



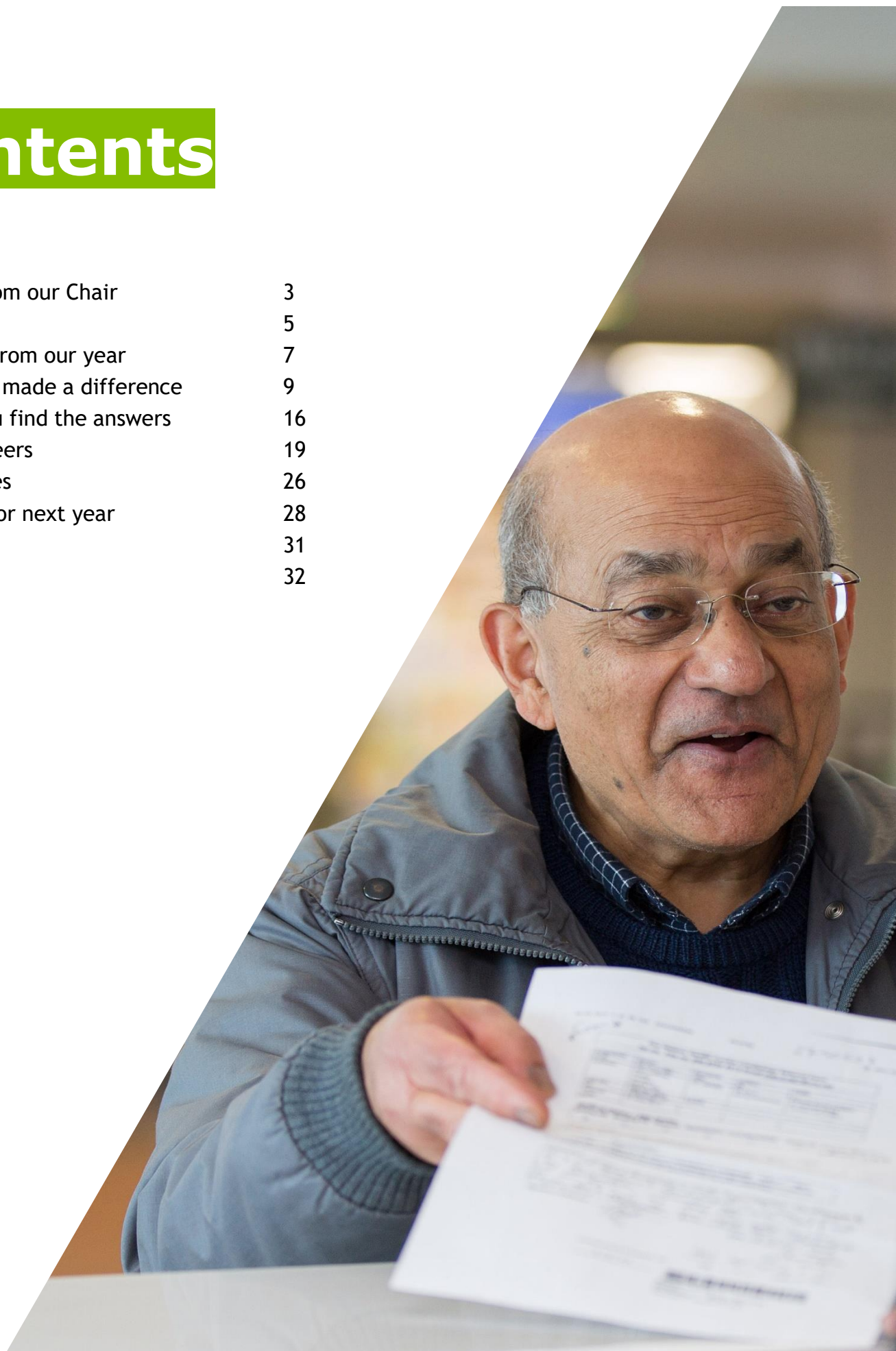
making a difference together

Annual Report 2018-19



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Message from our Chair

I am proud to chair the board of trustees of what we feel is one of the most successful Healthwatch organisations in the country.

Healthwatch Wakefield plays a very significant part in promoting the voice of people to health and social care providers and administrators in our area. They listen to our views and there is mutual respect between us.

We will be looking into how our findings impact to improve care for our communities. It is important to our communities that the same complaints about services are not repeated year after year.

A big achievement in this year was to appoint a new CEO, Gary Jevon, to replace our retiring CEO, Nichola Esmond. Nichola has moved to a new senior post in Public Health after developing Healthwatch Wakefield into a successful enterprise, well respected locally and nationally. Gary was vice chair of the board and a long standing trustee. He has had a stunning career and it is good to see a familiar face sitting at the CEO's desk.

We have undertaken a wide range of work on differed issues over the year such as:

- + Developing local end of Life care
- + Collecting experiences of people from Black, Asian and minority ethnic communities when receiving Connecting Care services
- + Evaluating work streams for New Models of Care such as pharmacy in general practice
- + Enter and View visits to the Horizon Centre at Fieldhead Hospital and elderly care wards at Pinderfields Hospital
- + Challenges to providers on gastrostomy, local support services, and services at Pontefract Hospital

- + Supporting our colleagues in two projects we host to improve the voice of cancer patients and develop services with them - which you can read about on the next page.
- + Taking part in national work on maternity and mental health and the NHS Long Term Plan
- + Project work on compassion in care, continence services, and young people and mental health - which you can read more about in the report.

We hope you enjoy reading about our year.



"They listen to our views and there is mutual respect between us."

R. E. Sloan

Richard Sloan MBE FRCGP
Healthwatch Wakefield Chair

Improving cancer services by giving patients a voice

The Yorkshire Cancer Patient Forum has gone from strength to strength with over 600 members and the new name of Yorkshire Cancer Community - the voice of those affected by cancer in Yorkshire and the Humber. Jill Long, Macmillan Engagement and Communications Officer based with Healthwatch Wakefield, met with 780 patients and carers, 481 health professionals, and visited 36 support groups across the region. They publish a highly valued newsletter which shares information and support about services along with lived experiences from patients and carers.

www.yorkshirecancercommunity.co.uk

A Forum proposal for a Community Panel made up of patients and carers to act as a sounding board for the West Yorkshire & Harrogate Cancer Alliance also became a reality during 2018 when Healthwatch Wakefield won the tender to create the Panel. This resulted in Fraser Corry joining the Healthwatch team in May 2018. Jill and Fraser work closely together and help to promote panel membership as an opportunity to people living in West Yorkshire and Harrogate. So far the panel of over 40 members has contributed to a number of projects including designing a new Cancer Care Review programme, suggesting ways to improve early diagnosis for those with vague symptoms, and discussing how lung health screening checks should best be delivered in local communities.

