

Annual Report 2020/21



The conservatory, Stamford Park, Stalybridge

Chair's Introduction



This has been a year like no other year in living memory. As we started the year the country had just entered a 'lockdown' in an effort to minimise the impact of a novel coronavirus.

At the time we knew this was a serious situation for the health and wellbeing of everyone but there were so many unanswered questions.

This pandemic has caused so many things to change. Everyone's plans have been affected and this has had an impact on us all.

Through the early parts of the year we realised two things as Healthwatch.

The first was that our most useful role would be to gather real time feedback from people about their experiences of the pandemic and to share this swiftly with NHS and other partners.

The second was that whilst many activities were moving online we had a duty to find ways to engage with local people who were not online. I am extremely proud that our Healthwatch team has worked so hard to use paper surveys and telephone calls as well as digital tools to ensure that we listened to the widest range of people that we

could. We spent most of the year addressing these two key issues.

Now, as we see the huge progress that has been made through vaccinations we must look forward to a more 'normal' world emerging. Through this transition we must recognise the huge amount that has been done by paid staff, volunteers and individual community members to keep us, our families, friends and neighbours as safe and well as possible. A vast range of organisations have been involved.

It is important not only to say 'thank you' to everyone who has played a part in this and made personal sacrifices. We all need to remember that many of these people have been working beyond their usual capacity for months on end. As we move forward, these people need our help as the residents of Tameside. We need to give them the space and support they need to also return to some form of normality.

Finally, I send condolences on behalf of everyone at Healthwatch Tameside to all who have lost a loved one due to this cruel virus. Our thoughts are with each and every one of you.

This year has had a devastating effect on so many people and I passionately believe it is our role as Healthwatch to help the NHS and care systems to build a better future for all of us.

*Professor Dr Kailash Chand OBE
Chair*

About Healthwatch Tameside

Healthwatch Tameside was established in 2013 and exists to serve our local population in three main ways:

1. Listening to local people to understand their experiences of, and aspirations for, local health and care services.
2. Talking to the people who plan, pay for, manage and deliver local health and care services. We use the things local people tell us to help these services to provide the best quality they can and to understand what people need and want for the future.
3. Providing information and support to local people. This can be information about current services or support when things go wrong or there are difficulties accessing a service.

Healthwatch Tameside is provided by Action Together CIO using funding from Tameside Council.

Our vision

Our current Healthwatch Tameside contract comes to an end in March 2024. During this period it is our intention that:

- Healthwatch Tameside will continue to engage collaboratively with our local health and care organisations and be valued highly for the breadth, depth and quality of the insight we collect through our community engagement.

- Healthwatch Tameside will have developed and maintained strong relationships with the emerging Primary Care Networks. This will be a key strategic relationship, alongside our partnerships with other statutory organisations.
- Healthwatch Tameside will continue to use its strong community connections to maximise the support available to local people. This includes clear connections between Healthwatch Information Signposting, Help with NHS Complaints and a range of voluntary and community information and support services.
- Healthwatch Tameside will continue to be seen as having a positive influence and playing a leading role in cross boundary working where this is in the interests of local residents and will be resourced sufficiently to do this. This reflects the complexities of the relationship with Glossopdale which receives NHS services led from Tameside but public health and social care services led by Derbyshire County Council. It also reflects the significant change programmes in Greater Manchester which have implications for patient flows into and out of Tameside.

Making a difference and representing people

In a more normal year our annual report would talk about how our core work and projects had resulted in service changes and improvements. Because of the pandemic we have worked in a different way this year.

Instead of project based activity we spent the year getting the widest range of feedback we could about people's experiences during the pandemic. We fed these back through summary reports and monthly (anonymised) data exchanges with a range of NHS and care organisations.

