



# Health and Wellbeing Together

## 22 January 2020

**Time** 12.00 pm      **Public Meeting?** YES      **Type of meeting** Partnership Boards  
**Venue** Committee Room 3 - Civic Centre, St Peter's Square, Wolverhampton WV1 1SH

### Membership

Councillor Jasbir Jaspal (Chair)	Cabinet Member for Public Health and Wellbeing
Steven Marshall (Vice-Chair)	Director of Strategy & Information, Wolverhampton CCG
Craig Alford	Third Sector Partnership
Chief Superintendent Andy Beard	West Midlands Police
Emma Bennett	Director of Children's Services
Katherine Birch	Faculty of Education, Health and Wellbeing
Councillor Ian Brookfield	Leader of the Council
Tracy Cresswell	Healthwatch Wolverhampton
John Denley	Director of Public Health
Professor Steve Field CBE	Royal Wolverhampton NHS Trust
Lynsey Kelly	Head of Community Safety
Councillor Linda Leach	Cabinet Member for Adults
David Loughton CBE	Royal Wolverhampton Hospital NHS Trust
Juliet Malone	Operations Commander, West Midland Fire Service
Joanne Melling	NHS England
Councillor John C Reynolds	Cabinet Member for Children and Young People
Sally Roberts	Wolverhampton Safeguarding Board
Councillor Wendy Thompson	Conservative Party Leader
David Watts	Director of Adult Services
Lesley Writtle	Chief Executive, Black Country Partnership Trust

### Information

If you have any queries about this meeting, please contact the democratic support team:

**Contact** Shelley Humphries  
**Tel/Email** Tel: 01902 554070 email:shelley.humphries@wolverhampton.gov.uk

# Agenda

## PART 1 – Items open to all attendees

*Item No.*     *Title*

### MEETING BUSINESS ITEMS - PART 1

- 1            **Apologies for absence**
- 2            **Notification of substitute members**
- 3            **Declarations of interest**
- 4            **Minutes of the previous meeting** (Pages 3 - 8)  
[To approve the minutes of the previous meeting as a correct record.]
- 5            **Matters arising**  
[To consider any matters arising from the minutes of the previous meeting.]
- 6            **Health and Wellbeing Together Forward Plan 2019 - 2020** (Pages 9 - 14)  
[To receive the Health and Wellbeing Together Forward Plan 2019 - 2020.]

### ITEMS FOR DISCUSSION OR DECISION - PART 2

#### GROWING WELL

- 7            **Growing Well: Children and Families Together Board Contribution to Delivery of the Joint Health and Wellbeing Strategy (To Follow)**  
[To receive the updated Children, Young people and Families Plan, including the Co-production Charter and Youth Engagement Strategy.]

#### LIVING WELL

- 8            **Substance Misuse Partnership Update** (Pages 15 - 20)  
[To receive the outcomes of the Licensing Policy Consultation and endorse the system approach to tackling substance related harm.]

#### SYSTEM LEADERSHIP

- 9            **Healthwatch Wolverhampton Annual Report** (Pages 21 - 62)  
[To receive the Healthwatch Wolverhampton annual report.]



## Health and Wellbeing Together Minutes - 16 October 2019

### Attendance

#### Members of Health and Wellbeing Together

Councillor Jasbir Jaspal (Chair)	Cabinet Member for Public Health and Wellbeing
Dr Helen Hibbs MBE (Vice-chair)	Chief Officer, Wolverhampton CCG
Councillor Ian Brookfield	Leader of the Council
John Denley	Director of Public Health
Professor Steve Field CBE	Royal Wolverhampton NHS Trust
Dr. Ranjit Khutan	University of Wolverhampton
Councillor Linda Leach	Cabinet Member for Adults
Councillor John C Reynolds	Cabinet Member for Children and Young People
Councillor Wendy Thompson	Conservative Party Leader
Andrew Wolverson	Head of Service - Improvement
David Watts	Director of Adult Services
Kuli Kaur Wilson	Black Country Partnership NHS Foundation Trust

#### Employees

Alison Baggs	Co-Production Officer
Shelley Humphries	Democratic Services Officer
Michelle James	Licensing Policy Manager
Michelle Marie-Smith	Principal Public Health Specialist
Kush Patel	Commissioning Officer
Alice Vickers	Corporate Parenting Officer
Becky Wilkinson	Head of Adults Improvement

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## Part 1 – items open to the press and public

*Item No.*    *Title*

- 1 Apologies for absence**  
Apologies were received from David Loughton, Sally Roberts, Chief Superintendent Andy Beard and Steven Marshall.
- 2 Notification of substitute members**  
Andrew Wolverson attended for Emma Bennett, Kuli Kaur Wilson attended for Lesley Writtle and Dr Ranjit Khutan attended for Dr. Katherine Birch.

3 **Declarations of interest**

Dr Ranjit Khutan, University of Wolverhampton declared an interest in his capacity as a member of the Healthwatch Advisory Board.

4 **Minutes of the previous meeting**

Resolved:

That the minutes of the meeting of 10 April 2019 be confirmed as a correct record and signed by the Chair.

5 **Matters arising**

In respect of Minute 8, it was reported that Supporting Individuals and Families with No Recourse to Public Funds training sessions had taken place and had been well received. It was noted that further sessions would be planned if requested.

In respect of Minute 10, it was noted that Brendan Clifford, Black Country DAS was leading on developing and embedding the health and wellbeing dimension in all polices and taking this forward.

6 **Health and Wellbeing Together Forward Plan 2019 - 2020**

Madeleine Freewood, Development Manager presented the Health and Wellbeing Together Forward Plan 2019 – 2020.

It was noted that the Health and Wellbeing Executive Group meeting would need to be rescheduled and that Democratic Services would contact members in due course to advise of the new date and time.

It was noted that the Black Country Strategic Child Death Overview Panel Development (CDOP) Update would be deferred to a later date.

Resolved:

1. That details of the rescheduled Health and Wellbeing Together Executive Group meeting be forwarded to members.
2. That the Black Country Strategic Child Death Overview Panel Development Update would be deferred to a later date.
3. That the Health and Wellbeing Together Forward Plan 2019 – 2020 be noted.

7 **Health and Wellbeing Together Strategy Meeting – Outcomes and Next Steps**

Madeleine Freewood, Development Manager presented the Health and Wellbeing Together Strategy Meeting – Outcomes and Next Steps report and highlighted salient points. The report outlined a summary of the discussions that took place as part of the Health and Wellbeing Together strategy meeting held on 3 July 2019.

It was reported that the main focus of the discussions was the Living Well theme of the Joint Health and Wellbeing Strategy and a number of recommendations had been made under the Workforce, City Centre and Embedding Prevention Across the System priority areas.

It was noted that, also included as part of the Strategy Day, a presentation was delivered providing an overview of the opportunities for health and social care offered by 5G technology and the plans to use the City as a testbed.

The report provided a summary of the recommendations for all these priority areas and it was reported that work had commenced to drive these actions forward. The report sought endorsement from Board members in support of these actions.

Professor Steve Field CBE, Royal Wolverhampton NHS Trust agreed that the Strategy Day had been interesting and requested that future strategy meeting invitations be extended to other colleagues from RWT wishing to engage and contribute. Dr Helen Hibbs MBE, Wolverhampton CCG added that the CCG would be happy to feed into any of the work programmes sitting underneath.

It was debated how to share the work plan with partners and a mini conference was suggested.

It was noted that there was a model that had worked well in Bradford, sharing information at a locality level. As Wolverhampton was a City, it could be taken ward by ward and work could be linked with Councillors. It was noted that Wolverhampton had previously been viewed as three localities; south east, north east and south west.

It was also reported that a meeting had been set up with partners and Council officers to further explore the possibilities of 5G technology for the future of health and social care in the City.

Resolved:

1. That the Health and Wellbeing Together Strategy Meeting Outcomes and Next Steps as outlined in section 3.0 of the report be endorsed by Health and Wellbeing Together.

## 8 **Public Health Annual Report 2019**

John Denley, Director of Public Health presented the Public Health Annual Report 2019 and highlighted salient points. It was outlined that the Director of Public Health's Annual report was a professional statement about the health and wellbeing of their local communities and a statutory requirement. The report aimed to inform both professionals and members of the public about key issues in the City, identify current priorities and highlight required action for the improvement and protection of the health of the local population. It was noted that the report had been produced in line with the aims and priorities that ran through the Public Health Vision 2030, Wolverhampton Council Plan 2019 – 2024 and the Health and Wellbeing Strategy 2018 - 2023.

It was highlighted that emphasis had been placed on using what had been successful in the last Annual Report and building on ways to further improve this year's report.

The Annual Report outlined the themes of Starting and Developing Well, Healthy Life Expectancy and Healthy Ageing, with the underlying theme of System Leadership. It included what challenges had been faced and what plans were in place to address these challenges. To illustrate place-based health, an infographic profile of each ward had been produced which provided a red, amber, green rating and a brief, concise narrative explaining what the statistics for each ward meant for its residents.

It was noted that the focus concentrated on conditions that resulted in poor health or making unhealthy choices and addressing them as early as possible to ensure a

healthy progression through life. It was important to gain an understanding of why healthy lifestyles and life expectancy differed throughout the City and how health inequalities could be overcome.

It was highlighted that the next steps would be to focus on partnership working, build upon work already ongoing and work on all areas that could be influenced.

Poor quality housing was thought to be a contributing factor in terms of issues such as damp in properties causing respiratory and other health problems, for example. Obesity was also highlighted as an issue that may perhaps be attributed to poor education on making healthy lifestyle choices.

It was noted that a correlation existed between wards with highest outcomes in age and life expectancy and dissatisfaction with their neighbourhood area and it was queried why this should be.

In response to poor quality housing in the private sector, it was thought to be of great concern and it was queried by Councillor Wendy Thompson whether private landlords were being held to account and whether Serco had become involved. It was noted that they had in some cases however Councillor Ian Brookfield offered to investigate this and respond.

It was noted that the information represented would prove useful in future for the primary care networks as they developed. It was felt the information was well-represented and offered a clear understanding of the health of the population rather than just outlining the delivery of care.

It was noted that links had been found with certain health issues and black, Asian and minority ethnic (BAME) groups and it was queried whether future reports could include how resources could be focused on groups of people as well as areas. It was noted that the information could be represented in many different ways and this would be taken into account for future reports.

Resolved:

That the publication of the Public Health Annual Report 2019 be approved.

- 9 **Black Country and West Birmingham STP Five-year Plan**  
Dr Helen Hibbs MBE delivered the presentation on the Black Country and West Birmingham STP Five-year Plan. It was outlined that in June 2018, the Prime Minister had made a commitment that the Government would provide the National Health Service (NHS) with funding over five years with an average increase of 3.4% per year. The NHS were asked to develop a long-term plan outlining its ambitions for improvement over the next decade and plans to meet them over the five-year period of funding.

The presentation provided details around commitments to the population, the NHS system and its workforce to support the overall vision of Working Together to Improve the Health and Wellbeing of Local People. The presentation outlined the challenges of maintaining a high quality of service to address complex health and wellbeing challenges, whilst resolving the financial challenges to sustain this. As there was a fixed amount of money, the solution lay in developing new ways of working within this budget.

It was noted that the key priorities were:

- Working to reduce health inequalities and improving health outcomes
- Ensuring Wolverhampton and the Black Country is an attractive area in which to work
- Working together to create sustainable community, workforce and health care system

The key principles were identified as:

- Creating a culture of stewardship (doing things together, shared responsibility)
- Health and social care acting as one
- All services working together as a network, delivering care and treatment around an identified need
- Providing local people with the information and support to empower them to optimise their own health and wellbeing
- Taking a collective responsibility for delivering our Long-Term Plan.