Changes you want to see

Last year we heard from over 2,600 people who told us about their experience of a number of different areas of health and social care. Here are some examples of the changes that you want to see.



- + Make it easier for children to get an autism spectrum disorder assessment



- + Remove barriers so that compassion is at the heart of all care



- + Staff should take the time to speak to people about what to expect especially at end of life



- + Provide information and communicate in ways that mean people can make informed choices

About us

Healthwatch is here to make care better

We are the independent champion for people using local health and social care services. We listen to what people like about services and what could be improved. We share their views with those with the power to make change happen. People can also speak to us to find information about health and social care services available locally.

Our sole purpose is to help make care better for people.

As Chair of Healthwatch England, it's my role to make sure your Healthwatch gets effective support and that national decisions are informed by what people are saying all over England.

If you were one of the 400,000 people who shared their experiences with us last year, I want to say a personal thank you. Without your views, Healthwatch wouldn't be able to make a difference to health and social care services, both in your area and at a national level. One example of this is how we shared 85,000 views with the NHS, to highlight what matters most, and help shape its plans for the next decade.

If you're part of an organisation that's worked with, supported or responded to Healthwatch Wakefield, thank you too. You've helped to make an even bigger difference.

None of this could have been possible without our dedicated staff and volunteers, who work in the community every day to understand what is working and what could be better when it comes to people's health and care.

If you've shared your views with us then please keep doing what you're doing. If you haven't, then this is your chance to step forward and help us make care better for your community. We all have a stake in our NHS and social care services: we can all really make a difference in this way.



A handwritten signature in black ink, which appears to read 'Robert Francis'.

Sir Robert Francis QC
Healthwatch England Chair

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.



People are at the heart of everything we do

We play an important role bringing communities and services together. Everything we do is shaped by what people tell us. 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

Our main job is to raise people's concerns with health and care decision makers so that they can improve support across the country. The evidence we gather helps us recommend how policy and practice can change for the better.





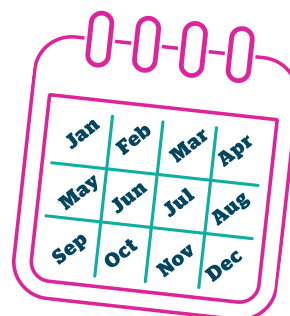
Highlights from

our year

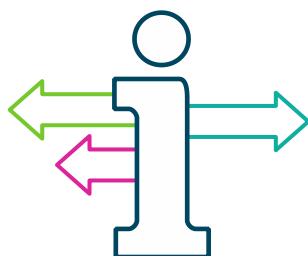
Find out about our resources and the way we have engaged and supported more people in 2018-19.



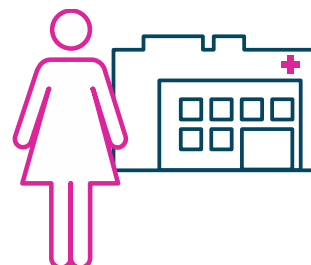
983 people shared their health and social care story with us, 16% more than last year.



We had 83 volunteers helping to carry out our work, taking part in tasks ranging from visiting services to surveying the public.



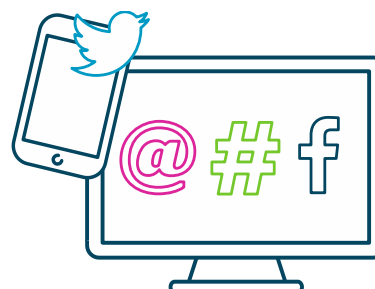
125 people accessed our new NHS Complaints Advocacy service and 109 received assistance to pursue a formal complaint.



We visited 155 services and community events to understand people's experiences of health and care.



We ran 14 surveys on issues such as connecting care in Black, Asian and minority ethnic communities, continence services, and autism assessments, and heard from 1,639 people.



11,610 new people visited our website and our social media followers rose by 8% on twitter and 30% on Facebook.



How we've made

a difference

Changes made to your community

Find out how sharing your views with your local Healthwatch has led to positive changes to health and social care services in Wakefield. We show that when people speak up about what's important, and services listen, care is improved for all.

Take a look at some examples demonstrating how we have made a difference in our community.

Tackling barriers to compassion in care

We became increasingly concerned about experiences being shared from members of the public and professionals that seemed to show a significant lack of compassion in basic care in settings including hospitals, care homes, and people's own homes.

We felt there was a need to raise the profile of this and look for solutions to be implemented across the system. A task group was formed to look at good practice in compassionate care and what barriers there may be to behaving compassionately.

We also hoped we might be able to influence the inclusion of compassion within the Connecting Care workforce strategy and training programme, particularly for leaders and managers in the first instance.

Partners of the group include Wakefield Council, Mid Yorkshire Hospitals NHS Trust, NHS Wakefield Clinical Commissioning Group, residential care homes and home care providers, South West Yorkshire Partnership NHS Foundation Trust, our hospices, and others.

We published a report outlining the work of the Compassion in Care Task Group and findings from two surveys, one with responses from over a hundred frontline health and care staff, and the other with responses from more than one hundred members of the public.

“Without compassion it ceases to be care at all.”



Tackling barriers to compassion in care (continued...)

The report was presented at our event on World Kindness Day, in November 2018, along with updates from Task Group partners.

Partners spoke about work in their own organisations on compassion in care including:

- + Wakefield College and how their health and care students have worked on a project creating posters on the barriers and benefits to being compassionate when providing care;
- + Wakefield Council and Public Health about initially hearing the concerns about a lack of compassion in care and the importance of taking them to local leaders at the Health and Social Care Partnership Board;
- + NHS Wakefield Clinical Commissioning Group on how they act on issues brought to them, including from Healthwatch, about health and care experiences through their 'Quality Intelligence Group' and how patient and resident voice is heard through 'safety walkabouts' using professionals and lay people to visit health and care settings;
- + Yorkshire Ambulance Service NHS Trust on values based recruitment and training, and changing their practices to encourage and recognise exceptional compassionate care from their staff;
- + Mid Yorkshire Hospitals NHS Trust on feedback through their Friends and Family Test, Patient Advice and Liaison Service, Care Opinion; and again promoting excellent care through their Dr Kate Granger Compassionate Care Award, and the introduction of new compassion in care cards to be presented to hospital staff who have delivered such care.

Partners were honest and open about the challenges faced and were determined to continue their work keeping compassion in care high on the agenda.