Here are some examples of how this way of working has helped us to have an impact locally:

- **The Care Quality Commission** was unable to do some face to face inspections of care providers. They used our feedback to help them to decide which services to monitor in other ways and keep in regular touch with.
- **Local NHS Partners** have had to focus resources on frontline COVID-related activities. They have told us that our continued community engagement and gathering feedback from local people has enabled them to continue to monitor service quality in a robust way.
- **Our work on vitamin B12 injections** led to an invitation to represent patients' interests on the Integrated Medicines Optimisation Group. As a result, a need for better information about how people could get the vitamin B12 they need was identified and addressed. We were also able to raise concerns about the potential withdrawal of Priadel for patients with bipolar disorder and support the national work which means that this drug continues to be available.
- **Our feedback about mental health and wellbeing** helped our local mental health commissioner to bid for additional funds to support people in our area.
- **Our concerns about digital exclusion** have resulted in us providing insight to NHS digital strategy development in Tameside and at a Greater Manchester level.

We met and worked with the following organisations and committees on a regular basis:

- Greater Manchester Healthwatch Network
- Tameside Health and Wellbeing Board
- Tameside & Glossop Pandemic Resilience Group
- Tameside & Glossop Vaccination Strategy Group
- Tameside & Glossop Digital Strategy Group
- Tameside & Glossop Primary Care Committee
- Tameside & Glossop Primary Care Development and Improvement Group
- Tameside & Glossop Testing & Contact Tracing Group
- Tameside & Glossop Quality Oversight/Quality & Performance Assurance Group
- Tameside & Glossop Integrated Care Foundation Trust Board of Governors

- Tameside & Glossop Integrated Care Foundation Trust Patient Safety and Service User Experience Group (PSUEG).
- Tameside & Glossop Integrated Medicines Optimisation Group
- Tameside & Glossop Mental Health Network
- Tameside & Glossop Mental Health Strategy Steering Group
- Tameside & Glossop Living Life Well Collaborative
- Tameside & Glossop Maternity Voices Partnership
- Tameside Adult Safeguarding Partnership Board
- Pennine Care Healthwatch Partnership Group
- Pennine Care Governors public engagement sessions

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

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

Summary reports of our COVID-related survey of work are available to download from our website and can be sent out by post or e-mail if requested. During the year, we published the following reports (the result of 912 completed surveys during the year):

- First COVID interim report - June 2020
- GP access and technology report - June 2020
- Second COVID interim report - July 2020
- COVID mental health and wellbeing report - July 2020
- COVID access to appointments and the use of technology report - August 2020
- COVID communications, rules and guidance report - September 2020
- COVID mental health and wellbeing update report - October 2020
- NHS dentistry report - November 2020
- NHS dentistry update report - March 2021