Board members were asked to think about how they could contribute and if they had any thoughts on the role of people and communities in delivering this plan.

The plan was commended for the inclusion of a mental health element.

It was thought that commissioning services locally was preferable and commissioning geographically only when appropriate. It was noted that it was important to keep Wolverhampton services and resources local.

It was also stated that ensuring there were good social care providers within communities was a priority.

Resolved:

That the presentation on the Black Country and West Birmingham Sustainability and Transformation Partnership (STP) Five-Year Plan be received.

10 **Co-production Charter**

Resolved:

That the Co-production Charter report be deferred to the next meeting of Health and Wellbeing Together.

11 **Better Care Fund 2018-2019 Annual Report**

David Watts, Director of Adult Services presented the 2018 – 2019 Better Care Fund Annual Report and highlighted salient points. The report provided Health and Wellbeing Together with an update on the progress made towards the delivery of the Better Care Fund (BCF) programme during 2018 – 2019.

The report outlined that the programme was a Government initiative that encompassed the NHS and local government and sought to integrate health and care services. It was noted that the programme was designed to enable people to manage their own health and wellbeing and live independently in their communities for as long as possible.

It was noted that there had been plans to submit proposals to Cabinet for an increase in Extra Care beds, which would mean a significant investment but was anticipated to reap benefits.

It was reported that robust partnership arrangements had been put in place to keep the plan on target. This included four main workstreams that oversaw mental health, child and adolescent mental health services (CAMHS), adults and community and dementia.

Becky Wilkinson, Head of Service – Adult Improvement noted that, when working at NHS England, of the 14 BCF plans that were submitted, Wolverhampton's was one of the plans that had really stood out. The Wolverhampton BCF programme had been commended for strong collaboration between partners and for a robust plan.

Resolved:

That the update on the progress made towards the delivery of the Better Care Fund Programme during 2018 – 2019 be received.

12

**Substance Misuse Partnership Update and Licensing Policy Consultation**

Resolved:

That the Substance Misuse Partnership Update and Licensing Policy Consultation report be deferred to future meeting.



## Health and Wellbeing Together

22 January 2020

<b>Report title</b>	Health and Wellbeing Together Forward Plan 2019 - 2020	
<b>Cabinet member with lead responsibility</b>	Councillor Jasbir Jaspal Public Health and Wellbeing	
<b>Wards affected</b>	All wards	
<b>Accountable director</b>	John Denley, Director of Public Health	
<b>Originating service</b>	Governance	
<b>Accountable employee</b>	Shelley Humphries	Democratic Services Officer
	Tel	01902 554070
	Email	<a href="mailto:shelley.humphries@wolverhampton.gov.uk">shelley.humphries@wolverhampton.gov.uk</a>

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### Recommendation for noting:

The Health and Wellbeing Together Executive Group is recommended to note:

1. The items on the Health and Wellbeing Together Forward Plan 2019 - 2020.

## **1.0 Purpose**

- 1.1 To present the Forward Plan to Health and Wellbeing Together for comment and discussion in order to jointly plan and prioritise future agenda items for the Executive Group and Full Board.
- 1.2 The Forward Plan will be a dynamic document and continually presented in order to support a key aim of the Health and Wellbeing Together Full Board and Executive Group – to promote integration and partnership working between the National Health Service (NHS), social care, public health and other commissioning organisations.

## **2.0 Background**

- 2.1 As agreed at the meeting of the Full Board in October 2016, the attached Forward Plan document seeks to enable a fluid, rolling programme of item for partners to manage.

## **3.0 Financial implications**

- 3.1 There are no direct financial implications arising from this report.

## **4.0 Legal implications**

- 4.1 There are no direct legal implications arising from this report.

## **5.0 Equalities implications**

- 5.1 None arising directly from this report.

## **6.0 Climate Change and Environmental implications**

- 6.1 None arising directly from this report.

## **7.0 Human resources implications**

- 7.1 None arising directly from this report.

## **8.0 Corporate Landlord implications**

- 8.1 None arising directly from this report.

## **9.0 Health and Wellbeing implications**

- 9.1 The health and wellbeing implications of each matter will be detailed in each individual report submitted to the Group.

**10.0 Schedule of background papers**

- 10.1 Minutes of previous meetings of the Health and Wellbeing Together Full Board and Executive Group regarding the forward planning of agenda items.
- 10.2 Agenda Item Request Forms.



# Health and Wellbeing Together: Forward Plan

Last updated 20 December 2019

Health and Wellbeing Together is comprised of a Full Board and an Executive.

Full Board meetings are structured to shift focus from service silos to system outcomes by adopting a thematic approach to addressing the priorities identified in the Joint Health and Wellbeing Strategy. The primary focus of the Executive group is to sign off statutory documents and provide a strategic forum for the Council and health partners to drive health and social care integration.

## KEY

Items in red are new or amended from the previous version.

Items in **bold** are regular or standing items.

Thematic areas: Growing Well, Living Well, Ageing Well, System Leadership

Joint Health and Wellbeing Strategy (JHWBS) priority areas:

1. Early Years
2. Children and young people's mental wellbeing and resilience
3. Workforce
4. City Centre
5. Embedding prevention across the system
6. Integrated Care; Frailty and End of Life
7. Dementia Friendly City

[E] Executive

[FB] Full Board meeting

Date	Theme	JHWBS Priority	Title	Partner Org/Author	Format	Notes/Comments
FB 22 January 2020	Growing Well		Children and Families Together Board updated 'Children, Young People and Families Plan' (including updates on the Co-production Charter and Youth Engagement Strategy)	Madeleine Freewood, CWC	Strategy	Deferred from 16 October 2019
	Living Well	4.	System Approach to Alcohol Misuse	Michelle Marie-Smith, Principal Public Health Specialist, and Michelle James, Licensing Policy Manager CWC	Report	In response to 03 July 2019 Strategy Day ' <i>developing a system leadership approach to alcohol misuse</i> ' priority area discussion. Deferred from 16 October 2019.
	System Leadership		Healthwatch Wolverhampton Annual Report	Tracy Cresswell, Healthwatch Wolverhampton	Report	Deferred from 16 October 2019

<b>E 26 February 2020</b>			WMCA Wellbeing Board update	Cllr Jaspal, CWC	Verbal	Standing item
			NHS Reconfiguration Update	Steven Marshall, CCG	Verbal	Standing item
			5G Working Group Update	Mike Hastings, RWT & David Watts, CWC	Verbal	Agreed at Executive Group on 20 December 2019
			Healthy Growth Discussion			Agreed at Executive Group on 20 December 2019
			Financial Challenges		Discussion item informed by Briefing Note	Agreed at Executive Group on 20 December 2019
<b>FB 8 April 2020</b>						
<b>To be scheduled...</b>	Growing Well		Black Country Strategic Child Death Overview Panel Development Update	John Denley, CWC	Implementation and progress update	Agreed at Executive Group on 20 February 2019 for progress update to be presented back to Exec once agreed changes implemented.



<b>Report title</b>	Substance Misuse Partnership Update	
<b>Cabinet member with lead responsibility</b>	Councillor Jasbir Jaspal Public Health and Wellbeing	
<b>Wards affected</b>	All wards	
<b>Accountable director</b>	John Denley, Director of Public Health	
<b>Originating service</b>	Public Health	
<b>Accountable employees</b>	Michelle Smith	Principal Public Health Specialist Tel 01902 550154 Email <a href="mailto:Michelle.marie-smith@wolverhampton.gov.uk">Michelle.marie-smith@wolverhampton.gov.uk</a>
	Michelle James	Licensing Policy Manager Tel 01902 556796 Email <a href="mailto:Michelle.james@wolverhampton.gov.uk">Michelle.james@wolverhampton.gov.uk</a>

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**Recommendations for decision:**

Health and Wellbeing Together is recommended to:

1. Agree to endorse the Substance Misuse Partnership's approach to tackling substance related harm.
2. Agree to adopt the proposed governance arrangements outlined at section 4.3 for the Substance Misuse Partnership.

## **1.0 Purpose**

- 1.1 To provide an outline to Health and Wellbeing Together (HWBT) of the intended approach to tackling substance related harm, building upon the Board's previous commitment to the alcohol harm reduction agenda.

## **2.0 Overview**

- 2.1 Alcohol misuse (specifically within the City centre) has been agreed as a priority within the Living Well theme of Wolverhampton's Joint Health and Wellbeing Strategy 2018-2023.
- 2.2 Alcohol dependency is commonly associated with poor outcomes in relation to physical health, mental health, employment and with anti-social and criminal activity that adversely affects individuals, families and communities. For families, excess alcohol consumption can lead to relationship breakdown, domestic abuse, safeguarding and financial issues.
- 2.3 At its world café strategy meeting of 3 July 2019, HWBT considered the harm caused by alcohol and agreed a series of actions to contribute to the Living Well priority area 'City Centre'.
- 2.4 In addition, the Children, Young People and Families Plan 2015-2025 identifies fewer parents, children and young people engaging in substance misuse as a key outcome.
- 2.5 These priorities complement the approach to meeting the shared challenges of substance misuse and further support the aims set out in the Public Health Vision 2030 to:
  - Help people live longer, healthier and more active lives
  - Offer every child the best start in life
  - Close the gap in healthy life expectancy (within the City and between the Wolverhampton and England average)
  - Ensure everyone is protected from harm, serious incidents and avoidable health threats.

## **3.0 Approach**

- 3.1 To facilitate local system leadership and ensure a collaborative approach to tackling substance misuse, the Substance Misuse Partnership (SMP) has been created.
- 3.2 The overall aim of the SMP is to work collaboratively to reduce the level of substance related harm across the City.
- 3.3 The Partnership was developed following the Substance Misuse Summit held in April 2019. The Partnership is in its infancy, with its inaugural meeting held in July 2019.

3.4 The core functions of the Substance Misuse Partnership include:

- The development and implementation of a local substance misuse strategy and accompanying action plans
- Consideration to the synergies between alcohol and drug-related harm and other associated work streams
- Identification of risks to responding to substance harms and mitigations
- Utilising expertise, identification of opportunities and to ensure they are maximised
- Responses to changes to regional and national policy and strategies
- Maximising the work of drug and alcohol services to ensure long term and sustained recovery
- Supporting the development of frontline activity to assist individuals and families with alcohol/and or drug needs.

3.5 The adoption of the system approach aims to ensure:

- A robust partnership ethos and strong local leadership
- A focus upon preventing harm and intervening at the earliest opportunity through early identification
- Protection of vulnerable people from the harm caused directly or indirectly through alcohol
- Co-ordinated use of regulatory powers and enforcement where appropriate
- Innovation

3.6 The following Public Health priorities are expected to form a key part of the upcoming substance misuse strategy:

- To be a top performer in drug and alcohol recovery
- To improve outcomes in housing, employment and mental health for people with substance misuse issues
- Reduce deaths from drug misuse
- Reduce the impact of parental substance misuse
- To reduce the number of young people, children and families engaging in substance misuse
- To reduce the rate of alcohol related hospital admissions
- Earlier identification and response to alcohol harm

3.7 The work of the Partnership will dovetail with the priorities which sit under the system leadership of the Health and Wellbeing Together Board, specifically the Living Well priority area.