Thank you to Ben Doughty, Janet Wilson, Louisa Bradley and Laura Elliot, Jacqueline Taylor, and Clare Blackburn, along with our other partners. Also thank you to Dr Liz Moulton MBE MMed FRCGP for an excellent and thought provoking presentation on whether or not you can teach compassion using examples with Atticus Finch from Harper Lee's 'To Kill a Mockingbird' to Villanelle from 'Killing Eve'.

And a great big thank you to our eight local primary and junior schools whose children created 1000 'Thinking of You' cards that were delivered on World Kindness Day 2018 to patients, residents, carers and staff in health and care settings.

Thank you Suzanne, Lindsay, Tammie, Michael, Claire, Emily, Paula and Alison and the children at English Martyrs Catholic Primary School; Outwood Primary Academy Lofthouse Gate; Newlands Primary School; Ackworth Howard Church of England VC Junior and Infant School; Outwood Primary Academy Bell Lane Ackworth; Horbury Bridge Academy; Horbury Primary Academy; and St Peter's and Clifton CE VC Primary School.

"While we like to think that people who use health and social care services every day will have a good experience the great work of Healthwatch Wakefield shows there is no room for complacency. The stories they have gathered are shocking and show once again the power that people's stories have for motivating improvement. Unfortunately, hard working staff don't always get the basics right and sometimes that means people are not cared for with the compassion which is their right. Services are under pressure, but it's essential that compassion remains at the heart of the care they provide.

Healthwatch Wakefield's work in placing people's experiences on the table where decisions about care provision are made shows just how valuable Healthwatch can be in helping services focus on what matters to us all."

*Sir Robert Francis QC
Chair of Healthwatch England*

See the next page for report key findings and recommendations.

The full Compassion in Care report can be found on our website www.healthwatchwakefield.co.uk

Compassion in Care Report

Key messages

From all sources in the project including focus group discussions, managers' survey, frontline staff survey and public survey, the following key messages were clear.

Members of the public overwhelmingly said that compassion is an essential part of care; it makes people feel more confident about their treatment, helps them to understand what's going on and reduces fear.

Most people feel that compassion is a personal quality that you either have or you don't.

People did agree however, that it is possible to describe what compassion looks or feels like. There was a consensus that this included showing that you care about people by:

- + Spending time with them.
- + Listening to them properly, both patients and carers.
- + Involving them in their care and communicating well.
- + Empathising with them.

There are certain situations where staff feel better able to be compassionate, including when people are dying, have been recently bereaved, or have heard some bad news.

The majority of staff (61%) told us about an instance where they did not feel that they had been as compassionate as they would have liked to have been in their role.

Some staff feel less able to be compassionate if:

- + They feel under time pressure.
- + Staffing levels are insufficient.
- + They are stressed, tired or feel burnt out.
- + The people they are trying to help are aggressive or resistant to their support.

Staff feel overwhelmingly negative - frustrated, angry, sad, inadequate, upset - if they have not acted compassionately for whatever reason.

Despite the varying frustrations highlighted by responses to the survey, the majority of staff (62%) did feel that they enjoy their work.

It is possible to support compassion in care by:

- + Recruiting compassionate people.
- + Having a values driven culture.
- + Defining compassionate behaviours and setting expectations at all levels of staff.
- + Supporting staff and giving them the time to care.
- + Not tolerating poor care or lack of compassion.

Recommendations

1. Develop a Wakefield District Compassion in Care pledge.
2. Specific training or awareness raising initiatives around compassion in care be taken up by health and social care organisations in the Wakefield District.
3. Key issues related to the delivery of compassion in care identified in the report be recognised at the various levels within organisations delivering care services.

We are now working on a compassion in care learning module with partners, to be piloted with all integrated care staff as part of their induction programme.

"When I or my loved ones are at their most vulnerable through illness, it is just as important to recovery that compassion and understanding by those caring for us is administered in equal measure to medicine interactions."



Making it easier for young people to get mental health support

Thanks to young people speaking up, new suicide prevention material is available and services are more accessible.

In response to requests from young people, along with Public Health, NHS Wakefield Clinical Commissioning Group and the wider community, our Young Healthwatch outreach programme had a focus this year on mental health and wellbeing, including suicide prevention. Since the start of Healthwatch in 2013, Young Healthwatch has always had a keen interest in mental health support and had previously organised an enter and view visit to the old CAMHS service. They then were invited to the new build, the Drury Lane Health and Wellbeing Centre, and have also visited the Mental Health Museum based in Wakefield.

Young people, and the voluntary and community groups they work alongside, were invited to take part in designing new materials to support young people aged 16-19 years to develop resilience and coping strategies. Materials included booklets, leaflets, posters, cards and information online. Young Healthwatch volunteers worked with Public Health colleagues to collate the packs of suicide prevention materials at Wakefield One, ready

to be distributed to those who work with young people. Young Healthwatch also fed back to young people and their groups, both the results of the consultations and the materials, and then worked with young people to develop and deliver two events.

Firstly to promote positive wellbeing to over 70 of their peers at Wakefield College. Secondly, the Clinical Commissioning Group commissioned Young Healthwatch and the Youth Parliament to co-produce a local pilot for the Young People's Mental Health and Wellbeing Event and invited groups from across the District to come and shape mental health services and develop a young people's programme to move forward. Support services provided information at the event along with workers from the Clinical Commissioning Group, Public Health and the Children and Adolescent Mental Health Services. Partnership working was key to the event and its findings are now contributing towards the Strategic Mental Health Summit Programme.

“Thank you to Stripes, Youth Parliament and the individual young people, parents, Young Healthwatch and Future In Mind colleagues who helped develop the suicide prevention material.”

Wakefield Council





Review of children's continence services thanks to Debbie

Lessons on not giving up if your child's needs aren't being met

Jack is nine, he has a rare genetic condition and his needs are exceptional. These were mostly being well met by health and care services, however, Jack's exceptional needs around continence had not been met for many years. Despite repeated efforts from his family, the response from services had consistently been to refer to processes and policy that prevented person centred decisions being made. This was alongside a clear acknowledgement by the Commissioner that Jack's exceptional needs exist.

After his mum, Debbie, asked for more containment products in 2015, Jack was provided with five pads per day instead of the 'average' four, because it had been recognised he has exceptional circumstances. Even then this amount didn't meet his needs and then less so as his physical health changed in 2018. His mum had asked for more pads and was advised to use Jack's Personal Health

Budget to later be told that this isn't possible, despite NHS England guidance saying this is what the budget can be used for. The family were being sent round and round the system, having to live with this plight every day and on their own. All of Jack's Disability Living Allowance was being spent on pads, clothing, bedding and extra laundry. His parents were paying around £100 per month for extra pads, because the 16 week supply they were given ran out within a few weeks. Jack needed around ten pads per day, but was being provided with five.

