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Message from our chair

The Healthwatch Advisory Board is made up of a group of volunteers from across the County who have very different experiences coming from various career backgrounds. We all work on the Board by supporting the work undertaken Staffordshire (HWS). Healthwatch We promote and support the involvement of local people in the Commissioning (buying), Provision and Scrutiny of local Healthrelated services. We look to see if whether, and how, local Care Services could and ought to be improved, whilst sharing these views with Healthwatch England.

Board members often represent HWS at various meetings such as the Community Hospitals Programme Board covering Tamworth and Lichfield hospitals, whose remit is to make recommendations on the utilisation and development of the facilities at these hospitals. HWS has an important role in highlighting the views and needs of the local population to many other groups.

Board members are often members of their Patient Participation Groups members of the Clinical Commissioning Groups (CCG) Patient Congress. meetings share the work of the CCG with us and we are able to take and receive current information and look how plans may affect the population. This enables us to pick up on local issues and concerns which can help the Healthwatch Countywide shape priorities. Examples of these issues may be Access to GP services, Mental Health and developments at University hospitals. Attendance provides a link to local Patient groups regarding Healthwatch activities



We have had representation on the Staffordshire Carers Partnership and one of our Board members has been the Chair for a time.

Members of the Board currently reside in Stafford, North, East and South-East Staffordshire which means that we have a reasonable coverage of Staffordshire County. We are currently looking to attract new Board members - if you feel interested, then please do contact us and we can arrange to meet and chat over our mutual interests. Becoming a member of the Board can be fascinating giving insight into the workings of Health and Social Care in our County. We are represented on the CCG to ensure that the voice of the patients are heard during any major restructuring of local Health and Care services.

If you have a passion to improve Health and Social Care and an eye open for a different opportunity, this might be exactly what the doctor ordered!

Maggie

Maggie Matthews Chair Healthwatch Advisory Board



Our priorities

Last year over 600 people told us directly about their experience of health and social care services and our engagement with groups brought more feedback about services. Our priorities for the year ahead were shaped by what people told us.

Hospital Discharge

We received so many stories around discharge, from issues with the process in hospital, people being moved, without notice or information to step down beds through to a lack of support after discharge, that we undertook a major study of the Discharge to Assess process. Our report gives an insight into the hospital discharge process from the patient and family perspective and multiple conclusions and recommendations were able to be made.



Emotional Wellbeing of Children

A lot of research and evidence gathering had taken place with surveys for pupils and staff. We completed the ground work with events where young people attend groups, such as the Police Cadets. These events gave a great deal of information to feed into our report – a real insight into the thoughts and worries of our young people and how they would like to receive support.

Day opportunities

The completion of our visits to day services was important to wrap up the series of Enter and View visits across the county. We were then able to produce and publish our overview report.

NHS Long Term Plan

As a result of collaboration between Healthwatch Staffordshire. Stoke-on-Trent Healthwatch and Healthwatch England, work undertaken to gather the views of the general public about Health and Care across the Staffordshire and Stoke-on-Trent Sustainability and Transformation Partnership (STP) footprint. The report details the findings of the engagement with the public about the NHS Long Term Plan.

Access to GP appointments

With so many people having difficulty making appointments, we decided to incorporate more GP surgeries into our Enter and View programme. We created a specific GP surgery patient survey for use on these visits to find the reality of patient experience. We had made two visits to GP surgeries, when coronavirus meant that we had to suspend our Enter & View visits and we had to cancel several scheduled visits.

About us

Here to make care better

We are the independent champion for people who use health and social care services. We're here to find out what matters to people, and help make sure your views shape the support they need.

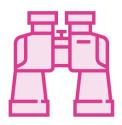
We listen to what people like about services, and what could be improved, and we share these views with those with the power to make change happen. We also help people find the information they need about services in their area.

Nationally and locally, we have the power to make sure that those in charge of services hear people's voices. As well as seeking the public's views ourselves, we also encourage services to involve people in decisions that affect them.



Our vision is to be a strong, independent and trusted voice of the public for health and social care services across Staffordshire





Our vision is simple

Health and care that works for you. People want health and social care support that works – helping them to stay well, get the best out of services and manage any conditions they face.



Our purpose

To find out what matters to you and to help make sure your views shape the support you need.



Our approach

People's views come first – especially those that find it hardest to be heard.

We champion what matters to you and work with others to find solutions. We are independent and committed to making the biggest difference to you.



How we find out what matters to you

People are at the heart of everything we do. Our staff and volunteers identify what matters most to people by:

- Visiting services to see how they work
- Running surveys and focus groups
- Going out in the community and working with other organisations



Find out more about us and the work we do

Website: www.healthwatchstaffordshire.co.uk

Twitter: @HWStaffordshire

Facebook: Healthwatchstaffordshire

Instagram: hwstaffordshire

Highlights from our year

Find out about our resources and the way we have engaged and supported people in 2019-20.

















Health and care that works for you



43 volunteers

helping to carry out our work.

We employed

4 staff

We received

£203,181 in funding

from our local authority in 2019-20

Supporting people



609 people

shared their health and social care story with us

2,307 people

accessed Healthwatch advice and information or contacted us with questions about local support

Reaching out



We engaged with over 7,300 people during the year.

Another 12,500 plus people engaged with us through our website and social media.

Making a difference to care



We published

22 reports

and within these reports we made 85 recommendations for improvement.

How we've made a difference



Report on Day Services for people with learning or physical disabilities

Having completed the last Enter and View visits in our series of visits to day opportunities, Healthwatch Staffordshire published an overview report on our findings.

Almost without exception, we found that the services we visited were of high quality, providing life enhancing activities for people using the services. People's experience of these services was vital to their wellbeing, providing community, friendship, occupational activity, learning, life and sometimes work experience.

We visited services for people with mild to moderate needs, services for people with considerable needs, right through to the County Council run Complex Needs Services.



We found a diverse range of services which catered to differing needs of individuals. Many services had strong links to their local community and most provided people using the services with an opportunity to be part of their local community by being involved in local events and a number of services had an element of enterprise activity

During our visit one group was enthusiastically enjoying a music session. After introducing themselves, they proudly performed a song for us using Makaton signing as well as singing. Another group had gone to the supermarket shopping in preparation for a cookery session in the afternoon. One client was enjoying doing some art in the quiet room which she was pleased to show us. This is a dynamic day service built around a sessional programme of imaginative activities held both in the community and in the building. The Independent Learning Centre it has its own unique identity where learning meets fun. (The ILC)

Each service user has a valued role and is provided a uniform to make it more inclusive and to create a deeper sense of belonging. It was evident through our visit that the ethos of providing opportunity, support and encouragement for people to learn new skills and improve their existing ones runs through every activity at the nursery. Staff, service users and a relative that we contacted all spoke very highly of the manager and the service in general. The atmosphere was very calm and relaxed and service users were encouraged to be involved in the visit. (Shaw Trust)

Without exception we found the management and staff of the services to be passionate and caring. They knew their clients well and consideration was made of clients' individual needs and abilities and the support provided to clients was professional, but with a very human touch.

We found services that had sensory rooms and provided therapies to enhance the wellbeing of their clients.

We visited farm-based projects with emphasis being on growing food and ornamental plants and animal husbandry.



We visited sessional services based in Leisure Centres which provided very low-cost inclusive sports and also offered rebound therapy. It was really heartwarming to see clients of complex needs services attending these sessions, showing that it is not always about the money – these people were able to access a rewarding experience, available to all, whatever their level of need, for just a few pounds cost, although they did have their one to one support with them to enable participation.

