

**Manchester Health and Wellbeing Board
Report for Resolution**

Report to: Manchester Health and Wellbeing Board – 16 September 2015

Subject: Healthwatch – priorities for 2015/16

Report of: Vicky Szulist, Chair, Healthwatch Manchester

Summary

Healthwatch Manchester is fully independent and reaching the end of its three year contract with its commissioner, Manchester CAB. The organisation has a two and a half year proven track record in the delivery of its required outcomes. The organisation has set future priorities for the short, medium and long-term.

Recommendations

The Board is asked to:
Note our report and any priorities for discussion.

Board Priority(s) Addressed:

Health and Wellbeing Strategy priority	Summary of contribution to the strategy
Getting the youngest people in our communities off to the best start	
Educating, informing and involving the community in improving their own health and wellbeing	Gathering the views, opinions and experiences of local people around health and care and using this to inform commissioning decisions and service design.
Moving more health provision into the community	
Providing the best treatment we can to people in the right place at the right time	
Turning round the lives of troubled families	
Improving people's mental health and wellbeing	
Bringing people into employment and leading productive lives	
Enabling older people to keep well and live independently in their community	

Lead board member: Vicky Szulist

Contact Officers:

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Background documents (available for public inspection):

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy please contact one of the contact officers above.

Healthwatch Manchester Annual Report 2014 - 15

Introduction

1. Since the creation of Healthwatch Manchester on 1st April 2013 the organisation has delivered its services to the best of its ability with limited resources and funding on a three year contract. This contract expires on 31st March 2016 and the current contract holder, Manchester CAB, has no wish to retender. Healthwatch Manchester is therefore moving into a new operational and organisational paradigm and seeks to examine options for the next phase of its activity.

Background

2. In 2012 the Health and Social Care Act received Royal Assent and within the Act is the requirement for each local authority in England to establish and resource a local Healthwatch.
3. Healthwatch Manchester operates with a team of 1.6 paid staff and its volunteers and is based in Manchester City Centre.
4. The organisation was successfully incubated by its host Manchester CAB and in the past year has moved to its new premises and taken on responsibility for its financial management, IT and administration in general as a fully independent organisation. Its board is derived from its membership of local voluntary and community organisations and is comprised of Senior Managers and Chief Officers.

Executive Summary of the Healthwatch Manchester Annual Report 2014 - 15

5. Healthwatch Manchester is keyed in strategically at national sub regional and local levels through a range of initiatives including:
 - Healthwatch England and the Care Quality Commission
 - Greater Manchester Healthwatch Network
 - Greater Manchester Health & Social Care Devolution
 - Living Longer Living Better
6. The output activity of Healthwatch Manchester is increasing year on year as our systems for delivery develop and our volunteer base improves.
7. Healthwatch Manchester has a proven track record of securing extra funding successfully winning two grants within this year.
8. Healthwatch Manchester has influenced some major positive changes to vital systems through its activities, for example the improvements to the Manchester Royal Infirmary Walk-in and Accident & Emergency Departments.
9. The golden thread through all our activities is the involvement of local people and ensuring their views, experiences and concerns are heard and acted upon.

Near and Far Policy Environments and their Influence

10. It is highly likely that the Health & Social Care Act 2012 will remain unchanged regarding the statutory requirement to resource and maintain a local Healthwatch
11. This involves the continued funding of a local Healthwatch as a requirement and the mandatory place for a Healthwatch on the local Health and Wellbeing Board.
12. There are major changes to and reconfigurations of services through initiatives such as Living Longer Living Better, Greater Manchester Health & Social Care Devolution including Healthier Together.
13. The Greater Manchester Healthwatch Network are establishing a Greater Manchester Secretariat as an interface with Greater Manchester Health & Social Care Devolution.
14. There is therefore now more than ever the need to ensure that local voices are listened to and that Manchester voices are not lost in these higher level conversations.