When Jack's physical health needs changed Debbie requested help from our NHS Complaints Advocacy Service in April 2018 and was supported to make a third NHS Complaint, outlining the efforts she had already made to try and resolve the issue and emphasising that 'Jack clearly does not fit in with the notion of the 'National Average' and should not have his pads rationed in line with that number. He is an individual with individual needs'.

"Jack clearly does not fit in with the notion of the 'National Average' and should not have his pads rationed in line with that number. He is an individual with individual needs."

Although the Trust recognised that Jack's needs were not being met the decision was not to increase his allowance. Instead, suggestions were made to apply for an Individual Funding Request (IFR) and to meet with the Continence Nurse to review the current prescription. Debbie decided to follow this advice, the Continence Nurse duly reviewed the prescription and acknowledged Jack's needs however once again policy dictated the allowance which fell short and left the family in the same position they had been in previously.

The Commissioners of the service advised Debbie's GP that an IFR was not the correct process and they would write to the Trust as they recognised that 'flexibility to meet the clinical needs of patients should be considered on an exceptional basis'.

Debbie's Advocate liaised with the Families and Clinical Support Services to organise a Local Resolution meeting and explained to them that *'her ultimate outcome is to ensure Health meets Jack's well documented and exceptional needs in relation to continence products and would therefore like the people who can make this happen to be present at the meeting please'*. The Deputy Director of Operations contacted the CCG's Senior Commissioner and agreed to review the care package for Jack.

In March 2019 Debbie, her husband James and her Advocate met with the Deputy Director of Operations, Division of Families and Clinical Support Services, and the Children's Community Matron of Mid Yorkshire Hospitals NHS Trust. Debbie and James had the opportunity to explain in detail Jack's condition, the pending procedure aimed at reducing pain but which could impact on Jack's continence needs, the daily challenges they face and also the storage issue which would arise out of being given double the current provision.

At the meeting the Trust agreed:

- + To provide products that fully meet Jack's requirements as an interim measure to take pressure off the family until the care package review was completed.
- + To adjust the frequency of delivery to ensure the extra products did not cause storage issues for the family
- + To assess Jack to prepare for the care package review.
- + To provide an emergency pack of products suitable for Jack's size on Gate 46 at the hospital for future admissions.
- + To expedite a care package review for him and attend the review meeting to ensure that Jack's needs were discussed properly.
- + To review the Mid Yorkshire continence policy for children with Debbie's involvement.

On 15 May 2019 the care package review was completed and it was agreed by the Clinical Commissioning Group that the current provision of 10 products per day would continue. Debbie informed her Advocate that 'this is a fantastic outcome and will meet Jack's needs long term'.

We would like to thank Debbie for her perseverance and courage. Not only is this a victory for her family but potentially for others who are struggling with the same problem.

"My goals when I challenged the continence assessment outcome in 2015 was to get health to provide the amount of products that Jack needs every day and for others like him to be able to do the same.

I had no idea what a long and sometimes very frustrating battle it would be. Without turning to Healthwatch Wakefield in 2018 I honestly do not think that a successful resolution would have happened. The advocate from Healthwatch was able to navigate us much more successfully through the very complicated complaint service within health.

The fantastic outcome achieved has made a huge difference to Jack and it's made a massive difference to our family financially. We can now care for Jack without constantly worrying about having enough money to buy more continence products and we can use his DLA for specialised toys and equipment."

Debbie



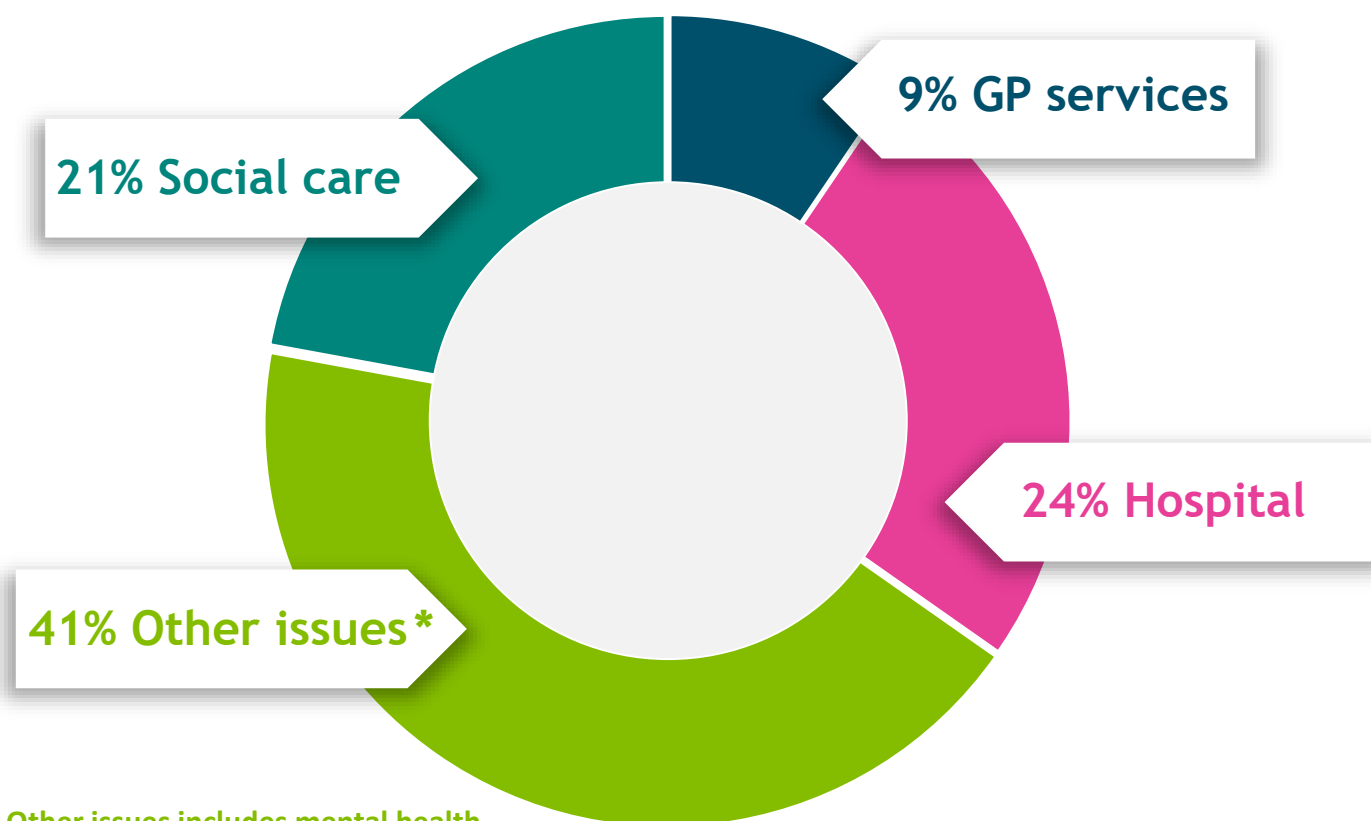
Helping you find

the answers

What services do people want to know about?

