



healthwatch  
Walsall

Healthwatch Walsall  
Annual Report 2016/17

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# Message from our Chair



***Healthwatch Walsall is under new leadership. We will use evidence and insight to represent local people's health and social care needs and experiences. We WILL hold people to account.***

I was delighted and proud to be appointed as Chair of Healthwatch Walsall in December 2016. This formed part of a new start for Healthwatch locally - in July 2016 Walsall Council appointed Engaging Communities to provide this service.

I've held several meetings with the directors of the old provider of Healthwatch in order that we can exchange information and knowledge. They are closing down the old company and I have requested that they transfer any assets or equipment, purchased with public money, in order that we can maximise Healthwatch's impact in Walsall.

***Moving forward, together with our Chief Officer, I am determined to provide the leadership and profile to take Healthwatch forward as an independent evidence based champion for local people; able to engage, collaborate and hold health and social leaders to account.***

We have now appointed a brand new board of talented and committed local people with expertise in health and social care to

lead Healthwatch. We are actively recruiting and training a team of volunteers to support our work.

Enter and View represents a powerful statutory tool available to Healthwatch to assess patients' experience of health and social care establishments - from hospitals to dentists, GPs to residential care homes - and recommend improvements. Enter & View has not yet been used in Walsall, so as a priority we will begin a regular programme of visits and public reports.

***The health & care sector faces unprecedented change and tightening budgets. At Healthwatch we understand this. However, it cannot be used as an excuse for bad planning, engagement or poor care.***

In March we became concerned that patient operations were being cancelled at the Manor Hospital, causing disruption, discomfort and worry. We engaged with hospital bosses and the media and formally referred the matter to the Walsall Scrutiny Panel. This demonstrates how we independently hold providers to account.

Finally, Healthwatch is committed to be an open and welcoming organisation. All our board meetings form part of a wider public meeting, held across the Borough where we listen to the public and take forward their views and concerns. I look forward to seeing you at one of these in 2017/18.

**John Taylor**

# Message from our Chief Officer

*It's the time of year that the Annual Report and Annual Meeting season comes round again. Always it's a great time to reflect on the work we have delivered and achieved as the consumer champion for health and social care services in Walsall.*



The twelve months from April 2016 to March 2017 have again been very busy ones that have included a change of provider for Healthwatch in Walsall. From the 1<sup>st</sup> July 2016 Engaging Communities are now delivering Healthwatch Walsall.

Early on in the year Healthwatch finished the data collection for two projects, Accident and Emergency (A&E) where we focused on communications and GP Performance. We agreed to host the two volunteer workgroups of the old provider who were overseeing the collation of the work on the projects.

At our annual meeting in June 2016 we also celebrated the work of the former provider and heard the plans of the new provider plus we set the scope for the forthcoming public consultation on what Healthwatch priorities should be for the following year.

During the Autumn we worked with Walsall CCG and Walsall Council on two projects as well as asking the public about their priorities for health and social care.

" We worked incredibly hard and collected 1,200 responses for the communications project for the CCG and 1,100 for the Council's smoking cessation project.

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The two reports for A&E and GP performance were published in February 2017 along with our Priorities report the month before.

We moved to some temporary offices in June 2016 and have moved to our new offices in Bridge Street at the end of the year.

We've also recruited a Chair and Board members for our Advisory Board, and two new members of staff, notwithstanding our continued strategic support across the various providers and local support to our network groups.

All in all a very, very busy year.

Simon Fogell, Chief Officer



# Highlights from our year

*This year we've reached 33,800 people on social media*



*We've increased our reach with local groups especially those seldom heard*



*Over 3,600 people have been able to have their voices heard in our reports this year*



*Our reports have tackled issues ranging from A&E and Communications*



*We've spoken to 1,100 people on smoking cessation.*



*We've met hundreds of local people at our community events*



# Who we are

As Healthwatch Walsall, we exist to make health and care services in the Borough work for people who use them.

Everything we say and do is informed by our connections to local people. Our sole focus is on understanding the needs, experiences and concerns of people of all ages who use services and to speak out on their behalf.

We are uniquely placed as a national network, with a local Healthwatch in every local authority area in England.

Our role is to make sure that local decision makers and health and care services put the experiences of people at the heart of their work.

We believe that asking people more about their experiences can identify issues that, if addressed, will make services better.

We know that you want services that work for you, your friends and family. That's why we want you to share your experiences of using health and care services with us - both good and bad. We use your voice to encourage those who run services to act on what matters to you.

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

Healthwatch acts as an independent voice of local people, championing quality health and social care. We try to make sure that the needs and preferences of service users are central to how services are planned and delivered across Walsall. Through effective engagement to gain service user feedback, we can raise awareness of key issues affecting our local health and social care services and recommend improvements.

Our mission is to:

- **Monitor** service delivery through concerns raised, feedback received and our Healthwatch Walsall Advisory Board.
- **Analyse** consumer feedback and data to produce evidence and insight reports.
- **Challenge** commissioners and providers on the quality, access and delivery of health and social care services.
- **Develop** services through public involvement and engagement to ensure the consumer voice is heard.

Healthwatch Walsall is delivered by Engaging Communities (EC). EC is a community interest company that brings public engagement, consultation and consumer advice services together in a central organisation to create evidence and insight to help improve local health and social care services.

## Healthwatch Walsall Team

Our officer team is made up of five members of staff.

Simon Fogell is the Chief Officer and has been with us for over two years now. Prior to this he was with Local Government for over 25 years, working on corporate engagement, corporate policy and strategy as well as special focuses on staff involvement, equality and diversity and safeguarding. Simon was also the 'Ageing



Well' lead for his local authority during the Department for Work and Pensions proactive campaign commissioned through the local Government Association.

Coral Lemm is the Engagement and Membership Manager and has been with us a little under two years. Coral has previously worked for Mencap and a local authority on the Welsh Borders and has a background in Youth Work, Community Engagement, Education, Training and Development.



Tom Collins is our Community Outreach Officer and joined us in March this year. Prior to this Tom was undertaking a similar role for Healthwatch Sandwell.



Michelle Letford is a part-time Engagement Officer and joined us in January 2017. Michelle has previously worked for a local authority in Wales and for the NHS in Walsall in Health Promotion. Michelle is working to



capture the voice of Young People in Walsall and has been engaging with schools. A Young Peoples' Healthwatch is currently being established.

Fatima Kasujee is a part-time Engagement Officer and joined us in November 2016. Fatima has experience of engaging with communities especially those hard to reach. Fatima also has experience of Primary Care Services and the local voluntary sector.