Healthwatch Manchester Priorities for 2015 – 16 and Beyond

15. Table 1. Provides an outline of the Healthwatch Manchester priorities. This list is not exhaustive.

Engagement and Research	Manchester Royal Eye Hospital drop-in	Joint initiative with Healthwatch Trafford listening to the views of patients through a week long drop-in session
	Discharge Planning	Manchester-wide interviews with outpatients and gathering their experiences of the discharge process – tied into the Healthwatch England report
	Dementia Services Review	City-wide review of the care pathways for patients post diagnosis for dementia.
	Early years and Poverty-related Illness	Interviews with disadvantaged families living in poverty and access to public health services
	Access to Manchester Walk-in Centres	Interviews with local people to gauge awareness of the walk-in services and subsequent signposting.

	Renal Patients and Service Reconfiguration	Interviews with staff and patients regarding their experience of the reconfiguration of dialysis service and extended travel requirements from Manchester
	Overseas Students and Access to Health and Care in Manchester	Publishing our survey findings to a local and wider European audience
Enter and View	Patient and public experience in a range of health and care settings	Using statutory power to observe services and make recommendations accordingly
Information and Signposting	Improving access	Dissemination of the Healthwatch Manchester annual services directory
	Helpline support for simple and caseload enquiries	Staffing a dedicated helpline for local people

As a Healthwatch the organisation needs to be responsive to emerging trends and issues across the city. The appendix shows an information flow chart diagram which describes how the organisation captures all the required information to make as informed a decision as possible regarding setting oncoming priorities.

Organisational Development

16. The organisation will continue to deliver to the best of its ability within a resource-restricted environment.
17. The Chief Officer and board will continue to bid for grants and contracts to supplement core funding. A Communications and Engagement Officer is a priority for the organisation.
18. Volunteers are the life-blood of the organisation which has developed a robust volunteer management programme. The volunteer base will expand and increase our volunteer Ambassadors as well as bring our volunteer Community Champions online following the One Team Outcomes as well as other areas of activity.
19. Healthwatch Manchester will seek charitable status. It will also reconfigure its governance arrangements to enable a more inclusive organisational structure.
20. Healthwatch Manchester will improve its quality management systems and refresh its three year organisational strategy to cover the next five years.
21. In the future Healthwatch Manchester seeks to be commissioned directly by Manchester local authority.

Healthwatch Manchester



Annual Report
2014/15



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Note from the Chair



This is my second year reporting as chair of Healthwatch Manchester. It's a year

when we started to gather momentum and feel part of a wider UK network of Healthwatches. Likewise the work of the Health & Wellbeing board has gathered pace as we start to see the development of change in the City through Healthier Together and other initiatives. It is pleasing to see the Health & wellbeing board focus on wellbeing as well as health, considering worklessness, education and access to green spaces.

The detail of Devo Manc seems to be what everyone wants to know, with the eyes of the UK - if not Europe - on Greater Manchester as it takes control of its own health & social care budget. It will be some time before the governance structures that have started to be put in place deliver on the detail, but it will be an interesting journey. We have the opportunity to make a real difference to our communities if we can get this right.

Our budget remained a major challenge through the year and my thanks go to our

chief officer, staff and volunteers for their hard work during the year that enabled us to deliver a Healthwatch service for the people of Manchester. We continue to work through a “healthy” programme of initiatives despite our limited resources. In the coming year we will continue to further develop our service and be the voice of patients and the public as health and social care undergoes major change.

The result of the election in May means we have some certainty around the future of Healthwatch and can expect it to be here for at least the next five years. This will allow us to make longer term plans, although our short term aim remains to expand our funding and delivery capability.

During the year we welcomed two new board members, Alison Hamnet and Linda Hill. I would like to thank them for their contribution. Our meetings have been open to the public during the year

Finally, I would again like to thank Neil Walbran our Chief Officer and my fellow board members for their hard work in our first year of operation. I look forward to the journey ahead.



Note from the Chief Officer



It's been a great second year for Healthwatch Manchester as we picked up pace and delivered

our new programme of work.

Winning a lottery grant for volunteer work enabled us to recruit, train and deploy a new intake to our organisation bringing our total number of volunteers to 93. This report contains further information about what we did.

Winning a bursary enabled me to attend the national Healthwatch conference where I gained some fresh ideas and perspectives from my counterparts in the national network of Healthwatch.

It was a year when I was very happy in representing the ten Greater Manchester Healthwatch at the Integrated Impact Assessment Steering Group. This enabled me to contribute to the research process around the impact of Healthier Together - the reconfiguration of hospital services in Greater Manchester - on people with protected characteristics and ensure these vulnerable patients were not overlooked in the planning.