People don't always know how to get the information they need to make decisions about their own health and care. Healthwatch plays an important role in providing advice and pointing people in the right direction for the support they need.

Here are the most common things that people asked us about:



How we provide people with advice and information

Finding the right care or support can be worrying and stressful. There are a number of organisations that can provide help, but people don't know where to look. Last year we helped 90 people access the advice and information they need and 109 others received advocacy support along with 62 people already being supported.

You can come to us for advice and information in a number of ways including:

- + Specific advice and information online
- + Our contact us form
- + At community events
- + Promoting helpful services across our social media channels
- + Over the phone

Confidential signposting

Someone called to explain how they had been struggling to get hold of their NHS dentist. A dentist they were referred on to made an impression for a mouth guard which was paid for but didn't fit.

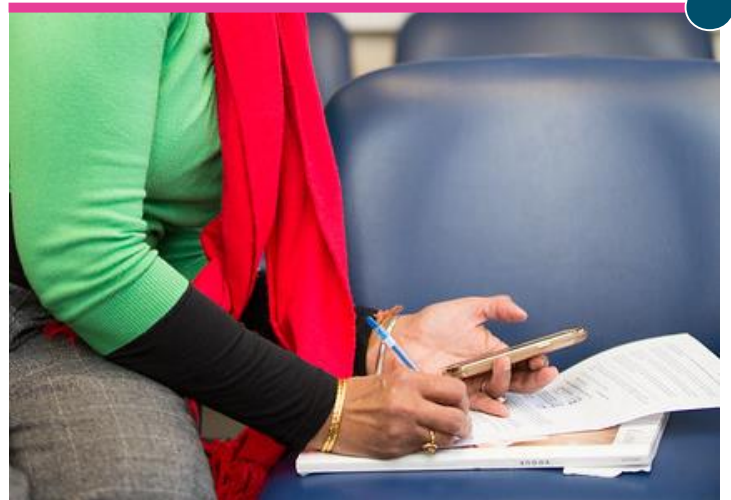
They also wanted to know if they have their wisdom tooth removed whether they can have it done at the hospital. We asked if they had spoken to the Practice Manager as it might be something that can be sorted out with the dentist.

The person didn't want to give their name or any other personal details but it was agreed we could text them the number for the Clinical Commissioning Group with the suggestion that they speak with patient liaison to see if they can help make contact with the Practice.

Carer support

"I am a full time carer for my 26 year old daughter with severe cerebral palsy. I am now looking after my two grandchildren who are Primary School age.

Healthwatch Wakefield advised me that if I spoke to my social worker she could arrange for a Carers Assessment to be carried out in order for me to get further support with the children. I spoke to the social worker and an assessment was arranged within two weeks."



Are you looking for help?

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

w: www.healthwatchwakefield.co.uk

t: 01924 787379

e: enquiries@healthwatchwakefield.co.uk



Our volunteers



How do our volunteers help us?

At Healthwatch Wakefield we couldn't make improvements without the support of our 83 volunteers that work with us to help make care better for their communities.

- + Raise awareness of the work we do in the community
- + Visit services to make sure they're meeting people's needs
- + Support our day to day running e.g. governance
- + Collect people's views and experiences which we use in our reports



Taking part at Wakefield Central Mosque

Volunteers improve accessibility for BAME communities

Thanks to a group of volunteers acting as peer researchers, experiences of local people from Black, Asian and minority ethnic communities are being used to improve local services.

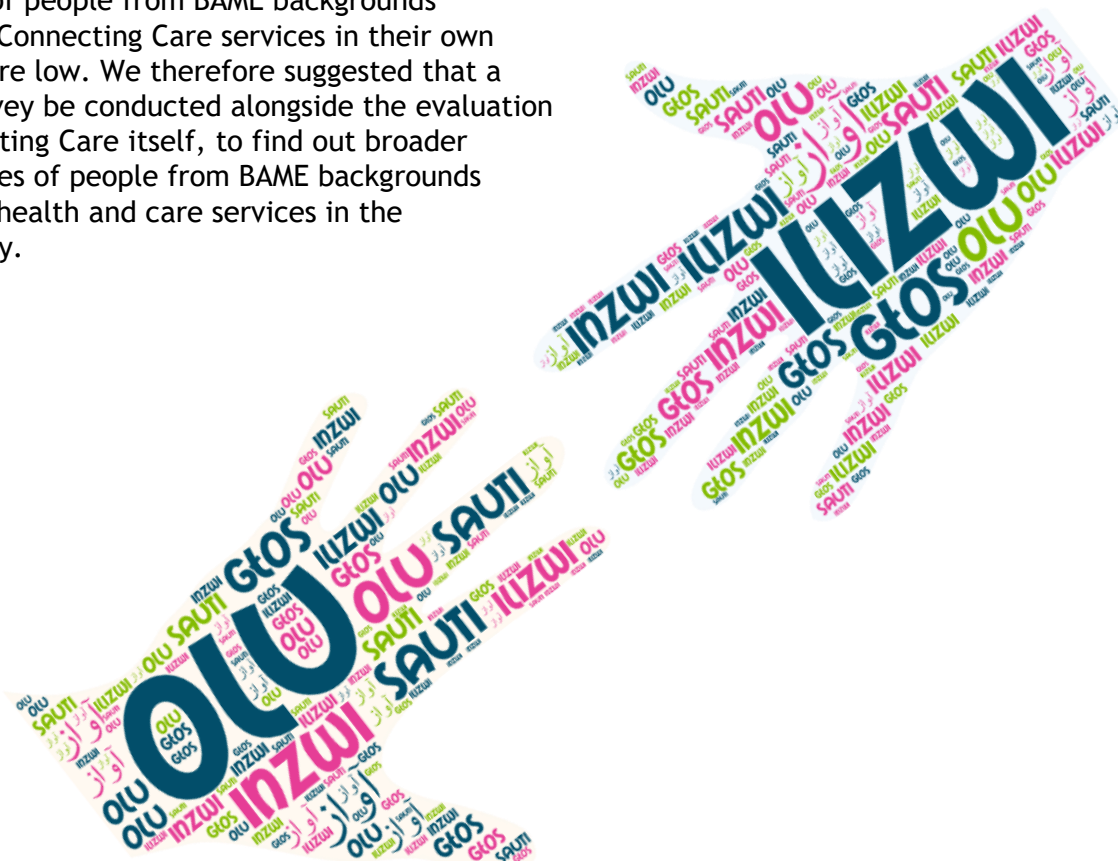
Healthwatch Wakefield were commissioned by Wakefield Council to evaluate experiences of Connecting Care from the perspective of Black, Asian and Minority Ethnic (BAME) service users and carers.