## Healthwatch Walsall Advisory Board



John Taylor

John is the former West Midlands Head of the Big Lottery Fund where he led the regional team awarding around £60 million per year between 1992 and 2013. Nationally he devised, using co-production methods, the £100 million Talent Match programme for young people furthest from the labour market. He now acts as a consultant and adviser to a range of public and charitable organisations. Clients have included Black Country Together CIC, Walsall Council, Avon and Bristol Law Centre, ESF, St Basil's and the Heart of England Community Foundation. John is a Magistrate in the adult and youth criminal courts and a member of the Lord Chancellors Advisory Committee.

Managing Director of Aaina Community Hub a third sector organization that caters for women from diverse sections of the community who are living with disadvantage and exclusion. Also founder and Treasurer of Iqra Supplementary School and Youth Provision since 2005 which is also based at Aaina and delivers life enhancing opportunities for young people who are living in marginalised communities. My background is in Law and I maintain an interest in this area through my work as a Magistrate and member of the Charities Tribunal. I am a full time working mother who enjoys reading and writing when the time permits, swimming to keep fit and radio broadcasting when the opportunity arises.



A'isha Khan



Teresa  
Tunnell

Teresa graduated from the University of Birmingham with a degree in physics and moved into the software development industry. When her second son was born with profound learning disabilities her life changed completely. She gave up work to care for her son and gradually become more involved in helping to shape education, health and social care services for children and adults with learning disabilities. Currently Teresa is Vice Chair of Governors at Mary Elliot School and sits on Walsall's Education and Children's Services Overview and Scrutiny Committee. She is a member of the Parent Carer Forum committee, FACE Walsall, which aims to work in co-production with the authority to improve services for disabled children and young adults. She is Chair of Talking SENse! which supports parents in getting their children's additional educational needs met.

Andy specialised in elderly care nursing after leaving college in the late 1980's. Andy was diagnosed with a long term neurological condition in 1995. His interest in health care has remained, he was a founding member of the then Walsall PCT my NHS Parliament, a member of the Commission for Patient and Public Involvement in Health Forum attached to Walsall PCT and continues to Chair the local hospital's Disability Advisory Group. In 2015 he was asked to join a DWP group looking at Welfare reform for sick and disabled clients. Andy is currently the Secretary and PR Officer for the MS Society, Black Country Branch, and remains passionate in championing the rights of elderly and disabled citizens in particular. In 2011 he became a Professed Franciscan within the Anglican Christian community (TSSF) and has recently been invited to join a new diocese group for LGBTI Christians.



Andy Brown





Frances Beatty  
MBE, JP

Frances has spent most of her career concerned with advocacy, complaints, engagement - spent working for a rural and farming membership organisation, influencing national/regional government policy making from the evidence base of problems experienced by its business members. She subsequently ran her own business for nine years and has a non-exec background in business, higher education, local government, environment, health and social care, having served/serving as a board member of various bodies, including Staffordshire Ambulance Service; Stafford & Rural Homes HA; Harper Adams University; Peak District National Park Authority. She holds the Cabinet portfolio for Economic Development & Planning on Stafford Borough Council. Frances is a Board member and Caldicott Guardian for Engaging Communities, overseeing effective management of handled data; and EC Board representative on the Healthwatch Advisory Boards for Staffordshire, Walsall and Wolverhampton.

Ross is recently retired from a long career spent working within the steel industry. This included working for British Steel, now Tata UK, as General Manager for the Walsall based steel processing and distribution centre. In 2001, as co - owner, he helped establish a successful steel stockholding and manufacturing business supplying products to a number of blue chip customers typically within the Automotive, Construction and Waste industries. Ross has also worked in a voluntary capacity for Age UK, undertaking a befriending role to older people within the Community. Amongst his qualifications, Ross has a degree in Health and Social Care and a NVQ level 3 in the same discipline. He has lived in Walsall for over 50 years and is passionate about improving both services and outcomes for local citizens by utilising the extensive range of skills he brings from the private sector.



Ross Nicklin



Sylvia Bailey

Sylvia has lived in Walsall 50 years with a background in Primary Care Management in Walsall and Birmingham. She has served as a Non-Executive Director on the Walsall Health Authority and Walsall Community Health Council, Lay Governor Mental Health Trust, setting up of Patient and focus groups together with a keen interest in health care delivery, embracing diversity and equality. Since retiring she has become Chair of her own GP practice's patient group, member of the Walsall Patient and Public Liaison Group (PPLG), involved in health research with varying universities including, National Institute of Health Research (NIHR), and, as a cancer survivor, Cancer Research UK.

Lucy qualified as a nurse in 1980 and worked in the NHS for many years. Following this clinical career, Lucy became a clinical nurse teacher and later qualified as a registered nurse tutor. Lucy teaches both undergraduate and post graduate health professionals and undertakes funded research projects. Her research focuses on service user experiences of care and she has completed several studies on this topic. As a Professor of Nursing, Lucy is also director of the Centre for Social Care Health and Related Research (C-SHaRR), which focuses on studies relating to quality of care and patient safety. Lucy has presented at conferences around the world regarding her research, published papers and written two books on the subject of health research. Lucy is committed to improving the experience of people who access healthcare services.



Lucy Land

We can  
help you...

Are you struggling  
with social care?  
Are you...

*Your views on  
health and care*

## ***Listening to local people's views***

Healthwatch Walsall has listened and documented many local people's views regarding the health and social care services they or their families receive throughout the year.

We have listened to people in many different places and settings from attending sessions at community groups, town fetes and fayres, doctors' surgeries, faith groups, hospital wards and clinics to name but a few.

We have documented people's views using several different methods such as surveys both online and in paper formats, focus groups, semi-structured interviews, interactive voting systems as some examples.

When we have undertaken a piece of work with a specific focus we always check our research methods are in line with recommended guidelines and support it with local and national data where available and relevant.



The following are some examples of the work we have delivered this year and the groups of people we listened to.

### **Priorities report**

This was our Annual Public Survey to ensure Healthwatch is focussing on the services local people are most concerned about in Walsall. Healthwatch England annually identify 5 national priority areas to focus their line of work for the next twelve months.

Local Healthwatch adopt the same process through a local priority survey. The priorities identified cover aspects of both health and social care in the borough, with Walsall Manor Hospital, Community Health Care and Social Care as the main categories. From these categories local people identified the following five services as being the most important to local people:

- Walsall Manor Accident and Emergency
- GP Access and out of hours' services
- Mental Health
- Social Care - both Adults and Children's Services
- Cancer Care.

