CITY OF WOLVERHAMPTON COUNCIL

Health Scrutiny Panel

17 September 2020

Time 1.30 pm **Public Meeting?** YES **Type of meeting** Scrutiny

Venue Via Microsoft Teams

Membership

Chair Cllr Phil Page (Lab)
Vice-chair Cllr Paul Singh (Con)

Cllr Obaida Ahmed
Cllr Bhupinder Gakhal
Cllr Milkinderpal Jaspal
Cllr Lynne Moran
Cllr Susan Roberts MBE
Cllr Wendy Thompson
Dana Tooby (Healthwatch)
Tracy Cresswell (Healthwatch)
Rose Urkovskis (Healthwatch)

Quorum for this meeting is three voting members.

Information for the Public

If you have any queries about this meeting, please contact the Democratic Services team:

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Agenda

Part 1 – items open to the press and public

Item No. *Title*

MEETING BUSINESS ITEMS

1 **Apologies**
[To receive any apologies for absence].

2 **Declarations of Interest**
[To receive any declarations of interest].

3 **Minutes of previous meeting** (Pages 3 - 20)
[To approve the minutes of the previous meeting as a correct record.]

4 **Matters Arising**
[To consider any matters arising from the minutes.]

DISCUSSION ITEMS

5 **Covid-19 Questions and Answers Session**
[For Health Scrutiny Panel Members to ask questions of Health Partners relating to Covid-19].

6 **CCG Merger Proposals** (Pages 21 - 50)
[To Scrutinise the future commissioning proposals for the Black Country and West Birmingham area].

7 **Healthwatch Annual Report 2019-2020** (Pages 51 - 106)
[To consider the Healthwatch Annual Report 2019-2020].

8 **Connected City Presentation**
[To receive a presentation on the Connected City Scrutiny Theme agreed at the Council's Scrutiny Board].

9 **Future Meeting Dates**
The future confirmed meeting dates of the Health Scrutiny Panel are as follows:-

19 November 2020 at 1:30pm

14 January 2021 at 1:30pm

24 March 2021 at 1:30pm

CITY OF WOLVERHAMPTON COUNCIL

Health Scrutiny Panel

Minutes - 23 July 2020

Agenda Item No: 3

Attendance

Members of the Health Scrutiny Panel

Cllr Obaida Ahmed
Tracy Cresswell
Cllr Bhupinder Gakhal
Cllr Milkinderpal Jaspal
Cllr Lynne Moran
Cllr Phil Page (Chair)
Cllr Susan Roberts MBE
Cllr Paul Singh (Vice-Chair)
Cllr Wendy Thompson
Dana Tooby
Rose Urkovskis

In Attendance
Cllr Jasbir Jaspal (Portfolio Holder for Public Health & Wellbeing)

Witnesses
Professor David Loughton CBE (Chief Executive – RWT)
Paul Tulley (Managing Director – Wolverhampton CCG)
Chris Masikane (Chief Operating Officer – Black Country Healthcare NHS Foundation Trust)
Dr Jonathan Odum (Medical Director – RWT)
Adrian Philips (Consultant Communicable Disease Control - Public Health England)
Yvonne Higgins (Deputy Chief Nurse – RWT)
Jayne Salter-Scott (Head of Engagement and Communications – CCG)
Alison Dowling (Head of Patient Experience and Public Involvement - RWT)

Employees
Martin Stevens (Scrutiny Officer) (Minutes)
John Denley (Director of Public Health)
David Watts (Director of Adult Services)
Becky Wilkinson (Head of Service – Adult Improvement)
Dr. Kate Warren (Consultant in Public Health)
Dr. Ankush Mittal (Consultant in Public Health)
Julia Cleary (Scrutiny and Systems Manager)
Earl Piggott-Smith (Scrutiny Officer)

Part 1 – items open to the press and public

Item No. *Title*

1 **Apologies**

Before the main business items commenced the Chairman asked the Scrutiny Officer to read Shakespeare's Sonnet 30 in an act of remembrance for the people in Wolverhampton who had lost their lives during Covid-19.

Shakespeare Sonnet 30

When to the sessions of sweet silent thought
I summon up remembrance of things past,
I sigh the lack of many a thing I sought,
And with old woes new wail my dear time's waste:
Then can I drown an eye, unused to flow,
For precious friends hid in death's dateless night,
And weep afresh love's long since cancelled woe,
And moan the expense of many a vanished sight:
Then can I grieve at grievances foregone,
And heavily from woe to woe tell over
The sad account of fore-bemoaned moan,
Which I new pay as if not paid before.
But if the while I think on thee, dear friend,
All losses are restored and sorrows end.

The Chairman on behalf of the Panel then paid tribute to the dedicated work of all health partners during the Covid-19 crisis.

Whilst Cllr Obaida Ahmed had sent her apologies in advance of the meeting, she was able to join the meeting and is therefore listed as present.

Cllr Linda Leach, whilst not a Member of the Panel, sent her apologies as the Portfolio Holder for Adults.

Vanessa Whatley, a Deputy Chief Nurse at the Royal Wolverhampton NHS Trust, whilst not a Member of the Panel, sent her apologies.

2 **New Health Appointments and Awards**

On behalf of the Panel, the Chair congratulated Rose Urkovskis on her appointment as Interim Healthwatch Advisory Board Chair and as a Co-opted Member of the Health Scrutiny Panel.

On behalf of the Panel, the Chair congratulated Paul Tulley on being appointed as Managing Director of Wolverhampton CCG.

On behalf of the Panel, the Chair congratulated Professor David Loughton CBE on being awarded a Professorship from the University of Birmingham.

3 **Declarations of Interest**

Paul Tulley, Managing Director of Wolverhampton CCG declared an interest as his wife worked for City of Wolverhampton Council.

4 **Minutes of previous meeting**

The minutes of the previous meeting held on 5 March 2020 were confirmed as a correct record.

5 **Matters Arising**

Cllr Roberts advised the Panel that she had not attended the PPG meeting at Probert Road Surgery as she had initially intended. This was due to the meeting falling during the Covid-19 crisis. She intended to attend a meeting of the PPG Group in the future.

6 **Covid-19 - The Royal Wolverhampton NHS Trust**

Dr Jonathan Odum, Medical Director of, the Royal Wolverhampton NHS Trust gave a presentation on the Trust's response to Covid-19. The Medical Director stated that there had been a number of preparatory meetings in the weeks leading up to the pandemic in the UK. The first confirmed case with Covid-19 at the Trust was declared on Saturday, 7 March 2020. Following the first confirmed case, the Trust setup their Silver and Gold Command meetings. The Silver and Gold Command meetings were attended by multi-disciplinary partners from within the Trust and elsewhere in the City. The Silver Command acted as the Operational Command for running the issues related to the pandemic within the organisation. The Silver Command meetings were held three times daily. The Gold Command acted as oversight and strategic management. Initially these meetings took place daily and were Chaired by the Chief Executive of the Trust. Eventually the Gold meetings were reduced to three times per week and as necessary.

The Medical Director remarked that during the course of the pandemic the Trust felt they had superb relationships with Partners within the City. He made particular reference to the good relationships with Public Health England, Public Health Wolverhampton and other teams within the Local Authority.

The Medical Director stated that Wolverhampton had higher Covid-19 cases per 100,000 during the course of the pandemic than the England average. This trend was the same across the Black Country. He commented that early on in the pandemic it was clear that some patients had Covid-19 but had not tested positive for it from a swab test. They were however treated in exactly the same way. Early in the testing regime there had been a significant false negative rate and also some people could be positive and then later test negative. To date 914 patients had been admitted to the Trust with a positive Covid-19 test result. According to the slide, 44.59% were female and 55.41% were male. At the peak of the pandemic the Trust had in excess of 300 people being treated for Covid-19 within the organisation. The length of stay for each person was significant. The Medical Director described the demographics of the 914 patients that had been admitted to the Trust with a Covid-19 positive test result. 70% of the patients were classified as White-British. A breakdown was given of the ethnicities as follows: -

White British – 70.49%
Black Caribbean – 6.89%
Asian Indian – 6.01%
Not Stated – 9.51%
Asian Pakistani – 1.09%
Asian - Any Other Background – 0.55%

Black African – 1.97%
Black - Any Other Background – 0.77%
White – Any Other Background – 0.87%
Other – Chinese – 0.22%
White – Irish – 0.33%
Other – 0.87%
Mixed White/ Black / Caribbean – 0.44%