3.8 Within the Living Well 'City Centre' theme, key streams of work aim to support this priority and empower communities to hand include:

### **Tackling the availability and density of alcohol outlets**

- 3.9 The City's density of alcohol outlets is well above England average and is the highest across the West Midlands. We know pricing and availability of alcohol has an adverse impact on consumption levels of alcohol.
- 3.10 The Statement of Licensing Policy determines how alcohol Licensing Applications are processed under the Licensing Act 2003. The production of this policy is a legal requirement that City of Wolverhampton Council is charged with. This policy must be updated every five years to take into account local changes, government requirements and changes in case-law.
- 3.11 Wolverhampton City Council has just concluded a consultation into its Statement of Licensing Policy for the period 2020 – 2025. The Policy has changed significantly. Changes have been implemented to address concerns regarding the density of liquor licensed premises outlets in areas already identified as being of concern.
- 3.12 In addition, the authority has a Cumulative Impact Policy which was introduced to enable CWC to carefully consider the effects of granting additional licences into an area which has already been associated with higher rates of crime and disorder as well as anti-social behaviour. This is not automatic and without relevant representation from any of the responsible authorities which necessitates a hearing, applications will be granted.

### **Licensing matrix tool**

- 3.13 Public Health have developed an interactive tool that correlates various pieces of data to provide a comprehensive picture of alcohol density and alcohol related harm. This enables an informed, evidence-based response to alcohol licence applications.

### **Community role in treatment and recovery – Communities in Charge of Alcohol**

- 3.14 Communities in Charge of Alcohol (CICA) takes an Asset Based Community Development (ABCD) approach to reducing alcohol harm. Local volunteers are trained to become accredited 'Alcohol Health Champions' to provide brief opportunistic advice and take action on licensing decisions at an individual level and mobilise action on alcohol availability at a community level.
- 3.15 This initiative trialled in Manchester aims to empower communities to have a positive impact on alcohol related harm. The feasibility of CICA in Wolverhampton is currently being explored.

## **4.0 Recommendations**

- 4.1 Building on recognition that alcohol related harm is a key priority in Wolverhampton HWBT are recommended to act as the executive champion in the City to promote and seek assurance on action to reduce substance misuse related harms.

4.2 HWBT are recommended to adopt this champion role within their respective organisations to assist the strategic priorities of the Substance Misuse Partnership. Board Members are encouraged to be an advocate for change and to help embed alcohol harm reduction activities in their organisation.

4.3 HWBT are also recommended to endorse the upcoming strategy produced by the Substance Misuse Partnership and receive an annual progress report from the Substance Misuse Partnership.

## **5.0 Financial implications**

5.1 Funding for Public Health is provided to the Council by the Department of Health in the form of a ring-fenced grant. The total allocation for 2019-2020 is £20.2 million. Any costs arising from this report will be contained within this overall allocation.

[NM/0601200/M]

## **6.0 Legal implications**

6.1 Health and Wellbeing Together is a statutory Board established under the Health and Social Care Act 2012. Each Board has a statutory duty to produce and implement a Joint Health and Wellbeing Strategy for their local population.

[TS/03012020/Q]

## **7.0 Equalities implications**

7.1 The HWBT strategy meeting has identified a series of actions to take forward related to the Living Well theme of the Joint Health and Wellbeing Strategy including a specific focus on activity to further explore and embed opportunities to tackle health inequality.

## **8.0 Health and Wellbeing implications**

8.1 The content of this report is to enable system leadership to enhance a holistic approach to health and wellbeing through activity to support the Living Well theme of the Joint Health and Wellbeing Strategy.

## **9.0 Climate Change and Environmental implications**

9.1 There are no climate change and environmental implications.

## **10.0 Human resources implications**

10.1 There are no human resources implications.

## **11.0 Corporate Landlord implications**

11.1 There are no Corporate Landlord implications.

## **12.0 Schedule of background papers**

12.1 Health and Wellbeing Together Executive Group Report 04 September 2019.



## Health and Wellbeing Together

22 January 2020

**Report title:** Healthwatch Wolverhampton Annual Report  
2018 - 2019

**Report of:** Tracy Cresswell  
Manager for Healthwatch Wolverhampton

**Portfolio:** Public Health and Wellbeing

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**Recommendation for action:**

Health and Wellbeing Together is recommended to:

1. Receive the attached Healthwatch Wolverhampton Annual Report 2018 - 2019 for information.

## **1.0 Purpose**

- 1.1 Health and Wellbeing Together is asked to review the Healthwatch Wolverhampton Annual Report at Appendix 1 to review the progress made against the statutory functions, to comment on the impact of the delivery of Healthwatch services in Wolverhampton.

## **2.0 Background**

- 2.1 Healthwatch Wolverhampton is the consumer champion for Health and Social Care, established as part of the Health and Social Care Act 2012. It is a requirement of local Healthwatch to produce an annual report of its work programme, detailing the projects undertaken, including findings, and recommendations, and the impact of such reports on the delivery of services. The Healthwatch Annual Report must be submitted to Healthwatch England by 30 June each year. Statutory functions of local Healthwatch also include the power to Enter and View NHS and Social Care services and to review the service levels provided, and to deliver Information and Signposting services. In Wolverhampton, Healthwatch also deliver the statutory advocacy service for NHS complaints and details of progress made in this service area is also included within the Annual Report

## **3.0 Supporting Information**

- 3.1 The annual report references the three main reports which Healthwatch completed during 2018 - 2019, namely, GP Communication, a review of Care Assessments and Hospital Discharge. These reports can be found on our website [www.healthwatchwolverhampton.co.uk](http://www.healthwatchwolverhampton.co.uk) .

## **4.0 Implications**

There are no known implications in relation to this report.

## **5.0 Schedule of background papers**

- 5.1 The background papers relating to this report can be inspected by contacting the report writer:

**Tracy Cresswell**  
**Healthwatch Manager**

Healthwatch Wolverhampton  
Freephone: 0800 470 1944

[www.healthwatchwolverhampton.co.uk](http://www.healthwatchwolverhampton.co.uk)

# Annual Report 2018-19

| Engaging | Informing | Influencing |



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# Message from our Chair

This Annual Report details the work of Healthwatch Wolverhampton during 2018-19. It provides an overview of the work that has been undertaken and our upcoming work programme.

*It has been a busy and challenging year. Following a 'listening tour' and feedback from Wolverhampton residents, this year Healthwatch Wolverhampton developed a work programme which included a focus on: Hospital Discharge, Cancer Services, Domiciliary Care, GP Services, Loneliness and Isolation and Drugs and Alcohol. Healthwatch Wolverhampton core team is made up of 3 full time equivalent members of staff. Details of what we did, and outcomes are covered in this Annual Report.*

*Enter and View, a Healthwatch legal power to scrutinise the quality of health and social care services and see them in action, continues to offer a way for us to identify what is working well and where there is room for improvement. I want to thank our trained Authorised Representatives for their continued commitment to this important work.*

*In our role as influencer, Healthwatch Wolverhampton is a member of Health Scrutiny Panel and Health and Well Being Together Board. We have used intelligence and concerns raised by patients to hold service providers to account. A key area of concern in Wolverhampton has been and continues to be waiting times for cancer referrals. This has been raised with Wolverhampton Clinical Commissioning Group and Royal Wolverhampton NHS Trust (RWT) and work is underway to look at specific areas of concern.*

*Higher mortality rates in Wolverhampton have made headlines and Healthwatch has been pleased to hear Royal Wolverhampton NHS Trust Medical Examiner roles have now been implemented to undertake mortality reviews to gain insight into causes of death.*

*Further to feedback from residents/patients, other areas of concern we have raised include:*

- ❖ *Car parking charges and availability at New Cross Hospital*
- ❖ *Delays in accessing Mental Health services*
- ❖ *GP appointment issues*

*I want to pay tribute to Healthwatch volunteers who help us in a variety of roles including community engagement which means that we actively reach out to groups (big/small, informal/organised) across the city and listen to and act on their experiences of health and social care.*

*I also want to thank Healthwatch Advisory Board Vice Chair Dana Tooby and all Board members (also volunteers) for their insight and tireless work.*

*We remain a critical friend and work with stakeholders and decision makers to bring about positive changes to services in Wolverhampton.*



**Sheila Gill**  
Healthwatch Wolverhampton Chair

# About us

## Healthwatch is here to make health and social 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 Wolverhampton, 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 blue ink, which appears to read 'Robert Francis'.

**Sir Robert Francis QC**  
Healthwatch England Chair

## Our local vision is simple

Health and social care that works for you. People need health and social care support that works - helping them to stay well, manage any conditions they face and to get the best possible care from services.



## Our local purpose

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



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.



## Wolverhampton Health Advocacy Complaints Service

Healthwatch encourages partnership working and continues to enjoy being co-located with the Wolverhampton Health Advocacy Complaint Service (WHACS), with an advocate working from the Healthwatch offices. The advocacy service is a separate service which receives independent funding to that received by Healthwatch but we co-locate as we see the real synergies between the two contracts, with Healthwatch gaining valuable insight from the themes and trends coming through from the advocacy cases.

## Wolverhampton people are at the heart of everything we do

We play an important role in bringing communities and services together across Wolverhampton. Everything we do is shaped by what people tell us. Our staff and volunteers identify what matters most to people by:

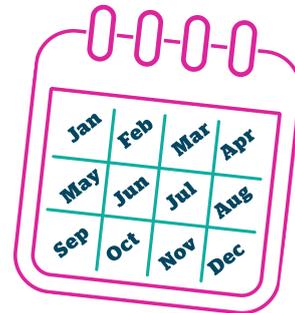
- ❖ Visiting services to see how they work
- ❖ Running surveys and focus groups
- ❖ Going out in the community and working with other organisations

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 also helps us recommend how policy and practice can change for the better.

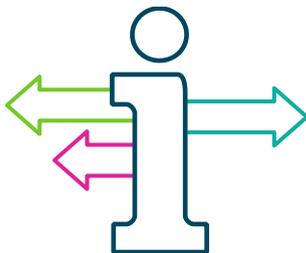
# Highlights from our year 2018-19



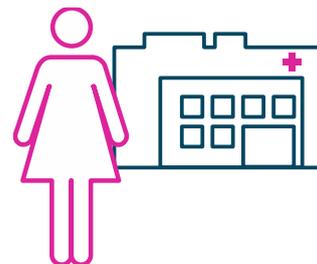
**3344** people have engaged with us in the community



We have published **5** reports, ranging from GP Communications to Care Assessments



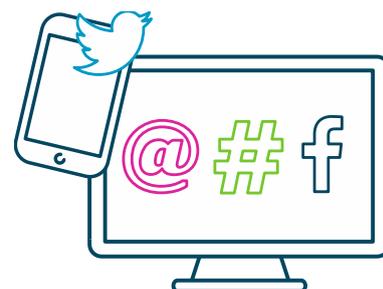
**4351** calls were received and **122** people were signposted to additional services or our Advocate



We attended **193** events and activities in the community, see [page 7](#) for a list of our activities and events attended



**112** new members were signed up, adding to our ever growing members list to receive news and information



**70,298** social media accounts have seen our posts

**Throughout the year we have undertaken community outreach activities whilst attending and engaging with diverse communities in Wolverhampton, including:**

