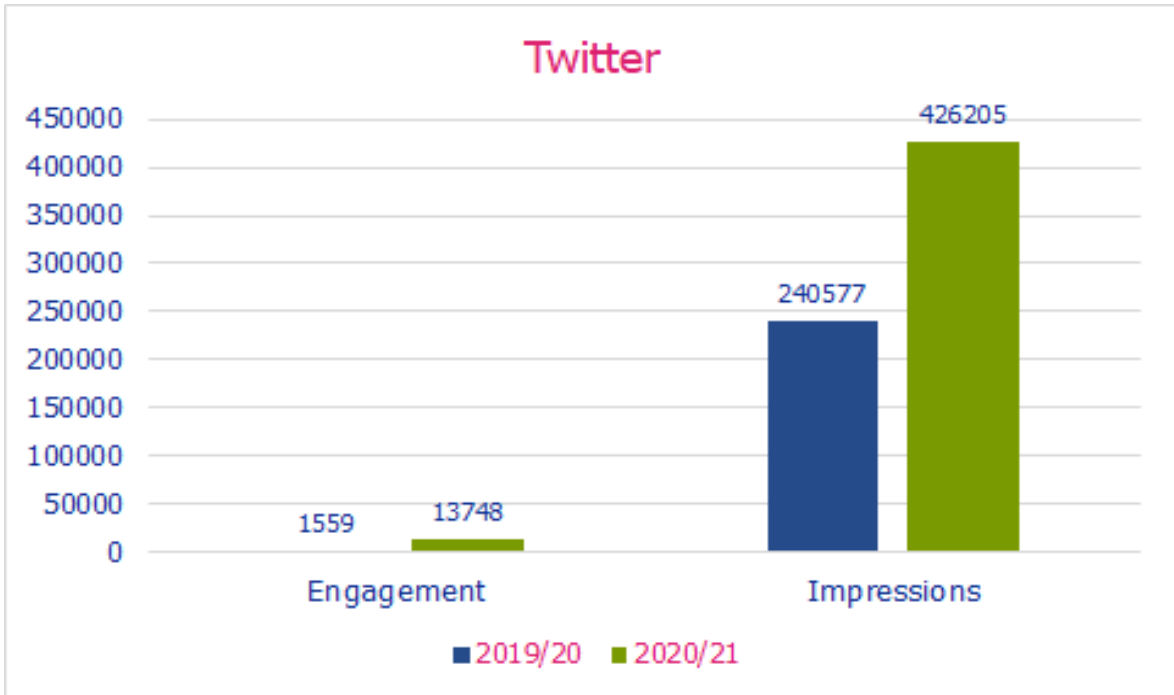
- Digital Marketing
- Social Media
- Website information
- Surveys
- Newsletters
- Online Meetings
- Direct Messaging
- Facebook Groups