People's views were recorded via a survey with specific questions and free text comments. The survey was available on line from August until December 2016. It was promoted by various Twitter and Facebook messages encouraging people to complete the online survey. The details about the survey were also emailed out to all the Healthwatch contacts. The survey was promoted at various community groups, groups supporting hard to reach people, church groups, health settings, the hospital and in schools as part of a forum exercise. The report is on our website.

## Communications and you

Healthwatch worked with the NHS Walsall Clinical Commissioning Group (CCG) to find out more about the diverse population of Walsall and the best ways in which to communicate health messages to its different communities. We were asked to focus on Black and Minority Ethnic (BME) communities, newly emerging communities such as Eastern European and the Afghani communities as well as hard to reach or seldom heard groups, such as the elderly and young people.

The survey was available on line from August until November 2016. We sent the questionnaire out to all our network contacts and distributed at targeted local engagement events. It was promoted on the CCG and Healthwatch websites and other local agency websites. It was also promoted by a local Asian Radio Station. We promoted the survey at various community groups, schools, church and faith groups, health settings, people with mental health or learning disabilities and groups supporting the hard to reach.

Focus groups were held in a local academy school, a young carer's group and a range of BME groups, the focus groups were used

to provide insight and other experiences not found in the survey questioning. The survey achieved a total of 1200 responses. The report is soon to be on our website.

## A&E Communications report

In May 2016, Healthwatch carried out a survey in the Accident and Emergency (A&E) Department of Walsall Manor Hospital. During a two-week period, staff and volunteers attended the A&E every day and at differing times throughout each 24-hour period from 6 am till 10 pm. Surveys were given out to patients and/or their carer's waiting to be seen. The surveys were given out with pre-paid self-addressed envelopes, providing people time to reflect on their A&E experience, though some patients felt able to complete it on the day.

It was observed by both staff and volunteers that the majority of people arriving at the A&E department arrived via ambulance, their views are not included in this survey, we only accessed people who arrived via the main A&E entrance and waited in the A&E reception area. In total we received 79 responses from people who used the A&E department during this period. The report is on our website.

## Young People's involvement

Healthwatch made the decision in 2016 to ensure that children and young people should be a core part of our engagement activities and have the opportunity to have their voices heard regarding impacts on health and social care. We aim to create a young people's Healthwatch Advisory Board and develop a network of young people who will become Healthwatch volunteers, keeping up to date with health and social care, receiving training and development;



becoming members of our Healthwatch team, participating in the range of volunteer roles on offer.

We contacted senior schools and youth work provision in the borough; offering the opportunity to engage in providing feedback on a range of health and social care impacts; these have included ‘Communication and You - CCG’; ‘Smoking Attitudes - Public Health’; ‘Healthwatch Walsall Priorities’; we were also invited to run focus groups for the whole year 6 of a local Junior school.

We have run health and social care workshops, focus groups and provided the opportunity for the young people and their wider family networks to participate in the ‘Communication and You’, ‘Local Priorities’ and ‘Smoking Cessation’ data collections and receive current up to date information on health and social care.

Many young people were enthused by our work with them and were keen to take information regarding data collections and other health and social care issues home for their family and friends to participate.

In January we worked alongside colleagues from Walsall Clinical Commissioning Group (CCG) to engage with members of the public about amendments to service provision as part of “The Big Conversation”. Walsall CCG developed a questionnaire to be completed by local residents and Healthwatch provided assistance to help to reach “hard to reach groups”. One of the voices that is seldom heard is that of young people.

We used our contacts in local secondary schools and ran a series of 9 focus groups to provide 125 young people with a platform

to have their opinions listened to and feedback to commissioners.

## Older People’s involvement

Older members of our communities can be very hard to reach and many elderly people across all communities can be isolated. We make many attempts to reach these communities to ensure the work we do is a true reflection of local peoples’ opinions. Whilst collecting data for our work on our own local Priorities, Public Health for the ‘Smoking cessation’ or the CCG with ‘You - and Communication’, we used our networks to include some of the more disenfranchised groups such as a Black Afro Caribbean elderly women’s’ lunch club, Asian women’s groups, people with dementia and other mental health impacts, and people with long term conditions.



We have engaged with borough wide lunch clubs, the recent emergence of Men’s Shed’s, women’s groups, a range of faith groups supporting elderly residents, fully representative of diversity of the borough. Carer’s and the people being cared for are often frequent users of health and social care services, we provide an essential voice to the local groups we work with. These

include Walsall Carers Forum, Walsall Face, the Collingwood Centre Autistic Support Group and IASSEND ensuring local people have the opportunity to engage in providing feedback regarding the health and social care services they and their family members use.

## Smoking cessation

As part of an EC initiative, we worked with Walsall Local Authority as part of a wider Black Country research project between the local Healthwatch in Walsall, Wolverhampton, Sandwell and Dudley and their Local Authorities to undertake Insight work with local people around their 'smoking attitude'. The smoking attitudes survey (we contributed over 1100 responses to the total data collection of 2953) and the focus groups we conducted, were to ascertain local peoples' behaviours and attitudes towards smoking, their awareness of the 'Stop Smoking' services and how to make the services more effective for them.

To ensure the data collection was representative of the local community the Walsall team engaged with the following communities: Staff held sessions in all libraries across the borough, visited and collected data from pharmacies, opticians and retail outlets in the town centre and those wards surrounding the town centre; sessions were included in ESOL classes in Palfrey, Caldmore and Birchills; we emailed out the 'Smoking Attitudes' survey link to all of our communities; ran sessions in Surestart Children's centres, attended events, held our own events to collect people's opinions and complete the surveys; held four focus groups in two local schools, young people from youth centres in Delves and Blakenall also contributed; attended parents evenings; focus groups in different

communities, including BME groups, borough wide community groups to include those who are carers, those who are elderly, those with learning disabilities and their carer's, people with disabilities, people with neurological conditions; Church and Faith groups; and; local housing associations.

## What we've learnt from visiting services

### Accident and Emergency at the Manor Hospital

The public raised concerns about the Accident and Emergency department at the Manor Hospital in the public survey of peoples concerns regarding health and social care. This covered the broad spectrum of all aspects of service. However, the Care Quality Commission had recently undertaken a detailed inspection of the whole of the Walsall Healthcare NHS Trust that is responsible for the Manor Hospital in September 2015 and published the report in January 2016.