- ❖ All Saints Church All Saints Action Network (ASAN) Open Day
- ❖ Antibiotics Week at Wolverhampton College Campus
- ❖ Beacon Centre - Local eye health conference
- ❖ Black Country Neurological Alliance Event
- ❖ Building Bridges Refugee Migrant Centre
- ❖ Café Neuro
- ❖ Carers Celebration Day by African Caribbean Community Initiative
- ❖ Carers Day Event
- ❖ Choose to Change St Peters Church Social Hub Group
- ❖ Christian Life City Church Community Fun Day
- ❖ Coffee morning Support Group
- ❖ Deaf Event Low Hill Community Centre
- ❖ Dementia Action Alliance relaunch Excel Church Bilston
- ❖ Dementia Action Week Event Bob Jones Community Event
- ❖ Dementia Cafe across the city
- ❖ Department for Work and Pensions Job Fair at Molineux House Temple St
- ❖ Diabetes Groups across the city
- ❖ Drop in at Avion Group - St Andrews Church
- ❖ Drop in at Bob Jones Community Hub
- ❖ Drop in at Central Baths
- ❖ Drop in at Central Library
- ❖ Drop in at Deansley Centre New Cross
- ❖ Drop in at East Park Care Home
- ❖ Drop in at Elms Care Home
- ❖ Drop in at Emergency Department New Cross
- ❖ Drop in at Greggs Café New Cross
- ❖ Drop in at Let us Play Group
- ❖ Drop in at Low Hill Community Centre
- ❖ Drop in at Moreland Trust
- ❖ Drop in at P3 café
- ❖ Drop in at Tettenhall Special School coffee morning
- ❖ Drop in at The Lighthouse
- ❖ Drop in at the Tettenhall Institute
- ❖ Drop in at the Urgent Care Centre New Cross
- ❖ Drop in at Wolverhampton Art Gallery
- ❖ Drop in at Wolverhampton Elder Asian Disabled Group Darlington St Methodist Church
- ❖ Drop in at Wolverhampton University Student Union
- ❖ Equality & Diversity Launch
- ❖ Faith Forum Wolverhampton Voluntary Sector Council
- ❖ Freshers Fayre Wolverhampton Campus
- ❖ Good Shepherd Church Support Group
- ❖ GP drop in All Saints and Rosevillas Medical Practice
- ❖ GP drop in at Ashfield Road Surgery
- ❖ GP drop in at Dr Fowler's Practice
- ❖ GP drop in at Lea Road Medical Practice
- ❖ GP drop in at MGS Medical Practices
- ❖ GP drop in at Newbridge Surgery
- ❖ GP drop in at Pennfields Medical Centre
- ❖ GP drop in at Probert Road Surgery
- ❖ GP drop in at Tettenhall Road Medical Practice
- ❖ GP drop in at Thornley Street Surgery
- ❖ GP drop in at Tudor Medical Practice
- ❖ GP drop in Bilston Urban Village Medical Centre
- ❖ GP drop in Castlecroft Medical Practice
- ❖ GP drop in Coalway Road Surgery
- ❖ GP drop in Pendeford Health Centre
- ❖ GP drop in Penn Manor Medical Practice
- ❖ Lesbian Gay Bisexual Trans Alliance
- ❖ Pendeford Fun Run Day at Pendeford Shopping Centre
- ❖ Phoenix Group Mental Health Support Group, Wednesfield
- ❖ Roz Cole Carers Group, Merridale
- ❖ Talking Points, Old School, Dudley Rd
- ❖ Tea & Chat, Central Library
- ❖ Tenants Association Meeting at Molineux
- ❖ The Friends Coping Group, St Patricks Church Wednesfield
- ❖ The Low Hill Group at the Church of The Good Shepard
- ❖ Time to Talk at West Park
- ❖ Wednesfield Dementia Cafe
- ❖ Wolverhampton City Antimicrobial Stewardship Programme at New Cross
- ❖ Wolverhampton College Open Day
- ❖ Women & Families Resource Centre Family Event, West Park

# Making a difference

“The range and quality of questions today was spectacular and frankly we could have talked another hour and still not done them justice. You should be very proud of being able to rustle up such rich gatherings”

*Jeremy Vanes  
Chair of Royal Wolverhampton NHS Trust (2018)  
Feedback at our Annual General Meeting in July 2018*



## Making a difference locally

This year we have been able to make a difference locally by working together with our partners, volunteers and the community on a number of key priorities.

### 2018-19 Priorities

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#### 1. GP Communication

During the Listening Tour, access to GP's remained a priority for members of the public. Work had previously been carried out by Healthwatch to understand issues around access to appointments. We were aware that changes were taking place in General Practice and we wanted to understand how these were being communicated to patients.

**Over 500** patients completed surveys during August and first week of September 2018, through various drop-ins at GP practices, Wolverhampton College Freshers Fayre and Carvers Marathon to name just a few of the areas we went. In addition, our survey was shared through social media and on our website.



Below are some of the findings:

- ❖ **27%** of patients said they received regular information from their practice, however **73%** did not and the information received related to appointments, prescription reminders etc.
- ❖ **24%** of patients were aware of their Patient Participation Group (PPG) and **76%** were not aware of the PPG, but **51%** would be interested in joining their PPG
- ❖ Issues with interpreting services not being available for PPG meetings

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#### 2. Cancer

Wolverhampton was around the national average for the early diagnosis of cancer and had higher than average rates of premature deaths from cancer. In Wolverhampton there were concerns around the 2 week wait for referral and subsequent delays in treatment.

The Wolverhampton Clinical Commissioning Group (WCCG) were working with Royal Wolverhampton NHS Trust (RWT) to bring these rates down.

West Midlands Cancer Network were also aware of these issues, so it was agreed that Healthwatch would defer this project to 2019/2020.

### 3. Isolation and Loneliness

Social isolation and loneliness is a major issue in modern Britain and feedback from the public suggests this is also the case in Wolverhampton.

Social isolation and loneliness can affect anyone at any point in their life, but some groups are more susceptible such as someone that is housebound, older people, recently bereaved, young parents, people with long term health conditions and mental health issues. We decided to concentrate on the experiences of housebound and young new moms.

We carried out **33** surveys with patients / residents who were housebound; we worked with domiciliary care providers and community nurses to get surveys completed. We also carried out focus groups to understand the experience of young new moms around isolation and loneliness following their discharge from hospital.

We are hoping to move to phase two of the project and have extended in to 2019/20 before we collate our findings.

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### 4. Care Assessments

In 2016 Healthwatch took part in national research with Healthwatch England looking into delays in care assessments for those who were resident in residential care homes. The research targeted care home managers to understand their experiences of delays in assessments and the impact this was having.

We replicated the original survey in July / August 2018 to identify any changes made in the delivery of care assessments, care packages and care reviews.

**54** homes received the survey via e-mail; only **14** care homes responded to the survey.

The overall findings were in line with the results in 2016 with some nominal improvement in the timeliness of care reviews being undertaken.

Recommendations suggested;

- ❖ Consideration should be given to providing interim financial support to care home residents who are awaiting assessment and lack resources to meet costs themselves.
- ❖ Process is put in place to expedite reviews where a request for an urgent review is made by a service provider due to change in health or needs of a current service user.
- ❖ Process for prioritisation of care assessments for service users on step down placement.



## 5. Drug and Alcohol Services

The public identified that they wanted this to be a priority for Healthwatch, however due to the services being recommissioned it was agreed that a mapping exercise would take place to understand the services that were currently available in the community to support individuals with drug and alcohol issues.

The following services were identified:

- ❖ Recovery Near You - Wolverhampton Substance Misuse Service
- ❖ The following services are delivered by Aquarius, Nacro and Birmingham and Solihull Mental Health Trust;
  - ❖ Substance misuse services for adults, young people and families
  - ❖ Drug and Alcohol Hospital Liaison Team
  - ❖ Criminal Justice Interventions
  - ❖ Specialist Alcohol Team
- ❖ Service User Involvement Team (SUIT)
- ❖ Smart recovery - self management and recovery training
- ❖ Alcoholics Anonymous (AA)

## 6. Discharge

Discharge from hospital was a concern for the public. As part of Discharge 2 Assess (D2A) Steering Group, Healthwatch realised that the patient voice and experience was not being listened to.

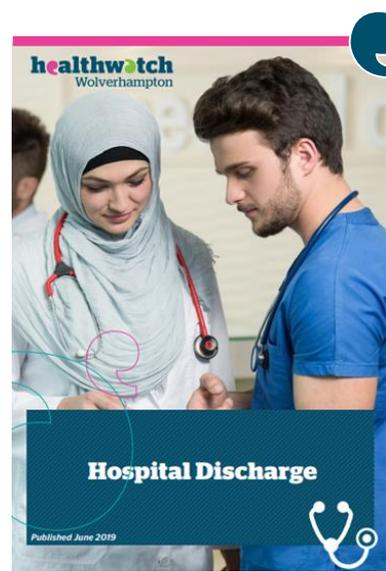
**101** patients were interviewed by volunteers and staff whilst in hospital to gain an understanding of their involvement with their discharge. There were two parts of this report and patients were contacted at an agreed date following discharge. The patients interviewed were inpatients at Royal Wolverhampton NHS Trust, West Park and Cannock Hospital.

The patients that we engaged with during their stay in hospital had mixed responses to how or if they were engaged around their discharge plans; a number of the patients we followed up had sadly passed away and their relatives answered the questions.

There were a number of recommendations including;

- ❖ Family members should be involved in the discharge planning process
- ❖ One single point of contact needed for patients to liaise with for their discharge
- ❖ Patient concerns to be taken into account when planning discharge.

Healthwatch has highlighted the importance of the patient voice during the planning of discharge from hospital.



## Other areas of work

### Urgent Care Centre

We had previously carried out surveys at the centre and made a number of recommendations, we were pleased to see that there had been improvements from our recommendations.

We carried out surveys from 24<sup>th</sup> September to 30<sup>th</sup> September 2018 and we covered various times of the day, including out of hours and weekends and a maximum of 2 hours were spent at each visit made by staff and volunteers.

Overall, the Urgent Care Centre was quiet during the times that we were there and the experience was mainly positive from the patients who we spoke to. However, there were still some areas for improvement from the Urgent Care Centre to the patients:

- ❖ More information is required around the Urgent Care Centre and what ailments they can treat.
- ❖ More information needs to be available for patients who wish to make a complaint.

There was still confusion around the walk-in patients and patients who had made an appointment via NHS 111.



Jane, one of volunteers, helping us to complete surveys at the Urgent Care Centre

### End of Life

We were commissioned to carry out some engagement work with patients experience and understanding of Advance Care Plans. Focus groups were carried out at Dementia Cafes, the Deaf community coffee morning, and the ACCI (African Caribbean Community Initiative) carers group to gain their understanding on advance care plans.

There was a range of understanding of what Advance Care Plans are. There were mixed feelings about starting a conversation around End of Life for some individuals, others were open about having a discussion, some did not want to think about it.

A report was produced and shared with the WCCG and Integrated Care Alliance as End of Life is one of the areas that they are working on. The Medical Director of Royal Wolverhampton NHS Trust said it was a well written and informative report.

In addition, surveys were also shared with people who had lost a loved one within 12 months. This report has been shared with the WCCG.



Tracy holding a forum on End of Life

## Deaf community

As part of our ongoing work with Deaf and hearing-impaired individuals, we have worked with Zebra Access, commissioners and providers to understand the issues this community have around various health areas.

In August 2017, Healthwatch held an event to gain an understanding of experiences in health and social services. This resulted in the development of a report which had **23 recommendations**. The Deaf community felt that they had been listened to but that no action was taken to follow up their feedback.

We brought together Wolverhampton City Council commissioners, Wolverhampton Clinical Commissioning Group, Urgent Care providers and Royal Wolverhampton NHS Trust to pull together responses to the recommendations. We held an event in September 2018 where the Deaf community learnt about what actions were being carried out following the publication of the report and its recommendations. They were also given an opportunity to ask additional questions or clarify anything that they needed more information about.

**This event was well received by the Deaf community as they felt that their voices had been not just listened to but things were being looked at seriously, with changes being made to improve their experience.**

There were several outcomes that came from the launch including:

- ❖ Healthwatch and Wolverhampton City Council to produce a card that would support both the Deaf and hearing impaired; this will reduce the anxiety about having to book an appointment and asking for an interpreter or needing a hearing loop.
- ❖ Healthwatch to facilitate Health Forums for the Deaf community by working with Zebra and speakers for the health areas identified by the community. The venue, dates, times were agreed by the community. They wanted what hearing people had, around understanding the signs they need to look out for and have awareness around health topics.