The first Covid-19 positive death at the Trust was reported on 8 March 2020. 282 people with a Covid-19 positive swab result had died at the Trust to date. 300 had been reported to the Covid National Reporting System because on the Medical Certificate Cause of Death, if Covid-19 had been included as a cause of death from the 25 April 2020, these had been reported. There had been some cases where it was believed the person had Covid-19 but had not tested positive. This was probably due to the testing system not being as accurate in the early days of the pandemic. People over the age of 65 were much more likely to die of Covid-19 when they had been admitted to the Trust. He presented a slide on the ethnicity of the 282 people who had died that had a confirmed Covid-19 test result. The breakdown was as follows: -

White British – 70.21%
Black Caribbean – 8.87%
Asian Indian – 6.38%
Not Stated – 9.22%
Asian Pakistani – 1.77%
Asian Any Other Background – 0.71%
Black African – 0.71%
Black Any Other Background – 0.71%
White Any Other Background – 0.71%
Other Chinese – 0.35%
White Irish – 0.35%

The Medical Director remarked that during March, April and May 2020 there was a much higher death rate at the Trust than in a normal year. The higher excess death rate was down to Covid-19. They were not seeing excess death rates in any other disease groups. The Trust had carried out a number of Mortality reviews for Covid-19 deaths. None of the deaths reviewed were classed as avoidable. They were about to commence an out of hospital (community) review of deaths during the pandemic, the results of which could be reported back to the Health Scrutiny Panel in due course. The Trust were also undertaking a review of mortality due to possible Healthcare Associated Infection (nosocomial infection / Hospital Acquired Infection).

The Medical Director talked at length about the risk assessments in place at the Trust. Initial risk assessments had been put in place for all staff deemed vulnerable to Covid-19 exposure including health risks and pregnancy, these were completed in March 2020. When it had appeared, there was some disproportionate impact, with Covid-19 more likely to have a poor outcome for those from a BAME (Black, Asian and Minority Ethnic) background, the Trust included it as a risk factor in the risk assessment. A system wide risk stratification tool had been put in place. All staff at RWT had received the risk assessment framework, with a mandate for staff across the organisation to complete it and discuss the results with their line manager so mitigations could be put in place. Redeployment and social distancing had been put

in place for high risk individuals. The matter had been taken very seriously by the Trust.

The Medical Director presented a slide on what had worked well at the Trust during the pandemic. The Staff at RWT had responded magnificently to the Covid-19 pandemic. The redeployment required to manage the situation had been substantial. All the rotas had been completely redone to ensure there was the correct provision. Digital innovation had been utilised to maintain business within the organisation. The use of Babylon (Digital Health System) had been very helpful. Virtual appointments and sessions had been undertaken.

The Medical Director stated that maintaining PPE (Personal Protective Equipment) provision during the course of the pandemic had been very difficult. PPE had been managed centrally by the Government Department for Health and Social Care. There had been daily issues in managing PPE and shortages. The Trust had redeployed 30 staff to work on internal production of protective visors. As of the date of the meeting the Trust had made over a quarter of a million visors. He paid tribute to the staff who had participated in the redeployment. During the peak of the pandemic over 20,000 were being made per week. They had supplied other Trusts with the visors, who had experienced shortages. They were now continuing to make a minimum of over 3,000 per week in preparation for a potential second wave of Covid-19. The Chief Executive of the Trust commented that early on in the pandemic they had become acutely aware of the UK's reliance on China for provision of PPE. The UK did not have the manufacturing capacity for the quantity of PPE required for the pandemic.

The Medical Director remarked that an area that had worked particularly well was the fact that the Black Country Pathology Service was on site. They had been able to use the laboratory for Covid-19 swab and antibody testing. The national testing process for managing testing had not been helpful in their view.

The Medical Director made reference to the very good sickness rate across the Trust compared to other NHS Trusts in the West Midlands region. The highest sickness absence rate for RWT at the peak of the pandemic had been 16%. The sickness rate for the Trust at the date of the meeting was at approximately 4%. Emotional and psychological support had been put in place for staff, including the provision of "Wobble Rooms" (Time Out Areas). An onsite Supermarket had also been provided for the staff.

The Medical Director presented a slide on impediments and challenges during the pandemic. PPE and ventilators had been a massive challenge on a local and national level. The Trust had been able to use their anaesthetic machines and so had been able to cope. Constant changes to national guidance had also been a challenge. In one week, there had been seven national guidance changes in relation to Infection Prevention, which had been challenging and confusing for Trust staff. The initial turnaround time for swab testing results had been slow, with up to 14 days delay in some cases. This had caused some issues with patient placement. Once testing results were brought in house to the Black Country Pathology Service in April 2020, the time reduced to circa four hours.

The Medical Director stated that the discharge to Care Homes had been a very significant issue partly related to the clarity of guidance at the outset. It was a very

different position now but had been very challenging at the start of the pandemic. The Palliative Care Team would be in agreement that restricted visiting was an absolute necessity. It was however a very stressful and emotionally demanding time for patients and their relatives. The Trust had used digital technology to try and help.

The Medical Director commented that the ITU (Intensive Therapy Unit) Ward had been expanded. They were carrying out works to improve the infection prevention measures. The Trust were carrying out significant surveys and events in relation to Covid-19 to determine the psychological effects on staff. Some individuals would require significant help and were likely to be suffering from PTSD (Post Traumatic Stress Disorder). The Psychological and Emotional Wellbeing Support Team were providing the support. As a consequence of the pandemic significant hospital business had not been undertaken, such as work with cancer patients who would have suffered. Restating services would be slow and complex due to the infection prevention measures required.

The Medical Director presented a slide on the preparations for a second wave of Covid-19. Refurbishment work was underway to change the ICCU (Integrated Critical Care Unit) open plan layout to three separate areas in preparation for a second wave in order to hold different groups of patients depending on their Covid-19 status. There were two new wards with a 56-bed ventilator capacity. A bid had also been submitted for ten additional ICCU beds. An Occupational Health Test and Trace process would spot outbreaks amongst staff promptly. There would be an increase in Medical and Junior Doctor support at night. 316 volunteers had been trained (Staff – 156 and External – 160). They had been trained on bed making, laundry management, infection control, PPE and hand hygiene.

The Chief Executive of the Trust commented that on Sunday, 8 March 2020 he had decided in conjunction with the Director of Public Health that general visiting to Trust sites should cease immediately. His biggest personal regret was visiting did not cease for a further two and a half weeks as he had been pressured at a high level, not to halt visiting. He believed that not enough recognition had been given to the fact that the Black Country was just behind London in the pandemic trajectory. He estimated, although he would never be able to know for sure, that up to 25 deaths from Covid-19 may have been prevented within Wolverhampton if general visiting at the Trust had ceased on the 8 March 2020.

The Chief Executive stated that 250 ventilators had been delivered for use in Birmingham and the Black Country from China. They had not been fit for purpose as there was only two levels for oxygen control. This had been a particular low point for staff who had been promised more ventilators only to receive some that were unusable in a UK clinical setting. The country had not prepared for the pandemic as well as it should have done, preparations should have started earlier on a national level in December 2019. The Trust had the foresight to order some full hoods in the January, which were now next to impossible to obtain due to the huge demand. He paid tribute to the Trust's staff and the staff within the Council's Public Health team. There were however a number of mentally damaged Trust staff, who had to cope with unprecedented deaths in Intensive Care, some of which had not worked in the unit before. The Trust were doing everything they could to help these members of staff.

The Chief Executive thanked the Chairman of the Health Scrutiny Panel for his support throughout the pandemic. A conference call had taken place with him and the Vice-Chair of the Panel approximately every two weeks for a large part of the duration of the pandemic.

A Member of the Panel complimented the Medical Director on his presentation and the useful and important information that had been relayed. He commented that the ethnicity statistics of the 282 Covid-19 deaths given by the Medical Director tallied with the local ethnicity of Wolverhampton from the 2011 census. He commented that it was critical to keep up the preparations for a second wave of Covid-19 within the City. Where social distancing was not being maintained in the City, enforcement teams should take strong action.

A Member of the Panel commented that one of her son's had been receiving concerning reports from Italy throughout February. She asked why the Chief Executive of the Trust, thought the UK had not responded to the Italian experience quickly enough. The Chief Executive responded that they were fortunate to have employed a number of Italian Consultants who had returned to Italy. The Trust were therefore able to receive direct information from Italy about the situation. The Trust were able to learn directly from the experiences in Italy, at a time when the Trust were not receiving information directly from the UK Department for Health and Social Care. What had caused them alarm, from the information they had received from Italy, was the lack of treatment options for Covid-19. He commented that worldwide there was only four major suppliers of medical equipment. There had been numerous problems with trying to secure extra ventilators and he did not find the fact that the supply of them was taken on at a national level helpful. He had recently been informed that one of the suppliers of the antibody testing kits was reducing their supply to the UK by 40%. This was because they were an American company and the kits were now needed in the USA. This was a classic example of the vulnerability of health systems worldwide.