The inspection found that the Trust needed to make urgent improvements to ensure it was consistently delivering care which was safe, effective, caring, responsive to



people's needs and was well led. The inspectors had concerns about staffing in a number of areas and workloads in A&E were seen to have resulted in care falling below the standards patients should be able to expect. Following the inspection, the CQC gave notice to the Trust to make significant improvement in a number of areas including emergency care. The Trust responded by setting out a detailed plan for remedial action.

Healthwatch had seen the improvement plans for A&E at the time and noted that there were already plans to address some of the issues covered by the survey e.g. the layout of the reception area.



As the CQC had inspected the A&E department in depth, Healthwatch decided to focus on 'softer' aspects of the patient experience, in particular communication whilst the patient was in the waiting area and the patient's overall experience of how they were treated during the patient journey in A&E.

Over a two-week period in mid- May 2016 staff and volunteers from Healthwatch attended the Trust's A&E department to give the survey to patients waiting their turn to be seen in the waiting area. All days of the week and all time periods from 8am to 9pm were covered at some point during the two-week period.

A detailed report containing a set of recommendations designed to improve the patient experience were included in the report and it was published in February 2017. This was initially shared with the Walsall Healthcare NHS Trust for them to incorporate into their Improvement Plan. The report was then included in updates to both the Health and Wellbeing Board and the Social Care and Health Scrutiny Committee of Walsall Metropolitan Borough Council as well as being published on our website.

### Manor Hospital Pre-inspection Report

An opportunity arose to support Walsall Healthcare NHS Trust in preparing for the re-inspection by the CQC of the Manor Hospital. Healthwatch agreed to conduct an independent pre-inspection research project into the standards of care at the hospital. The Manor went into special measures in January 2016 following the CQC inspection in September 2015. Healthwatch had previously completed a pre-inspection report for the CQC prior to their inspection in 2015 and this highlighted many of the problem areas that the CQC also found.

Since late 2015, the Trust has implemented a programme of improvement at the Manor Hospital, addressing the areas highlighted by the CQC as not meeting the standards.

This research therefore, was to identify how effective their programme of improvements had been.

Our objectives were to gather feedback from patients about their experience in the hospital through the various pathways and wards about the response time, staff demeanour and staff expertise as seen by patients, how patients found the general state of the hospital, i.e. cleanliness, porter service, hygiene etc.



To gather the feedback, we decided to use an Enter and View approach and undertake semi-structured interviews with patients and their carers, as they are very useful to answer what is required of the research while allowing for exploration of attitudes, values and beliefs held by each individual participant (Richardson et al., 1965; Smith, 1975).

Particularly for sensitive subjects, semi-structured interviews also provide the space to evaluate the answers of the participants through observation of non-verbal cues (Gordon, 1975). Unlike the rigidity that you may get from surveys, semi-structured interviews allow for more engagement with the question and allows

the researcher to get a better sense of the experiences of the participants.

We spoke to over 90 people across 7 pathways in waiting rooms, clinics and on wards with one person interviewed over the phone.

For this research, content analysis was used to identify key themes and patterns that emerged across the gathered data. We produced a report that was shared with the Trust and at a Quality Oversight meeting. As part of the report we included our findings and conclusions as well as a set of recommendations to support improvement.

This has enabled us to understand the strengths and weaknesses of the various pathways and will be an invaluable source of intelligence for the future. The report will soon be on our website.

## GP Performance Report

The public raised concerns about GP services in the public survey of peoples concerns regarding health and social care. This covered many aspects but was mainly about access to GPs and satisfaction with GP services.

A survey was used to gather feedback from patients using GP services in Walsall. The survey was designed to evaluate organisational factors and GP characteristics that may affect patient experience of their GP.





As such the survey was more focussed on patient experiences and outcomes of seeing their GP rather than on process questions as this would assess factors that might explain why some practices are particularly high or low performers. Advice was taken from Healthwatch England and the University of Wolverhampton in the development of the survey.

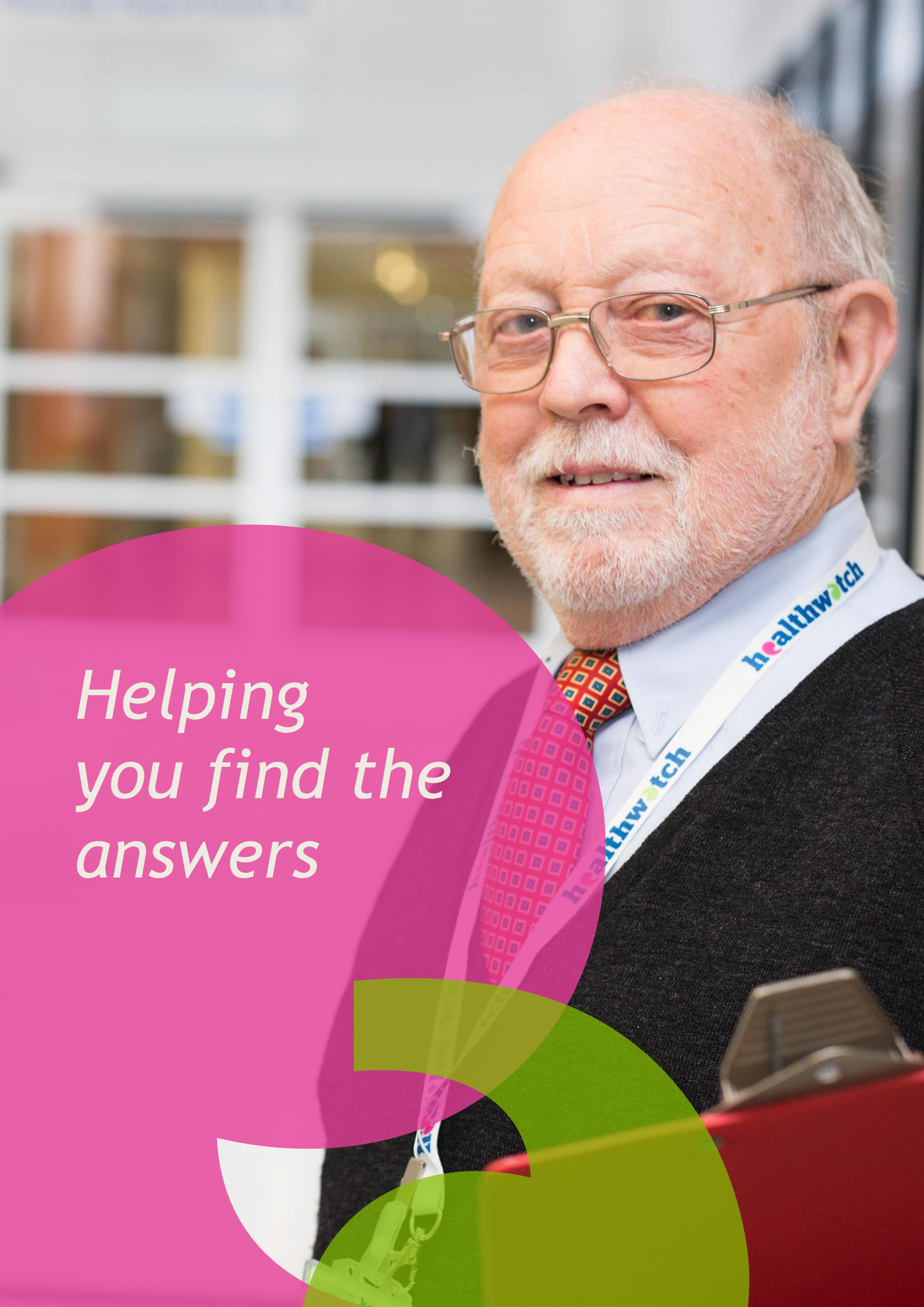
The survey was conducted between February and May 2016. It was available as an on-line survey as well as paper copies in GP practices. We also completed surveys with patients in the waiting rooms of some practices after being invited to do so by the practice. We collected the