Wakefield District has become more ethnically diverse over the past 10 years. In 2001, the District's ethnic minority population represented 3.3% of the total resident population and in 2011, it was 7.2%. This increase has been mainly due to immigration from Eastern Europe, particularly Poland, and continued immigration from South Asia and a small but growing number of people emigrating from Africa.

Studies show that people of Pakistani, Bangladeshi and Caribbean origins have the poorest health of anyone in Britain due to socio-economic factors, that include poverty and discrimination, and are 50% more likely to suffer ill health than people from a white ethnic background.

“As English is not my first language don't always understand fully the advice given.”

Healthwatch Wakefield were aware that the numbers of people from BAME backgrounds receiving Connecting Care services in their own homes were low. We therefore suggested that a wider survey be conducted alongside the evaluation of Connecting Care itself, to find out broader experiences of people from BAME backgrounds receiving health and care services in the community.



We used a peer engagement and outreach model. Training a number of peer researchers in three of the main BAME groups - South Asian, Black African and Eastern European - to work alongside Healthwatch Community Researchers, who between them spoke Igbo, Pidgin, Zulu, Xhosa, Shona, Polish, Urdu, Punjabi, and Swahili.

As peer researchers were fluent in our key local community languages barriers to communication were reduced. They also supported us to be mindful of cultural issues, for example of any preferences to be interviewed by a researcher of the same gender. These things were especially useful when conducting the qualitative Connecting Care interviews in people's own homes.

The peer researchers also utilised their existing networks and groups to identify people who have received community based health and care services for the Connecting Care+ survey.

In addition we used our links with local voluntary sector groups such as City of Sanctuary, Refugee and Asylum Seeker Drop Ins, MESMAC, Tapepuka African Women Project, Spectrum People, Next Generation and the Well Women Centre.

- + Eid Event at Lightwaves
- + Tieve Tara GP Practice
- + Altofts Community Gala
- + South Elmsall Library
- + MJ Languages Polish Community Centre
- + Pinderfields Hospital
- + City of Sanctuary
- + Central Mosque Open Day
- + Yorkshire Day Event Pontefract
- + Swafia Mosque Open Day
- + Crofton Family Fun Day
- + Wakefield Pride event
- + Asian Older Women's Group
- + Asian Older Men's Group
- + Havercroft & Ryhill Family Fun Day
- + Refugee Council Syrian Refugee Drop-in

Please see the next pages for a summary of some of the finding and recommendations.

Thank you to our volunteers:
Kelechi Chukueke, Saney Ncube, Ada Czepczynska, Nazia Hussain, Gloria Odongo, and Usman Ali.



Culture and language

“My daughter will be looking after me. In my culture that is what is expected”

<p>People said they were rarely asked questions about culture or religion although staff felt they often did ask and were comfortable asking.</p>	<p>Cultural reasons were a key reason for people preferring care at home from family or friends rather than paid professional care, whether now or in the future.</p>	<p>People mentioned a ‘lack of understanding of cultural beliefs and language barriers’ as a reason that they would not wish to access care from a care home.</p>	<p>Staff felt cultural barriers may impact on knowledge of and access to services, including ‘keeping things in the family’, not accepting outside help, and communication issues.</p>	<p>Language was a barrier for people feeling able to make their own decisions. They did not understand what they were being told and therefore could not make decisions.</p>
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Interpreting

A mixed picture around access to interpreting, with varied experiences across all services as to when these were or were not offered.

A frequent reliance on family members to translate or attempts to use other methods such as Google Translate.

41% always or sometimes offered an interpreter, 43% never or rarely, 16% don't know



Access

Most people felt that they had the same rights to access health and care services as the general population, but those who didn't felt that the main reasons for this were:

- Staff attitudes and behaviours towards them;
- Treatment due to specific medical conditions e.g. HIV.

A notable exception was with asylum seekers who did not feel that they have the same rights to access services.

90% yes I have as much right to health and care services as anyone else, 6% no, 4% not sure



Information

From the patient information given, recording of ethnicity information on the Patient Integrated Care record from SystemOne was extremely varied and unreliable.

Staff interviews also reflected that staff were not clear about when and where information was recorded or could be accessed.

33% of staff do not routinely record all patients ethnicity and religion, 66% do

Are you always treated with respect, dignity and compassion by health care staff?
 54% Yes, definitely, 34% Yes, most of the time, 8% Not really, 3% No definitely not, 1% Not sure, can't remember

Recommendations

For all recommendations we would suggest that co-production with BAME communities to be undertaken as standard.

1. **To adopt a shared approach and consistent provision of interpreting services across all teams working in the Connecting Care hubs.** Particular attention to be paid to:
 - Face to face interpretation being preferable to telephone consultation;
 - Removing barriers to initial contact with services by telephone for people who speak no English;
 - All frontline staff being made aware of and able to access interpreting services;
 - Ensuring interpreters are not known to individuals or from the same community;
 - Avoiding ad hoc use of Google Translate;
 - Avoiding the use of family members as translators.
2. **To adopt a shared consistent approach to accurately recording and sharing ethnicity and cultural and religious information within and between Connecting Care+ organisations. This should include a review of the current approaches.**
3. **Mandatory joint training programme for all Connecting Care staff,** including:
 - Understanding of religious differences and cultural taboos, particularly in relation to mental health;
 - Understanding of unconscious bias and how this relates to an ability to relate to people from different backgrounds;
 - More information about our local BAME populations (demographics, culture, backgrounds);
 - The importance of recording ethnicity-related data;
 - Guidance around how to ask about cultural/ religious beliefs sensitively;
 - Asking about personal care sensitively;
 - How to access and use interpreting services;
 - Difference in health-related outcomes for people from BAME groups;
 - Sharing of good practice.
4. **Information materials about Connecting Care services to be provided in other languages and/or through other methods, for example word of mouth and informal approaches to sharing information.**
5. **Commissioners to give consideration to developing specific actions to ensure services are equitable in their provision, that is that proactive action is taken where access is not the same for people from different backgrounds,** for example:
 - Consideration to be given to recruitment of staff from BAME backgrounds to Connecting Care services, particularly for those working within areas where we have a high BAME demographic;
 - Referral pathways are reviewed to ensure they are accessible to people from BAME backgrounds.
6. **Consideration to be given to further investigation of people's expressed preferences for future care needs,** including:
 - Understanding what culturally sensitive services (if any) are available within local care homes;
 - Understanding the ethnic backgrounds of staff working in the care sector locally and further work if necessary to better reflect the ethnic backgrounds of the local population;
 - Improving the image of care homes locally;
 - Investigating whether local domiciliary care services understand and can accommodate the ethnic, cultural and religious needs of BAME clients.
7. **Further work to be considered to establish whether the reduction in people saying they were always treated with dignity, kindness and compassion is significant.**

Meet our volunteers

We caught up with a few of our fantastic volunteers to show you how their work truly makes a difference to the lives of people in our area.