A Member of the Panel complimented the excellent partnership working that had taken place amongst health partners during the course of the pandemic. She paid particular tribute to the work of RWT and the Council's Public Health Team. She hoped that messages were going to the Department for Health and Social Care and Public Health England with the concerns that the Trust had about the national response. The Chief Executive of the Trust confirmed that he had raised his concerns at a high level including some of them with Simon Stevens, the Chief Executive Officer of NHS England. He did not wish to point all the blame at NHS England though, many of the problems had resulted from too much reliance on China for essential medical equipment. The difficulties with not permitting visitors had been partially mitigated by the purchase of hundreds of IPads to allow families to see their sick relatives via virtual means. Considerable effort had been put into the Trust's Bereavement Service during the pandemic.

The Director for Adult Services commented that at the weekly meetings with the MPs, they had raised concerns about any key points during the course of the pandemic. He emphasised the importance of local control of actions.

7 **Covid-19 - Epidemiology**

The Director of Public Health asked the Consultant in Public Health to introduce the report on Covid-19 Epidemiology. The Consultant in Public Health remarked that

there was a group of Public Health specialists who regularly reviewed different data indicators from all available sources. Although data access had been a challenge at some points during the pandemic, they were now in a good position. They were able to access data from Public Health England, NHS Digital and live access to data sources at RWT. She reiterated the importance of people being tested if they were showing symptoms of Covid-19, as it was the only way they could keep track of the spread of the infection within the community.

The Consultant in Public Health stated at the time of writing the report Wolverhampton had 1,385 confirmed Covid-19 cases. The latest figure as of 23 July 2020 was 1,404. Presently, on average, they were seeing two confirmed Covid-19 cases per day. The case rate was therefore low and stable with no immediate cause for concern. Careful monitoring was taking place to ensure any rise in cases or patterns could be picked up quickly. About 2-3% of people currently being tested for Covid-19 within Wolverhampton were testing positive. This was a relatively low ratio compared to the peak of the pandemic.

The Consultant in Public Health stated that to date, 300 deaths of Wolverhampton residents had been attributed to Covid-19 on the Medical Certificate Cause of Death. 71% of those deaths had occurred in hospital. The age standardised mortality rate in the City was comparable to other surrounding areas. Mortality rates in the City were now back to normal levels for the time of year, there was therefore no longer any excess deaths due to Covid-19. During the peak of the pandemic most of the cases diagnosed were through the hospitalised cases and also through the large-scale testing of health and social care staff, if they had become symptomatic. This consequently meant the confirmed cases were more severe, with men over represented and a high proportion of older people.

The Consultant in Public Health stated that when looking at the ethnicity data it was important to take into account the age profile of the Black and ethnic minorities groups, which tended to be younger than the White population. When taking this into account the City was seeing more Covid-19 cases and deaths from Black and ethnic minority groups than would be expected.

The Consultant in Public Health stated there was now a national framework for the action that should be taken if there was a rise in local Covid-19 cases or particular patterns of concern within the City. The first stage was to engage with Public Health England and the Joint Bio-Security Centre at a national level, where a deep dive into the local epidemiology would take place. Local testing availability would be ramped up and more messaging would be delivered to local communities about additional action required to contain the cases. If the cases were not able to be controlled, only then would further restrictions or a potential local lockdown be required.

The Director of Public Health commented that partnership working had been critical to the local response to the pandemic. The joint approach to data and the relationships between partners had led to better and quicker decision making. He hoped these same relationships would help them respond early, quickly and efficiently to any uptrend in Covid-19 cases within the City.

A Member of the Panel asked the Consultant in Public Health to write to him with further information about the age standardised rate of Black and ethnic minority cases and deaths of Covid-19.

8 **Wolverhampton Covid-19 Outbreak Control Plan**

The Director of Public Health gave a presentation on Wolverhampton's Covid-19, Outbreak Control Plan. He stated that all Local Directors of Public Health had been notified on 22 May 2020 to develop and publish Covid-19 Outbreak Control Plans by 1 July 2020. Wolverhampton's plan was co-signed by health partners demonstrating the continued theme of partnership working throughout the pandemic. The aim of the plan was to reduce the spread of Covid-19 and to save lives. In addition, to helping as many people as possible return to normal life, in a way that was safe, protected the health and care systems and supported the Wolverhampton economy to recover. A return to normal life did not necessarily mean a return to normality as the world was still living with Covid-19. This was a challenge for the health system. The two aims of the plan meant they would:

- Prevent the spread of Covid-19 wherever possible.
- Improve engagement with local residents to encourage participation in prevention and build trust and confidence in the City's outbreak response.
- Identify outbreaks and complex cases early and respond quickly to prevent further transmission.
- Build on existing partnerships and expanding networks of stakeholders to ensure system capacity and capability.
- Reduce health inequalities linked to and amplified by Covid-19.

It was critical to remember that every individual had their part to play to keep themselves and other people safe. Wolverhampton residents had a higher smoking rate, higher long-term illness, higher levels of people overweight, higher under-75 all-cause mortality rate, higher diabetes and a higher proportion of BAME than the national average. There were two main methods available currently to reduce the spread of Covid-19, lockdown and testing with communication. They had worked with the CCG and RWT to identify the most vulnerable people within Wolverhampton and help them stay at home during the pandemic. They had predicted a higher mortality rate in Wolverhampton, this had probably not occurred because of the collective action that had been taken within the community.

The Director for Public Health stated that there were seven themes to the Wolverhampton Outbreak Control Plan. These had been identified by the Local Government Association and the Department for Health and Social Care. He thought it was a good approach. The seven themes were listed as follows: -

- Theme 1 – Care Homes and Education Settings
- Theme 2 – High Risk Workplaces, Locations and Communities
- Theme 3 - Mobile Testing Units and Local Testing Approaches
- Theme 4 – Contact Tracing in Complex Settings
- Theme 5 – Data Integration
- Theme 6 – Vulnerable People
- Theme 7 – Local Governance

None of the themes operated in isolation, they all interconnected with each other and would continue to evolve over time. He presented a slide on the Governance system

and on how the plan would be communicated. The Public Health Team in Wolverhampton in conjunction with Public Health England would lead on the communications in the event of a Covid-19 outbreak within the City. It was also important to have effective communication during a low and stable rate of Covid-19 cases in order to avoid a local lockdown. He identified the next steps as follows: -

- Continue building on what they had been doing with an emphasis on partnership working.
- Ensure everyone knows how to play their part to keep themselves and each other safe.
- Maximise the local response for local people.
- Affect the things we can do and do them well (citing previous examples of working in partnership with health partners, setting up a drive through testing site, establishing a community swabbing team, testing all Social Care staff working in Care Homes and residents).

A Member of the Panel asked about asymptomatic testing of Covid-19 within the City, particularly in key areas, given national reports of 50-80% of people not showing any symptoms. The Director of Public Health responded that it was not currently Government policy to have widespread asymptomatic testing in the UK population. He thought targeted testing within the City in potential problem areas was key. They were developing a number of pilots in certain areas or settings, to gain assurance. These pilots would be going live within the next two weeks. The Director of Adult Services commented that they had identified a Covid-19 outbreak within a Care Home in Wolverhampton through asymptomatic testing, where none of the residents had been showing symptoms. Within care settings, asymptomatic testing was particularly worthwhile.

A Member of the Panel asked about whether homeless people were still in the hotel rooms that they had been allocated temporarily during the pandemic. The Director of Public Health responded that many of them had been supported into new accommodation or into a treatment or support pathway.

9 **Covid-19 - Adult Services Presentation**

The Director of Adult Services introduced a presentation on the work of Adult Services during the Covid-19 crisis. He expressed his appreciation to all health partners in the City who had worked closely with Adult Social Care in response to the Covid-19 pandemic. He paid particular tribute to the Infection Prevention Team and the Rapid Intervention Treatment Service from RWT. He also praised the approach of Public Health and the CCG to testing which played a huge part in helping them to identify and manage early outbreaks in care settings within the City. He praised all the Care staff working within the City Council, Providers Services and also the Independent Sector who had faced an unprecedented level of deaths and illness. Social Workers and Commissioners had adapted to help support the Care staff and it was important to recognise all their work. He spoke warmly of the Food Distribution Hub and the Stay Safe, Be Kind Helpline, which had helped reduce demand on Social and Health Care services.