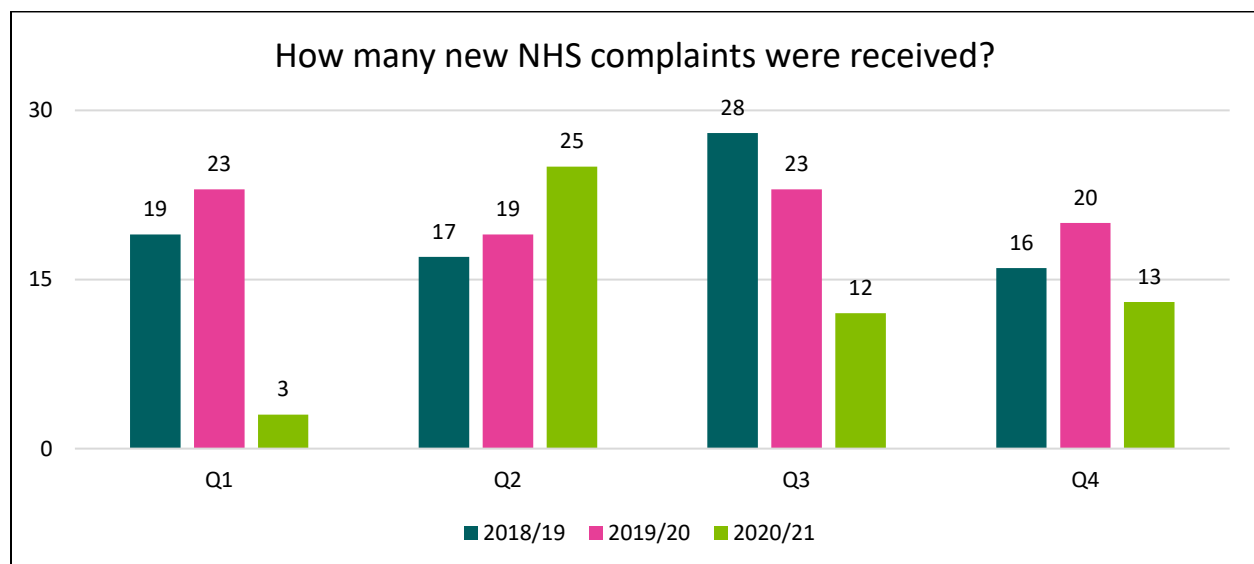
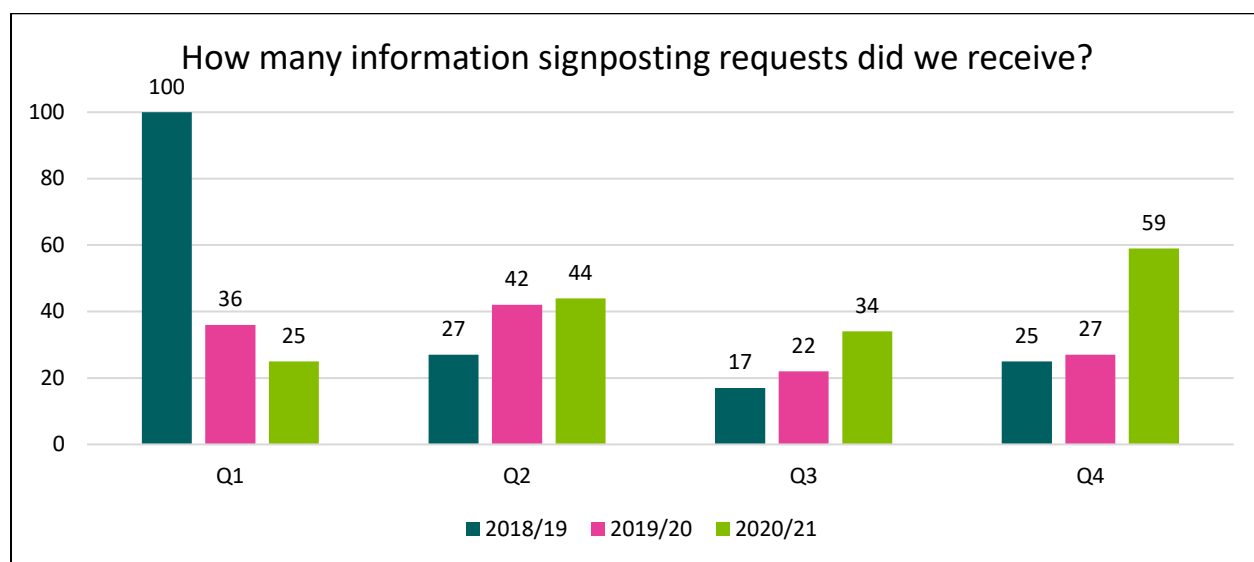


Clarendon Sixth Form College, Ashton-under-Lyne

Providing information and support

One of our key services is providing support and information to local people. Sometimes this is about helping with access to health and care services but it is also a way of helping people when things go wrong. As a result, the enquiries we receive can be very varied.

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



Here are some of the comments we have received from people who have used our information and support services this year:

- *We are very grateful to you for your advice about vitamin B12. Perhaps you can give the same advice to others in that position. 10/10 Healthwatch Tameside!!!*

- *You have been amazing, you have given me valuable advice and have made me feel that there are still people who care.*
- *They have replied and advised I can claim the cost of the voucher back for the glasses. So that's a great result. Thank you so much for your help as I am really pleased that I can do this and know what to do in the future should this occur again. This was a query about the cost of multiple pairs of glasses for a child with very poor sight.*
- *I have received letters back now from [name of service] I feel they have answered the questions that were asked of them and they have issued an apology. Many thanks for your help.*
- *Thank you for your efforts and detailed response which is very useful to help navigate services in the future. Also much appreciated is the time you spent listening plus signposting me to the branch near me.*

We also had a phone call from an inpatient in one of the mental health wards. They just wanted to check whether we were still working. We explained we are working from home - we can make/take calls and answer emails, but not meet people face-to-face. She thanked us for still being here.