Other Greater Manchester work included patient representation on the planning of Datawell, a new and exciting system for sharing patient information across the patch to improve patient experience and safety.

One highlight of the year for me was championing Manchester's sexual health services at an All Party Parliamentary Group on sexual and reproductive health in Westminster. Also on the panel were Healthwatch Blackburn with Darwen's Chief Executive Officer Mark Rasburn (pictured) and Sam Wallace, Borough Manager at Healthwatch Hammersmith & Fulham.



In the Spring we moved premises to Dale House in the centre of Manchester and this has improved safety and access for all our visitors.

We continue to operate on the smallest Healthwatch budget in England but despite a lack of buy-in from the Clinical Commissioning Groups I'm optimistic about funding from other sources.

And finally, as with our year one report, I'd like to say a big **thank you** to all our superb volunteers for their commitment and hard work and the way they enrich Healthwatch Manchester.



About Healthwatch

We are here to make health and social care better for ordinary people. We believe that the best way to do this is by designing local services around their needs and experiences.

Everything we say and do is informed by our connections to local people and our expertise is grounded in their experience. We are the only body looking solely at people's experience across all health and social care.

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

As a statutory watchdog our role is to ensure that local health and social care services, and the local decision makers, put the experiences of people at the heart of their care.

Our vision/mission

Vision:

To enable real and long-term improvements to the health and social care of the people and communities of Manchester.

Mission:

Healthwatch Manchester is an independent not-for-profit organisation driven by national government policy, mandated by legislation and its local membership and supported by Manchester local authority. Through engaging and informing the people and communities of Manchester as their consumer champion, and influencing the design and commissioning of services, Healthwatch Manchester seeks to improve their access to and experience of health and social care.

Our strategic priorities 2014 - 15

- Post- diagnosis dementia research
- Personal Health Budgets
- Healthier Together consultation
- GP Registration
- BME & A/E over-representation
- Patient Transport eligibility
- Non-A/E services investigation
- Walk-in Centres promotion



Engaging with people who use health and social care services

Understanding people's experiences

In year two we expanded the range of our listening through the active promotion of our helpline. Our report on the helpline statistics: 'Here to Listen & Help 2014 - 15' provides a breakdown of 498 enquiries by nature of call and also by demography. The previous year's report was one of the tools used to inform our priorities in terms of both areas of work and which groups and communities we needed to target.

The majority of enquiries were regarding complaints and this has significantly increased [40%] from last year.

This is just one of the ways we collect the views and opinions of local people. The 'Your story' section of our website is another well-used method.

There's also our engagement with local people at drop-ins, such as the ones hosted by Manchester People First which supports learning disabled people. Our Chief Officer presented to a room full of people who were concerned about their information being shared and said he felt lucky to be able to allay their fears and gather their views directly.

Our targeted work at young people also took place through our survey of overseas students and their understanding of access to healthcare in Manchester. A vulnerable

group of people who land in our country without adequate support in this matter.

Our targeted work at older people mostly occurred through our survey on access to services post-diagnosis for dementia. We spoke to carers at the three dementia cafes and discovered that the system is fragmented and requires improvement.



We spoke to people in the Walk-in Centre at Manchester Royal Infirmary. Many people we engaged with work in Manchester but live elsewhere and told us that the Walk-ins are godsend for people in this situation.

We still have a long way to go in engaging with seldom heard groups of people who live in isolation and inequity and seek to address this in the coming year.



Enter & View

Healthwatch Manchester received a significant number of complaints and queries from people regarding their inability to register with a General Practitioner or regarding the lengthy waiting times for a GP appointment.

There was also a strong indication that local people were mostly unaware of other primary care services they could access. In early 2014 a television report highlighted the overcrowding of the A&E Department in Wythenshawe Hospital where local people were seen to be problematic in presenting with minor ailments which should ordinarily have been treated through other non-emergency services.

In light of this it was decided by the Chief Officer, the Healthwatch Manchester Board and with the backing of our volunteers to investigate a local Accident & Emergency and Walk-in Centre and for convenience, the services at Manchester Royal Infirmary were chosen.