On site we saw evidence of creative and intensive sensory interactions which included developing or adapting equipment to new uses to benefit service users in spite of the challenge of very limited funds for specialist sensory equipment and aids. The service has managed to raise some 'comfort' funds which appear to be used in targeted ways. It is apparent that the Moorlands Complex Needs service provides high quality, individualised, personalised, responsive and proactive support to the people who attend. The service works to reduce social isolation and inequality by involving users of the service in visiting and using local attractions and amenities. (Moorlands Complex Needs Service)

The management and staff are highly motivated and enthusiastic. They obviously care about the clients and the quality of service provided. We were impressed with the detailed care and concern for the service users. We were struck by the level of skill the service users were applying in their artwork. Having such talented staff in residence is a huge asset and the quality of the work the service users are producing is outstanding. We found that the service met all of the Quality Indicators that are considered within this report and provided a well-managed, effective, caring and responsive service. (New Directions Support)

Emotional Wellbeing of children in Staffordshire High Schools

The emotional wellbeing of children and young people impacts every part of their lives; from their interpersonal relationships to their choices and their education. Supporting a child or young person can influence their adult lives; if unsupported it could go on to affect their careers, life choices, their families and their friends.

Many schools can offer support through the pastoral team, but what is offered varies greatly depending on the schools and their budgets. Healthwatch Staffordshire decided to research what is on offer to support our children and young people within the education system after reading a report released by Staffordshire and Stoke-on-Trent County Councils, in conjunction with the NHS.

We sent surveys to all the Staffordshire High Schools and created a survey for the pupils and we ran focus groups with local Youth Charities and Services. Some Schools were kind enough to invite us in to speak to pupils, school councils and individual classes.



Following detailed analysis of the findings a report was produced, which gave a clear insight into the views of pupils and teachers on the support that is available and highlighted areas were better support could be beneficial to the emotional wellbeing of our schoolchildren.

The report was sent to each and every High School in Staffordshire as well as the appropriate authorities and services.

"It's a great report, a lot of research and evidence to give us a good place to inform our interventions." Children and Families Care Group Midlands Partnership NHS Foundation Trust

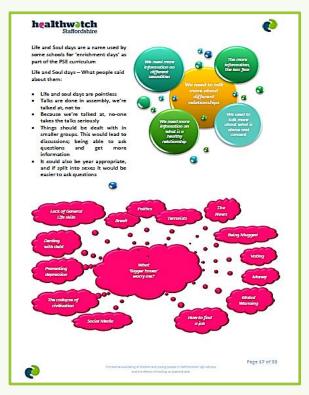
Recommendations made in the report on Emotional Wellbeing in Schools

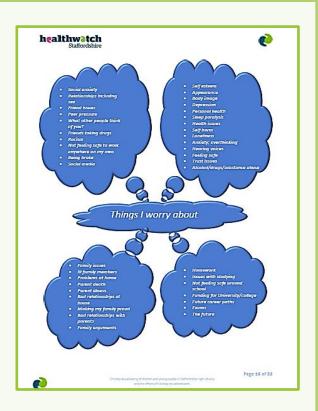
A number of recommendations were made in various areas:

Exams: Finding ways to limit exam stress.

Talking: All those spoken to prefer the one to one, face to face, approach. Solutions could include peer mentoring, buddy systems, vertical tutor groups, counselling, and training in active listening skills.

Educating the teachers and staff: Schools could seek the support of organisations that offer training, Children's Services and professionals working within mental health services.





Awareness that it is vitally important that staff are adequately supported in being able to offer pastoral care; not only for the students but for their own emotional well-being.

"I want to learn more about consent and appropriate relationships. They haven't even shown the "Cup of Tea" video at school. They've done "Being Safe Online" to the extent it feels like we've done it every month for the past couple of years! I'm fed up of it. They don't teach you about relationships though, about consent and what abuse is. I think we need that because a lot of what we see on the TV and the internet gives mixed messages"

Read the full report:

https://healthwatchstaffordshire.co.uk/Emotional-wellbeing-in-Staffordshire-High-Schools

Discharge to Assess

Following an increasing number of people telling us about their experience of hospital discharge and follow up Healthwatch Staffordshire support, undertook a study of patients being discharged from hospital through the process known as Discharge to Assess This is the process through (D2A). which patients are assessed for their health and care needs once they no longer need to be in an acute hospital bed. Patients may be discharged home with a package of care to continue their rehabilitation, or to a nursing home or a community hospital bed to continue their recovery before they can return to their home.

For some of the participants, their family were the key players in making decisions about their discharge, liaising with the hospital and with social care. A number of participants who said that they were not involved in making decisions about their discharge said that their family members were acting on their behalf.

"I let my nephew sort things"

"No-one has spoken to me, but spoken to my daughter"

"I'm not involved, but (information) may have been given to my son"



The aim of this study was to understand the D2A process from the perspective of the patient/family/carer and to find out the extent they are involved in the planning of their discharge.

"I have not been involved – been told this morning that I am going home and will have two carers visit twice a day"

"I will be going home and have agreed a package of four visits a day for help getting up, meals and going to bed. Some aids are being installed at home and I am being given some choices"

"Some lady came round to discuss discharge"

Project design – Discharge to Assess

This project was designed to use face to face semi-structured interviews. Interviews were chosen as they give an opportunity to explore with the participants their answers and gain a deeper understanding than is possible with questionnaires.

The target group were patients in hospitals in Staffordshire, including Royal Stoke; County Hospital in Stafford (UHNM); Queens Hospital, Burton upon Trent and the Community Hospitals: Samuel Johnson Hospital, Lichfield; Sir Robert Peel Hospital in Tamworth, University Hospitals of Derby and Burton (UHDB) and the Haywood Hospital in Stoke-on-Trent, Midlands Partnership NHS Foundation Trust (MPFT).

"Patients transferred to the 'ready for discharge' wards often can wait for weeks for the right care package to go home, a community hospital bed or other things like housing issues, house cleans etc."

"One lady has been in here 6 weeks waiting for a house clean, she is desperate to go home and is deteriorating in mood"

"It is just a paper exercise, the patient does not seem to be viewed as a person in all of this"

Of those patients who said they had been involved, it varied in what they considered to be involvement and for some it was simply being told what was happening to them rather than being an active participant in the decision-making process.

Whilst for most of those participants the lack of involvement was not a particular issue with how they felt about the discharge process, for some of them the perceived lack of communication was an area for improvement.

For some of the participants a lack of communication meant that they were unaware of the decisions that had been made about their discharge. This included knowing when they were going to be discharged as well as where they were going to be discharged to.

Many of the patients we saw were patients deemed 'fit for discharge', but were on wards waiting to go home. Some were on a fit for discharge ward, some were on general wards and some were in the discharge lounge. These patients had been identified by hospital staff as being in the D2A process.

We also spoke to staff on wards at Royal Stoke and Queens Hospital.

Read the full report at https://healthwatchstaffordshire.co.uk/Discharge-to-Assess

Discharge to Assess: Recommendations

Information for patients: Ensure that patients are kept informed about the progress of their discharge and when they might expect to be discharged, what arrangements need to be made before they are discharged and who is responsible for making those arrangements.

Staff should try to give as much notice as possible when patients are being transferred between hospitals keeping patients and relatives informed. It is appreciated that sometimes people are moved at short notice because an appropriate bed has become available, but patients and their families should be made aware that they are likely to be moved, the reasons for this explained and the likely time frame for the transfer.

"I was in Queens for six weeks and then moved to Samuel Johnson – the discharge from Queens to Samuel Johnson was not discussed at all – I was suddenly told I was being moved – the family were not too pleased with the sudden move with no notice"

"I'm going home today – the nurse has just said about discharge"

"I was previously sent from Queens to Samuel Johnson, but they sent me straight back to Queens" What patients thought could be improved:

"Everything – communications"

"Not enough communication.