This year also saw us refresh our website with new content and a new design. We are grateful to Healthwatch England and the Ashton Photography Club for their help with this.



War Memorial, Ashton-under-Lyne

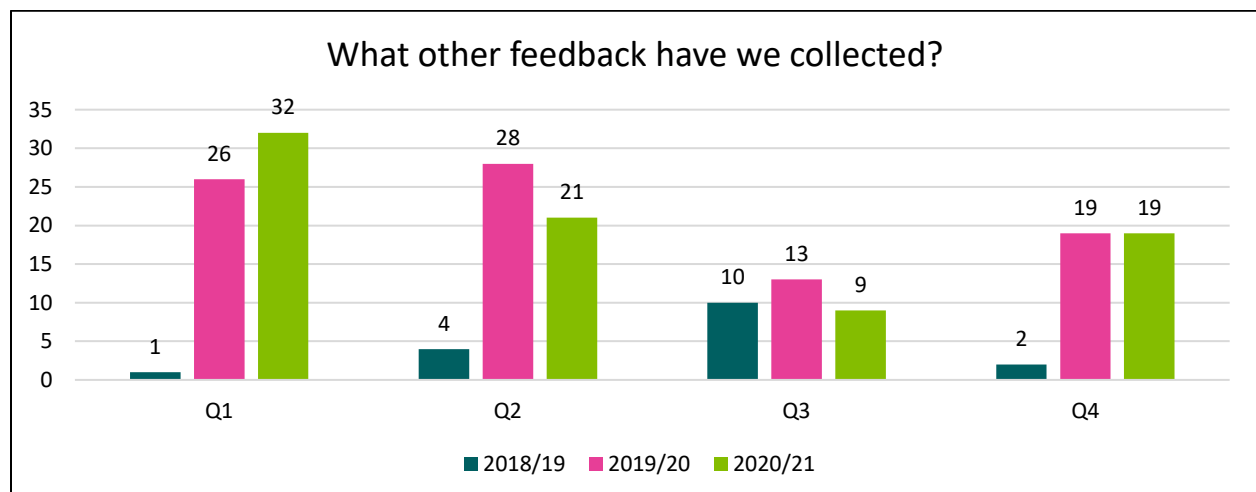
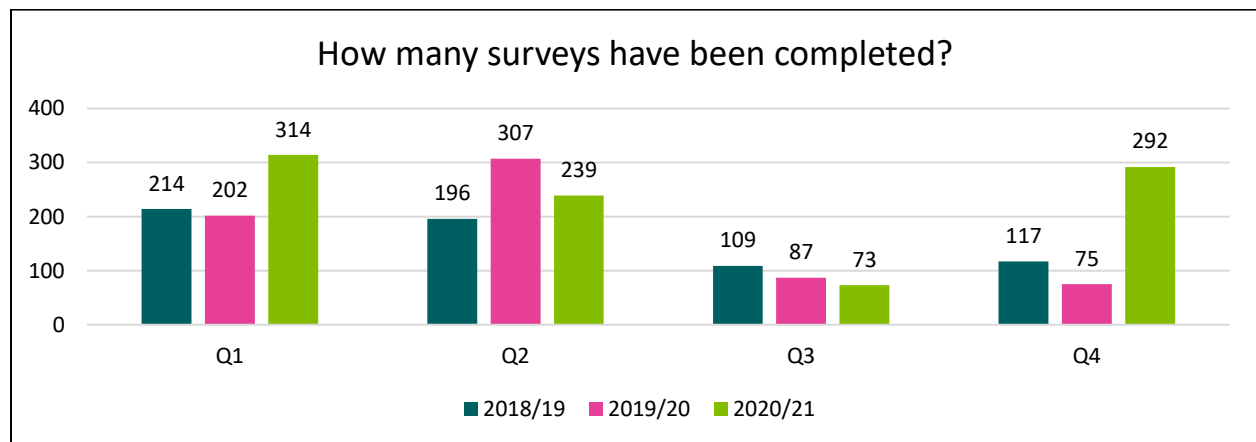
Engaging with our local population