views of the views of 983 respondents.

A detailed report containing a set of recommendations designed to improve the patient experience were included in the report and it was published in February 2017. This was initially shared with the Walsall Clinical Commissioning Group with the aim of giving further insight into patient experiences while they redrafted their Primary Care Strategy.

The report was then included in updates to both the Health and Wellbeing Board and the Social Care and Health Scrutiny Committee of Walsall Metropolitan Borough Council as well as being published on the Healthwatch website.





*Helping  
you find the  
answers*

## How we have helped the community access the care they need

### NHS complaints advocacy services

Healthwatch works closely with communities in the borough ensuring they have access to advocacy support in situations where the care or support provided by the NHS has not meet their needs.

In the last year there have been 28 referrals to the NHS Complaints Advocacy provision for the Walsall borough. The feedback we have received from the local NHS complaints advocacy provider 'POhWER' indicates that most people seeking support from the local complaints advocacy provision have achieved some level of resolution.

This includes comments that clients have been empowered by the process and support they have received and successful resolution has led to improved services through changes made to process, guidance or procedures.

### #ItStartsWithYou in our community engagement

Community engagement has been carried out and continues to be carried out in many locations and venues across the Walsall borough such as: local community centres; college premises; local business premises; outside community events; large retail supermarkets; and; places of worship.

Places where small or large groups and individuals can be accessed and the Healthwatch profile can be widened.

Taking service user experiences and enabling voices to be heard.

When meeting Walsall residents, it enables them the opportunity to share their experiences whether they are: compliments, concerns or complaints.



### A vintage tea party

Healthwatch can then guide them to the appropriate route of action depending on what they wish to do. Some simply wish to express a concern or as they say 'have a moan' about a service experience but this can be invaluable to us as it may highlight a service failure which we can report on that may lead to positive service improvements for future service users.



### The Mayor and Consort at ME Link meeting

In many situations people lives are changed due to an illness or diagnosis that is a life changing condition for themselves or a close loved one, such as dementia. They

are living with the condition but not knowing of the support that is out there to help.



*A stand in the Saddler Centre*

Healthwatch has a bank of information of support organisations to actively signpost people to so that they can gain that valuable support.

Signposting to such organisations as: POHWER, AGE UK, Local Dementia Café drop ins, Walsall Carers Centre, Citizen Advice Bureau, Adult Social Services, Rethink, Kaleidoscope, Men in Sheds and many others.

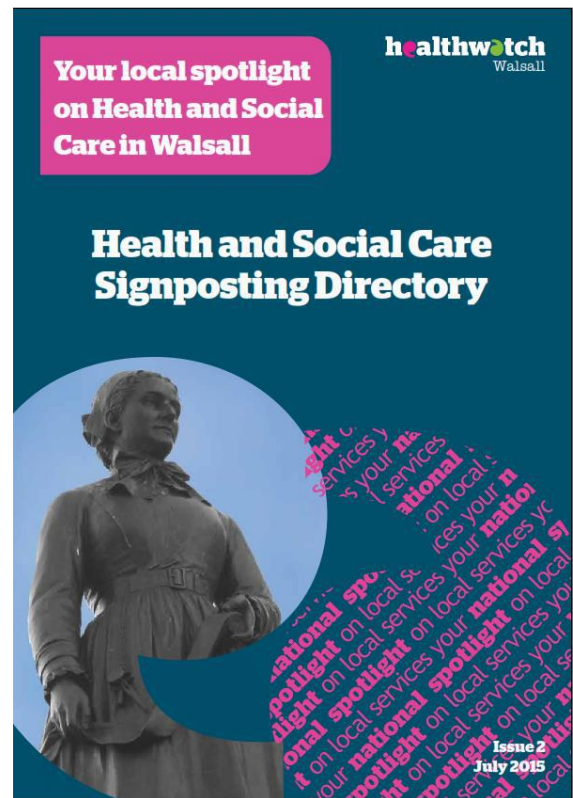
We continue to reach out to many parts and points of the community and will be attending a number of summer events to further increase public awareness.

POHWER referrals have mainly concerned GP and hospital services ranging from poor access to services, waiting time for hospital referrals to poor care.

Highlighting poor communication, poor organisation, poor staff attitude to services not been joined up and communication with each other.

Though for one side of the coin there is another. There have been many positive experiences, many compliments about GP services and some departments at Manor Hospital. This indicates that service delivery varies across the borough.

### *Our signposting directory*



Our signposting directory is available from: <http://www.healthwatchwalsall.co.uk/download/healthwatch-walsall-health-and-social-care-signposting-directory-2015/>

## Speaking out on important issues

Towards the end of March 2017 Healthwatch became aware that the Walsall Healthcare NHS Trust had cancelled around 100 elective (pre-planned) operations giving only 1 or 2 weeks' notice to the patients. This news concerned us greatly as to the potential negative impact upon patients.

We sought urgent clarification from Walsall Healthcare NHS Trust on why this had been done, what clinical safeguards were used to assess impact on patients to ensure there was no harm or deterioration of their condition, what notice was given and when will they be rebooked.

The Trust said the move was down to a shortage of funding, a lack of nurses and in preparation for a new intensive treatment unit at the site. We received assurances from the Trust that no one's health was made worse by the delays.

We felt this was a very important issue and that the public should be aware but to also allow us to reach out and ask if anyone had been negatively affected by this to contact us.