Using our subsequent report to lever change for improvement, access to the Walk-in Centre was improved and the new far more visible and accessible entrance

was constructed.

Healthwatch Manchester was invited to the launch of the Walk-in Centre. This success has galvanised the staff and volunteers at Healthwatch Manchester to help improve access to the other two Walk-in Centres in the city.

“We’re seeing an increase of about 70 patients per week. The new position and signage to the Walk-in Centre has clearly diverted traffic from the main entrance of the A&E department. Staff and management have noticed that the waiting area in A&E is quieter for longer periods of time while our waiting room is getting busier...less waiting times for A&E, less pressure for A&E”

Jaime Correia, Matron





Providing information and signposting for people who use health and social care services

Helping people get what they need from local health and social care services

We received 498 enquiries, a huge 15 % increase from our first year. These enquiries can take the form of simple signposting questions such as ‘where can I find an NHS dentist?’ to ‘how do I change my medical records?’ which are more detailed issues requiring more support.

As an example, a man in severe chronic pain called the Healthwatch Manchester Office regarding his GP’s refusal to refer him for pain (denervation) treatment earlier than the usual 12 month cycle. He wished to make a complaint about his GP for this reason. After checking the National Institute for Health & Care Excellence (NICE) guidance regarding this treatment and seeing no reason why it couldn’t be brought forward, Healthwatch Manchester wrote to the pain specialist whose prompt response to Healthwatch Manchester and our client enabled his immediate treatment. Our client didn’t pursue the complaint with his GP.

One young man with a learning disability ended up walking down yards of hospital corridor to reach his physio and

hydrotherapy and this was causing him severe pain. As he was too shy and nervous to ask for a wheelchair, Healthwatch Manchester worked with his local community group to easily remedy the situation.

Another severely physically disabled young man didn’t believe he was eligible for patient transport to his hospital therapies as he only lived a couple of blocks away from the hospital. His mum had been pushing his wheelchair but was now getting on a bit and found it too strenuous. Healthwatch Manchester checked with the local Patient Transport Service provider and was told, of course, he was eligible and now he and his mum ride together.

Due to the large increase (40%) in complaints we were receiving through our helpline but with a statutory complaints system which to many is baffling, Healthwatch Manchester decided to try bring some clarity around making complaints to local people. We produced an easy to follow briefing sheet for local people which we published on our website.



Influencing decision makers with evidence from local people

Producing reports and recommendations to effect change

As mentioned before, our 'Report from the waiting rooms' effected change in the way people accessed the A&E and Walk-In Centres at Manchester Royal Infirmary. Not only has it relieved pressure on A&E services but has galvanised the following initiatives:

- Since December 2014 there has been a GP available for both services every day of the week including bank holidays from 10am to 10pm.
- This has allowed paediatric patients to be seen at the Walk-in, increase the scope of practice.
- It has also enabled the assessment and treatment of low risk mental health patients that are unable to see their own GP or are not registered with one.

Putting local people at the heart of improving services

In year 2 we established our Reference Group which consists of both volunteers and associate members of Healthwatch Manchester. We draw upon the experiences of this group when compiling our reports and their recommendations to commissioners. Our Ambassador Volunteers represent Healthwatch

Manchester on a number of local forums where they collect information which contributes to the direction of our work.

Our Chair is supported by the Chief Officer as our representative on Manchester's Health & Wellbeing Board through regular monthly meetings.

Working with others to improve local services

In year 2 Healthwatch Manchester had representation on the following forums and strategic planning groups though the Chief Officer or Ambassador Volunteers:

- Community Dementia Forum
- Datawell Steering Group
- Greater Manchester Healthwatch Network
- Healthier Together External Reference Group
- Integrated Impact Assessment Steering Group (Healthier Together)
- Living Longer Living Better Co-production Group
- Manchester Cancer Improvement Partnership Steering Group
- Mental Health User & Carer Forum

We made three freedom of information requests all of which were answered promptly by local commissioners and providers.



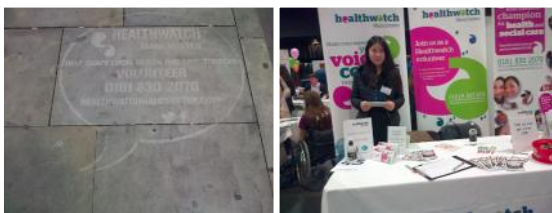
Volunteer Development & Training Programme

In April 2014 Healthwatch Manchester embarked on an ambitious programme of work to recruit and train a team of expert volunteers. We were able to do this through gaining a Big Lottery grant of just under £10, 000.