**“Healthwatch Wolverhampton have worked closely with Zebra Access to improve the well being and health care the Deaf community receive, this has had it successes and we hope we can continue to support the cause.”**

*Sean Noone  
Community Development Officer, Zebra Access*



September's meeting following the publication of the Deaf report

Health Forums have taken place so far, with more being planned.

- ❖ **Dementia Forum** was delivered by the Alzheimer's Society who carried out Dementia Friends awareness sessions, and 7 members became Dementia Friends.
- ❖ **Mental Health Forum** was delivered by the lead Mental Health commissioner of WCCG on what is commissioned and who provides the services. The group would have liked to have had more information around the various mental health conditions and the commissioner was happy to come back to the group and let them know.
- ❖ **Cancer:** the group wanted to understand the different forms of cancer and the signs and symptoms, This forum will be delivered by RWT and WCCG.
- ❖ **Diabetes:** again to understand the different forms of diabetes and the signs and symptoms, this forum will be delivered by Diabetes UK



Deaf Forum attendees with their Dementia Friends certificate

In addition to ongoing work with the group, we have carried out focus groups around End of Life.

Healthwatch have attended Zebra Access's coffee morning to carry out a talk about Healthwatch and to understand the issues with the interpreters that are currently being commissioned.

The report and recommendations were presented at the Health and Well Being Board in January 2019. It was well received and **the recommendations were accepted.**

**Healthwatch have been informed that the leader of the City of Wolverhampton Council has commenced discussions between the Council and NHS to look at commissioning interpreters jointly, rather than the WCCG, RWT and Council all using different interpreting organisations. This would help resolve some of the issues identified by the Deaf community, who felt that there was no consistency to quality of provision.**

We have worked with Zebra Access and Independent Living Sensory Service to develop a communication card to help reduce some of the anxiety and difficulties faced by people who are Deaf or hearing impaired.

So far **22** cards have been handed out and we will continue to work with the Deaf community to see if this has had a positive impact on allowing people to access services.

CITY OF WOLVERHAMPTON COUNCIL ZEBRA access healthwatch Wolverhampton

I am Deaf or Hard of Hearing

I Require Support to Communicate

Name \_\_\_\_\_

I communicate using: (Please tick all that apply)

British Sign Language (BSL)

Book me a BSL interpreter

Book me a double appointment

I lip-read / hearing aid user, please look at me

## Strategic relationships

Healthwatch Wolverhampton acts as a critical friend to local strategic partners and plays an active role in representing your views. We have attended many strategic and operational meetings as listed below:

- ❖ Action for Hearing Loss
- ❖ Better Care Fund
- ❖ Black Country Healthwatch
- ❖ Black Country Partnership Foundation Trust (BCPFT) Engagement Meeting
- ❖ Café Neuro Co-ordinators Meeting
- ❖ Cancer Strategy
- ❖ Cannock Hospital Quality Visit
- ❖ Care Home Manager, East Park
- ❖ Care Quality Commission (CQC) Information Sharing
- ❖ Children and Adolescent Mental Health Commissioner Meetings
- ❖ Clinical Commissioning Group Self Care Assessment
- ❖ Dementia Action Alliance
- ❖ Dementia Strategy Group
- ❖ Deterioration Patients Task Group
- ❖ Discharge to Assess (D2A)
  - Steering Group
  - Communications and Engagement Group
  - Internal Audit for Discharge to Assess
- ❖ Domiciliary Care Providers Group
- ❖ Early Help Strategy
- ❖ Emergency Department Lead and Royal Wolverhampton NHS Trust (RWT)
- ❖ End of year CCG Assurance Meeting with NHS England
- ❖ Executive Commissioning Group
- ❖ Head of Patient Experience Team
- ❖ Health and Scrutiny Panels
- ❖ Health and Wellbeing Board
- ❖ Health and Wellbeing Event for Cancer Patients
- ❖ Health Workstream Meetings
- ❖ Healthwatch England Conference
- ❖ Healthwatch Network
- ❖ Improvement and Assessment Framework (IAF)
  - Patient and Public Participation Workshop
- ❖ Integrated Care Association Meetings Including:
  - Governance
  - Clinical
  - End of Life Subgroup
  - Frailty Subgroup
  - Children and Young People Subgroup
  - Mental Health Subgroup
- ❖ Joint Engagement Assurance Group (JEAG)
- ❖ Maternity Voices Partnership
- ❖ Meeting with the Deputy Chief Nurse from Wolverhampton Clinical Commissioning Group (CCG)
- ❖ Mental Health Stakeholders Forums
- ❖ Mortality Reduction
- ❖ NHS Long Term Plan
- ❖ NHSE Cancer Alliance Meeting
- ❖ Patient Participation Group Chairs and Citizens Forum
- ❖ Peer Review City Council
- ❖ Primary Care Committee
- ❖ Quality and Performance Committee
- ❖ Quarterly meeting with Care Quality Commission
- ❖ Royal Wolverhampton NHS Trust Annual General Meeting
- ❖ Safeguarding Board:
  - Mental Health Audit
  - Parents with Disabilities Audit
  - Internal Audit for Discharge to Assess
- ❖ Safeguarding meetings
- ❖ Safer Provision and Caring Excellence (SPACE) programme Care Home Improvement
- ❖ Special Health Scrutiny Panel (Mortality Rates)
- ❖ Stakeholder event at Beacon Centre
- ❖ Stakeholder event with BCPFT and Dudley and Walsall Mental Health
- ❖ Sustainable Transformation Partnership and Senior Responsible Officer
- ❖ System Development Board
- ❖ University of Wolverhampton Nursing Curriculum Launch
- ❖ Vocare Improvement Board
- ❖ WCCG Annual General Meeting
- ❖ WCCG Commissioners
- ❖ WCCG Governing Body
- ❖ West Midlands Care Association
- ❖ Wolverhampton Information Network Stakeholders
- ❖ Wolverhampton Lesbian, Gay, Bisexual and Trans Alliance

## Spotlight on Mental Health

We held a Spotlight event in November 2018 themed around Mental Health Services. This included guest speakers from City of Wolverhampton Council, Wolverhampton Clinical Commissioning Group, Public Health and Black Country Partnership Foundation Trust.

The meeting was well attended by members of the public who were able to hear how the commissioners and providers work together around Mental Health Services in Wolverhampton.

There were opportunities throughout the presentations for the public to ask challenging questions to the speakers.

It was clear from the questions and discussions during the meeting, that the processes and explanations of how services work was not the same as the understanding and the lived experiences of some of the service users who were in the room. In particular, accessing services and the re-admission process was not straightforward.

It was felt that it was not as simple as the explanations given and that timeframes were not met; some service users waiting up to 6 months to access the services which is contrary to the 2 weeks for the Psychology service and 7 weeks for young people under the Transformation team.

The service users who attended the meeting, felt that you needed to be in crisis to get help, one said:

**“It seems the only way to get access to treatment is to self-harm or be a risk.”**

Another area that was challenged, was GP’s understanding of mental health, and the process for accessing services.



A number of people in the room asked about the rising numbers of young people who seem to have mental ill health, such as; anxiety and depression.

**“I work at the local college, and we are seeing more and more young people coming from school to college with pre-existing mental health problems”**

One service user challenged the knowledge and behaviour of security staff in the Emergency Department towards people who are displaying mental health conditions. This experience was shared by others. Due to the times that GP’s and mental health services can be accessed; people are often forced to go to the Emergency Department to seek help. When people present at the Emergency Department with challenging behaviour because of their mental health condition, they are often treated by security in the same way that someone who is causing a problem. This often makes the situation worse and has a negative impact on the mental health of the person.

Healthwatch also asked how other professionals such as Healthwatch staff, Housing Officers and teachers can make referrals or better support the people that they have come in to contact with.

Healthwatch has tried to raise Safeguarding issues in the past following concerning disclosures made to us by people with mental health concerns. However the response has always been **“Mental Health is not a safeguarding issue”**, despite other local authorities considering it to be a safeguarding issue.

## Dementia Friends

We have been active members of the Dementia Action Alliance which aims to make Wolverhampton a Dementia Friendly city.

This year all our staff have taken part in Dementia Friends sessions, with two members of staff becoming Dementia Champions, which allows us to share information to other members of the community. We aim to have all our board members and volunteers become Dementia Friends and this will be incorporated in to our induction process.



During our Enter and View visits, we include questions around dementia and we regularly include recommendations to service providers to encourage our local health and social care services to become dementia friends. **This has resulted in request from some services for Dementia Friends sessions**

## Antibiotics Week

In November 2018, the staff team and volunteers completed their “Antibiotics Guardian” training and then engaged the community to talk about antibiotic resistance and help bust some myths.

The staff team, volunteers and our student placements went out in the community everyday talking to people and finding out their experience of antibiotics use and what they expected from services.

A social media campaign also took place, with a poll being run each day. We learned that people didn’t fully understand the use of antibiotics, how resistance is built up and that people didn’t understand the official campaign information.

During the week we engaged with **198** people in the community and our social media campaign reached **8,100** people and received **411 interactions** including **93 votes** in our online True or False polls. At least one member of the public signed up to become an Antibiotic Guardian because of our social media activity.

“Healthwatch did an outstanding job of supporting the collaborative effort to raise awareness of antibiotic resistance in Wolverhampton. They interacted with members of community face-to-face stalls and through a highly successful social media campaign in which they promoted Public Health England’s Keep Antibiotics Working Campaign and dispelled myths about antibiotics and antibiotic resistance.

The Wolverhampton Joint Antimicrobial Stewardship Programme team were delighted to see staff and volunteers taking these important messages beyond the healthcare environment into community settings.”

*Dr Mike Cooper  
Microbiologist and AMR Lead at Royal Wolverhampton NHS Trust*



Your Antibiotic Guardians

## Project GIVE

In September 2018, we were proud to sign up to a new initiative in Wolverhampton called Project GIVE. Project GIVE aims to tackle the growing problem of period poverty in the city.

495 young girls have admitted to missing entire school days due to their periods and 1 in 7 struggle to afford sanitary products.

After hearing some horrific examples of what young people have been through due to period poverty, Healthwatch Wolverhampton signed up to Project Give and is a designated donation centre, where all donations are welcome.

Staff and volunteers have kindly made donations to help support young people and make sure that no one misses school or has to choose between food and sanitary products.



Receiving our Project GIVE donation packs

## Macmillan coffee morning

On the 28<sup>th</sup> September 2018 we held our very own Macmillan coffee morning to help raise much needed funds for this great cause. We invited our volunteers and staff to bring in cakes and to come along on the day and take part. Everyone had a fantastic day, with plenty of home made cakes and the odd store brought treats, games and conversation.

We raised £70 for Macmillan during the 2 hours we had our table in the reception area of our building. This will go towards providing specialist care and support for those diagnosed with Cancer and their families.



Volunteers raising money during Macmillan coffee morning

## Café Neuro

By working collaboratively with Compton Care and Black Country Neurological Alliance, Café Neuro was set up in Wolverhampton for service users, carers and families to meet other local people and get peer support over a cuppa.

They are able to access information and signposting from local Healthwatch volunteers and staff members and provide feedback on the services they access as part of the treatment for their conditions.

The group sessions take place the third Thursday of every month in the afternoon.



Café Neuro Group

## Young people

We have worked closely with the City of Wolverhampton College as well as training providers to give young people the opportunity to develop their skills and to get work experience.

Over the course of the year we have supported 15 students from the college and training providers who have given over **650 hours** of work experience between them.

They have supported the role of Healthwatch in a range of ways, including office support and outreach.

We have had requests to take more students as the feedback that has been received has been positive and the students have been talking to their class mates about how they enjoyed their time with us.