We issued a press release that was picked up by the Express and Star newspaper and also by Made in Birmingham News.

We formally referred the issue to Walsall Social Care and Health Scrutiny Committee in order for lessons to be learnt.



*John Taylor being interviewed*

John Taylor, Chair and Simon Fogell, Chief Officer were interviewed about the cancelled operations.



*Simon Fogell being interviewed*

The interview was aired in the 6pm and 9pm news bulletins. The link takes you to the interview which starts 2 minutes 25 seconds into the bulletin.

<https://www.madeinbirmingham.tv/catchup/?c=news&p=x4ugxl&v=x5hetl6>

*Making a  
difference  
together*

Have you  
visited  
Care Home  
Rel  
What was it like?

## ***How your experiences are helping influence change***

We have issued four reports this year and contributed to a further Black Country Wide report. Each of the reports contained a set of recommendations that were there to inform the service providers of improvements they could make to their services to provide the service users with a better experience.



### **A&E Communications Report**

The A&E Communications Report contained 7 recommendations to the Walsall Healthcare NHS Trust that they could undertake to improve the patient experience. Each of the recommendations contained an explanation as to how it could improve the patient experience. For example:

**Customer care-** whilst there are many positive comments about staff, the negative attitude of some staff should be addressed. Customer care training, including refresher courses should be mandatory for all staff dealing with patients, and managers should monitor and address any issues of poor attitude which impact on patient care.

Other recommendations covered: Waiting times; Interpretation services; Communication needs assessments; Dignity and respect; Appropriate clothing; and; Combining reception.

### **Manor Hospital Pre-Inspection Report**

For the Manor Hospital Pre-Inspection Report we again included our findings and conclusions as well as a set of recommendations for the Walsall Healthcare NHS Trust. The Manor went into special measures in January 2016 following the CQC inspection in September 2015. When the report was presented at the NHS Improvement Oversight meeting all divisions within the hospital were asked to consider the findings and add any resulting actions into their PCIPs (Patient Care Improvement Plans).

### **GP Patient Experience Report**

The GP Patient Experience Report also contained findings and six subsequent recommendations that were supported with explanations of why they would improve the patient experience if adopted. Recently Walsall Clinical Commissioning Group (CCG) published their draft Primary Care Strategy. It is pleasing to note that some parts of their strategy do go some way to meeting some of the recommendations for GP Services.



## Communications and you

The report for Walsall CCG 'Communications and you' was research into what were the best ways to communicate with members of seldom heard groups such as BME, elderly and young people, and newly emerging communities as some examples. The report does contain recommendations for the CCG to consider when wishing to seek the opinion or share important health messages with these communities.

It will enable all communities including those who are seldom heard to be targeted in effective ways allowing their voices to be captured and used when designing and planning service improvement or change or sharing important health messages - an underpinning assurance framework for future involvement.

## Smoking Cessation Report

The Smoking Cessation Report for the Black Country was undertaken by EC for Walsall Metropolitan Borough Council on behalf of the other local authorities. The engagement and research for this report was undertaken by each local Healthwatch.

This project set out to explore the attitudes of smokers, ex-smokers and non-smokers towards smoking and quitting in the Black Country. This included looking into smoking and quitting behaviours and attitudes, smoking-related public knowledge, awareness of support services (particularly Stop Smoking services) and communication of information. The research was specifically targeted at identifying the experience and opinions of children, teenagers and families.

There were nine recommendations for the Local Authorities to consider which included further suggested research and groups to target with key messages. These are available for each Local Authority to use in commissioning their smoking cessation services.

## Working with other organisations

### The Big Conversation

NHS Walsall Clinical Commissioning Group (CCG) needed to talk to the public about service changes they were considering re certain local services which link with the delivery of some local elements of the Black Country STP.

Healthwatch was asked to support the initiative, in particular leading focus groups at the primary and secondary events, and delivering a presentation about the importance of the public's voice being heard as part of the engagement activities plus supporting the Camper Van.



*Simon Fogell, top right, speaking at a Big Conversation engagement event.*

This was billed as the Big Conversation and was a pre-consultative stage to seek people's views on services and initial suggestions for service improvement. The responses would be used to shape the formal consultative stage.





*The Healthwatch Team at Walsall Town Hall for the Big Conversation launch event.*

Stage 1 of the Big Conversation was a formal affair in the Town Hall with presentations and followed by four focus groups. Healthwatch delivered a presentation and facilitated the four focus groups.

We supported the Camper Van at several events across the Borough. We organised and facilitated 6 focus groups with children and young people at schools across Walsall. The children completed questionnaires and spoke to us about when and how often they see their GP, if they have used one of the Urgent Care Centres in the Town Centre and their thoughts on other health services.



*Healthwatch leading a focus group at Walsall Town Hall for the Big Conversation launch event*

We will continue supporting the CCG in planning and delivering the final stage of their consultation regarding urgent care centres, relocating stroke services to Wolverhampton and procedures of low clinical value but at all stages using the Healthwatch England '5 steps to good engagement' as a guide to be sure people's voices are heard by the CCG.

### **Walsall Healthcare NHS Trust**

An opportunity arose to support Walsall Healthcare NHS Trust in preparing for the re-inspection by the CQC of the Manor Hospital. Healthwatch agreed to conduct an independent pre-inspection research project into the standards of care at the hospital.

Our objectives were to gather feedback from patients about their experience in the hospital through the various pathways and wards about the response time, staff demeanour and staff expertise as seen by patients, how patients found the general state of the hospital, i.e. cleanliness, porter service, hygiene etc. We spoke to over 90 people across 7 pathways in waiting rooms, clinics and on wards with one person interviewed over the phone.

### **Communications and you**

Healthwatch was asked to undertake some research for Walsall CCG. We agreed to do it as it met one of our big concerns: how effectively are the voices of seldom heard groups heard. The CCG wanted find out more about best ways in which to communicate health messages to all its different communities.

The survey's intention was to target Black and Minority Ethnic (BME) communities, newly emerging communities such as Eastern European as well as seldom heard

groups, for example rough sleepers, the elderly and young people within the Walsall Borough.

The survey produced tangible results that will allow Walsall CCG to focus its outward communications providing the best opportunity for the message to reach the intended audiences. The CCG will be able to adopt a focussed delivery approach for important health messages or of changes to health services.

### Care Quality Commission

Healthwatch has regularly exchanged information with the Care Quality Commission (CQC) at a number of different meetings such as the Quality Surveillance Group, Information Sharing Meetings, NHS Improvement Oversight Meetings at the Walsall Healthcare NHS Trust and CQC Local Healthwatch Advisory Group meetings. We have also shared intelligence when contacted by the CQC directly ahead of inspections.