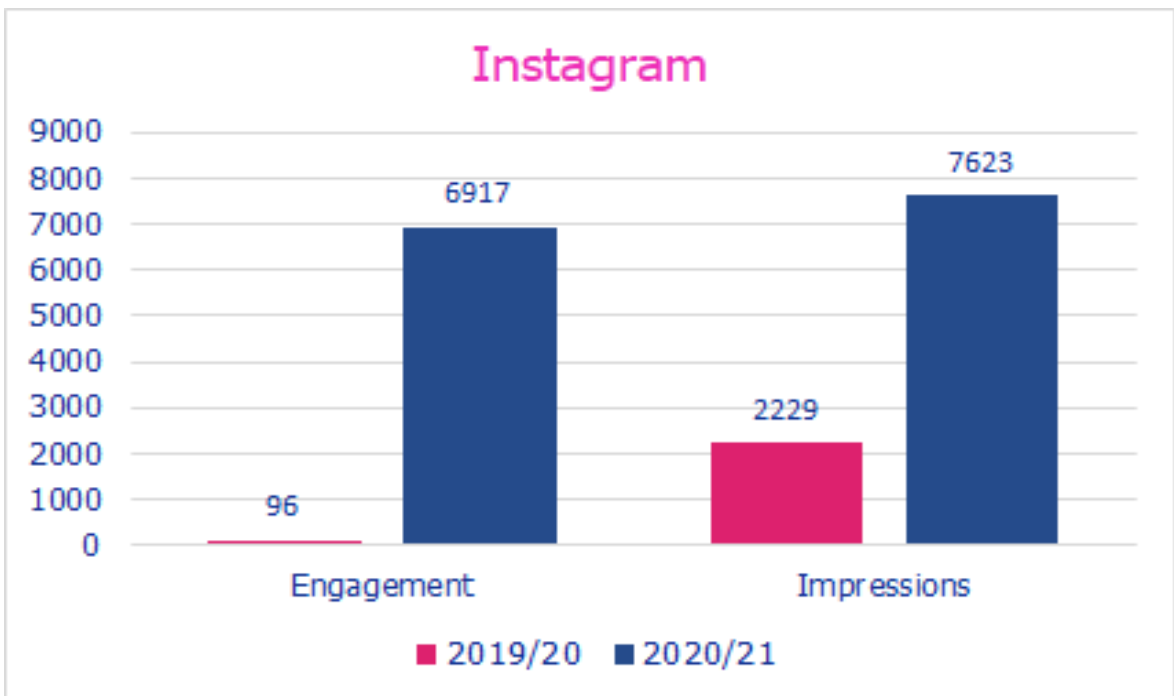
### Social Media growth 2020/21



## Social Media growth 2020/21



**Engagements - The number of people who engaged with our Page**  
**Impressions/Reach - The number of people who have seen our page content**



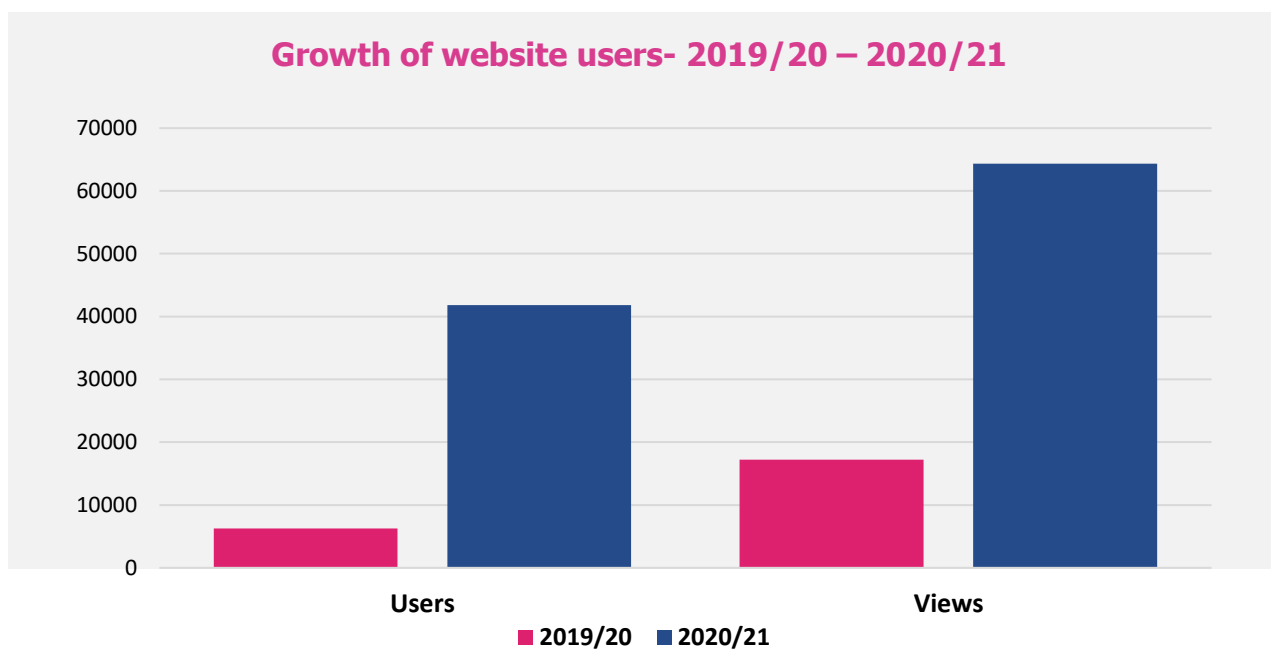
## Website

Before the Covid-19 pandemic hit, Healthwatch Staffordshire had highlighted the need to build on their digital communications strategy for the people of Staffordshire.

Adapting to the 'new normal' of Covid-19, requirements to promote a large amount of public content and the need for a quick turnover of information was needed.

The need to maximise our impact and drive forward campaigns led to an evaluation of the way we engaged with our Staffordshire residents digitally.

During the year, our website audience increased exponentially. Our analytics showed that residents engaged with our digital services focusing primarily on Covid-19 information that was timely and up to date. We worked with our partners and stakeholders ensuring our digital content gained the reach needed in Staffordshire.



## Our focus through 2020 - Digital content

- Introduction of new methods.
- Focus on intended audiences.
- Maximise reach to surrounding Staffordshire.
- Produce diverse content for specific audiences.
- Show the impact Healthwatch Staffordshire is making.
- Engaged with partners and stakeholders to promote strategic communications across the board.
- Regularly updating website with up-to-date content.



# Theme one: Then and now Primary Care



## Then: Primary Care Services

**Access to and efficiency of Primary Care services has long been a priority for Healthwatch Staffordshire since it was first established.**

The coronavirus pandemic necessitated a 'digital-first' approach to accessing Primary Care services, meaning that being able to access services by phone and online has never been more important. According to the 2020 GP patient survey, over one third of patients did not find it easy to access their GP surgery by phone – this figure was the highest reported in recent years.