The Head of Service for Adult Improvement commented that the Chairman of the Scrutiny Panel had requested specific information on Hospital Discharge, Infection Prevention within Care settings, Personal Protective Equipment, Public Health and

Partner relationships and Public Health funerals. She stated that there had been some issues relating to hospital discharge particularly in the earlier stages of the Covid-19 pandemic. There had been considerable guidance changes which were often issued late in the day. They had adhered to national guidance and had put a new pathway in place with partners. They met a couple of times each week to resolve any issues. Where necessary additional steps had been agreed amongst partners. As an example, they had provided extra staff and financial support to allow people to self-isolate for 14 days within Care Homes. Prior to the pandemic there was sometimes 12 hospital discharge delays a day, since the pandemic they were now consistently at zero.

The Head of Service for Adult Improvement commented that the work that had taken place on infection prevention had been a huge partnership effort. The CCG had made sure every Care Home had received the right level of training on infection prevention. They had robust outbreak control management and proactive action had been taken, with a daily Sitrep report from Care Homes. The daily collection of data meant Care Homes which needed the help the most could be targeted, Safe and Well checks could be prioritised and Infection Prevention Teams sent to the site if required.

The Head of Service for Adult Improvement on the matter of PPE stated that the Council did not just wish to rely on the national systems that were in place. They wanted to ensure every care setting that needed PPE in Wolverhampton would be able to access it and hence why they had put their own system in place. A tremendous amount of work had taken place in the distribution and allocation of PPE throughout the pandemic. The Procurement Team had worked exceptionally hard to ensure the Council had good value for money. An emergency seven days a week system was in place to ensure PPE could be sent to any Care Provider within Wolverhampton if required.

The Head of Service for Adult Improvement remarked that partnership working had gone well during the pandemic. Provider Support meetings had taken place every day at the start of the pandemic. They had made sure all the messages that were sent to Care Homes were consistent through working with RWT and the CCG.

The Head of Service for Adult Improvement commented on Public Health funerals. There had been an increase in these since the start of the pandemic. In the same quarter last year there had been 8 Public Health funerals, for the same quarter this year there had been 13. All of the funerals had been managed in a dignified way.

The Head of Service for Adult Improvement remarked that Covid-19 was forming a key part of their normal winter planning process. In addition to the normal winter pressures of Flu and Norovirus, there was now the added pressure of Covid-19. A working group was in place that was looking at capacity, PPE and advice and guidance to Care Homes.

10 **Wolverhampton CCG - Organisational Changes**

Paul Tulley, Managing Director of Wolverhampton CCG updated the Panel on the recent organisational changes at Wolverhampton CCG. He stated that the four CCGs across the Black Country and West Birmingham now had a single Accountable Officer and a single Senior Management Team. The first of the Stakeholders Briefings had been circulated with the agenda for the meeting. Paul

Maubach was the Chief Executive of Wolverhampton CCG and he was also the Chief Executive for the other three CCGs covering the Black Country and West Birmingham. Each of the four CCGs had their own Managing Director. Some senior management posts were shared across the four CCGs. Alongside the changes to the management structure, the four CCGs were increasingly trying to work on a collaborative basis at a Black Country Level. Consequently, the Governing bodies for the four CCGs were now meeting in common, as were some of the Committees. These arrangements had been in place since April 2020, although some of them had been in abeyance due to Covid-19.

The Managing Director of Wolverhampton CCG stated that they had started at the beginning of the week a conversation on the potential for the four CCGs to merge and create a single Black Country and West Birmingham CCG. This was something which could be discussed at length at a future meeting.

A Member of the Panel asked for any report on the potential merging of the four CCGs to be received at the next meeting of the Health Scrutiny Panel, provisionally scheduled in September, to contain ten reasons why a merger would be good for Wolverhampton.

11 **Covid-19 - Wolverhampton CCG Response**

Paul Tulley, the Managing Director of Wolverhampton CCG presented on the CCGs response to the Covid-19 crisis. A report had been circulated with the agenda for the meeting. The pandemic had been run on a national emergency incident basis by the NHS, which had suspended some of their usual planning and decision making. Where ordinarily they would receive national guidance, they had instead been acting on national and regional instructions.

The Managing Director stated that as a CCG they had established a single incident room, working with partners across the Black Country to coordinate the local CCG response. This had shown the value of collaboration in key areas such as Covid-19 testing, Care Homes, a system wide plan for hospital capacity and a useful conduit for communication between the Black Country system and the regional team. Some CCG staff had been redeployed to work for NHS 111, to help with swab testing at the Wolverhampton Science Park and some staff with a clinical background had returned to frontline work within hospitals. They had setup a central buying and distribution point for PPE equipment, for use by General Practice across the Black Country. He praised the effective joint partnership working that had taken place in Wolverhampton.

The Managing Director remarked that GP Services had dramatically changed since the start of the pandemic. Telephone triage was the new normal. Many consultations were now taking place via video call or via the telephone. A red site had been established in Ettingshall, which had initially been a seven-day service for seeing patients with suspected Covid-19. Levels of activity in primary care had been lower than usual as had referrals into hospital services, including two week wait cancer referrals. The CCG had concerns about the impact of the reduced use of local health services. They had been working with Communication Teams across the system to try and relay messages that the NHS was still open for business, alongside the preventative messages relating to Covid-19.

A Member of the Panel asked for an update on the financial position of the CCG. The Managing Director of Wolverhampton CCG responded that the financial position within the NHS had completely changed in the last few months. The payments to the hospitals had been on a block contract basis, the value of that block had been calculated nationally. The CCG allocations had been adjusted to ensure that each CCG had enough money to pay the hospital the required block funding. There had also been other routes where hospitals and other providers could claim funding for additional Covid-19 related costs which were over and above the core level of funding, this included the Local Authority. The current financial position of the CCG was that it was broadly in balance in terms of the new national rules.

12 **Covid-19 - Black Country Healthcare NHS Foundation Trust**

Chris Masikane, the Chief Operating Officer of the Black Country Healthcare NHS Foundation Trust gave a presentation on the Trust's response to Covid-19. He thanked all of their stakeholders and in particular the acute Trusts for the support that they had given to them during the Covid-19 pandemic. They had established an operational structure to manage the response. This included a Gold Command, Silver Command, an Incident Management Team (7 days a week) and an Ethical Decision Making Group. Due to the sheer amount of guidance the Trust had received they had to make considerable changes to their normal ways of working. This had led to the creation of the Ethical Decision Making Group, as the changes they had to quickly make could not go through their normal governance process. The pandemic had led to improved relationships with the acute Trusts and the CCGs.

The Chief Operating Officer stated that in March 2020 they had 15 - Covid-19 positive inpatients, 16 in April, 12 in May, zero in June and 1 in July. This was a total of 44 cases. He presented a slide on what had worked well for the Trust during the pandemic. He was particularly pleased with how well patient testing had gone, working in conjunction with partners. Whilst the guidance surrounding PPE had been initially confusing, the Trust had eventually got to grips with its appropriate use. Managing the anxiety of patients was a particular challenge. The Trust had to change the way beds were configured into red (Covid-19 Positive or Symptomatic) and green zones. Enhanced training had to be given staff regarding physical health. Visiting restrictions had to be applied in accordance with national guidance. A total of 66 service changes were introduced during the course of the pandemic. One of these had been to introduce a 24 hours a day seven days a week helpline. The pandemic had demonstrated how changes could be made fast when there was a will to do so.

The Chief Operating Officer paid tribute to the work of the staff of the Black Country Healthcare NHS Foundation Trust during the course of the pandemic. A staff self-isolation process and staff testing programme has been developed. They had developed a staff health and wellbeing offer across the Trust and also to Primary Healthcare partners. This included activities such as Yoga, exercise sessions and Zoom sessions on coping with isolation and stress.

The Chief Operating Officer commented that Support Services played a key part in the Trust's response to the Pandemic. He cited enhanced cleaning, a central process for PPE, improving remote IT access and distributing laptops for staff.

The Chief Operating Officer stated at the time the slides had been produced, 2020 staff had received a Covid-19 antibody test. 275 (13.5%) of them had tested positive

for Covid-19 antibodies. They were currently still not permitting visitors to the Wards, due to the continued risk. They were however supporting patients by using innovative IT solutions such as Skype. The Trust were increasing their admission threshold to ensure they had capacity in the future. They were undertaking building risk assessments and adapting sites to increase Covid secure status. The Trust were working on restoration and recovery but also the Reimagine Programme. The Reimagine Programme was trying to ensure that good practice developed during the pandemic remained. Risk Assessments had now been completed for approximately 90% of Trust staff. The CCG had been most helpful in creating extra local bed provision to ensure that patients were not placed out of area. The Trust were mindful that Shielding was expected to stop from the 1 August 2020. They were aware that there had been a recent increase in Covid-19 cases in Sandwell and so they were carefully monitoring the situation.