Louise, 41

“I first got involved with Healthwatch when I produced some easy read questionnaires for a consultation they were working on. I went to visit the team and was so impressed I signed up as a volunteer there and then. Equal access to information, services and support is something that I am passionate about. Through volunteering I speak to people in our community and help to share their experiences and views on health and social care.”

Pat, 72

“I am a retired health professional who became a Healthwatch Wakefield volunteer almost 5 years ago. I was looking for a volunteering opportunity that didn't tie me to a particular day of the week. The opportunities are varied enabling me to choose those of most interest and which I feel able to contribute to. I am presently on the Quality Accounts Task Group which reviews the quality accounts for all our local trusts and provides the Healthwatch commentary.”



John, 74

“After attending a Macmillan Coffee Morning, Safeen in her usual charming way, signed me up to be a volunteer. The personnel were all extremely friendly and willing to share experiences. I have done Patient Safety Walkabouts mainly. At one clinic I helped patients complete questionnaires; this is a clinic where I am a regular attendee so it was interesting to be ‘on the other side of the equation’.”



Meet our volunteers

Sarla, 73

“I became a volunteer in order to be engaged in community work and get to know the purpose of Healthwatch. My involvement is to attend the Patient Experience Group (PEG) meeting, which I enjoy. It has helped me to understand how Healthwatch helps in improving the quality of day to day life for people with learning disabilities in health matters.

I am now aware of different types of learning disabilities and how people are supported in describing their health issues to doctors when they visit them or in the hospital. I have also done promotion work at Wakefield College, Margaret Street and Castleford Campus and enjoyed meeting students and staff who were very supportive.”



Robert, 64

“After 34 years working in the Health Service I wanted to continue to use my knowledge and experience to help in the voluntary sector and Healthwatch Wakefield was the ideal opportunity. As a volunteer I am able to represent Healthwatch at various events and meetings all aimed at improving the environment and services for patients and visitors using our hospitals.”



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.

w: www.healthwatchwakefield.co.uk

t: 01924 787379

e: enquiries@healthwatchwakefield.co.uk



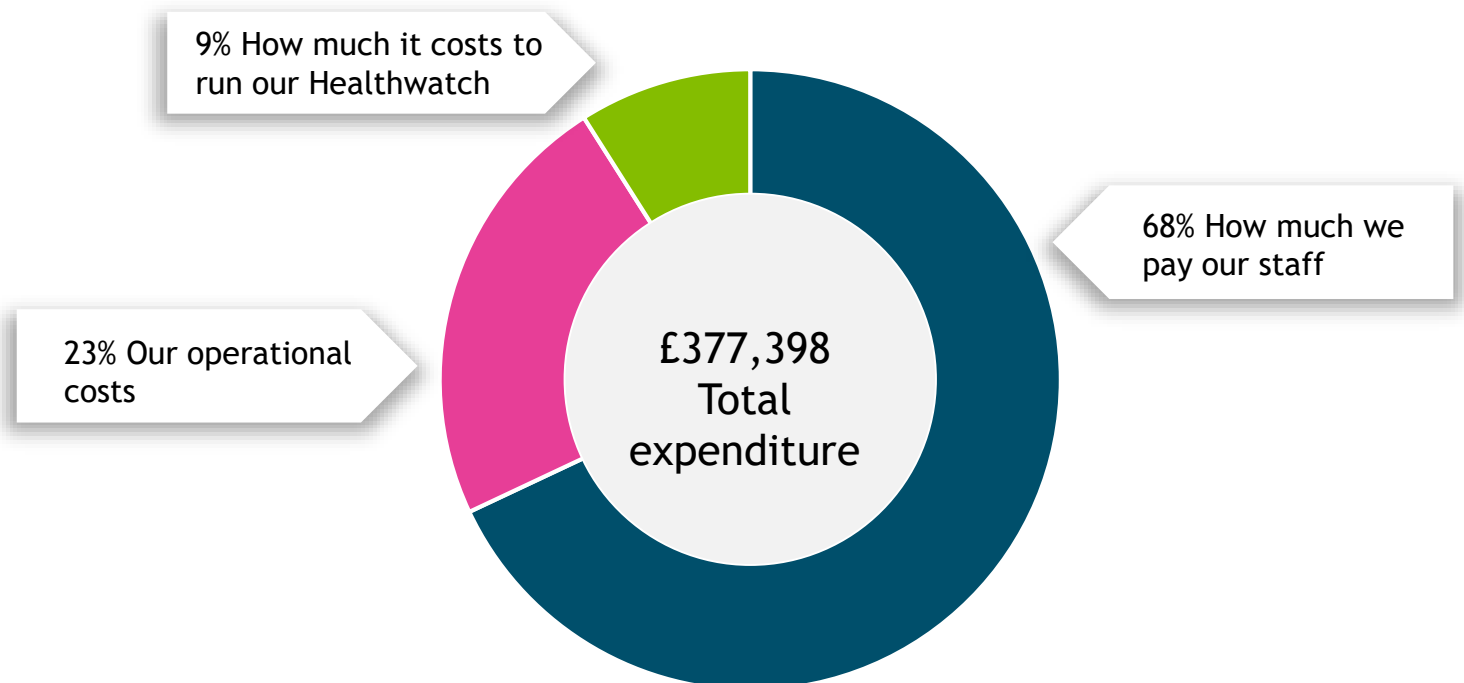
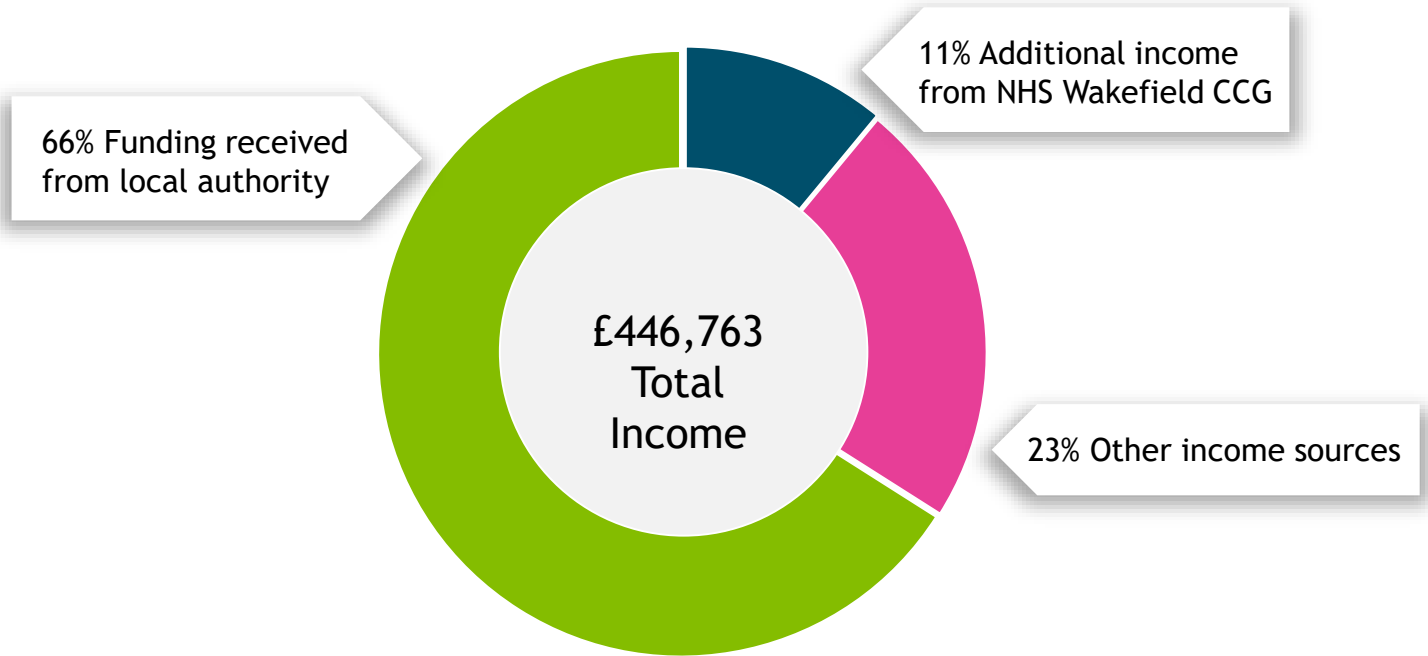
Our finances