Throughout all three lockdowns we have strived to make Primary Care services more accessible to everyone. For example, we have:

- ❖ Made GP surgeries aware of issues reported to us about phone lines and access which were subsequently investigated and fixed.
- ❖ Aided Staffordshire residents in obtaining and booking appointments with their GP.
- ❖ Helped people to understand how to overcome barriers to registering at and accessing their local GP.
- ❖ Kept Staffordshire residents informed on how they can access Primary Care services despite restrictions through various campaigns on our social media and website.



## Now: Primary Care Services

As a 2020/2021 annual priority for Healthwatch Staffordshire, we have collected feedback from Staffordshire residents on Primary Care services through surveys, call outs, social media, website enquiries, and through online and face-to-face engagement sessions. We were able to ascertain the public's experiences of and aspirations for Primary Care, share these views with providers and commissioners of services, and make recommendations for improvements.

Over the last year, we have heard the successes of phone and video calls in allowing people to access appointments with their GP quickly and in the comfort and safety of their own home.



**"Consultation by video link. All I can say is it was extremely easy to use and so much better for a consultation where an examination isn't required."**

In response to our report on Primary Care services, the Staffordshire and Stoke on Trent CCGs declared they have recognised that some individuals express preference for digital appointments and will work to make sure they continue to offer these to Staffordshire residents where required in the future.

Nevertheless, it is important to note that some people found the sudden change to digital appointments difficult and inaccessible due to many barriers. Feedback from people with learning difficulties, people with hearing and sight loss, people who are digitally excluded, and people with language barriers highlighted their difficulties with accessing digital appointments.



**"I cannot use a telephone due to my hearing loss"  
"I do not have a smartphone to send a photo like they asked".**

As a result of people sharing their experiences, we're calling for all surgeries in Staffordshire to have access to support services such as BSL interpreters, text services, and interpreters. Further to this, the CCGs maintained that they are working to ensure an increase the volume of face-to-face appointments in Primary Care services.

At Healthwatch Staffordshire we are still working continuously to help residents access Primary Care services where required. The CCGs recognised that the increased demand on phone lines and subsequent issues with access was a big problem for Staffordshire residents and this is something they are now "actively exploring".

Results from our public priorities survey, together with increased levels of negative feedback, has compelled us to make Primary Care services one of our annual priorities 2021/2022 - the second year running. This will see Healthwatch Staffordshire focus both time and resources to ensure the patient voice is heard in the development of the new Integrated Care System.



**To find out more >>>**

Visit our website [Healthwatch Staffordshire](https://www.healthwatchstaffordshire.org.uk)

Read about the Healthwatch England GP access during COVID-19 report [here](#).  
Read about the Healthwatch Staffordshire Primary Care report [here](#).



## Theme two: Then and now Impact of Covid-19



### Then: Impact of COVID-19 Survey

**Thanks to people sharing their experiences of the impact of Covid we were able to help health and social care system understand the needs of people and the importance of communication about the then service provisions and how to access them.**

Following the global coronavirus outbreak in early 2020 there have been significant measures to obstruct and limit the infection of coronavirus, including a national lockdown and many forms of social distancing for several months. Consequently, the required measures have had a considerable impact on individual lifestyles through physical health wellbeing, psychosocial health and financial challenges.

Healthwatch Staffordshire and Healthwatch Stoke-on-Trent, the local independent champions for health and social care, worked with Together We're Better including Staffordshire County Council and Stoke-on-Trent City Council on a collaborative piece of work to devise an Impact of Coronavirus survey which asked members of the public about their experiences of health and social care services during the coronavirus pandemic.



## Now: Impact on patients and service users

**Thanks to patients and service users sharing their experiences during the pandemic, we have been able to show the Together We're Better organisation responsible for the Integrated Care System across Staffordshire and Stoke-on-Trent where they needed to ensure people were clear about ongoing service provision.**

Between July – September 2020 over 200 people shared their experience of services with us. There was substantial evidence to suggest that residents of Stoke-on-Trent and Staffordshire did not want to burden health and social care services to seek medical advice or care because of the inundated demands that services were experiencing. As a result, 81% of responders avoided medical advice or care.

With over 53% of responders having a long term health condition there was substantial feedback to determine their experience. Many responders with a health condition accessed Primary Care Services as a first point of call. Despite this, not all residents had access to the required services for the following themed reasons: cancelled appointments, psychological setbacks and delayed or cancelled services.

Over half of responders suggested that their mental health and wellbeing has been affected by coronavirus. This was largely down to uncertainty within the future, isolation which had consequential feelings of depression and loneliness and a surge in anxiety because of a change in routine. An inarguable statistic of 79% demonstrated that residents did not receive satisfactory mental health care or support.