At Healthwatch Tameside we know that local people value face to face contact and paper-based surveys. People have consistently responded to these much more than any online activities we do. We have also found that face to face contact and responses often contained more valuable insight than online and paper-based responses. We have had to change the way we engage with people this year due to COVID-19 restrictions. We worked hard to do this in a way that keeps the richness of face to face feedback.

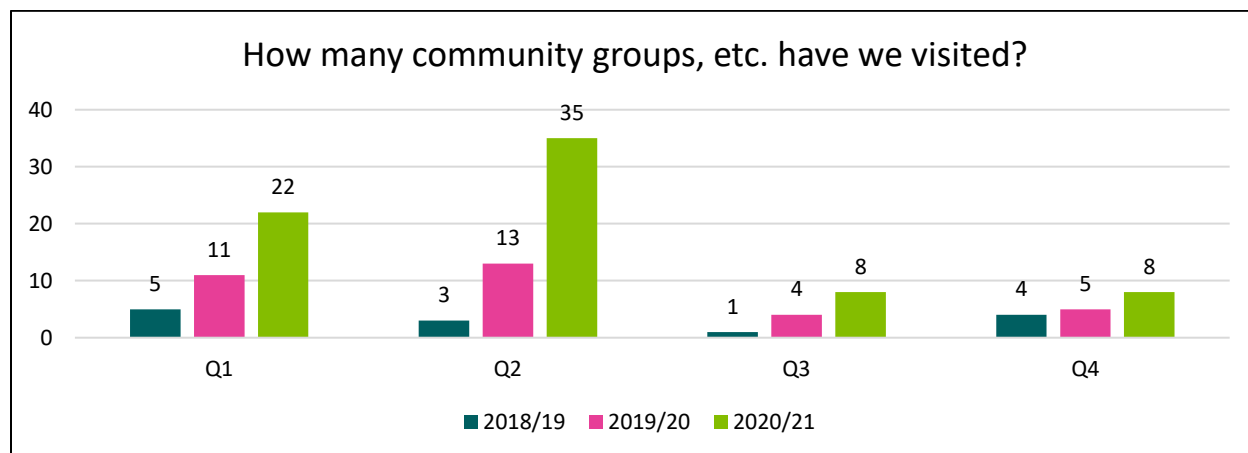
It was really important to us that we continued to offer ways for people who were not online to engage with us. As a result we have sent out many more surveys, questionnaires and newsletters by post this year than previous years. We have also spoken to more people by phone - either to complete one of our surveys or for a less structured conversation about their experiences. Through 2020/21, every survey has had at least 10% of responses on paper or by phone and in some instances this was as high as 60%.

How has our engagement compared with previous years?

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



‘Other feedback’ is the term we use to describe feedback that we receive as part of providing another service. For example someone using our Information Signposting service also giving us informal feedback about a service they have used.



Note - in 2020/21 we have included Zoom sessions, social media engagement, phone and e-mail contact with groups as ‘visits’.

As part of our refreshed engagement processes during the year we developed the way we use Twitter and set up a Facebook Page to link with community groups and members of the local population.

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



Thompson Cross, Stalybridge

Priorities 2021/22

Every year we review the main topics that local people have raised with us. This helps our Board to set our priorities for the coming year. The Board identified 23 potential topics to consider for 2021/22.

We also review which groups of people in the local population have engaged with us. If we feel that any group has been under-represented in our work we then look to plan targeted outreach work to improve our engagement with these people.