How we use our money

To help us carry out our work, we are funded by our local authority. In 2018-19 we spent £377,398.

We also received £105,384 of additional income.





Our plans for

next year

Message from our outgoing CEO

2018/19 has been my last year at Healthwatch Wakefield and although I am sad to be moving on, I couldn't be more proud of what we've achieved and I am sure that the organisation will continue to flourish under its new leadership.

It was a particularly exciting year, in that we bid for and won the new contract to deliver Healthwatch in Wakefield which has given us some stability for the next few years.

We were delighted also to take on the NHS Complaint Advocacy Service which is an excellent service to run from a local Healthwatch, giving us deeper insight into the more complex areas of patient and carer experience of NHS services and more opportunities to influence real change as a result of what people tell us.

Other highlights have been our successful work with people affected by cancer, both by supporting the Macmillan funded Yorkshire Cancer Patient Forum in their work, but also by developing a Community Panel to support the West Yorkshire and Harrogate Cancer Alliance to involve people as they develop new pathways and approaches for cancer services.

Healthwatch has an enviable position within health and care systems, particularly as services are moving more towards greater integration and person centred care. In Wakefield we've been fortunate to be involved closely in this work, both for Wakefield and for the wider West Yorkshire and Harrogate Integrated Care System.

We have been evaluating the primary work streams of the New Models of Care Board in Wakefield from a patient and service user perspective and continue to work to ensure that local people are involved in decision making at all levels.

Healthwatch Wakefield is very fortunate in the commitment and experience of our trustees, the number and quality of our volunteers, and the dedication and skills of our staff.

It has been a privilege and a pleasure to lead such a forward thinking and passionate group of people.



A handwritten signature in black ink that reads "Nichola Esmond".

Nichola Esmond
Healthwatch Wakefield CEO

Message from our incoming CEO

I'm delighted to be joining Healthwatch Wakefield and presenting my first message as Chief Executive.

I'm really looking forward to working in this role at this hugely exciting time, to realise our vision of harnessing people's voices to make health and care better. We have an incredible mission and I feel deeply privileged to have been given this opportunity.

I recognise that we have lots of challenges in our community, but I also recognise that there is already a fantastic team here, doing terrific work, building strong relationships with local health and care leaders, and developing a great reputation for Healthwatch in Wakefield.

Our current projects include Compassion in Care, Mental Health services, services for young people, homelessness, and NHS Complaints Advocacy, amongst many more.

In the pipeline we have evaluation projects around our local Well Women Centre, and Urgent / Emergency Care Standards, coming up.

I have a strong desire to build on this and continue to grow the work, the relationships, the reputation - in a way that is focussing on outcomes for the people here, a way that demonstrates the impact that Healthwatch can have in playing an integral role in improving health and care services in our community.

I would personally like to thank my predecessor for her hugely valuable contribution as Chief Executive, and for the support and friendship she has shown me over a number of years. I would also like to thank the Board, the leadership team and staff, for their commitment and hard work to date.

I have no doubt together we will continue to help make things better for the people of Wakefield District.



Gary Jevon
Healthwatch Wakefield CEO

Thank you

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

- + Members of the public who shared their views and experience with us
- + All of our amazing staff and volunteers
- + The voluntary and community organisations that have contributed to our work
- + Our partners in Wakefield Council, including our Overview and Scrutiny Committee, and Public Health; the Health and Wellbeing Board; NHS Wakefield Clinical Commissioning Group; Mid Yorkshire Hospitals NHS Trust; South West Yorkshire Partnership NHS Foundation Trust; Yorkshire Ambulance Service NHS Trust; West Yorkshire and Harrogate Health and Care Partnership; the Care Quality Commission; Healthwatch England and our regional Healthwatch partners in Bradford, Calderdale, Kirklees, Leeds, and North Yorkshire.

“Healthwatch is a crucial component in our system to keep decision makers accountable to and engaged with the populations that they serve. They are creative, competent and passionate about making people’s voices heard. A great partner and a welcome ‘critical friend’.”

*Anna Hartley FFPH
Director of Public Health
Wakefield Council*

Wakefield College health and care students with their lecturer Ben and their compassion in care posters



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Address of sub contractors

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27 King Street, Wakefield WF1 2SR
www.wakefielddistrictcab.co.uk

Young Lives Consortium
Light Waves Leisure Centre, Lower York Street,
Wakefield WF1 3LJ
www.ylc.org.uk

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