**“My OCD has become significantly more detrimental to my quality of life. I'm the middle of trying medications out for OCD and I have come off my old medication but not put on a new one because of lockdown. Haven't been reviewed by consultants of physical health conditions despite symptoms worsening.”**

As a result, it is clear that many responders opted for support from family, friends or even applying self-help techniques, although there was a degree of acknowledgment for GP access to acquire mental health support. Considering this, on the whole it is evident that residents did not deem the support provided by mental health service as a positive experience.



**To find out more > > >**

Read more about our Impact of COVID-19 Survey Report [here](#).



## Responding to COVID-19

- **Healthwatch plays an important role in helping people to get the information they need, especially through the pandemic. The insight we collect is shared with both Healthwatch England and local partners to ensure services are operating as best as possible during the pandemic.**

### **We have helped nearly 46,000 people with Covid-19 related support**

- Help and advice through an enhanced digital service
- Signposting people to urgent Dental Services
- Support with Mental Health information and services
- Promoting Covid-19 testing sites and key information
- Up to date information on shielding, vaccinations and related Covid response
- Helping people access Primary Care appointments
- Providing details of support services and groups by area



# Responding to COVID-19: Case Study 1



## What was the issue?

Mr B phoned Healthwatch Staffordshire about his 95-year-old mother-in-law, Mrs S, who is in independent living at a flat in Lichfield. Mrs S has had 2 falls in the last 9 months, firstly breaking her hip, and then within 1 week of being discharged back to her flat, she fell again breaking her pelvis. She returned to her flat in March 2020, with a care package of 4 visits per day. The care company have been visiting 4 times per day for the past 6 weeks, but have now told Mr B that the visits have been reduced to 2 times per day; morning to get Mrs S washed and dressed, and evening to prepare her for bed.

Mr B, who is 77, said the care company told him it was due to Covid-19 that the visits were being reduced, and that it has left his mother-in-law very frightened at being left alone throughout the day. He said the care company classed her as mobile because, with the aid of a frame, she could make it to the toilet without the physical support of a carer. However, when he visited this week, he found her struggling with her commode.

He feels that she does not need a care home, particularly in the current environment of Covid-19, and that she would manage at home if she could just have 4 visits per day. He informed me he lives very close and does visit on most days. He stated that no visiting carers ever wear any PPE.

## What did we do?

We contacted the care company, with permission, to discuss the situation. We spoke to 4 people at the care company and the social care assessor.

The decision to reduce the care visits had come from the social care assessor for the specific reason that they consider Mrs S does not meet the criteria for 4 visits per day, following the initial 6 week period after discharge. They felt, despite her age, prone to falling, and general physical state, that she was sufficiently mobile to be unattended during the day, and that this had also been confirmed by an Occupational Therapist. They said that Mr B would continually visit when the carers were there, putting them at risk of Covid-19 infection, and as the principal aim of the 2 visits was to warm a pre-made meal, make a drink and have a chat, that he was fulfilling that role.

The assessor informed us that Mrs S used to live with Mr B and his wife (her daughter), but they suddenly refused to have her, making her homeless, hence now being in this flat. She said Mr B had been asked not to visit whilst the carers were there, but he has refused. She said they explained about not meeting the criteria for funded visits, but that if he wished to have the extra calls he could pay, which he refused. She said they have also suggested having meals on wheels and confirmed that Mrs S has a lifeline pendant in case of emergencies, but there is no key safe outside the property. It was also stated that they have gone through the criteria with Mr B, and also given him details on how to make a complaint if he is not happy.

## The Outcome

We spoke to Mr B and informed him of the reasoning and concerns of the social care assessor, all of which he was aware of. He did not want to pay for extra visits at £17 per visit, did not at present want meals on wheels, and said he could never guarantee being able to visit himself each day.

We informed him the care company were going to speak to him again, and he confirmed someone had called and left a message with his wife already. He confirmed he was aware of the criteria, and the complaints procedure. We suggested to consider a key safe, and to maybe avoid visiting when carers were there because of the concerns over infection. We had investigated as far as possible in 2 days, and that it was encouraging that the care company had already tried to contact him. We asked him to keep our details and to let us know if anything changes, or if he feels he needs any more support, for which he was very grateful.

The following Monday, Mr B again phoned and advised that the care company had been in contact and had agreed to visit 3 times per day instead of the original 2. Mr B felt this was a wonderful outcome that had only been achieved due to the intervention and assistance provided by Healthwatch.

# Responding to COVID-19: Case Study 2



## What was the issue?

Healthwatch Staffordshire had been contacted by a family whose elderly father had been discharged from New Cross hospital. No temporary home support had been put in place and the family struggled to care as they were unable to get the patient into bed after he had been placed in a chair by the ambulance crew who transported him home. The family were concerned about his physical condition and the amount of pain he appeared to be suffering. The family realised that they needed some help and made contact with their GP and Staffordshire County Council to see if some support could be provided.