One of our students had this to say:

**“I was made to feel welcome and part of the team. It was clear that the staff want to be in the community and understand people's needs and experiences. It was great for me to see what it is like to work in an office.”**

*Afolayan*



Wolverhampton College students providing feedback on services

## Diverse communities

We have also been working with the African Caribbean Community Initiative to engage with the community during Carers Week 2018 and to talk to people about their experiences of health and social care. Moreland Trust has also invited us to attend several of their groups, specifically to engage with people from ethnic groups. We have received feedback regarding discrimination towards service users as well as an apprehension to access some services.

During the course of the year we have attended the Wolverhampton LGBT Alliance (Lesbian, Gay, Bisexual and Trans) meetings and historically supported the Pride event which takes place each year. We have listened to the information that the community shares about their experiences of using services as well as looking at national research and available information. We know that as a community, mental health, drug and alcohol misuse, and self-harm are issues which impact the LGBTQ+ community proportionally more than others. Some sexually transmitted infections as well as the rates of suicide attempts in gay men in Wolverhampton is also on the rise.

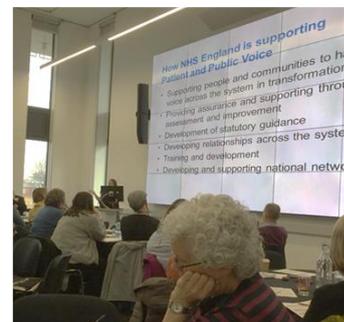
We have also been working with some Asian ladies groups. They have taken part in surveys for us and we have worked with them to translate the surveys in order to gather their views.

We have incorporated questions into our Enter and View visits specifically asking providers how they create a safe space for different ethnicities, sexual orientations and gender identities. We also ask people if they have felt discriminated against when accessing services. **This has resulted in some providers receiving recommendations for Equality and Diversity training.**

# Your Views on Services

“Our GPs value the close relationship that we have with Healthwatch as they provide us with patient feedback in a timely manner and allow us to work with the patient to resolve any issues or concerns they might have.”

*Practice Manager  
Lee Road Medical Practice*



We have received lots of feedback about health and social care services from service users, their families and carers.

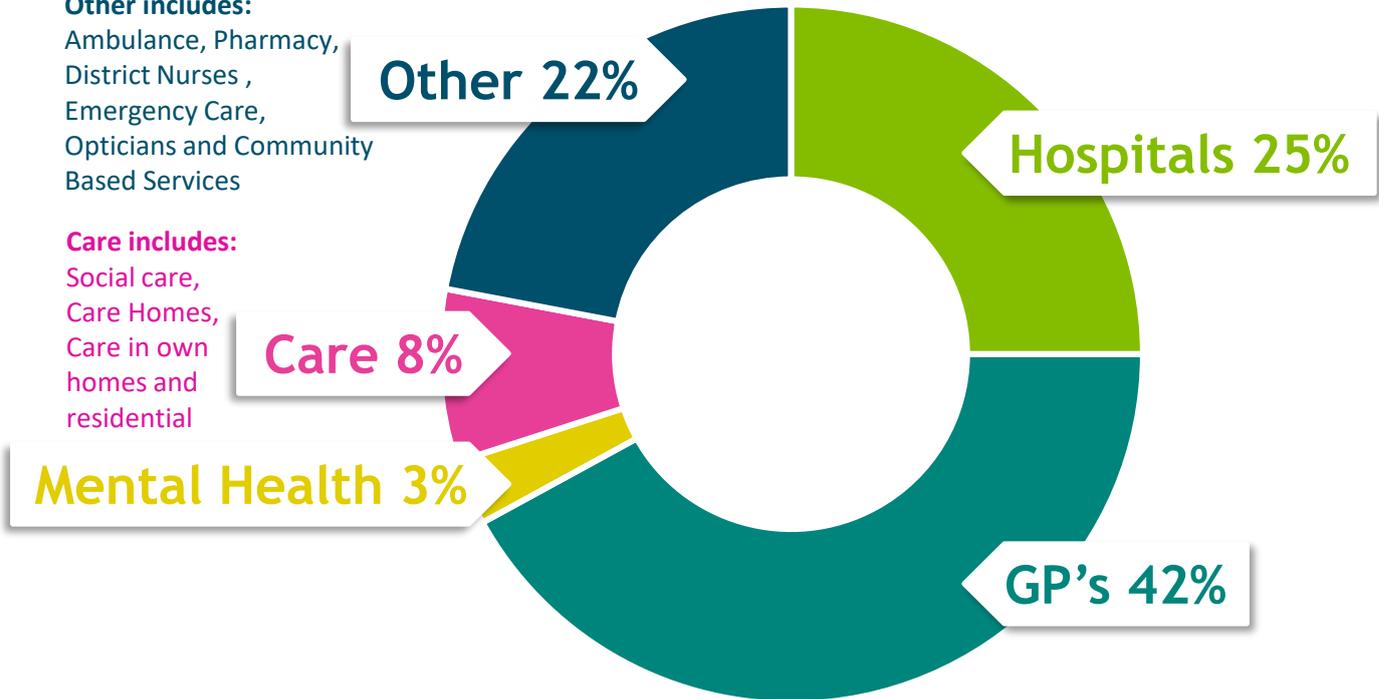
Here are the most common service areas that we have received feedback on in the past year:

**Other includes:**

Ambulance, Pharmacy, District Nurses, Emergency Care, Opticians and Community Based Services

**Care includes:**

Social care, Care Homes, Care in own homes and residential



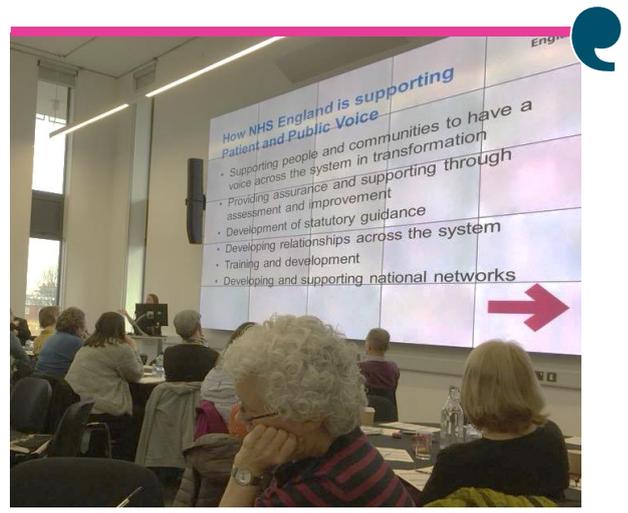
### What do we do with your feedback?

We use your feedback to help make improvements and changes. We do this by: talking to commissioners and managers of services, playing a role in strategic meetings and conducting Enter and View Visits. Some of your feedback is also used to shape pieces of work or further consultations while others have been signposted to our Advocacy services.

If you would like to talk to us about the health and social care services you use and help to shape the local services in your communities, we would love to hear from you; please contact us.

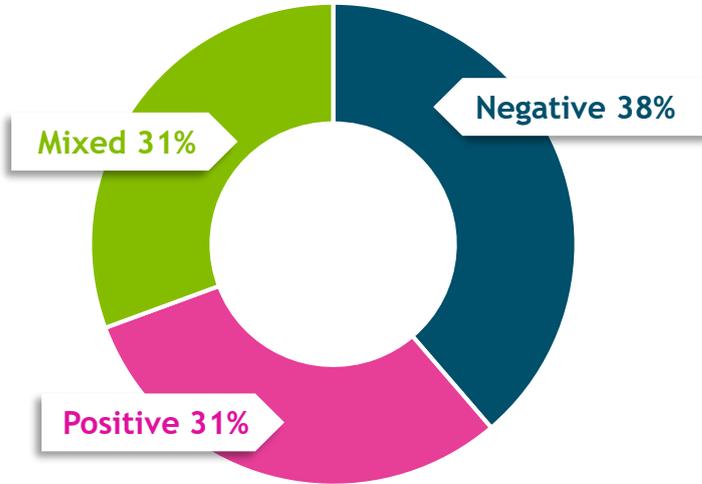
The topics of feedback we have received include:

- ❖ Access to services or appointments, particularly the Urgent Care Centre and GP's
- ❖ Communication between services and service users
- ❖ Discharge from hospital



## Themes of your feedback

Over the last twelve months we have received over **240** general pieces of feedback about health and social care services across Wolverhampton. Each piece of feedback we receive has a theme, whether it be positive, negative or mixed. Receiving these experiences is a vital part of what we do as it helps to demonstrate when a service is working well or not so well and can aid us to make a decision about how we might initiate changes. Examples of the feedback received can be found below:

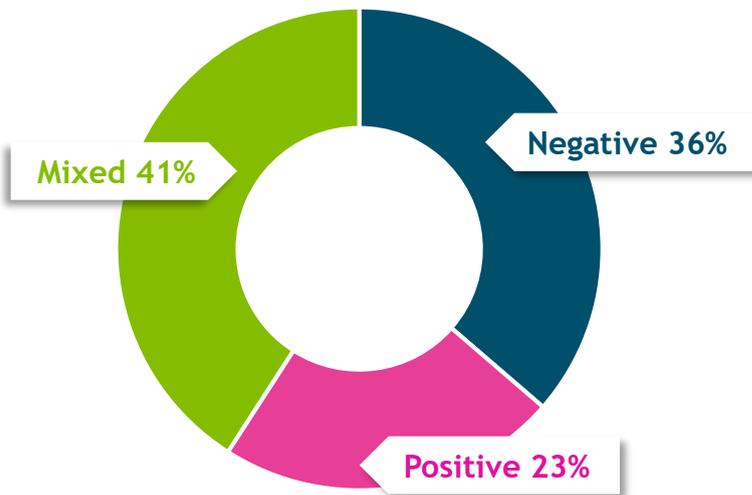


### GP Surgeries

*“My GP treats me with respect, and it feels like he really knows me”*

*“I usually have issues getting an appointment with my GP so I go to the Urgent Care Centre”*

*“I don’t have a named GP and am always seen by a locum doctor. It feels like no one wants to take responsibility for my care”*



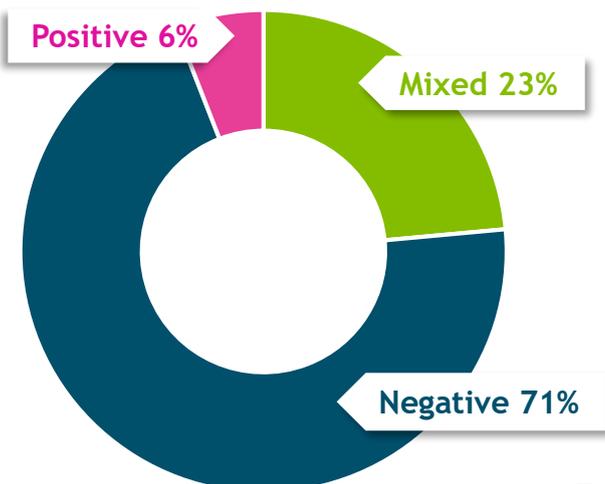
### Hospitals

*“I had an emergency stay at New Cross Hospital and the care was really good”*

*“Been looked after well at the Heart and Lung Centre”*

*“I’ve been battling to get my family member discharged, caused by delays in social care”*

*“I waited three hours past my scheduled appointment to be told I couldn’t be seen”*



### Social Care

*“I’m not getting help from my support worker to help fill out forms that would help me get access to support”*

*“I can’t speak highly enough about the staff, the level of care my mom gets is second to none”*

*“I have a new carer coming in every day. The manager told me there is a staffing issue”*

# Helping you find the answers

The person was pleased to have finally been pointed in the right direction and thanked us for our time.

*Service user*



## Signposting and advice

Throughout the year we have received many phone calls from people that needed some help finding the right services for them or just felt a little lost.