The Chief Operating Officer presented a slide on lessons learnt during the pandemic. He stressed the importance of clear communication, which he thought the Trust had done well, but it had been a challenge with the extent of information coming through to the Trust. With reference to the BAME response, he felt organisations had waited to be told what action to take, rather than pressing on with what they thought was right for their staff, meaning that the response was too slow on a national scale. The pandemic had proven that change could happen quickly when it was wanted. He didn't want to lose the momentum for change and partnership working, which the pandemic had accelerated. He cited managing the human dimension of change and supporting staff as being very important. The pandemic had shown that the resilience of Trust staff at all levels was very high.

A Member of the Panel asked how the practice of ECT (Electroconvulsive Therapy) had been reviewed, which had been referenced on the slides. The Chief Operating Officer responded that the Trust had received extensive guidance on the practice during the pandemic because it was an invasive procedure. The Trust had therefore had to review how they carried out the procedure to ensure they were in compliance with the new guidance, such as wearing the correct PPE equipment.

A Member of the Panel asked for the figures of how many Wolverhampton residents who were a patient at the Trust had tested positive for Covid-19. The Chief Operating Officer responded that he could provide the figures directly to her by email.

13 **Covid-19 - Healthwatch Wolverhampton**

The Healthwatch Manager presented on the work Healthwatch had undertaken during the Covid-19 crisis. She stated that the Healthwatch Wolverhampton staff had started working from home a week before the national lockdown had commenced. They had contacted community groups and Care Homes to let them know that they were still working but under new arrangements. Much of their engagement work had been through the utilisation of social media, which they had also monitored on a regular basis. One of the areas they had been alerted to was with reference to the messaging regarding the Red General Practice site. The information that had been put out initially had been confusing to the public, but this was rectified when they contacted the CCG. They had made improvements to the Healthwatch Wolverhampton website, with a specific Covid-19 page containing the latest national and local information.

The Healthwatch Manager commented that much of the initial feedback in the beginning of the pandemic had surrounded confusion regarding the differences between self-isolation and shielding. They had supported people where they could, which had included people with mental health issues. They had been able to provide information to people regarding shopping deliveries for those that did not wish to shop in person. Some Healthwatch staff had supported the Community Support Team with the collecting and delivering of medications for people self-isolating and shielding. They had also supported the Social Prescribing Team in carrying out welfare checks. Some staff had also joined the NHS responders Team.

The Healthwatch Manager remarked that they had setup Zoom meetings with their volunteers during the course of the pandemic, which they had found useful. A care package had also been personally delivered to each of their volunteers at the start of the pandemic. As lockdown was now being eased more people were coming forward with concerns to Healthwatch.

14 **Quality Accounts - The Royal Wolverhampton NHS Trust**

Deputy Chief Nurse, Yvonne Higgins and Alison Dowling, Head of Patient Experience and Public Involvement gave a presentation on the final Quality Accounts of the Royal Wolverhampton NHS Trust.

The Deputy Chief Nurse commented that the official release date for the publication of the Quality Accounts had been moved to December 2020 because of Covid-19. However, they had felt it important as an organisation to stick to the original publication date, so they could identify their priorities for quality improvement in the next twelve months and see where they were in terms of quality. She thanked the Panel for their comments on the draft accounts, which had been incorporated into the final publication. The priorities for the Trust for the next twelve months remained the same as the previous year. There were three generic priorities, these were Workforce, Safe Care and Patient Experience. The Trust were proud of the reduced vacancies within the job types of nurses, midwives and health visitors, which went against the national trend.

The Deputy Chief Nurse stated that the Trust had won a national award for the Best Workplace for Learning and Development at the Nursing Times Awards. She was also pleased to report that 140 Fellows now worked for the Trust. The award-winning Fellowship Programme was now recognised by Health Education England as a recognised training Programme. They were delighted that the results of the Staff Survey had shown significant improvement from the previous year.

The Deputy Chief Nurse remarked that there had been a reduction in the number of serious events and never events causing low harm. There had been a significant reduction in the number of falls resulting in serious harm. The Trust had seen a reduction of SHMI (Summary Hospital-Level Mortality Indicator) to within the expected range, through a range of improvements at the Trust. Medication safety was a priority for the Trust, some areas had been identified in the CQC report Action Plan.

The Head of Patient Experience and Public Involvement presented on Priority Three – Patient Experience. A key achievement for the previous year had been the implementation of the Trust's new strategy – Patient Experience, Engagement and Public Involvement Strategy. PALS concerns had reduced for the second

consecutive year. There had been a 24% reduction when compared with the previous year, which was testament to the good work that had been carried out throughout the previous year regarding the early resolution of complaints at a local level. 72% of the formal complaints to the Trust had not been upheld. No cases had been fully upheld by the Ombudsman which gave them an assurance of their work.

The Head of Patient Experience and Public Involvement commented that they had lost much of their normal volunteer base during Covid-19 because of their age profile, health conditions and national guidance. The Trust had however advertised for new volunteers and they were fortunate to have recruited 350 volunteers. They hoped some of the original volunteers would return when it was felt safe for them to do so. The Trust had received the results of the PLACE Assessments where all areas across all sites from the Trust had scored higher than the national average. The NHS initiative of 'Always Events' had been piloted within Paediatrics and key always events designed as part of a co-production events approach with patients. In the last year the Trust had introduced the Bereavement Hub at New Cross Hospital in collaboration with Compton Hospice.

The Head of Patient Experience and Public Involvement remarked that the National CQC Adult Inpatient Survey results had been published in July 2020. 62 questions had been asked, with the Trust scoring as follows:-

Top 20% – 10
Middle 60% - 48
Bottom 20% - 2
No Comparison - 2

The results had seen a significant improvement from the previous year. There were some areas that had been identified where the Trust could improve. These included, discharge information including support and advice and notice of discharge, changes in admission dates and noise disturbance in the hospital at night by other patients.

The Head of Patient Experience and Public Involvement summarised the Trust's achievements in Primary Care. They had doubled the volume of health checks for the year, which had raised their national score from the previous year. Governance structures had been implemented for all practices to ensure a consistent approach across the Trust. They had engaged with practices about the Carers register.

A Member of the Panel asked about pressure ulcers. She asked the Deputy Chief Nurse to comment on the Trust's approach, as she wanted to see an improvement. The Deputy Chief Nurse agreed that the Trust could do better and was always looking for improvement. The reporting mechanism had changed nationally, from her point of view one pressure sore was one too many.

The Chairman thanked all health partners and Members of the Panel for their contributions to the meeting. Members congratulated the Chairman and the Scrutiny Team for the efficient operation of the first Virtual - City of Wolverhampton Council, Health Scrutiny Panel meeting. They thanked health partners for their contributions during the pandemic.

The Portfolio Holder for Public Health and Wellbeing congratulated the Chairman on a well-run meeting. She also paid tribute to the work of all health partners during the

Covid-19 pandemic. She also thanked all staff across the Council for their work during the pandemic. It was important that everyone continued to take their responsibility seriously in order to avoid a future local lockdown.

The Chairman thanked the Scrutiny Team for their contribution to the meeting.

Meeting closed 4:03pm.

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Agenda Item No: 6

Health Scrutiny Panel

17 September 2020

Report title	CCG Merger Proposals
Report of:	Paul Tulley Wolverhampton Managing Director Birmingham and Black Country CCGs
Portfolio	Public Health and Wellbeing

Recommendation(s) for action or decision:

The Health Scrutiny Panel is recommended to:

1. Discuss the CCG merger proposal as detailed in this report.

1.0 Introduction

1.1 This report seeks to provide members of the Wolverhampton Health Scrutiny Panel with information about the proposed merger of the four CCGs across the Black Country and West Birmingham to form a single CCG.

1.2 The proposal to merge the 4 CCGs into a single CCG is a significant change in terms of formal governance and constitution and as such it is the subject of a formal approval process by NHSE/I.

1.3 The views of stakeholders, to include Wolverhampton City Council, Wolverhampton Healthwatch and health and social care providers have been sought ahead of a vote by GP members in October 2020.