The council advised that his needs were medical and that support arrangements should have been made by the discharging hospital and the GP struggled to arrange any assistance advising the family, late on a Friday afternoon, that they should try to find a private care company to come in and assist. This proved impossible and the family called 111 for help and advice. 111 arranged for paramedics to come out and they got the gentleman into bed which was very helpful. However, the following day the situation had not improved and the family felt that they had no choice but to call 111 again, where again paramedics visited. The paramedics felt that the gentleman needed to be in hospital and took him to Walsall Manor hospital. The gentleman was treated for a urinary tract infection with intravenous antibiotics. The family were very concerned about when the time came for discharge and going through a similar experience.

*Image courtesy of Healthwatch England*

## What did we do?

Healthwatch Staffordshire established that the family felt that the father was receiving appropriate care at the hospital, that he was already more like his usual self and able to talk coherently to them on the telephone and that this hopefully meant that the infection was being brought under control and he would be unlikely to be discharged until they were happy that he was well enough.

However, the period of time in hospital and being quite poorly may mean that he would require some additional support for a period of time following discharge.

Healthwatch explained about Discharge protocols and that an assessment should be made to ascertain if any short term support may be needed in order to be able to make a safe discharge and discussed how there were options available such as having a short term care home placement if a home discharge was not immediately viable or having carer support at home following discharge for a period of time, generally up to six weeks which could be reduced if things went well.

Healthwatch established that the lines of communication with the ward manager at Walsall Manor were good and advised the family to have a chat with the ward manager, briefly explaining what has happened following the discharge from New Cross and asking about assessment prior to discharge so that the family could be reassured that if short term support was needed that this had been considered and arranged prior to any discharge.

## The Outcome

The family said that it had been very helpful to talk this through and they now felt much better informed about how discharge should work and they were hopeful that things would be much better when the discharge from Walsall Manor took place and that they would speak with the ward manager, feeling that if they brought up the subject it would ensure that an appropriate assessment would be made.

The family expressed how they had felt desperate when unable to get help when they most needed it in the days following the discharge from New Cross (bar of course the paramedics via 111 who had had to step in on two occasions in two days). Healthwatch also advised about options should the family feel that they wanted to make a complaint telling them about advocacy support services that could be very helpful.



## Share your views with us

If you have a query about a health and social care service, or need help with where you can go to access further support, get in touch. Don't struggle alone. Healthwatch is here for you.



[Healthwatch Staffordshire](#)



0800 051 8371



[enquiries@healthwatchstaffordshire.co.uk](mailto:enquiries@healthwatchstaffordshire.co.uk)

## Responding to COVID-19: Case Study 3

A member of the community was having repeated difficulty in obtaining a GP appointment and feeling that they are being refused an appointment by the receptionists, despite believing they were requiring a consultation to resolve their immediate medical problems.

Healthwatch Staffordshire discussed ways that the patient could attempt to resolve the issue for themselves and advised them to contact the Practice Manager. Following this discussion, the caller stated that they felt more confident and would try to obtain the appointment they felt was necessary.

The caller reported back to Healthwatch that she had called and been told by the receptionist that she could not guarantee an appointment if she refused to tell the receptionist the details of why she wanted the appointment. The caller had no idea whether an appointment would be granted or not.

Healthwatch Staffordshire called the Practice Manager to discuss this. The Practice Manager was very helpful and confirmed that they had made an appointment (telephone consultation) with the Advanced Nurse Practitioner for that afternoon.

There was a good, constructive discussion around care navigation and the potential for the receptionist to sound slightly threatening to some vulnerable patients. The Practice Manager advised that their GPs had instructed receptionists to say to patients that they would not be guaranteed an appointment if they did not disclose why they wanted the appointment. Healthwatch Staffordshire discussed whether the Practice Manager could discuss this subject with the GP Partners with a view to encouraging people to give information without them potentially feeling threatened or that there were barriers to accessing medical care.

Healthwatch Staffordshire discussed their Care Navigation Report published the previous year and how it may be useful for the GP Partners and reception staff to have a look at the report to gain an insight into how patients felt and that this may influence how they deal with people. The Practice Manager was very open to this and reassuring that she would take this on board to see if improvements could be made.



## Responding to COVID-19: Case Study 4

A member of the community got in touch with Healthwatch Staffordshire about issues they were having with their GP Practice. This was about prescriptions for pain relief and having had a bone marrow transplant they required specific immunisations at intervals. They were advised that one of the immunisations was not in stock and after waiting for a considerable amount of time and it still not being available, they were advised to "source it themselves". There is a Pharmacy attached to the GP Practice so on a routine visit to the pharmacy the person asked about it there. The Pharmacy confirmed they had it in stock, but it must be prescribed by the GP - they offered to put it on one side for the person. The patient wrote a letter of complaint to the GP, also asking for help and an investigation, on October 5th, but had heard nothing since. The letter was handed in personally. The person said they were now at their wits end and didn't know what to do next.