More communication"

"Just keep us informed. Be more honest with it. Talking to patient and family"

"Knowing what is happening, time limits are poor, it should be quicker to organise things"

"Communication, explanation and speedier OT service"

Aide-memoire: Consider whether it may be possible to introduce an aidememoire for patients who may struggle to remember the information they have been given about transfers, assessments, discharge and care needs.

Care packages: Care Packages need to be arranged in a timely way with patients and families kept informed of the likely timescales for discharge so that patients do not become deconditioned or deteriorate mentally whilst waiting.

"I'm going home when strong enough to cope. A care package is being arranged. I am looking forward to being home, I'm being positive and working hard (on rehab)"

Discharge to Assess: Recommendations

Care Homes: A move to a care home as part of the D2A process needs to be explicitly explained as to the purpose and expected length of stay so that patients understand its role in the D2A process and do not get confused believing that they are going into a long stay placement without a proper assessment.

Housing: Early engagement with housing providers is essential where patients' current housing situations are not suitable for discharge. Ensure that patients in these situations are supported and kept informed on the progress that is being made to resolve their housing issues.

"I've been here two months with no mention of discharge. I live in a third floor flat, but now need a ground floor, so waiting for housing"

"Housing has telephoned a couple of times, but no-one from housing is seeing me -I have no idea of what is happening — I'm going along with the flow. Therapy have to approve a new flat — it needs to be suitable for a wheelchair"

"It's completely disorganised, but it's not the fault of the hospital. Housing need to be more responsive" "It was a shock on Friday when a care home came in (to make as assessment for admission) it was the first I knew of it"

"Before, at home, I had carers coming in. I am not sure whether I would like to go home or not or who makes the decision – maybe it's too expensive to have carers at home"

"I felt under pressure over the weekend to make a decision. I'm not sure who arranged for the care home to come in"

Family support: Recognise the role of families in discharge planning, however, not at the expense of direct communication and involvement of the patient. Although for most patients the role of family is a welcome one, ensure that there is provision in place to recognise where there is tension within the family and have support in place for patients in this situation.

Staff information and training: Consider how communication between staff on wards and the discharge team and with patients and families can improve so that ultimately patients and families are more engaged in the process.

Trusts should provide information and training for staff around discharge to ensure consideration is made as to whether the patient may have care needs and that an appropriate assessment is arranged.

Care Navigation Survey Report

Healthwatch Staffordshire were commissioned to undertake a study to find out about Patients' views of Active Signposting (also known as 'Care Navigation') on behalf of the four South and East Staffordshire Clinical Commissioning Groups. The purpose of this was to inform an evaluation of this way of working and help to improve this for patients in the future.

Care navigation helps patients to see the most appropriate health professional or service first time. GP Practice Receptionists (or 'Care Navigators') ask patients/carers for a brief update on the reason(s) they have for requesting an appointment. This helps Receptionists let patients/carers know about the most appropriate professional or service that may be able to help them, which may not be a GP.



This project was carried out using a survey. The survey was made available through a weblink as well as being completed face to face with patients across South, Central and East Staffordshire

Healthwatch made visits to 31 GP surgeries across the area to enable a larger number of people to take part in the survey and report their experience and views of care navigation. 1,201 surveys were completed by patients attending the surgeries we visited.

The survey consisted mainly of multiple-choice questions with some open text questions that allowed respondents to expand on their answers.

There were a total of 1,404 responses to the survey. Respondents were asked what age group they were from and this was the only demographic information that was asked for. Just under 1% of the respondents were aged under 18 years and these were the smallest age group amongst the respondents. The largest group of respondents were those aged 65 years and over at 34%.

Read the full report:

https://healthwatchstaffordshire.co.uk/Discharge-to-Assess

Care Navigation – What we asked people about:

- Giving the reason for an appointment
- How people felt about being signposted to a different practitioner
- Did people feel confident in the advice given by the receptionist?
- Have people been signposted to another practitioner within their practice?
- Did people feel that signposting within the GP Practice met their needs?
- Were people signposted to a service outside their GP practice?
- Did people feel that signposting to another service met their needs?
- Did people feel that they saw the right professional first time?
- Did people feel they were seen earlier?
- Satisfaction with the way people were signposted by their GP practice
- Further comments on the process of making an appointment

Read the full report:

https://healthwatchstaffordshire.co.uk/Care-Navigation-Survey

"I don't want anyone other than the Doctor knowing what the issue is"

"it's personal information [that] I would only like to share with my Doctor"

"in a village practice the majority of the reception staff are friends or acquaintances and I would rather everyone didn't know my business"

"usually make an appointment in the surgery in person (can't get through on the phone) so find it embarrassing saying in a public waiting room what my appointment is for"

"it can be overheard by the waiting room and most times I just make something up rather than say it's my mental health"

"frees up the doctors' time to see more patients"

"happy that GP appointments are reserved for the most urgent cases"

"faith in the Advanced Nurse Practitioner"

"my surgery has a skilled team and it's not always the Doctor that you need to see."

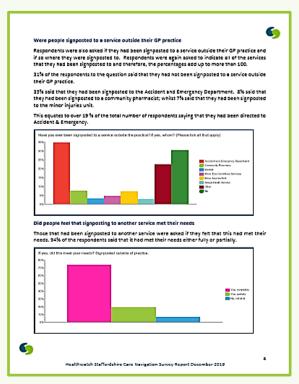
"able to have a longer time to explain and talk about crisis at the time."

Care Navigation Survey Report Conclusions

Respondents to the survey were broadly positive about being signposted when they were requesting an appointment at their GP practice. Those that were positive about being signposted felt that it was useful in being able to be seen sooner and to free up the time of Doctors to see patients with more complex or urgent issues.

For those who were less positive about signposting there were a number of common themes as to why they did not feel it was appropriate for them. Objections to giving the reason for the appointment were linked largely to issues of confidentiality and concerns about the level of knowledge and training that reception staff have in being able to signpost appropriately. The views about reception staff appear to be a major barrier for those who object to signposting and changing perceptions about the professional standards that reception staff have to adhere to and the training that they receive would potentially help to alleviate some of the issues.

Likewise, for those that were signposted to other practitioners there were concerns raised about the skills, knowledge and training that other practitioners have in comparison to a GP. Some respondents gave examples of poor experiences or being told that they did need to see a GP after all and having to make another appointment.



Respondents also spoke about continuity and the relationship that they had with their regular GP and this was one of the reasons for their reluctance to be signposted to another practitioner.

Asking respondents for comments on the process of booking a GP appointment brought forth concerns about phone systems, waiting times for appointments and the booking processes used by individual practices.

"advised to go to A&E. Didn't solve the issue and eventually told me to go to A&E."

"told I didn't need to see a GP and to get treated at the pharmacy but the pharmacy said they couldn't treat me."

"told I couldn't see anyone and was given a suicide helpline number. I left a message and they rang me back a week later."

Care Navigation Survey Report

"satisfied as it means at least
I am being seen by someone and
receive treatment quickly."

"very satisfied because I get to see someone quickly."

"if the practice nurse feels I need to see a GP they will usually arrange for that to happen whilst I am still at the practice"

"I see [the] nurse practitioner because it helps me to get an appointment with the GP." "impossible to get an appointment in less than six weeks for [a] routine appointment"

"it's extremely hard to make an appointment with the right GP. I have waited three weeks for an appointment."

"this morning it took 48 phone calls to the receptionist. At least 10 ended whilst waiting to speak and book an appointment.

Very frustrating."