1.4 A positive vote from the GP members will result in an application being made to NHSE for a merger from April 2021.

2.0 Background

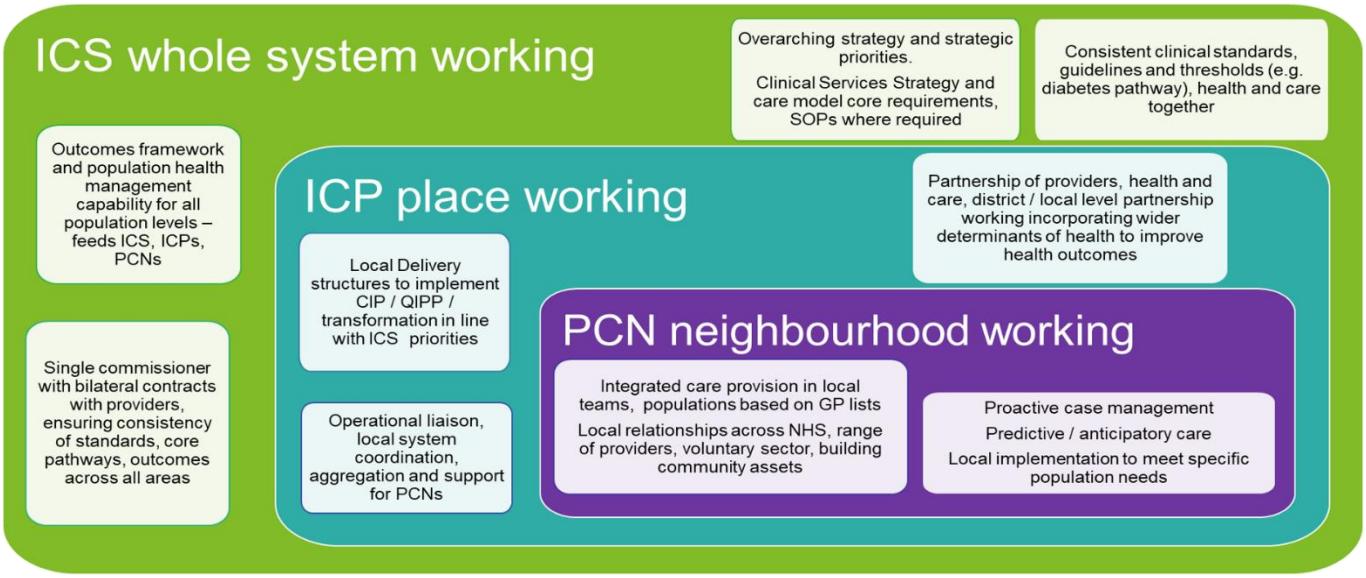
2.1 The NHS Long Term Plan, published in January 2019, contains clear guidance on how health and social care services should be organised in the future. The plan highlights three important levels for planning, delivery and decision-making:

System (population circa 1 million to 3 million people) - The highest level of planning in which an area's health and care partners come together to set strategic direction and develop economies of scale. The guidance builds upon the partnerships created through Strategic Transformation Partnerships ("STPs") and further strengthens these through the formation of Integrated Care Systems ("ICSs").

Place (population circa 250,000 to 500,000) - Draw health and care providers together into an Integrated Care Partnership. The Place is the level at which relationships with local councils, NHS community services and the voluntary and community sector are developed and maintained.

Neighbourhood (population circa 30,000 – 50,000) - Served by groups of GP practices working with NHS community services, social care, and others to deliver more co-ordinated services through primary care networks.

2.2 Each of the three levels of planning, delivery and decision-making has an important and complementary part to play in the effective functioning of the health and care system. This is illustrated in the diagram below.



2.3 At a system level, Wolverhampton is part of the Black Country and West Birmingham STP. Currently 4 CCGs work in collaboration as part of this STP - Dudley, Sandwell & West Birmingham, Walsall, and Wolverhampton alongside other health and care system partners. The next phase of development for STPs is the creation of Integrated Care Systems. The ambition is that each STP will become an ICS by April 2021 and that each ICS will have more streamlined commissioning arrangements to enable a single set of commissioning decisions.

2.4 It is within this national policy context that the Governing Bodies of each of the four CCGs have been seeking views on a proposal to merge the CCGs from April 2021 alongside plans to established the Black Country and West Birmingham as an Integrated Care System covering a population of 1.5 million people.

2.5 Within the Black Country & West Birmingham it is recognised that the Place level will continue to have a distinct and important position in the way in which the ICS operates. Each of the five Places within the STP - Dudley, Sandwell, Walsall, West Birmingham, and Wolverhampton – is establishing a local Integrated Care Partnership and the CCG governance and management structures will also reflect the on-going importance of local place-based delivery and decision making.

2.6 At the Neighbourhood level 34 primary care networks have been formed across the Black Country and West Birmingham area.

3.0 Decision/Supporting Information

3.1 Some of the key benefits for patients and partners that would be realised through the proposed merger include:

- Stronger collaboration on issues that are most effectively tackled at the system level, including collaboration between our acute hospitals, specialist mental health and learning disability services and the commissioning of specialised services.

- Less fragmentation of NHS organisations – easier to engage once rather than four times.

- Patients will be supported to engage and have influence at neighbourhood, place and system level with clear ways to get involved.

- Opportunities to invest more resources to work with partners and tackle the wider determinants of health.

- Reduced duplication and cost of management and administration associated with operating four separate statutory bodies.

- Greater ability to work with partners operating at scale such as the West Midlands Combined Authority.

- Continuing a strong focus on place through a Wolverhampton Commissioning Board and management team.

3.2 In our conversation since July the principle issue on which GP members and partners have sought assurance is that the merged organisation will continue to have strong and effective relationships with local partners and engagement with local people and that our GP members we will continue to have a strong clinical voice in making decisions that affect local services.

3.3 Contained within the Black Country and West Birmingham's plans for merger is a proposal to create a single Governing Body for system supported by five Place based Commissioning Boards.

3.4 The Wolverhampton Commissioning Board will hold responsibility for developing and implementing the Wolverhampton Commissioning Strategy and Delivery Plan. The JSNA will be used to inform the plan, which will be developed in full consultation with the Health and Wellbeing Board. The Commissioning Board will also have commissioning responsibilities in relation to the Wolverhampton Integrated Care Partnership, the CCG's relationship and joint working with Wolverhampton City Council and the support and development of primary care.

3.5 A Clinical Chair will be appointed to lead the work of the Board supported by GP Board Members, Lay Members, and officers from the CCG. To acknowledge the role of key strategic stakeholders Wolverhampton Public Health and Wolverhampton Adult Social Care will also have seats on the Board.

3.6 To add to this infrastructure the Black Country and West Birmingham CCGs have invested in a Wolverhampton Managing Director and are in the process of creating a team to focus specifically on meeting the needs of the Wolverhampton population.

4.0 Summary

The proposed merger of the four Black Country and West Birmingham CCGs will support the creation of an Integrated Care System as required by national NHS guidance and would secure for people and partners in Wolverhampton the benefits that stronger collaboration at the system level would deliver across the BC&WB area.

A local management team based in Wolverhampton and a clinically led Wolverhampton Commissioning Board will keep decision making in Wolverhampton for those key elements of the CCG's responsibilities that are best undertaken at the place level.