Healthwatch spoke to the Practice Manager, who was very helpful. They checked and confirmed the letter was received on the 5th, and that it was discussed at a Management meeting on the 7th. Unfortunately, the Practice manager then contracted Covid, and was off work until October 25th. They did however confirm that sending a letter to the patient was a priority, and a 'holding' letter was sent on October 27th, despite it not being received.

Healthwatch asked if it was possible to put any investigation to one side for the time being, the urgent requirement being to sort out the person's medication. The practice manager confirmed they would double check the requirements and phone the person as soon as they'd spoken to the GP.

Healthwatch told the person the outcome - they were delighted at the progress. Healthwatch advised them to call again if either the Practice didn't call her, or if they were unhappy with the outcome. They agreed to and said it would be their intention to give Healthwatch a 5\* rating for helping and advising them.

Healthwatch received another call 10 days later. The person said that nothing had happened since our original discussion, there had not been contact from the GP as had been promised. Healthwatch spoke again with the Practice Manager and expressed concern that his guarantee of action had not taken place, and that the patient was in an even more distressed state. The Practice Manager informed Healthwatch that he would book a zoom call for the GP and the patient the following day.

The person then told Healthwatch that a 2-hour zoom meeting had taken place and that they were satisfied with the outcome, having been prescribed morphine for the pain and a guarantee that their complaint of 55 days ago would now be looked at. They were again very complimentary about the assistance offered by Healthwatch Staffordshire.

## Top four areas that people have contacted us about:



34% on GP services



20% on Hospital Care



16% on Mental Health Services



15% on Community Health Services



Early in the pandemic, we heard about the lack of clear information and often inaccurate information. Our role became much more focused on providing people with clear, consistent and concise advice and information on our website and social media to help address Staffordshire residents' concerns. Over the last year, we have engaged with and supported over 45,000 people with help and queries.

The key questions people were asking included:

- What does shielding mean and how do I get help?
- Do I need to self-isolate?
- What are the restrictions in my area?
- How can I find an NHS dentist?



### Contact us to get the information you need

If you have a query about a health and social care service, or need help with where you can go to access further support, get in touch. Don't struggle alone. Healthwatch is here for you.



[Healthwatch Staffordshire](https://www.healthwatchstaffordshire.co.uk)



0800 051 8371



[enquiries@healthwatchstaffordshire.co.uk](mailto:enquiries@healthwatchstaffordshire.co.uk)



# Volunteers

**At Healthwatch Staffordshire we are supported by 41 volunteers to help us find out what people think is working, and what improvements people would like to make to services.**

## **This year our volunteers:**

- Kept us up to date with health and social care issues in our county.
- Helped residents to have their say by referring people to Healthwatch Staffordshire who may have concerns about health and social care services.
- Took part in and facilitated our weekly virtual community meetings.
- Represented Healthwatch Staffordshire at strategic meetings.
- Took part in our research projects through promoting and completing our various surveys, taking part in focus groups, and engaging with our social media and website campaigns.

**The Advisory Board and Officers of Healthwatch Staffordshire say a massive 'Thank you for all your hard work and commitment' to all the volunteers who work so tirelessly to help us hear from the people of Staffordshire about their experiences of Health Care and Social Care services. See some of the work they do on the next page.**



# A Year in the Life of a Healthwatch Staffordshire Volunteer:

Despite the pandemic, David has continued to give his time to volunteer throughout the year.

## Healthy Staffordshire Select Committee

Over the last year, David has attended the Healthy Staffordshire Select Committee and deputised for the Healthwatch Staffordshire manager. Key issues raised here were the response to the coronavirus pandemic and the white paper on NHS reform.

## Integrated Care System Shadow Board

David attended and submitted three questions which were answered by the board.

## East Staffordshire District Patient Participation Group

David has regularly attended the East Staffordshire District PPG throughout the year, maintaining an important link for Healthwatch Staffordshire. This group also has direct links with the East Staffordshire Clinical Commissioning Group

Patient Board and is evolving as the South-East Integrated Care Network Develops.

## Research

David has also participated in our various surveys, focus groups, and research projects as well as being a regular friendly face at our weekly Healthwatch Staffordshire virtual meetings.

## Virtual Community Champions Group, Burton

Currently, David is part of a working group who are exploring the possibility of piloting a Virtual Community Champions Group in Burton. This group aims to continue to promote and sustain public health as well as reduce health inequalities. This project has now moved on to the procurement stage.

## Burton and District Mind

As a trustee for Burton and District Mind, David keeps Healthwatch Staffordshire up-to-date with all local mental health issues within the local area.