"online appointments are never the same day and can be several days in front so encouraging you to use online doesn't work"

The CCGs would like to thank Healthwatch Staffordshire for their hard work in completing the Care Navigation survey. The CCGs aim in conducting this survey was to gather a better understanding of patients views when it comes to Care Navigation in general practice. It was important that patients felt confident in explaining to receptionist why they required an appointment and that the receptionist was understanding of their needs. We also wanted to know what understanding patients had of the wider roles within general practice such as Advanced Nurse Practitioners and Clinical Pharmacists.

The results of the survey were positive and did show that the majority of patients who were asked the reason for requiring an appointment did not mind being asked, felt confident in the advice given by receptionists and felt that the healthcare professional they were signposted to met their needs.

There is a lot of learning the CCG will take away from the survey which will form part of an action plan, this action plan will help us to build onto the care navigation process. Despite the positive results in the survey the CCG recognise that there is still a lot of work that needs to take place with informing patients of care navigation and the range of health professionals that their surgery might have available appointments to. The CCG will also continue work with GP practices to build further on the implementation of care navigation.

Thank you to all of those who took part in the survey and again thank you to Healthwatch for their hard work in carrying this survey out.

Stafford and Surrounds CCG South East Staffordshire and Seisdon Peninsular CCG East Staffordshire CCG Cannock Chase CCG

Increasing our use of Social Media

Social media has become increasingly important during the year, being a valuable asset for reaching communities and groups. Healthwatch Staffordshire has increased the use of Instagram, Facebook and Twitter for disseminating information and making contact with organisations and individuals.

During the year we have had 154 new followers on Twitter, and have gone from 7,506 impressions to over 86,500. We've increased the number of tweets we have been posting and sharing. The use of #hashtags has proved particularly useful in helping people find our information and we share information from organisations we trust that is relevant to health and social care. Twitter is more limiting in some ways, as you have only 280-character spaces in which to put your message, which sometimes can be a challenge. Tweeting is useful for when we want to let people know what is going on at that very moment in time as it is very much an 'in that moment' social media app. Everything we post on Twitter also appears on our webpage.



Healthwatch Staffs @HWStaffordshire
Neil Carr from @mpftnhs takes questions
from the audience at our AGM
#STAFFORDSHIRE
pic.twitter.com/f0BOenvz2d

This tweet, posted during our 2019 Annual General Meeting, received 1,061 impressions, 56 engagements, 7 likes and led to 3 profile clicks and 2 retweets.

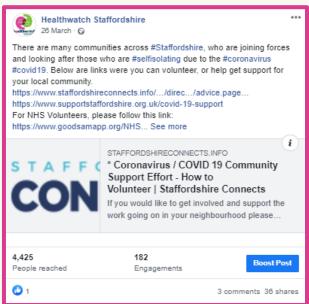
Instagram is an image focused social media platform. We post pictures of events and posters containing information, which when clicked on, appears with the text adjacent to it. Healthwatch Staffordshire started using Instagram part way through the year. Hashtags are particularly helpful.



The Healthwatch Staffordshire Instagram profile is linked to the Facebook profile. On both platforms we are able to respond to direct messages as well as any comments left. We are building our followers slowly on Instagram. This was one of our more popular posts; we had 9 likes, reached 50 accounts, had 72 impressions, 36 through hashtags, 30 through the home page, 3 through the profile and 3 other. 62% of accounts reached weren't following us prior to seeing the picture.

With the emergence of coronavirus and as the country moved into lockdown, we have found social media to be an essential part of our work, reaching into communities across the county. Our Facebook profile page became a member of over 100 groups, joining Covid-19 related community and support groups as they formed. This has given us an extraordinary reach and has helped us communicate with the general public, alongside working in the community. We use it to talk about our work, to pass on information about services and to engage with the public.

Some of our posts have had an amazing reach such as this one from 26th March. The reach is the amount of people who have had the post appear on their Facebook, impressions is the amount of times the post has entered a person's screen. The engagements is the amount of people who have interacted with the post. This post was shared 36 times, reached 4,425 people and had 5,307 impressions. The total number of people who engaged with the post was 182.











We continue to grow our following on social media

Media	Total number of posts	Number of engagements	Number of reach / impressions
Instagram Sep 19 – Mar 20	54	96	2229
Facebook Apr 19 – Mar 20	645	4756	105799
Twitter Apr 19 – Mar 20	350	1559	132549
Total	1049	6411	240577

In the second of the second of

Term

Plan
#WhatWouldYouDo

Highlights





More than
40,000 people
shared their views
with the Healthwatch
network.

Our network held over 500 focus groups reaching different communities across England.



Healthwatch
attended almost 1,000
community events,
including festivals,
carers cafes, shopping
centres and NHS
services to speak to
the public about their
experiences.

"The independent voice provided by Healthwatch Staffordshire and Stoke-on-Trent is a crucial part of the Together We're Better partnership. This very welcome report, which captures the views of local people on what they want to see change in health and care following the publication of the NHS Long Term Plan, will form a key building block in the development of our refreshed Five Year Plan, due out in the autumn. We thank Healthwatch Staffordshire and Healthwatch Stoke-on-Trent for carrying out this work."

Sir Neil McKay, Together We're Better Chair

Report Summary: https://healthwatchstaffordshire.co.uk/NHS-LTP-Report-Summary

In Focus - NHS and Care Homes

Healthwatch Stoke-on-Trent and Healthwatch Staffordshire engaged with people from Tamworth Carers Group, Penkridge Carers Group and North Staffs Carers to enquire about the NHS and Care Homes.

5 different workshops and focus groups were carried out resulting in over 90 comments about different aspects of this service. Over 50 participants attended. These comments have been analysed and categorised below.

Top Themes - NHS and Care Homes (positive sentiment)*

- Treatment or care
- Access
- Attitude of Staff



Recommendations

• Focus on prevention including identification of priority areas based on population health together with long-term financial investment and a clear line of accountability for achieving positive change.

- Health and Care services to develop a joined-up approach to communication and information provision for all members of our communities so that they are enabled to keep themselves well whilst taking account of Data Protection legislation.
- Community assets that alleviate loneliness or promote communities should be considered, monitored and recognised as integral to the overall approach. This includes engaging the third sector in a meaningful way and accepting that financial investment is needed in the third sector if a gap cannot be met by health and care services.
- Transport should be understood as a key determinant of health, especially in rural communities. It should be at the heart of planning beyond the placement of health and care services and done so jointly.
- Carers should be supported to fulfil their role and services such as respite given higher priority.
- Access to mental health should be improved and recognition of possible mental health conditions be considered when diagnosing conditions.
- The use of technology in healthcare should be a choice, addressing the needs of patients who may not be comfortable with it but maximising opportunity for those that are.
- Easier access to test results and information where appropriate so that patients can become active participants in their care.
- Improved communication between services and move towards an integrated, digital system.
- GP reception staff should be trained to communicate with young people and other vulnerable groups to enable them to feel more confident to engage. This should form part of Care Navigation training where delivered.
- Every effort should be made to ensure continuity of care in all settings, especially with atrisk groups and young people for whom the building of a relationship is important.
- The NHS comprehensive service should extend to residential care and care homes, providing simple access to services such as physiotherapists, occupational therapists, dentists and district nursing, hearing specialists and others.
- Staff training in care homes should be key priority for the NHS as well as increased supervision of establishments where required.

Helping you find the answers



Finding the right advice and information can be worrying and stressful. Healthwatch plays an important role in helping people to get the information they need to take control of their health and care and find services that will provide them with the right support.

This year we helped over 2,300 people get the advice and information they need by:

- Providing advice and information articles on our website.
- Answering people's queries about services over the phone, by email, or online.
- Talking to people at community events.
- Promoting services and information that can help people on our social media.