In December we received a call from a member of the public who could not seem to find the right advice to help them stop smoking and to find out if they were eligible for free prescriptions.

The person felt that the GP did not provide much support and that Wolverhampton Clinical Commissioning Group did not seem to have the answers either.

Following a phone call with us, the person was advised to go to the Pharmacy as they can provide advice relating to both of these topics, and to look at the “Click before you tick” website, which allows you to check your eligibility for free prescriptions.

**The person was pleased to have finally been pointed in the right direction and thanked us for our time.**

“Representatives from Healthwatch Wolverhampton came along to one of our Coffee Mornings to talk about the work of Healthwatch and to listen to peoples experience, in particular the experience of Health and Social Care services that parents of children with Autism and Learning Difficulties have.

Many parents spoke of their frustrations when they had to take their child to Accident and Emergency and they also made suggestions about how to improve provision.

It was explained at the coffee morning that Healthwatch would raise these concerns with the relevant agencies and was able to signpost some of the parents to sources of help and support.”

*Melanie Heywood*

*Family liaison Officer, Tettenhall Wood School*

In August 2018 we were contacted by a service user who wanted support making a complaint, independently of the Patient Experience Team or their GP as a complaint had already been made but it was just being “passed from pillar to post and no one is taking responsibility”.

The person was receiving treatment for a condition and after several months they were told that they should have been having pain relief treatment instead and that a referral would be made to the GP.

After several months, there had been no further contact so the person called the GP to investigate. The referral had been received some time before but had not been processed which triggered their complaint.

The person had been waiting longer than necessary, and the situation was having an impact on their mental and physical health.

**A referral was made to the Advocacy Service who was able to support them in making a complaint and getting the matter resolved.**

Healthwatch Wolverhampton received a referral from the advocacy service regarding a resident at a care home who did not want to make a complaint but felt that there were a number of issues at the home that needed to be looked at. This was specifically around the level of care provided by the staff and their willingness to help.

An Enter and View visit was carried out and the Authorised Representatives found that other residents at the home also had similar experiences.

**The home received a number of recommendations from us and during a follow up conversation it would appear that a number of these have been taken on board**

# Complaints and Advocacy

“I would not have had the will to go through with making a complaint on my own as it was very daunting. My advocate gave me confidence”

*Advocate service user*



# Complaints and Advocacy

Wolverhampton Health Advocacy Complaints Service (WHACS) supported **81** Wolverhampton residents to make a formal NHS complaint in 2018/2019.

The majority of referrals received were self-referrals and most complainants contacted the advocacy service using the freephone number. We also received self-referrals via email.

An increasing number of referrals came from Healthwatch Wolverhampton, who had identified people who may benefit from WHACS support as well as from enquiries made to Healthwatch Wolverhampton's helpline.

WHACS promotes self-advocacy to develop self confidence and self-empowerment. We were able to support an average of 30% of new complainants to self-advocate by providing information about the NHS complaints procedure in the form of our Self-Help Information Pack which is sent to all new complainants upon receipt of referral.



**Judith Stroud**  
Complaints Advocate

70% of complainants were provided with intensive advocacy support where the advocate provided one to one support according to the complainants needs.

Themes included:

- ❖ Quality of care and treatment
- ❖ Access to Services
- ❖ Diagnosis
- ❖ Delays / Cancellations

The majority of complaints are resolved through direct communication with the service provider and the outcomes achieved include:

- ❖ An apology
- ❖ An explanation
- ❖ A change to process/procedures

Sometimes the complainant is not able to resolve the complaint directly with the service provider, and in these cases the advocate will support the complainant to refer the complaint to the Parliamentary Health Service Ombudsman (PHSO). We supported 9 complainants to refer their complaint to the PHSO in 2018/19.

## What our clients say

Complainants have the opportunity to provide feedback on the service they have received from their advocate as this helps us to monitor and improve our service.

During 2018/19 feedback included the following comments:

**“A very helpful service - please continue to provide this to the public. It would be very difficult to get your voice heard without more people like my advocate”**

**“My advocate explained my options throughout the complaints process”**

**“I was able to make my complaint after talking to my advocate. She was always there if I had any questions”**

**“I would not have had the will to go through with making a complaint on my own as it was very daunting. My advocate gave me confidence”**

**“My advocate supported me and always responded to when I needed to speak to her”**

## Case study

Intensive advocacy support

Y’s father died within one hour of being discharged from Accident and Emergency after being admitted with chest pains and shortness of breath. He was discharged with medication following a diagnosis of constipation. He sadly died shortly after arriving home from hospital.

Following the receipt of Y’s complaint, Royal Wolverhampton NHS Trust carried out a Root Cause Analysis and it was identified that:

**“The clinical information provided to A&E by the ambulance crew was not appropriately taken into account by the A&E medical team”.**

The response stated that the Emergency Department had changed its processes so that documentation from an ambulance crew is readily available to the medical team.

Y was not satisfied with the response and their advocate supported them to write back to the Trust. Y was invited to meet with the Trust and their advocate helped them to prepare their questions for the meeting and accompanied them to the meeting with the Trust. The consultant agreed that Y’s father should not have been discharged from A&E and that medical staff did not pay enough attention to his heart condition.

The notes of the meeting provided by the hospital, did not accurately reflect the discussions that took place during the meeting and Y’s advocate supported them to write to the Trust to request a more accurate account of the discussions which took place. The Trust responded and outlined changes that were to be implemented in light of the complaint.

Y is currently considering their options and has been signposted to AvMA (Action for Victims of Medical Accidents) for medico-legal advice.

# Enter and View

## Enter and View Report

Anville Court Nursing Home  
Unannounced Visit  
19<sup>th</sup> July 2018

“As an Authorised Representative I have been able to gather the views of patients in GP Practices, hospitals and of residents in Care Homes....

Healthwatch has given me the opportunity to utilise my skills, experience and knowledge in a positive way”

*Dana Tooby  
Healthwatch Volunteer, Authorised Representative and Board member*



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[www.healthwatchwolverhampton.co.uk](http://www.healthwatchwolverhampton.co.uk)



## Enter and View Report

Bilston Health Centre - Dr Mudigonda  
Unannounced Visit  
11<sup>th</sup> February 2019



# Enter and View

Enter and View is not an inspection but a statutory duty that Healthwatch carries out to observe services being delivered and to gather service user feedback.

It is just one way for us to better understand the service user experience whilst they are directly using the service. Our Enter and View visits are carried out by staff and volunteers known as Authorised Representatives.

Services can be selected for Enter and View for a number of reasons, for example;

- ❖ To respond to intelligence reported to Healthwatch by service users, Care Quality Commission (CQC) or Wolverhampton Clinical Commissioning Group (CCG)
- ❖ To feed in to a larger piece of work
- ❖ To observe a service that has received a poor CQC report

Once the visit is planned and depending on the types of intelligence, it is then decided whether that visit will be announced, unannounced or semi-announced. During a visit we engage with service users, their families, carers and the staff that deliver the service.

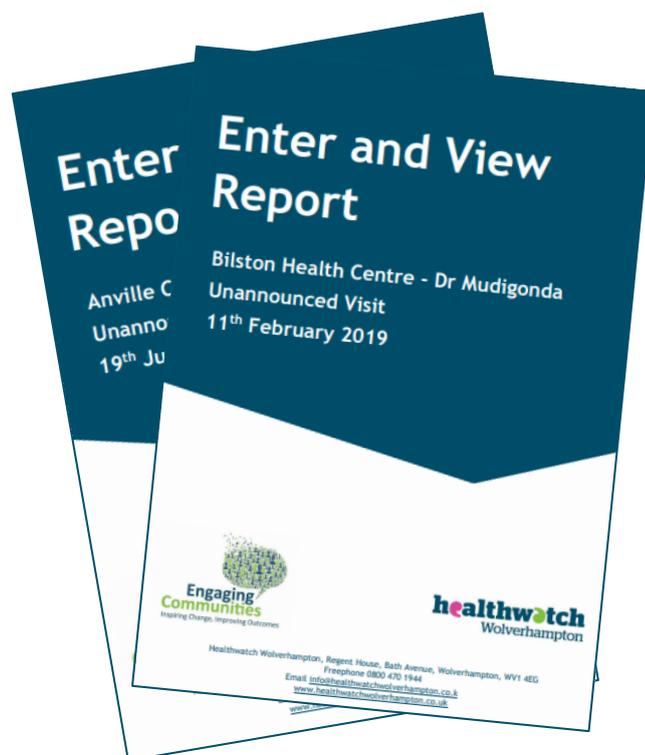
## Enter and View visits carried out in 2018/19:

- ❖ Bilston Health Centre - Dr Mudigonda
- ❖ Coalway Road GP Practice
- ❖ Tudor Medical Centre
- ❖ Low Hill GP Practice
- ❖ New Cross Hospital: Ward A12
- ❖ New Cross Hospital: Ward A14
- ❖ New Cross Hospital: Eye Infirmary
- ❖ Aldergrove Manor Care Home
- ❖ Anville Court Nursing Home

The feedback that is received and the observations made are put into a report with any recommendations that we make.

These reports are then sent to the relevant organisations including: the local authority, CQC, WCCG, Healthwatch England, NHS England, local councillors and the provider and published on our website.

We have spent some time working with volunteers to ensure that the process is as simple as possible and changed forms used when conducting visits. We have also aligned Enter and View to the eight principles of Healthwatch asking a range of questions linked to each principle (see page 30).



- ❖ Probert Court Nursing Home (joint visit with Wolverhampton CCG)
- ❖ Sycamores Nursing Home
- ❖ Mill House Care Home
- ❖ Wrottersley Park House Care Home
- ❖ Bentley Court Care Home

# Our Authorised Representatives

Enter and View visits would not be possible without our team of dedicated volunteers and staff known as Authorised Representatives.

Authorised Representatives are volunteers, and/or Healthwatch staff who have been trained to talk to service users and observe services being delivered. They are not medically trained or trained in health and social care but they help to provide a laypersons perspective of services that are being delivered in Wolverhampton.

Each Authorised Representative brings with them their own set of skills and knowledge which has helped us to shape and adapt our Enter and Viewn visits over the past 12 months. We have an ongoing recruitment and training opportunity for Aurtherised Representatives.

During 2018/19 we undertook 14 Enter and View visits at a range of settings including GP practices, nursing and residential homes as well as wards at New Cross Hospital.

We would like to thank all of our Authorised Representatives for their time, hard work and dedication to our Enter and View programme.

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## Healthwatch Eight Principles

Healthwatch has a set of eight key principles that underline your rights as service users as well as guides us in the work that we carry out on your behalf.

- ❖ Healthy Environment
- ❖ Essential Services
- ❖ Access
- ❖ Safe, Dignified and Quality Service
- ❖ Information and education
- ❖ Choice
- ❖ Being Listened To
- ❖ Being Involved

---

## Our Authorised Representatives are:

- ❖ Anita Kainth
- ❖ Ashley Lovell
- ❖ Anu Sandu
- ❖ Beverly Davis
- ❖ Dana Tooby
- ❖ Donald McIntosh
- ❖ Emily Lovell
- ❖ Tina Richardson
- ❖ Louise Omekoko
- ❖ Maggie Makombe
- ❖ Marlene Lambeth
- ❖ Mary Brannac
- ❖ Matthius Katanga
- ❖ Pat Roberts
- ❖ Raj Sandhu
- ❖ Shreejit
- ❖ Jane Emery
- ❖ Janice Edwards
- ❖ Judith Stroud
- ❖ Kerry Southall
- ❖ Kirpal Bilkhu
- ❖ Rasham Gill
- ❖ Roger Thompson
- ❖ Rose Urkovskis

## Coalway Road GP Practice

This unannounced visit took place on 14th January 2019 due to the CQC's inspection report which rated the service as requiring improvement. We were also aware that a new manager had recently started at the practice.