**Healthwatch Staffordshire would like to say a huge THANK YOU to David for all his hard work this year!**




**David Bassett, Volunteer and Healthwatch Staffordshire Advisory Board Member**



### Volunteer with us

Are you feeling inspired? We are always on the lookout for new volunteers. If you are interested in volunteering, please get in touch using:

 [Healthwatch Staffordshire](#)

 0800 051 8371

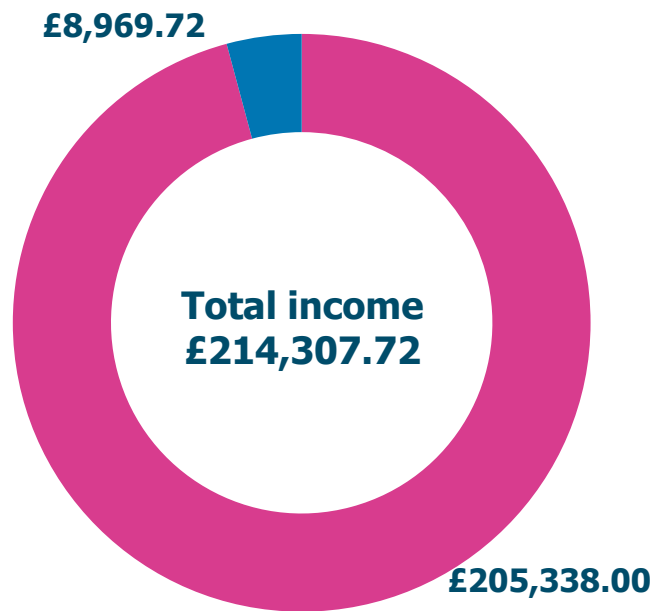
 [enquiries@healthwatchstaffordshire.co.uk](mailto:enquiries@healthwatchstaffordshire.co.uk)

# Finances

To help us carry out our work we receive funding from our local authority under the Health and Social Care Act 2012.

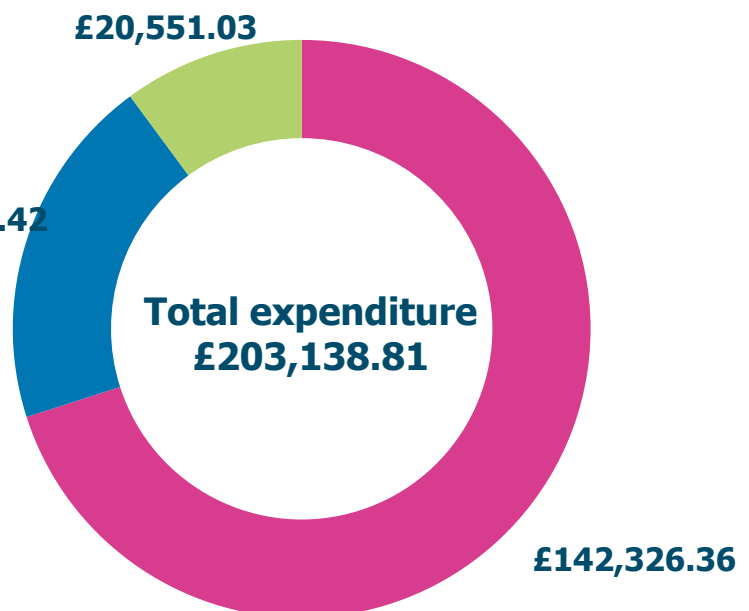
## Income

- Funding received from local authority
- Balance b/f from 2019/20



## Expenditure

- Staff costs
- How much it costs to run our H/W
- Management Costs



# Next steps & thank you

## Top three priorities for 2021-22

- ✓ GP services with concentrated effort to find out what the public want from Enhanced Primary Care services embedded with Community Services.
- ✓ Hospital services with a focus on communication between staff and patients, care quality, and appointment and treatment cancellation and postponement.
- ✓ Mental health services with attention on length of waiting times, virtual rather than face-to-face appointments, and communication between services.

## Next steps

Looking ahead, we will continue to observe and act upon theme-based feedback items to ensure that health and social care services are informed of resident opinions, suggestions and concerns. Furthermore, over the coming months we aim to follow national guidelines to plan a safe but efficient transition back into the heart of the community, in anticipation of having our traditional presence at local events to continue our successful engagement and outreach.



**“Thank you to everyone who has supported us over the past year. We could not do the work that we do without the feedback from the public that we use to seek to improve health and social care services. I would ask as many people as possible to continue to share their experiences and ideas with us so that we can inform health and social care leaders to support the provision of the right services in the right place for our local communities – services must meet needs as best as possible.”**

**Simmy Akhtar, former Chief Officer of Healthwatch Staffordshire**

**“It is vitally important that you, the public, continue to share your experiences with us in light of the plans to redesign the way that services are delivered under the Integrated Care System plans. Healthwatch needs to use your collective voices to help shape services in any new models of care so that it is provided in the right place and at the right time for all members of the community.”**

**Simon Fogell, Chief Executive Officer of Healthwatch Staffordshire**

# Statutory statements



## About us

Healthwatch Staffordshire | Unit 42, Staffordshire University Business Village, Dyson Way, Staffordshire Technology Park, Stafford, ST18 0TW

Healthwatch Staffordshire uses the Healthwatch Trademark when undertaking our statutory activities as covered by the licence agreement.