Here are some of the areas that people asked about.

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Reduction in care package without assessment or reassessment Concern over care home quality for respite placement Patient being sent between A & E at two different hospitals
Access to GP Appointments Continence service – long delays following reassessment
Worries about removal from list following missed appointment
                 Pharmacy – incorrectly dispensed medicines Care nome placement
                                                                                         Care home placement
    Difficulty in getting the right care for parent with advanced alzheimers

Poor treatment at hospital GP practice delisting

Misdiagnosis Issue with domiciliary care

Delays and difficulties in arranging respite care
Issue with referral to gender identity clinicntinence service - long delays following reassessmen
           Poor treatment at hospital
       Patient being moved from acute to community hospital without relative being informed Lack of support following discharge from Mental Health services

Rudeness and competence of staff
                                                             Inadequate parking at pain clinic
                                                      Access to non-emergency patient transport
                      Poor dentist care
Continuing Health Care funding Delays and cancellations of Cataract appointment
                      Inappropriate care home placement
                              Being moved to another residential home after 17 years due to funding issues

Concerns about risk of infection from domiciliary care worker
      Difficulty in obtained appointment with rheumatologist
 Dentist problems
     GP practice registration Access to GP appointments Poor dentist care

GP refusing to review care as medication prescribed by hospital consultant

Concern over supported living placement being too for from family
         refusing to review care as medication prescribed by hospital consultant

GP unable to prescribe medications asked by Hospital Consultant

by Hospital Consultant
Difficult in signing up on online service used by GP for requesting repeat prescriptions
                                                         Mental Health - how to access local services and receive support
              Registering with GP Unplanned pregnancy Long delays for MRI scan
       Long waiting times for Physiotherapy services Lack of choice in hospital referral
Difficult in obtaining information from clinicians Difficulty in getting home visit from GP
       Large increase in waiting times for specialist eye treatment Issues with dermatology service
Carer issue - not following the care plan Delays following social care assessment
Concern of quality of care at care home Difficulties and delays for ear nose and throat appointments
                             Delay in Social care financial assessmentPrivacy issue at wheelchair service
Home chiropody appointments being cancelledConcerns about D2A beds and quality of care at cross county boundary placement
      Issue with cross county boundary services Care for pets when a patient is sectioned Discharge from hospital without proper clothing

Mental Health Inpatient placed out of area
       CHC Funding, cross county problems, who is responsible
                                                                                            Poor quality surgery
                  Concerns about not being on the shielding list
                         Lack of support for elderly mother following hospital A & E discharge after fall
Issues with Community Psychiatric Nurselnequalities in access to services Difficulty in obtaining GP appointment
Hospital bed not available to support patient treatment District nurse refused to visit patient as requested by hospital
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Delays in treatment following further referral to specialist hospital from general hospital

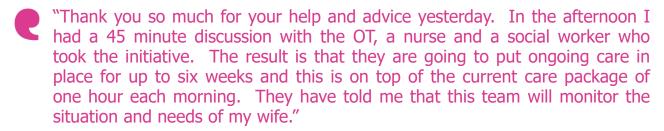
Difficulty in getting a GP home visit Lack of support following discharge from hospital

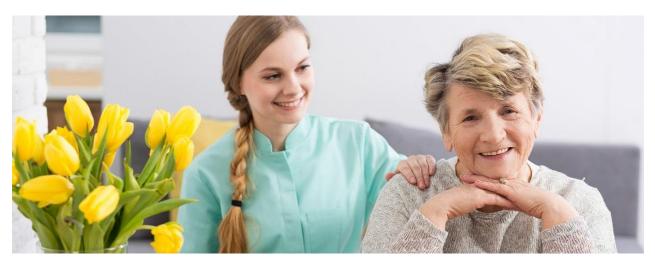
Getting the right advice and support on discharge from hospital

A gentleman contacted Healthwatch as his wife was due to be discharged after a long stay in hospital. He had been told that his wife needed a bed downstairs but had not been given any other information or advice about his wife's needs and how they should be met once she returned home. He had asked for an assessment but had been told that as he was self-funding, this would not be The gentleman is happy to offered. make any changes that are needed, but he is unsure what they are. They already have some domiciliary care in place and he is happy to increase this to whatever is considered necessary. He felt that there needed to be an assessment so that he knows what he needs to arrange and is unsure of what to do as social

services are saying there does not need be an assessment and the the Occupational Therapist saying opposite. The gentleman arranged a meeting through PALS but called Healthwatch for some advice so that he knew what he may expect. Healthwatch were able to explain that through the Discharge to Assess process an assessment should have been made to consider how his wife would manage at home and if any changes or extra care were needed. Healthwatch explained that under Discharge to Assess that they could be provided with some temporary assistance for up to six weeks following discharge. The gentleman said that he felt better prepared for the meeting ahead.

Healthwatch then received and email from the gentleman. It said





Accessing district nursing services after discharge from hospital

A patient had just been discharged from hospital following a 9 day stay and surgery, resulting in a large open wound. The hospital had requested that the District Nurse visit to change dressings. The District Nurse services refused to visit, saying that the patient could have this done at her GP surgery.

The patient was weak, could only take a few steps at a time, so needed to use a wheelchair. Her husband had just had knee surgery and could not drive. He was also unable to push the wheelchair very far due to his knee surgery and they explained that the route to the GP surgery means negotiating a large hill and he does not think that he would be able to push the wheelchair up the hill. The patient had contacted the GP surgery and been told by the receptionist that "as the patient could walk the district nurses would not visit, that the services was only for bed-bound, not house-bound". The patient was concerned as the days were ticking away without the dressing being changed and because of the large open wound she was worried about infection. The patients had considered asking their daughter to take time off work to assist the patient by wheelchair to the car, into and out of the car to wheelchair again to get to the GP

practice nurse, but with the patient feeling very weak, she was concerned about visiting the GP surgery at a time when people at the surgery could be carrying cold and flu virus which could be very detrimental to her recovery from this major surgery.

Healthwatch advised the patient to speak to the Practice Manager to request help and suggested that they write down all the reasons for needing the district nurse visits, her mobility, her husband's mobility at the current time, patient's weakened state, that hospital had originally requested district nurse support, risk of infection, etc. as this would ensure that the Practice Manager had a clear understanding of the situation.

The patient called HW to let us know that the advice had resulted in arrangements being made for the District Nurse to visit and this had taken place that day. In addition, the patient advised that the District Nurse had changed the dressing saying that it really did need changing and would visit again on Saturday (although the District Nurse said something to the effect of "I will get into trouble, but I will come again on Saturday"). The patient and her husband both expressed thanks to Healthwatch, saying they thought the advice was really good and enabled them to access the service they needed. They added that ...



"this is the second time that we have come to Healthwatch for advice and that, in the nicest possible way, we do hope that we won't have to call Healthwatch again".

Falls Team to the rescue

Healthwatch had concerns about a 90 year old lady who had recently had a number of falls including one fall in the garden when she had been without help for 2 hours until an ambulance arrived. Whilst seeing a Consultant about treatment on her right knee, the Consultant noted that she also had a problem with her left foot that could be treated and said that she should ask her GP for a referral about her left foot.

The referral took place with a locum Consultant and tests were carried out including an MRI scan and she was advised again that her foot problem could be treated. There did not appear to be any follow up to this visit and the patient was advised that this was because the locum Consultant was on long term sick leave and although she requested that her case be transferred to another Consultant it appears that this was refused. Healthwatch advised going back to the GP to resolve this matter.