### *How we've worked with our community*

In all of the reports we have worked upon and produced this year, local people have been at the centre of each one providing information that we have gained through differing engagement techniques to collect various types of data that has then enabled us to analyse people's views and experiences of services in order to produce reports that are based on their experiences.

We engaged with local people and collected 1,200 responses for the Communications and You project for the CCG and 1,100 for the Council's smoking cessation project.

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**For the A&E Communications report staff and volunteers attended the A&E every day and at differing times throughout each 24-hour period from 6 am till 10 pm during a two-week period in order to get as many people as possible the opportunity to have their voice heard.**

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For the GP Performance report we promoted the survey to our networks, in local communities encouraging our contacts to complete the on-line survey on our webpage as in surgery waiting room areas. We received 983 responses in total.

For each piece of work, we scope out what the best method will be to enable local people to have their voices heard.



*It starts  
with you*



healthwatch  
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## #ItStartsWithYou

### Referral to Safeguarding - The threat of Honour based violence.

A member of the local Asian community confided in an Officer of Healthwatch, over a period of several days, that they had growing concerns regarding the male members and some of their wider family network and how they were treating them.

The Officer was shown a video clip by the person concerned that one of their male family members had deliberately shown to them the previous evening, the clip was of an Asian woman who had been deemed by her family to have ‘dishonoured them’ and showed her being killed. The male member of their family had also stated that this is what should happen to all women who didn’t behave in the right way. The Officer said...

“The person was really distressed but very reluctant to seek help and involve the authorities.”

“Even though the person was reluctant I believed there were real safeguarding concerns that needed to be acted upon immediately.”

.....

The Officer informed the Chief Officer and took advice and agreed a strategy: to contact the West Midlands Policing team specialising in Honour Based violence and the Safeguarding team at the Local Authority to take advice on how to best support the person. Advice was also sought from colleagues at Women’s Aid regarding the support available.

The Officer had a further discussion with the Chief Officer regarding the advice from the Police and Safeguarding. We agreed to encourage the person to meet with a specialist Police Officer at a safe location. Also to show the person information from the websites of Karma Nirvana and Hollie Guard.



After seeing this and being assured this would all be done discreetly they agreed to meet the Police Officer. The Officer provided a safe place for this to happen.

Following this meeting the person was placed on a watch register for the Police to be alerted should there be any alerts from this persons’ home, a direct phone number for the person to use if something did occur. They just call and their mobile can be tracked and action taken.

“Several months has passed and the person has since told the Officer that they feel much safer with the support in place”

.....

Fortunately, the situation with the family has settled down with no more direct threats or other mistreatment happening.

*Details of this case study have been changed to further protect the person’s identity.*

## Memory club in the Borough.

A member of the group arrived and he was in significant distress, crying so the group leader went over and asked how she could help, speaking to him for several minutes, then came over asking if the Healthwatch Officer could have a word and possibly help.

The Officer went and spoke to this elderly man, after a little while he was able to compose himself and was able to tell them what was troubling him. He was a member of the group because his adored wife was in the end stages of dementia. He came to the group for support and advice. Explaining that his daughter was with his wife at present he just needed someone to talk to regarding the situation with his wife.



His wife was receiving Continuing Health Care, he stated the nursing care was good but he was really worried regarding the carers that came in several times per day to look after his wife is non-medical needs, he stated none of them appear to know what they were doing, they didn't read her care plan or information left by the nurses.

Their attitudes were appalling and worst of all they did not appear to know how to use the equipment provided to help them move his wife to bathe and feed her (the hoist), just this morning they had nearly dropped his wife again. This was turning into a frequent occurrence. He told the Officer...

**“I'm terrified of leaving them alone in the room with my wife, because of their apparent lack of knowledge and understanding of what they should be doing.”**

.....

He also complained that previously he and his wife had had some carers that attended her on a regular basis who had been much better at their jobs.



The Officer explained who Healthwatch are and what we do, and asked if he had complained to the company that provided the domiciliary care. He said he had rung them several times but nothing had changed if anything the situation was worse now, no continuity of care and staff who did not appear to have received any training.

They talked for a while and although nervous that complaining may make things worse, he decided that he would like to take the Officer up on their offer to speak to his wife's' Social Worker and the CHC team and see if they would intervene with the domiciliary care providers and improve the service being provided.

A couple of phone calls and many assurances later both services had taken up his concerns. He rang to tell the Officer...

**“Within three days the care providers had been changed and I now feel my wife is receiving much better care from the staff.”**

A couple of months later when the Officer next caught up with this gentleman he was still able to say that the care services his wife now received was much improved.



# *Our plans for next year*



## What next?

Healthwatch carried out a public survey between August and December 2016 to identify key priority areas for 2017/18. Priority areas are important to ensure that everything we do is informed by the local community. The priorities identified will help to shape the research and engagement activities carried out over the next 12 months



Following the Annual Meeting, a range of key areas were identified as important with regards to Health and Social Care in Walsall. Whilst all aspects of health and social care are important, we needed to refine these areas in order of public priority so that we are realistic in our targeted work planning for the coming year.

The top 5 priorities selected by the public are A&E, GP Access and Out of Hours, Mental Health (Including CAMHS), Adult and Children's Social Care, and Cancer Care.

Healthwatch Walsall then held a public meeting on 15<sup>th</sup> March to scope the focus of these priority areas. Over 50 people attended the session. Following a presentation about the top 5 priority areas people attending split into work groups

based on the five priorities using further research that had been undertaken for each area to inform the discussions. At the end of the session each table was to agree on its top three focus areas for each theme.

### For A&E:

1. Communication - very negative communication when in A&E; need to change to positive communication; access to refreshments when waiting for long periods.
2. Physical environment of A&E - co-location of urgent care and A&E leads to confusion and difficulties to access refreshments for example.
3. Capacity - implications of closure of Sandwell.
4. Better pathways and treatments - at peak times it's a struggle but people do have positive experiences.

### For GP Access and GP Out of Hours Access

1. Opening hours - availability including weekends Sat and Sun.
2. Triaging - more appropriate use of skill mix of staff - signpost to appropriate service.
3. Education and communication - for communities -such as helping communities know where they can go before going to Dr when its not critical like a pharmacy/opticians.





## For Mental Health

1. Preventative work - identification of services, for example when people at partner services and exhibiting MH issues - knowing where to refer people to.
2. Simplification of complexity around services and access to - its important a person centred approach is used and simplified approach for individual.
3. Cross agency education - support all groups to understand what each other do rather than trying to be the expert on something that they're not - regularly share knowledge around all groups and raise awareness.