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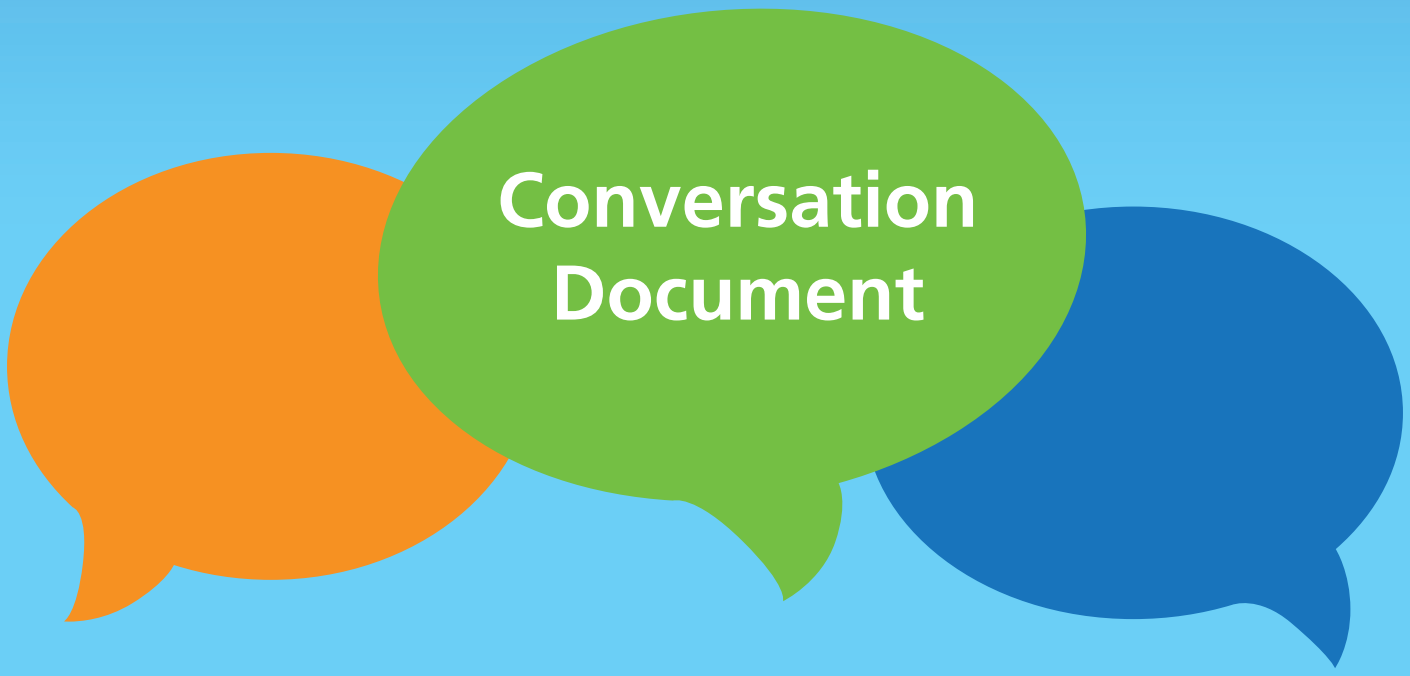
Working together for healthier futures

NHS

Future arrangements for NHS commissioning across the Black Country and West Birmingham



NHS Dudley Clinical Commissioning Group
NHS Sandwell and West Birmingham Clinical Commissioning Group
NHS Walsall Clinical Commissioning Group
NHS Wolverhampton Clinical Commissioning Group

Anticipated benefits of proposed merger to single commissioning organisation

Patients

- Single commissioning policies so no 'postcode lottery'
- Less fragmentation of NHS organisations
- Opportunity to drive improved quality and reduce variation in services
- Opportunities to invest more resource to work with partners and tackle the wider determinants of health (for example education/employment)
- Better outcomes by improving access to co-ordinated care for people with complex needs or long-term conditions
- Influence at neighbourhood, place and system with clear ways to get involved

Our Staff

- Larger organisation more resilience and reducing duplication
- Larger organisation with room for development and career progression
- Embracing flexible working approach using technology
- Builds on work already in place, removes uncertainty

CCGs

- Increased financial resilience
- £1m reduction in spend and governing body costs
- Reduced duplication
- Larger buying power/influence with providers and our regulators
- Greater ability to work with partners operating at scale such as West Midlands Combined Authority

Partners

- Strategic focus, easier to engage once rather than four times
- Clearer role for local 'place' focus but with consistent strategic aim
- Supporting the move to an Integrated Care System
- Greater NHS financial resilience
- Mainstreaming access to services and resources and ability to bring capital investment into the area

Members

- Clear role for Primary Care Networks in each place
- Focus on giving local GPs a strong voice in Integrated Care Providers
- Local place team to support primary care but shared team to support and invest in primary care development offers
- Increased access to training/development
- Influence in commissioning through place based committees
- A stronger locality engagement and representation model would ensure member practices have a stronger voice and an enhanced ability to influence and shape how services are commissioned

Table of Contents

1. About this Conversation

1.1 What is it about?

This conversation is jointly led by the four NHS Clinical Commissioning Groups (CCGs) across the Black Country and West Birmingham. We are collectively considering the future of commissioning arrangements for the area we serve and would like to invite views from key stakeholders on the options available.

This conversation is aimed at stakeholders who work closely with the CCGs and would be impacted by the proposed new structure and governance arrangements. However, the conversation paper is a public document and we would welcome feedback from anyone with an interest in the proposals.

For the purposes of this conversation, our key stakeholders include:

- **Member GP practices**
- **Local clinicians**
- **Healthwatch and other patient representative bodies**
- **Voluntary and community sector services**
- **Local government**
- **Hospital, community and mental health providers**
- **Other healthcare partners**
- **Local decision makers**

1.2 What is it not about?

This conversation is about commissioning arrangements only. This proposal is specifically about the future of the four CCGs.

- Dudley CCG
- Sandwell and West Birmingham CCG
- Walsall CCG
- Wolverhampton CCG

It does not relate to any other NHS organisation or NHS-funded services, such as hospitals, mental health organisations, or primary and community care. It is not a proposal for any change to services provided by the NHS in the Black Country and West Birmingham.

2. Introduction

Following two listening exercises, we are now seeking views on a proposal to change the future of commissioning for the Black Country and West Birmingham and to merge our CCGs.

We have been working in closer alignment since the formation of our Integrated Care System (ICS/ STP) in 2016 (the Healthier Futures Partnership).

Over the past year, we have moved to a shared leadership team and a single Accountable Officer for the four CCGs. We have also taken time to listen to member GPs, partners, patient representative groups and others in exploring how our four CCGs can work more efficiently and effectively across the healthcare system.

In the autumn we will begin a wider internal reorganisation and we believe that our natural next step should be to establish one single commissioning organisation which mirrors the footprint of our Integrated Care System. We also need to make sure our valuable resources are used in the best way to support people and our health and care system to have a healthier future.

In this document we set out the reasons why we believe that we would be better placed to serve our local population, and reduce the health inequalities that exist today, as one single strategic commissioner.

Our CCGs cover some of the most deprived populations in the country. Despite the best efforts of the health and care system, health outcomes for the population are not improving. Partners across commissioning and providers are committed to greater collaboration, including joining-up commissioning to address the challenges we face.

Ultimately the decision on whether we merge rests with NHS England but we want to hear your views on this. Your views will be presented to our GP membership before they vote on whether an application to merge is submitted to NHS England. The earliest we would hope to do this is at the end of October this year, which could see us become a single Black Country and West Birmingham CCG on the 1st April 2021.

Whatever our future form, our main focus will remain on ensuring that everyone living in the Black Country and West Birmingham has access to high quality services that improve their health and wellbeing.

This decision will have an impact on how we operate as commissioners and how we work together with you in the future. We ask that you please take the time to consider our proposal and respond to us with your views by the 7th September 2020. **We look forward to hearing from you.**

Dr Ian Sykes Chair,
Sandwell & West Birmingham CCG

Dr Anand Rischie
Chair, Walsall CCG

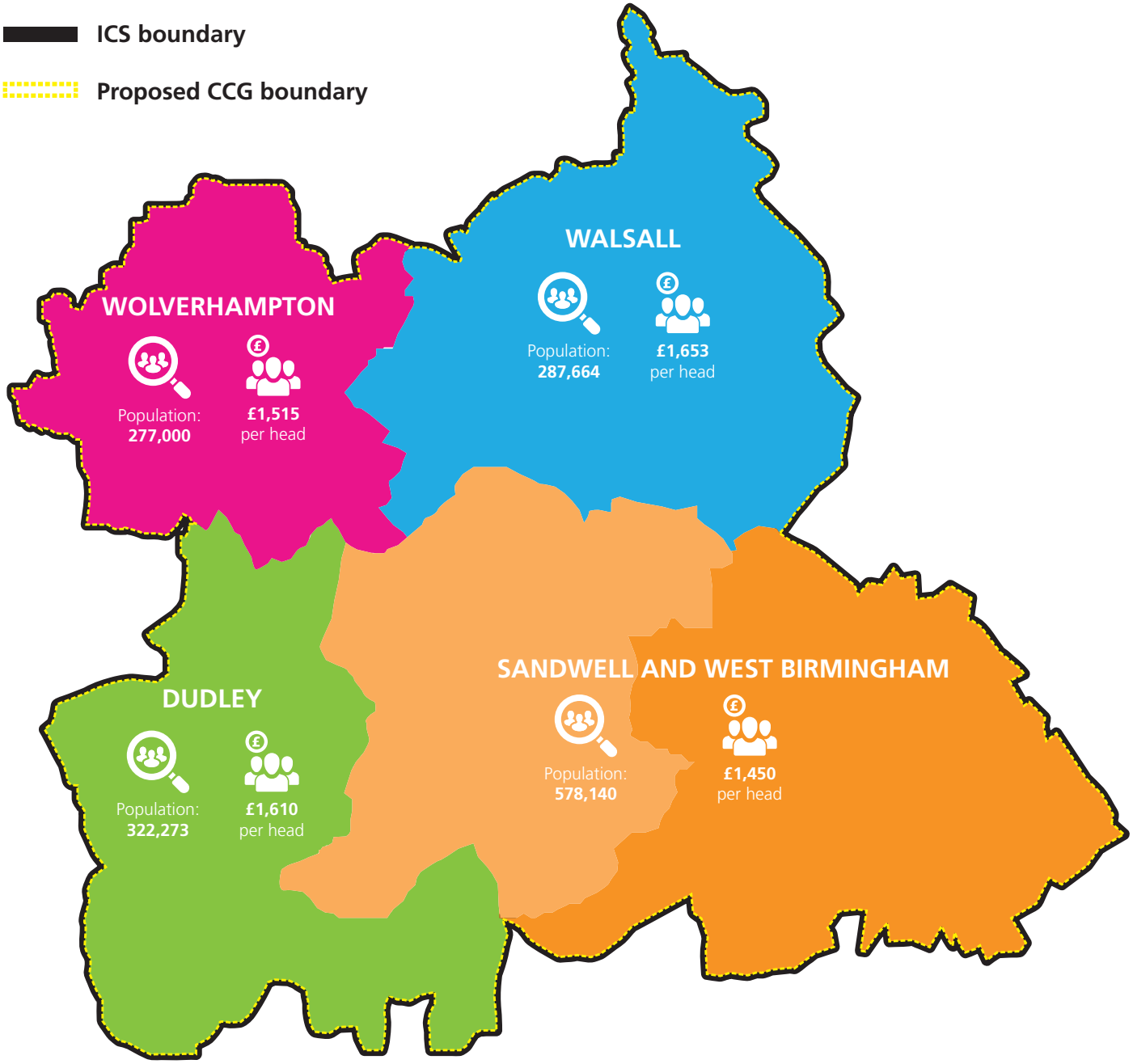
Dr Salma Reehana
Chair, Wolverhampton CCG