These two activities resulted in a short list of 6 topics and 4 areas for targeted engagement. These lists were produced following an assessment of how many local people had raised these topics and what we felt our opportunity to make a difference was for each topic. We then ran an engagement exercise (online, telephone and paper survey) asking local people to tell us which of these they felt were most important to the population.

As a result, we have agreed the following as our key work areas for 2021/22:

- **Changes to the ways people access health and care services** - including potential inequalities relating to digital exclusion.
- **Delays in non-urgent care**, caused by the COVID pandemic.
- **Improving engagement with carers and young carers.**
- **Ensuring that Healthwatch Tameside is able to influence the emerging, reshaped Integrated Care System effectively** on behalf of our local population.

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



Healthwatch Office, Ashton-under-Lyne

Financial and governance information

Healthwatch Tameside operates as part of Action Together, the voluntary sector infrastructure organisation in Tameside. Healthwatch Tameside has its own Board which sets our priorities and overall strategy.

We currently have over 1,000 individuals and organisations who are part of our Healthwatch Tameside network. Network membership is open to individuals who live or access health and care services in Tameside. It's also open to voluntary and community groups with an interest in health and social care in the borough.

Board membership for 2020/21 was:

Dr Kailash Chand OBE (Chair)
Tracey McErlain-Burns (Deputy Chair)
Anna Wardle
Camilla Guereca
Glenis Lee
Jyoti Rao
Maria Bailey
Royce Goodier
Slawomir Pawlik (TMBC nominated observer)

We thank Babs Allen who stepped down from the Board at the end of March 2020.

Our Board met virtually using online meeting platforms. They had 5 meetings this year in addition to regular e-mail communications.

Our staff team in 2020/21 comprised:

Peter Denton (Manager)
Ayesha Khatun (to December 2020)
Carolyn Shaw (to March 2021)
Julie Beech
Karen Whitworth
Karolina Jantas (from January 2021)

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

It is with great sadness that we report that Miranda Shea died this year after a period of illness. Miranda had been a volunteer with Healthwatch since 2013 and will have been a familiar sight to many when she was out and about talking to local people. We are deeply grateful for the passion and commitment she brought to her work with us.

We have good working relationships with all our key local health and care organisations and can arrange ad hoc meetings with their leaders and senior managers as required by our work. As a result, we have not had need to exercise any of our formal statutory powers during 2020/21.

Financial information 1 April 2020 to 31 March 2021

Figures for 2019/20 are included for comparative purposes.

	2019/20	2020/21
Income		
TMBC contract	£136,000	£136,000
Other income	<u>£4,930</u>	<u>£1,350</u>
Total	£140,930	£137,350
Expenditure		
Office & Support Costs	£39,346	£30,030
Salaries and on costs	£101,566	£97,036
Direct Delivery	£3,498	£3,363
Greater Manchester Collaboration Project	<u>£4,270</u>	<u>nil</u>
Total	£148,680	£130,429
Surplus/Deficit for year	- £7,750	+£6,921
Brought Forward	£50,427	£42,667
Less deficit/plus surplus	- <u>£7,750</u>	<u>+£6,921</u>
Carry Forward	£42,677	£49,598

Notes:

1. Core contract income is at a fixed level year on year. Staffing and other costs rise in line with inflation.
2. One off savings have been made this year due to staff working from home much of the time - reducing the cost of running our office space. We were also carrying a vacant post during the year. We anticipate that costs for these will return to closer to 2019/20 levels in the 2021/22 financial year. The vacant post has now been filled.
3. The current contract runs until 31 March 2024. It is anticipated that the balance we carry forward each year will gradually diminish in order to meet our running costs.
4. Although there is no separation in our contract between core Healthwatch services and the Help with NHS Complaints (NHS Complaints Advocacy) service, the complaints function was taken on in lieu of a 15% cut in 2014. We therefore apply the following assumption when apportioning our local authority funding:
 - a. £115,600 core Healthwatch (85%)
 - b. £20,400 NHS Complaints (15%)

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Image credits - Kami Mistry, Martyn Nolan, Peter Whalley, Peter Denton

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