## For Social Care

1. Access to Social Workers - consistent social workers; training; knowledge of local area; aware of culture they are in (funding).
2. Speed - delays can be months; rapid assessment processes; funded services not being used; simplification of jargon and pathways.
3. Equity of access to services.

Cancer services did not have a workgroup as no one wished to talk about it so we will use the headline issues from the priorities report and locally available data on cancer services to help inform the focus.



## Overview of our work programme

### Volunteer Recruitment

Using the 6 role descriptors for Healthwatch Champions, we will aim to recruit at least 12 active volunteers by August 2017 plus another 12 by December 2017, providing full induction and training for these Champions, and working with them to understand how best their time and skills can be used. Healthwatch Walsall Advisory Board Member A'isha Khan is our Champion for Volunteers.

**Aim: Recruit 24 Volunteers**



### Enter and View Visits

We will train a cohort of volunteers, starting with the Healthwatch Walsall Advisory Board, as Authorised Representatives and by the end of July 2017, will develop a targeted Enter and View programme which will be aimed at either responding to concerns raised by the public about a service; or as part of one of our wider projects responding to priorities and other intelligence sources. Healthwatch Walsall Advisory Board Member Ross Nicklin is our Champion for Enter and View.

**Aim: Do one Enter and View visit per month**

### Community Engagement

We are developing a network of Healthwatch Champion organisations with whom we work to take forward our community engagement activities. We have a dedicated Community Outreach Officer whose role is to reach out to local communities within the Borough, to establish links with seldom heard groups, and to gather feedback and information to inform our work.

**Aim: Recruit 20 Champion organisations**

### Strategic Engagement

Healthwatch Walsall attends a number of strategic level fora including the Health and Well Being Board, Walsall Together Board, Health Scrutiny Committee, Quality Surveillance Group, CCG Governing Body meetings, Primary Care Commissioning, A&E Delivery Board meetings and CCG Quality Committee. Our remit in these fora is to ensure the voice of the public and patients is heard, and to provide advice, guidance and assurance on how to achieve this.

**Aim: Healthwatch has a strong voice in strategic decision making**

### Promoting the role of Healthwatch

In order to be of service to the public, we need to ensure we are known. Healthwatch has an easy to use and regularly updated website, social media accounts, and a Freephone number. It has produced several Healthwatch promotional leaflets. Now that Healthwatch has moved to new premises, new leaflets will be produced, and disseminated. There is a Healthwatch promotion campaign taking place across Walsall, Wolverhampton and Staffordshire leading up to the Healthwatch England awareness campaign in the first week of

July 2017. We have a Healthwatch mascot to support this campaign, and are promoting a competition to name the mascot.

**Aim: Promote Healthwatch June - August 2017**



### Providing Information, Signposting and Non-Clinical Advice

As above, much of our impact in this area relies on the public being aware of our service. The “Experience Exchange” on the Healthwatch website provides a full listing of Walsall health and care services, and we will respond to all public enquiries via our Freephone and website within 1 working day.

**Aim: Collect 25 Experience Exchange entries per month**



### Healthwatch “Spotlight” meetings

The Healthwatch Walsall Advisory Board will hold a round of “Spotlight” meetings in public. The meetings will be held in different locations around the Borough, and each will include a public listening session. There will be a key theme for each “Spotlight”, with guest speakers and Healthwatch reports presenting as relevant.

**Aim: Monthly Spotlights, with full programme to be developed by end July 2017**



### Young People’s Healthwatch

Healthwatch is giving some dedicated resource to engage with young people given that public consultation highlighted children’s health and care issues as a priority within the Borough. Engagement is taking place with schools and colleges and following this initial engagement a targeted work programme will be developed to ensure that young people’s voices can have impact on health and care services.

**Aim: Work Programme to be developed by end of August 2017**



*Our people*

## ***Decision making, involvement of the public and volunteers***

The public and volunteers have been involved in Healthwatch from the beginning and from the start of the provision of Healthwatch in Walsall by EC.

On June 28<sup>th</sup> 2016 a Celebration event was held to showcase the achievements of the previous three years of operation of Healthwatch in Walsall and for EC to present how Healthwatch would be continued to be delivered in Walsall by staff based there. The opportunities for volunteers were also promoted at the celebratory event.



Part of the session also gave all those who were attending the opportunity to steer the direction of the future work programme by seeking live views using an interactive voting system of what were the significant areas of concern with health and social care services in Walsall.

The result of this then informed a Borough wide public consultation on what people ranked a series of health and social care service areas from most concerning to least concerning. This ran through the Autumn

of 2016. A report was published in January 2017 detailing the results.

The results of the Priorities Report were then the focus of a public engagement event on March 15<sup>th</sup> 2017. The purpose of this event was to ask the public to scope the issues within the five priority areas identified within the Report. Focus groups were used to gather peoples' thoughts on each of the priority areas and each group asked to identify its top three issues that would then inform the creation of the work programme for the next 12 to 18 months.

In the Autumn of 2016 we undertook a recruitment exercise for a Chair of the Healthwatch Advisory Board.

The purpose of this role is to lead and work with the Healthwatch Advisory Board in setting the strategic plan and work programme for Healthwatch, addressing health and social care priorities as identified through our public engagement and service user feedback.

Also using public and patient engagement to influence matters in health and social care in the Borough and wider region acting as the independent consumer champion. John Taylor was appointed as the Chair.

In the Winter of 2016/2017 we then undertook a recruitment exercise for Healthwatch Advisory Board members.

We were able to appoint people as Advisory Board members. They are listed on pages 8 - 9.





*Our finances*

Income	£
Funding received from local authority to deliver local Healthwatch statutory activities	£183,501
Additional income	£15,850
<b>Total income</b>	<b>£199,351</b>
Expenditure	£
Operational costs	£18,902
Staffing costs	£122,905
Office costs	£26,671
Set up costs	£32,043
<b>Total expenditure</b>	<b>£200,521</b>
<b>Balance brought forward</b>	<b>£-1,170</b>



# Contact us

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We will be making this annual report publicly available on 30 June 2017 by publishing it on our website and sharing it with Healthwatch England, the Care Quality Commission, NHS England, Walsall Clinical Commissioning Group, Walsall Health and Wellbeing Board, Walsall Social Care and Health Scrutiny Committee, and Walsall Metropolitan Borough Council.

We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

If you require this report in an alternative format please contact us at the address below.

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