On discussing this situation with the patient, we enquired whether the patient had been referred to the Falls Prevention Service as this seemed appropriate – but this had not been done by either the GP or Consultant. We discussed whether the patient felt this would be beneficial to her and she thought that it would be.

Healthwatch called the Falls Team to check on how people could be referred and were advised that the patient was able to make a self-referral. Healthwatch supplied the information to the lady so that she could self-refer to the service.

We followed this up with the patient to see how she had got on. The patient told us that her GP had now written and asked for her to be referred to another consultant although she had not yet received an appointment.



The patient told us that she is delighted with the Falls Team. She explained how they had been really helpful in making sure her home is safer and her risk of falls reduced. The patient already had an alarm pendant, but she now feels much more independent in her own home and is much happier.

The patient expressed that she was really pleased that Healthwatch had taken the time to listen to her and especially pleased that we'd been able to help her find a solution for her immediate problem with falls while waiting to hear from the consultant about the treatment on her foot.



Contact us to get the information you need

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e: enquiries@healthwatchstaffordshire.co.uk

Demands for additional payments for nursing home care already covered by Continuing Health Care

Healthwatch received a call from a mother explaining that her 39 year old son is resident at a Nursing Home under Continuing Health Care Funding. She said that recently there had been some changes at the nursing home and that they were now telling the mother that she would have to pay £15 per hour for escorting her to hospital son appointments at a Birmingham hospital. The mother was very concerned and worried as this was a new thing, nothing had been mentioned previously in all the time her son has been there and she told us that she could not afford this and that she could not do the accompanying herself due to ill-health. She added that she had been told by the nursing home that if she would not pay she would need to accompany her son. She explained that this was causing her great worry and distress.

•

The mother expressed her gratitude for the intervention of Healthwatch and said that "it's such a weight off my shoulders, I was worrying so much about it."

HW were concerned, as with the son's medical needs and the fact that he received continuing health care funding, it would be expected that these regular visits to the hospital would have been anticipated and covered by the funding.

Healthwatch contacted the appropriate Staffordshire CCG for assistance to sort this matter out. Our contact at the CCG discussed the matter with the Continuing Health Care Team and they were able to reassure us that this was covered already within the patient's funding and that, categorically, the nursing home should not have been asking a relative for money to cover escorting to hospital appointments. The Continuing Health Care Team said that they would be contacting the nursing home and having a serious discussion with them and that the CCG contract team had been informed and may take action.

HW were able to call the mother, explain what had happened, and reassure her that her son's needs would be met and that that she did not need to and should not pay anything to the nursing home.

healthwatch Staffordshire Here to help

GP unable to prescribe medication recommended by Hospital Consultant

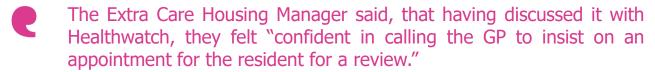
Healthwatch received a call from patient and her husband about a medication prescribed by a Hospital Consultant. They told us that the Consultant had written a letter to the GP asking for medication to be prescribed, but the GP had said that they were unable to prescribe as this medication was on the "red list". The patient had telephoned the Consultants secretary who insisted the medication could be prescribed by the GP.

Healthwatch did some research into why a particular medication may not be able to be prescribed by the GP, not least that the supervision of the treatment needed to be by the Hospital Consultant (there are a variety of reasons, but this seemed most appropriate in this case). Healthwatch explained all this to patient's husband and advised that we thought that the correct route was to go back again to the Consultant's secretary, better prepared with information about why a GP may not prescribe certain medications and ask that the Consultant prescribe from the hospital. Healthwatch were asked if they could call the secretary and explain this as the patient's husband felt that they had tried already and failed to resolve this.



An Extra Care Housing Manager struggling to get GP support for a resident

An Extra Care Housing Manager called Healthwatch looking for advice regarding a resident. The resident is elderly and has Parkinson's. She explained that she has been seeing a consultant at the hospital and they have changed her medication. The caller said that the resident's GP had told her that they would not see her in relation to the Parkinson's as she was under the consultant and expected her to wait until her next hospital appointment. The caller said that the resident herself and the Extra Care Manager had noted a decline since the change of medication. Healthwatch advised that because there had been a change in the patient's condition then the resident should be seen by the GP and if necessary the GP could refer back to the Consultant prior to the next routine check-up.





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A patient's journey – All's well that ends well



Proposed discharge causing concern

Healthwatch received a request for advice towards the end of April 2019. The caller contacted us regarding her Grandad who was at Sir Robert Peel Hospital as she has been told that they are discharging him to "home". The history was that Grandad had a bad fall and had been admitted to Good Hope Hospital – he had broken two limbs. Staff at Good Hope were ready to discharge from the acute hospital setting after a couple of weeks, and the granddaughter reported that some staff were saying that he needed to be transferred to a nonweight bearing bed (potentially in a care/nursing home) until he was able to go to Sir Robert Peel for rehabilitation. He was however discharged to Sir Robert Peel rehabilitation unit. granddaughter told us that after a day or two at Robert Peel, the staff there said they "can't keep him" (as he was not ready for rehabilitation) and they would "discharge him home". The patient's granddaughter was very concerned as he was non-weight bearing, bed-bound and was worried about him being discharged home, even if carers were to attend up to 4 times a day as had been suggested.

The family had arranged a meeting with the Discharge Nurse, so Healthwatch discussed with the family about writing some notes in advance of the meeting, questioning whether any sort of proper assessment had been made as it seemed to the family that Grandad needed continuing medical care (it being less than three weeks since he had had his fall). Healthwatch also advised to ask about other options i.e. nursing home for period until he was ready for rehabilitation and to ask about what physiotherapy if any was being done currently to keep his functionality as well as is possible with his injuries because of the high risk of de-conditioning.

The family reported back that the Discharge Nurse had reconsidered, and the discharge had been postponed.

Grandad is interviewed by Healthwatch during our Discharge to Assess interview sessions

On reviewing the interviews that we had made during our research into the Discharge to Assess process, we found that in the early part of June 2019 we had met and talked with the same whose gentleman concerned granddaughter had called us in April.

Share your experience

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e: enquiries@healthwatchstaffordshire.co.uk

Grandad explained to our interviewer that he had been in Good Hope, then Robert Peel, then had gone back to Good Hope and finally back to Sir Robert Peel where he had been for several weeks. He was able to tell us how he was hoping to go home soon and was doing physio work to prepare for going home to his bungalow (which he loves).

He told us that someone had mentioned the possibility of going home the following week, although he wasn't sure who had spoken to him about going home. He said that he lived at home with his wife, who already had a care package in place and that "I will have to be added on". He told us that he was very happy with the way things were going, the progress he was making and how he was looking forward to going home.

Healthwatch catch up by phone with the follow up on patient experience of Discharge

Seven weeks later this gentleman was telephoned as part of the work to follow people through their journey. We were delighted to hear from the gentleman that "the carers finished a couple of weeks ago". He told us that he felt that he was managing well on his own and is happy with everything.

Healthwatch were very pleased to hear that, after the initial hiccups because of being sent to the wrong place at the wrong time, that everything had worked out well for this patient. He had received the medical treatment he needed, the appropriate rehabilitation and that the discharge process, when correctly followed, with initial support at home had been successful in getting him home to his family and once again independent.



And the good news – An outreach session at County Hospital brings a great deal of positive feedback

At Healthwatch Staffordshire, we also want to hear about what works well for people, to show by example what good practice looks like. During a general feedback session by our Community Outreach Lead people told us their feelings about County Hospital in Stafford, part of the University Hospitals North Midlands Trust.