The majority of patients that engaged with the Authorised Representatives felt that they were able to get appointments when they needed them and that they had **“noticed an improvement in the service since the new practice manager had started in July”**.



Coalway Road GP Practice

The practice actively signposted patients to additional services such as Social Prescribing (connecting people in the community to support their wellbeing). They also signposted to Thrive into Work (supporting people with long term health conditions back into work).

All of the patients that took part in the visit reported that they felt safe at the practice and that they didn't feel discriminated against in any way. Some patients told us that their family had received support in accessing additional services such as mental health support.

At the time of our visit the staff at the practice were not dementia trained, however, this was something that the manager was keen on bringing to the practice as they wished to deliver a dementia friendly service.

There was a mixed response from patients in regard to being listened to. Patients felt able to ask questions if they didn't understand something but not everyone knew how to make a complaint. Some of the patients felt that their concerns were taken seriously, while others did not.

We did notice surveys available in the reception area but some patients told us they were regular visitors and had never been asked to take part.

There was no feedback mechanism in place; this was discussed with the manager during the visit, who explained that they didn't have a way to communicate any actions or respond to patient feedback.

It was advised during the visit that a “You Said, We Did” should be put in place and the manager was open to this idea.

Our recommendations included:

- ❖ Take steps to increase engagement with patients in order to gain an understanding of their needs
- ❖ Ensure information about patient involvement is clear and visible
- ❖ Implement a “You Said, We Did” to provide feedback to patients

**Since our visit a “You Said, We Did” notice has been implemented.**

## Aldergrove Manor Care Home

Aldergrove Manor was visited on Saturday 26<sup>th</sup> January 2019. On observation the home seemed clean and had a good friendly and homely atmosphere, with all staff and residents who engaged with Authorised Representatives speaking positively about the home.

From the outset, it was clear that residents choice was promoted throughout the home, from food to activities. A variety of activities were on offer, including Wednesday designated as a "pampering day".



Aldergrove Manor Care Home

Staff told Authorised Representatives that activities are chosen for residents based on their likes and hobbies and the things they enjoyed when they were younger. The home appeared to be receptive to residents input and feedback and were in the midst of trialing changes instigated by residents.

Recommendations included:

- ❖ Introducing a welcome information pack to help new residents settle in
- ❖ All staff to wear name/identification badges
- ❖ Backup electronic copies of key information as most of the information is kept in paper form only
- ❖ Introduce signage outside of the home to make it easier for visitors to find

## Providers Response

“I felt the visit went well. The team visiting was very knowledgeable and approachable. The visit was not threatening in any way.

They were very receptive of all our improvements and projects which we have been involved in. I did inform the visitors that Select as a company were in the process of helping us with a welcome pack and was a work in progress.

Regarding name badges we are looking into ordering some different means of identifying staff. Electronic backup is being looked into by Select to ensure records are safe. Maintenance are looking into new signage for the building.”

*Home Manager*

## New Cross Hospital: Ward A12

Ward A12 (a female general surgery ward) was visited on Saturday 9<sup>th</sup> November 2018 following feedback we had received from service users. It was decided that we would conduct an unannounced visit on this occasion.

The ward environment was well maintained and clean but there were some unpleasant smells. We had no concerns about the overall environment or the maintenance of the equipment.

We did observe a nurse and a student nurse changing bedding without wearing aprons and without using any gloves which did cause some concern around cross infection.

It was clear during our visit that staff were very responsive to patients despite the ward being busy. One nurse did stop her conversation with Authorised Representatives in order to respond to a patient, which was great to see as this is not always the case.

It was noted how highly patients talked about the staff. Overall, patients felt safe and were treated with respect and dignity.

The recommendations included:

- ❖ Ensure that all lighting is in full working condition
- ❖ Ensure that all staff including student nurses are aware of infection control procedures and the importance of Personal Protective Equipment (PPE)
- ❖ Introduce a chart identifying the different uniforms

### Providers Response

The provider was given the opportunity to comment on the report, however no response was received.



New Cross Hospital

# Our Volunteers



“big thank you to you and your team and all the volunteers for the amazing work you did for Antibiotics week. The Facebook posts you did were fantastic!”

*Riva  
Prescribing Support Team  
Feedback following Antibiotics Week*



At Healthwatch Wolverhampton we wouldn't have been able to encourage improvements to the health and social care services in our community without our dedicated volunteers; our volunteers are invaluable to our work.

#### What our volunteers do:

- ❖ Raise awareness of the work we do in the community by supporting the community outreach lead.
- ❖ Visit services on Enter and View visits to make sure they are meeting people's needs.
- ❖ Supporting our day to day running in the office
- ❖ Collect people's views and experiences of health and social care services which we use to guide further work and reports

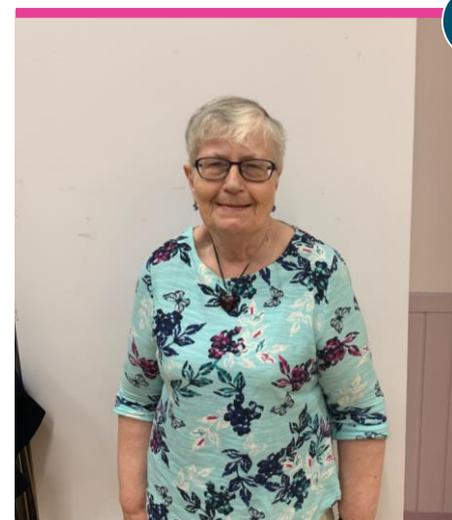


“I started to volunteer after I had a stroke and could not work anymore. I joined the Patient Participation Group at my doctor's office and found out about Healthwatch through them.

I have always been interested in health issues and want to be involved. Volunteering has been very stimulating for me and has helped in recovering from my stroke.

With Enter and View I am involved in going out and visiting various institutions and writing reports. It is very interesting to learn about the services that the NHS provide and I also use my skills from my previous profession. It is challenging but I am out and about meeting new people.”

*Mary*



“I started in November 2018 to do 270 hours work experience. The main thing I wanted to do was develop my confidence. I slowly gained confidence by doing different things such as; asking questions, talking on the phone, going out to GP's and hospital and going to different events etc.

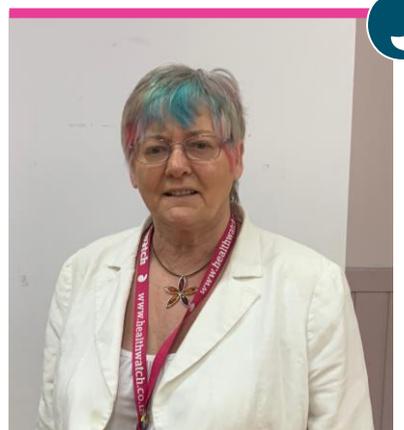
I finished the hours required for work experience in April 2019 and decided to continue volunteering at Healthwatch. This helped me to find out what was best for me to do next.

Overall, Healthwatch was a great place to be at because I met nice people who helped me to gain confidence and learn what a working environment is. Thank you.”

*Andrada*

“I was a member of LINK which evolved to become Healthwatch and I am now a member of the Healthwatch Advisory Board.

I have had various roles, such as supporting some of the community engagement events. This often also involves collecting information from people about specific health issues and involves: focus groups for young first time mothers' experiencing social isolation, visiting hospital wards to talk to patients about the discharge process or listening to parents of children who have special needs about their experience of Accident to Emergency provision. It all helps paint a picture of local services.



As an Enter and View Authorised Representative I have been able to gather the views of patients in GP practices, hospitals and of residents in care homes.

I have represented Healthwatch at various health forums including Stroke, Frailty and End of Life - and as a member of Health Scrutiny I have been part of the decision making process at a strategic level.

Healthwatch has given me the opportunity to utilise my skills, experience and knowledge in a positive way.

This all sounds very dry; the reality is that I really enjoy being part of Healthwatch- I've met some great people and I have lots of fun too!”

*Dana*

“I am a member of the Advisory board of Healthwatch Wolverhampton. I help as a volunteer by helping to promote Healthwatch at events around Wolverhampton. This includes surveys, promotions, complaints which we use as feedback to the service providers.

I have always been interested in health issues and I enjoy engaging with people and listening to their views either good or bad. Being part of Healthwatch is so gratifying and I also enjoy the involvement & friendship. ”

*Jane*



“First of all I was very impressed with the initial contact I had from Healthwatch Wolverhampton. Thank you to the staff - interview and induction was very professional. I chose Healthwatch because I worked in a GP Practice for 9 years and I also have a HR background, with skills I could potentially bring to Healthwatch.”

*Josie*

# Meet the team

Your local Healthwatch team



**Tracy Cresswell**  
Manager



**Ashley Lovell**  
Engagement and  
Information Lead  
*(started May 2018)*



**Emily Lovell**  
Engagement and  
Information Lead  
*(started March 2019)*



**Rasham Gill**  
Community Outreach  
Lead



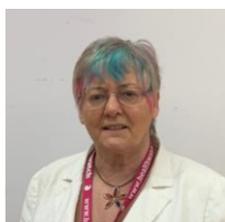
**Charlotte Williams**  
Community Outreach  
Lead  
*(November 2018 - January 2019)*

# Meet the Board

Healthwatch Wolverhampton Advisory Board



**Sheila Gill**  
Chair



**Dana Tooby**



**Rose Urkoskis**  
*(started March 2018)*



**Daniel Mutan**  
*(started July 2018)*



**Maggie Makome**  
*(started March 2018)*



**Jane Emery**

# Message from our Manager

As you can see this year has been a busy one, we have welcomed two new staff members to the team and our contract has been extended to 31st March 2021.

We worked on a number of priorities that had been identified by the general public; from simply carrying out a mapping exercise of services to a survey of over 500 responses around communication from their GP practices.

One of our biggest achievements this year has been working together with stakeholders to ensure the seldom heard voice is being listened to and actions have been put in place to support them. This has resulted in a relationship that has been built up with the Deaf and hearing-impaired community.

Looking ahead at next year some of the challenges will be the changing landscape in Health and Social Care and how the Primary Care Networks will develop and improve patient experience.

The NHS Long Term Plan will be part of the work that we will be focusing on alongside our Black Country Healthwatch colleagues and Black Country Sustainable Transformation Plan (STP) partners.

Our priorities for 2019/2020 build on the intelligence that we have received throughout this year, they are:

- ❖ **Isolation and loneliness** - Phase 2 will focus on over 55's.
- ❖ **Maternity** - Healthwatch will focus on understanding why there has been no change to the experience received from moms during and after birth.
- ❖ **Cervical Cancer** - Healthwatch will focus on Cervical cancer to understand why the

uptake of smear tests is not good in Wolverhampton.

- ❖ **Mortality** - Wolverhampton is an outlier for above average deaths in the city, Healthwatch want to understand how families are being involved.

**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
- ❖ All the partners and stakeholders who we have worked with and continue to work with

I would like to personally like to thank:

- ❖ Wolverhampton College for the wonderful students that have carried out their work experience with us.
- ❖ Juniper Training for the challenging students that we have had and worked with and seen them flourish
- ❖ Zebra who we have worked with together to ensure that the Deaf and hearing-impaired community was given a voice.



**Tracy Cresswell**  
Healthwatch Wolverhampton Manager

# Our finances

Income	£
Funding from the Local Authority to deliver Healthwatch	194,289
Additional Income	1,593
<b>Total</b>	<b>195,882</b>
Expenditure	£
Staffing	137,158
Operational	35,744
Running Costs	15,597
<b>Total</b>	<b>188,499</b>





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