Recruitment

We used innovative methods to recruit our volunteers such as radio announcements and pavement stencilling.

We produced banners, banner pens, USB sticks and business cards to make sure our recruitment stalls looked the part.



Healthwatch Manchester operates a thorough and comprehensive volunteering programme with clear role descriptions and induction process.

Training

We commissioned training from the National Association for Voluntary & Community Action in the following:

- Communication Skills
- Enter & View
- Reporting Skills

This programme was further augmented by our own in-house training in the following:

- Assertiveness skills
- Manchester's Health & Social Care landscape

The latter is also delivered to medical



students on an annual basis through working with General Medical Council.

Our team of volunteers are deployed in the following roles:

- Ambassador
- Communications
- Enter & View
- Research

This enables Healthwatch Manchester to deliver its annual programme of work.

Our plans for 2015/16

Opportunities and challenges for the future

Our priorities:

- Discharge planning
- Overseas students and access to healthcare
- Dementia services post diagnosis
- Early years and public health
- Hospital experience for older and eye patients
- Renal patients and transport

Our objectives to meet them:

Discharge planning

We will interview patients in the discharge lounge and gather their views and experiences of the discharge service.

Overseas students and access to healthcare

We will publish our research findings and use them to improve access to health and social care services for overseas students.

Dementia services post diagnosis

We will continue to investigate the fragmented system and make recommendations for improvement.

Early years and public health

We will reach the seldom heard group of families living in poverty and collect their views and opinions on what the priorities are for improving the health of their children.

Hospital experience for older patients

We will enter and view hospital wards where we've heard bad reports of care and collect the views and experiences of the patients there. We will engage with

patients and carers at the Eye hospital and gather their views and opinions of the services there.

Renal patients and transport

We will investigate the effect of the reconfiguration of renal services in Greater Manchester on patient experience around their extended journey.

Opportunities

- Joint work with neighbouring Healthwatch
- Winning further grants and contracts
- Working with providers in a broader sense
- Collaboration around social policy
- Building resilience into patients through training

Challenges

- Poverty-related illness and the demands this will create on Healthwatch Manchester
- The oncoming changes to the health economy
- Healthier together and its effect on vulnerable people
- Reaching seldom heard people living with inequity





Our governance and decision-making

Our board

- Vicky Szulist (Chair)
- Marcus Graham
- Alison Hamnett
- Linda Hill
- Sylvia Sham

Our board is drawn from our membership which consists of local voluntary and community organisations which deliver health and/or social care services.

Members of the board are nominated not elected. We seek to enrich the board with the expertise of the local voluntary and community sector.

This means that decisions around priorities and objectives for the organisation are informed from a local perspective.

We also seek to ensure their expertise includes as many sections of the Manchester community, and health and care areas as possible.

How we make decisions

We collect the views, experiences and opinions of local people through a number of ways:

- Our helpline

- Email
- The 'Your story' section of our website
- Field research
- Desk-based research
- Enter & View
- Office calls

Using criteria for what constitutes 'useful information' this information is filtered and sifted for its strength and accuracy and informs key decisions taken by the board. Input from the local statutory and voluntary sector is taken into account. Hot topics and wicked issues are also considered.

From all this we obtain a landscape view, informing our priorities for action.



This is taken to the board which sets priorities for the coming financial year.

Priority are established for the short, medium and long-term and the Chief Officer implements these.



Financial information

INCOME		£
Funding received from local authority to deliver local Healthwatch statutory activities		80, 000
Additional income		9, 548.20
Total income		89, 548.20

EXPENDITURE		
Office costs		10, 322
Staffing costs		63, 466
Direct delivery costs		14, 472
Total expenditure		88, 260
Surplus		1, 228



Contact us

Get in touch

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We will be making this annual report publicly available by publishing it on our website and circulating it to Healthwatch England, CQC, NHS England, Clinical Commissioning Groups, Overview and Scrutiny Committee, and our local authority.

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.

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