### **Involvement of volunteers and lay people in our governance and decision-making.**

Our Healthwatch board consists of 3 members who work on a voluntary basis to provide direction, oversight and scrutiny to our activities. Our board ensures that decisions about priority areas of work reflect the concerns and interests of our diverse local community. In 2020/21 the board met 2 times and made decisions on matters such as **Primary Care Access project planning** and **seldom-heard targeted groups to engage with**.

We ensure wider public involvement in deciding our work priorities. The **public help to shape our priorities** through an examination of annual themed intelligence and by completing **public priority surveys** to ask what is important to local people regarding health and social care services.

## Methods and systems used across the year's work to obtain people's views and experience.

We use a wide range of approaches to ensure that as many people as possible have the opportunity to provide us with insight about their experience of health and care services. During 2020/21 we have been available by phone, by email, provided a webform on our website, provided a feedback centre/rate and review system, attended virtual meetings of community groups and forums, attended strategic and statutory meetings of the Staffordshire County Council and Clinical Commissioning Groups, provided our own virtual activities and engaged with the public through our active social media channels.

We are committed to taking additional steps to ensure we obtain the views of people from diverse backgrounds who are often not heard by health and care decision makers. This year we have done this by undertaking a full audit of the groups and communities that have organisations representing them. The team has then reached out to all groups on multiple occasions to build lasting partnerships. The Pandemic though has meant many have been unable to operate.

We ensure that this annual report is made available to as many members of the public and partner organisations as possible. We publish it on our website under the respective annual report webpage. In addition, we will share the report with local partners to disseminate as appropriate.



## 2020-21 priorities

Project / activity area	Changes made to services
Impact of Coronavirus Survey Report	Communication with long-term condition patients to ensure their pathway of support for treatment and care does not affect their prognosis.
Outreach and Engagement with Seldom-Heard Groups	A range of groups from protected characteristics have been provided with opportunities to share their opinion on local services and pressing contemporary topics
Primary Care Survey	We provided a platform for users of primary care services to have their voice heard and considered within the health and social care system. This will ensure primary care services rebuild and reset in line with public recommendations. The combined system acknowledged the report and provided a response of its direction of travel
Patient experience of Primary Care in Staffordshire	We collected the stories of users of primary care services to enable health service system leaders to understand the impacts on people accessing primary care.

### Responses to recommendations and requests

We did not have any providers who did not respond to requests for information or recommendations.

This year, due to the COVID-19 pandemic, we did not make use of our Enter and View powers. Consequently, no recommendations or other actions resulted from this area of activity.

There were no issues or recommendations escalated by our Healthwatch to Healthwatch England Committee and so no resulting special reviews or investigations.

### Health and Wellbeing Board

In 2020 - 2021 Healthwatch Staffordshire was represented on the Staffordshire Health and Wellbeing Board by Simmy Akhtar, former Chief Officer of Healthwatch Staffordshire and her successor Simon Fogell, Chief Executive Officer of Healthwatch Staffordshire.

During 2020/21 our representatives have effectively carried out this role by sharing local health and social care intelligence.

## Message from our CEO



As I look back at 2020-2021 it makes me realise what a challenging year it has been for all of us. For many people it will be a year we will want to forget and put behind us. None of us could have foreseen the anxiety, loss, suffering, restrictions on our activities and employment not to mention the challenges to our health and social care systems that lay ahead of us this last year.

Through all of the lockdowns, communities came together to support one another, front-line health and social care staff showed great resilience and determination to keep services going in the face of almost overwhelming adversity, and not forgetting the unseen army of staff that support front line delivery behind the scenes as well as all the Public Health and Local Government staff plus the vast numbers of volunteers that have risen to the challenge and showed great fortitude.

I am incredibly proud of our Advisory Board, Volunteers and Officers who continued to work and deliver the Healthwatch Staffordshire service. I would like to thank each and everyone of them for their hard work and commitment. This made sure the health care and social care system leaders heard about your experiences of services that you shared with us.

We also saw significant changes in our service with two colleagues leaving us including Simmy Akhtar the former Chief Officer. We welcomed Karren Winters-Cavalôt to the team early in the year with Sarah Tingey joining us later on in the year. In all these changes we have continued to deliver effectively for the people of Staffordshire.

Simon Fogell, Chief Executive Officer, Healthwatch Staffordshire





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 @HWStaffordshire

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The contract to provide the Healthwatch Staffordshire  
service is held by Engaging Communities Solutions C.I.C.

[www.weareecs.co.uk](http://www.weareecs.co.uk)

t: 01785 887809

e: [contactus@weareecs.co.uk](mailto:contactus@weareecs.co.uk)

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