- Cancer patient re MRI Scan very happy with the service.
- Cancer patient had an issue of being invited for an appointment for test result (good results) when this had previously been done by telephone, but other than this said that the service was excellent.
- Cancer patient said that they were treated in the best possible way.
- One patient had been to see the dietitian and said the service had been excellent.
- One patient had been to see the Bariatric team, said they were seen before their time, polite and helpful staff, lovely hospital and team. Everything was quick, comfy and helpful.
- One had been to Minor Injuries/x-ray: It had taken a little time to be seen but every member of staff they saw was a credit to their profession.



And the good news – more comments from patients of their experience at County Hospital



- One had been with her child to Fracture clinic; they had broken their arm at school. They said the staff were nice, especially the ones who had done their child's cast.
- One patient said, they'd had no problems with their appointment and everything was great.
- One had had a CT scan, said they were very good, had gone straight in, staff were very nice, very good service every time, had to go regularly.
- One had been to x-ray, the staff had been very good, has had to have 3 x-rays here and one at Stoke. All had been very quick, and the staff had been very good.
- One had been to the Chemotherapy and breast cancer unit. Says the staff are always absolutely fantastic, nothing is too much trouble, and the level of care is amazing.
- One had had a heart scan, said the service was very good.
- One had been to outpatients and said that the staff were friendly and efficient. They had never had to wait more than 10 minutes to be seen. Treatment and care was explained very well. All questions were answered fully.
- Some people didn't want their views recorded on paper, however all commented on how friendly and professional the staff are, that the hospital is clean, they felt safe and communication was excellent. Many said that they preferred coming to County than to other hospitals, even one person who lived round the corner from another major hospital. All commented on how much better the parking was at Stafford.

Add your experience to our feedback centre at: https://healthwatchstaffordshire.co.uk/services/



Our Volunteers



At Healthwatch Staffordshire we are supported by 43 volunteers to help us find out what people think is working well and what people would like to improve in the services in their communities.

This year our volunteers:

- Volunteer Authorised Representatives have made Enter & View visits to care homes, Day services and GP practices and written reports about these services
- Kept us informed about what is happening in their local area and referring people to Healthwatch who may have concerns about health and social care services
- Provided administration support to the Healthwatch office
- Worked on projects such as studies of Discharge to Assess process or Care Navigation in GP Practices – this has included engaging with patients in hospitals or GP surgeries to obtain their views, either by survey completion or interview
- Surveyed patients in outpatients clinics to find out what patients think of the service
- Input data survey information
- Represented Healthwatch at meetings such as the East Staffordshire Patient Participation Group or the Moorlands information Group



Our volunteers

We could not do what we do without the support of our amazing volunteers. Meet some of the team and hear what they get up to.

I have been retired now for three years and one of the first things I wanted to do was to do Voluntary work – not as easy as you would imagine! I found Healthwatch to be a very professional organisation that satisfied my needs. As a retired teacher I wanted to use my previous skills – observation, communication, writing reports and meeting people. In addition, Healthwatch offered training and you do feel part of a team and undertaking a worthwhile role in the community.

As an Enter and View Volunteer I have learnt not to have pre-conceived ideas. Before entering an establishment I read reports about the Residential Home, which originally influenced my judgement. My experience has shown that the majority of care homes are well run with superb staff. In fact, what you see is a snapshot of the life of a care home on one day. It is apparent very quickly which homes are well run and those which need a little more work, to make them a better environment for the residents. You need to tread carefully but most places welcome your visit and are interested in your feedback. The bottom line when visiting is 'Would I be happy to be a resident in this establishment, if I could no longer look after myself at home?' I would highly recommend this volunteer role and there are many more opportunities to do further tasks for Healthwatch.

Julie, Healthwatch Staffordshire Volunteer and Authorised Representative

I have been a member of the Staffordshire Healthwatch HAB now for several years. It is a fascinating role, one that gives me insight on the workings of health and social care in our county. More importantly, working with the rest of the HAB and Healthwatch team we play our part in helping to ensure health and social care services are of a good standard, from a patient and users perspective.

In addition, I was until recently the Staffordshire Healthwatch Observer on the Joint Clinical Commissioning Group for Staffs and Stoke-on-Trent. This gave me the opportunity to ensure the patients voice was heard during a time of the major restructuring of local health services. I have now moved onto two new groups; my time at the CCGs having come to an end. Sadly, so far I have not been able to take up my role on these groups because of the current pandemic. The first will be the UHNM Hospital Users Group (HUG) the second, the Staffordshire and Stoke-on-Trent Adult Safeguarding Partnership Board (SSASPB). I am looking forward to taking up my new role on both these important bodies, to learn more about the workings of health and social care within our county and to ensure the voice and interest of user and patient are fully reflected in their work.

Mike, Volunteer and Healthwatch Advisory Board member

Read what it means to our volunteers to work with Healthwatch Staffordshire.

So, what do I give to Healthwatch? Just a little of my time, and a little thought. And what do I get out of it? A lot. The opportunity to meet, work with, and get to know new people. To visit new places. The chance to meet and talk to care home residents and staff who are too often almost invisible to the outside world. The intellectual stimulation of observing, listening, and recording, and then drafting reports, sometimes making suggestions for improvements. Above all, the feeling that one is contributing to something that can make a positive difference to people's lives.

As an Authorised Representative (AR) on the Enter and View programme, I have now been to a good many care homes and day opportunities centres and have worked with a fair few ARs. Each visit is different, and interesting in its own way. To meet the residents and service users is always enjoyable; to talk to them and the staff and management is sometimes inspirational. Each Authorised Representative also brings their own knowledge and life experience, and we constantly learn from one another. And we know that we can call on the support of the office staff at Healthwatch when we need it.

Let us hope that, following the suspension of visits due to the pandemic, the Enter and View programme can soon resume. I for one am missing it.

Will, Healthwatch Staffordshire Volunteer and Authorised Representative

I joined the Healthwatch Advisory Board after I retired from working in Social Care and the NHS since 1972 mainly in the Midlands. I feed an East Staffordshire perspective into the Board, linking up regularly with the local district patient group and members of the CCG patient board. This enables me to pick up on local issues and concerns a which can help shape the Healthwatch countywide priorities. Issues that have come up include access to GP services, mental health and developments at University Hospitals of Derby and Burton Foundation Trust. It also provides a communication link to local patient groups regarding Healthwatch activities.

I have represented Healthwatch on various groups and project boards over the years. Recently I sat on East Staffs CCG Procurement Project Board which oversaw the successful reprovision of Community Health Services in the area. This involved working alongside NHS senior managers and clinicians offering a patient perspective. I have seen a move towards more collaborative working between different parts of the NHS system.

I also have undertaken Enter and View training and done some visits to Learning Disability day services in Burton.

Dave, Healthwatch Volunteer and member of Healthwatch Advisory Board



I joined Healthwatch in the spring of 2013 and completed training with them to become an Authorised Representative in September 2013. I had recently retired from Staffordshire County Council Social Care and Health Team specialising in adult care and felt my background gave me an insight into the experiences of residents, families and staff working in Care Homes. This is such an important aspect of our lives, we will all, god willing, become old and increasingly in need of assistance to live a comfortable life and I knew from my career background that the gigantic move from one's own property into a Care Home setting needed careful and sensitive handling as this was more than likely going to be the last move you would make. This is why the role of an Authorised Representative, as part of the Enter & View programme, is so vital as it enables them to look into the personal aspects of the care provided to our most vulnerable group, some of whom do not have anyone else to do this for them.

This is a role within Healthwatch that I would recommend to any of the volunteers as there is, unfortunately, not always enough of us in some areas to do as much as we would like of this valuable and rewarding work.

Glenys, Healthwatch Staffordshire Volunteer and Authorised Representative

Volunteer with us

Are you feeling inspired? We are always on the lookout for more volunteers. If you are interested in volunteering get in touch; www.healthwatchstaffordshire.co.uk

t: 0800 051 8371

e: enquiries@healthwatchstaffordshire.co.uk

I joined Healthwatch in 2013 when I took early retirement. I had worked for the NHS, thought I knew how it worked, and had experience as a carer. I have knowledge and experience and wanted to be use both these attributes to make things better in wider health and social care provision. A Healthwatch strapline is "We're here to find out what matters to people, and help make sure their views shape the support they need."

Healthwatch were able to offer both useful training and opportunities for me to become involved in a number of initiatives to meet that aim. There are things I'm not good at, and if I didn't think I could or wanted to do things offered, I simply said so. I later became a member of the Healthwatch Advisory Board, which exercises a governance function over the work and running of Healthwatch Staffordshire.

I also represented Healthwatch on a CCG Governance Committee and served on a different CCG project board for service redesign. I was offered the opportunity to become involved in Staffordshire Carers partnership, which I became Chair of for a while. That fitted in with my experience, as I was carer for my mother in law for several years, and I have strong feelings about the role and demands of being a carer. I also became involved with the local branch of the National Institute for Health Research. Other members of the HAB have had other opportunities that suit their experience and interest.

Healthwatch is not a life sentence. You are not a paid employee, and can walk away if circumstances change, or you win the lottery. My circumstances changed, but other opportunities arose, and I am now a member of the CCGs Local Equality Advisory Forum. This is a group of people who represent communities with protected characteristics and vulnerabilities and act as critical friends to the CCGs. We advise on policies, public campaign material, service change proposals and inform the CCG decision making. If you have a passion to improve health and social care, and a weather eye open for different opportunities, this might be exactly what the Doctor ordered.

John, Healthwatch Volunteer and member of the Healthwatch Advisory Board

For the past 2 years I have represented Healthwatch Staffordshire on the Community Hospitals Programme Board, covering the two community hospitals at Tamworth and Lichfield. The Board consists of representatives from the University Hospital of Derby and Burton NHS Foundation Trust, the Clinical Commissioning Group, local GPs and other stakeholders and the remit is to make recommendations on the utilisation and development of the facilities at these hospitals, which are critical to health care in the local area. In times of review of health services generally, Healthwatch has an important role in highlighting the views and needs of the local population.

Derek, Healthwatch Volunteer and member of the Healthwatch Advisory Board

Our plans for next year





Coronavirus Update

A message from our Chief Officer, Simmy Akhtar, on current and future priorities of Healthwatch Staffordshire

Looking back

This year has been an eventful and busy year. It will no doubt be remembered as the year where Covid-19 has impacted each of us in one way or another. We will also remember how communities and professionals pulled together quickly to support each other and ensure that health and social care services are mobilised at pace. Those who lost their lives to this awful disease will forever be in our thoughts.

We have detailed our progress on our priorities earlier in this report. We have also detailed our work on the NHS Long-Term Plan, the findings of which have been incorporated into the Local Five-Year Plan (https://www.twbstaffsandstoke.org.uk/about-us/nhs-long-term-plan).



In all cases where we have made recommendations and shared your experiences we will push for positive change.



Looking ahead

Prior to Covid-19 and in February 2020 our Healthwatch Advisory Board agreed the following 2020/21 priorities based on feedback and intelligence from our residents:

- Autism pathway for children and adults including transition
- Primary Care Access and public experience of the pathway
- Prioritise our outreach and engagement with seldom-heard groups

As an organisation who champions the public voice on health and social care we need to adapt to our priorities in response to what is happening in this sector. Therefore, next year we will work with Together We're Better, Staffordshire County Stoke-on-Trent City Council and Council to develop and distribute a Covid-19 survey. This survey will gather your experience of the effect of the pandemic on health and care services together with gathering learning about what worked well and what did not work well.

We will only complete targeted work on the priorities agreed in February 2020 if we have capacity to do so as we will prioritise reactive work which will be required in response to this global pandemic.

Throughout the year we will also carry out 'call-outs for evidence' based on local and Healthwatch England intelligence. This will provide us with an opportunity to respond to issues as they arise.

We will also work with Healthwatch England on national priorities to ensure that our local communities' experiences are shared with central government.

Thank you

I would like to thank our staff, Healthwatch Advisory Board and fantastic volunteers for all their contributions in championing the public voice in health and social care. It is a collective effort and we can only do this if you spare your invaluable time sharing your experiences.

I would also like to thank my predecessor, Jackie Owen who retired in December 2019. Jackie's contribution to Healthwatch Staffordshire has been invaluable and we wish her a long and happy retirement.

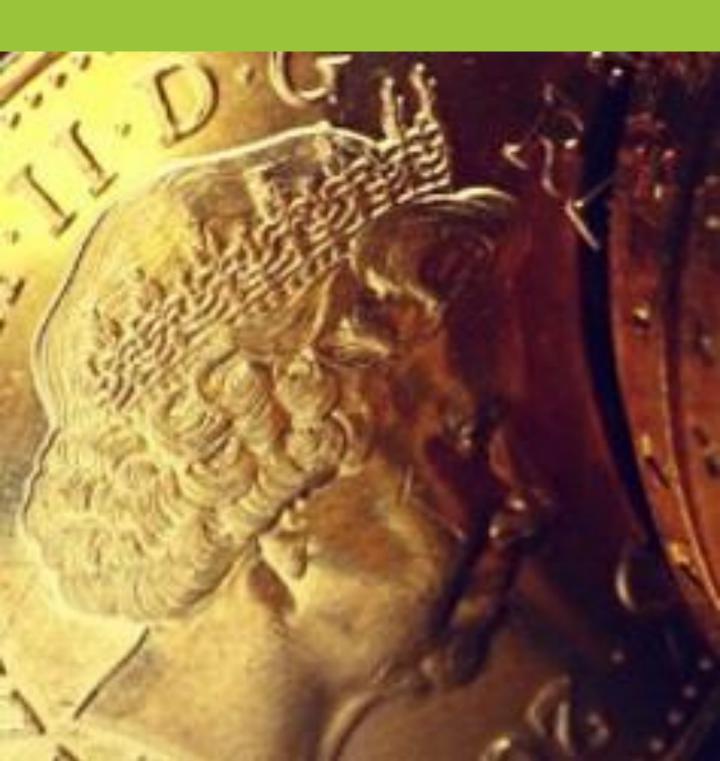
Thank you to everyone for your input, dedication and support and I look forward to working with you in the future.

Simmy

Simmy Akhtar Chief Officer



Our Finances



We are funded by our local authority under the Health and Social Care Act (2012).

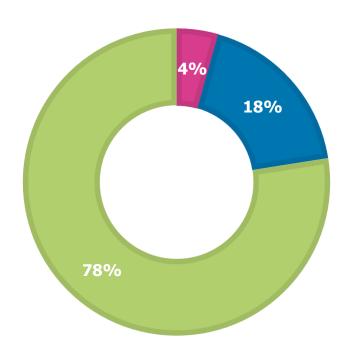
Income

Funding received from Local Authority	203,181.00
Additional income	14,852.00
Total income	218,033.00

Expenditure

How much it cost to run our Healthwatch	9,107.23
Management costs	37,620.51
Staff Costs	160,993.76
Total expenditure	207,721.50*

^{*}The underspend will be carried over to 2020/21



Thank you

Thank you to everyone that is helping us put people at the heart of social care, including:

- Members of the public who shared their views and experience with us.
- All of our amazing staff and volunteers.
- The voluntary organisations that have contributed to our work.



Contact us

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