Dr Ruth Edwards
Chair, Dudley CCG

3. Existing commissioning arrangements

3.1 Our CCGs

All four CCGs are separate statutory organisations with the same healthcare responsibilities and the need to meet legal and NHS duties. Over the past four years, the CCGs have worked more collaboratively across the STP footprint of the Black Country and West Birmingham.



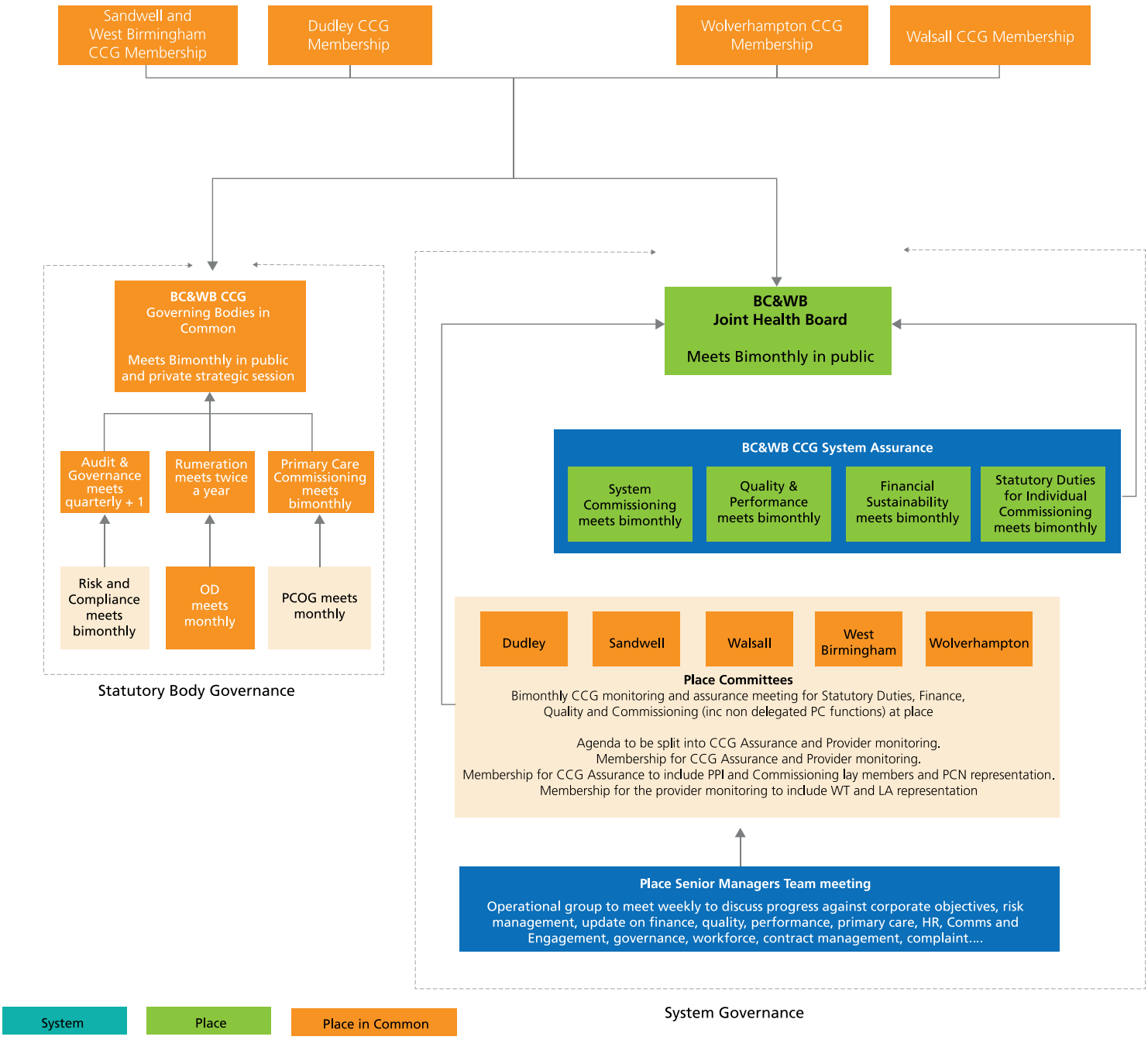
The map shows how our four CCGs serve five places. The map also shows the proposed new boundary which is coterminous with the boundary of our Integrated Care System.

3.2 Our current governance arrangements

In recent months, the CCGs have introduced a number of joint arrangements to serve all four CCGs.

We now have a single Accountable Officer supported by a single leadership team.

We have joint committees and our governing bodies meet 'in common'.



4. The populations we serve

Our populations are very similar in their health need. This section shows how many people in each place would be affected if there were 100 people in each place.

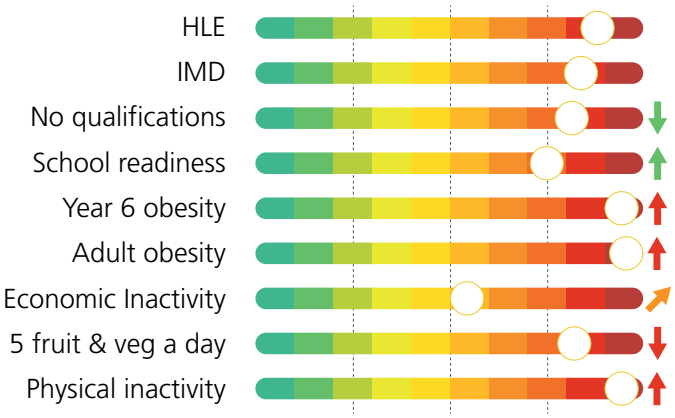
	Dudley	Sandwell	Walsall	West Birmingham	Wolverhampton
Average age women will live to	83	81	82	82	81
Is the average age men will live to	79	77	78	78	78
Children (0-17) overweight or obese (Yr 6 data by LA)	9	11	10	10	10
People (all ages) living with depression (estimates by LA)	14	18	15	15	17
Children (5-17) with a mental health disorder (estimates by LA)	2	2	2	2	2
People (all ages) who will die from cancer (deaths data by LA/CCG)	29	27	28	25	26
Adults (18+) are overweight obese (ALS by LA)	56	53	56	45	51
Estimated adults (16+) living with diabetes	8	9	8	8	9
People (all ages) living with a long standing health condition	56	48	54	48	50
People (all ages) who will die from heart disease (deaths data by LA/CCG)	25	25	26	28	26
Adults (18+) who smoke (survey data by LA)	10	13	12	12	13
Adults (19+) who take less than 30 minutes exercise a week (APS by LA)	20	24	19	18	22
People are over 75 (by CCG)	10	6	8	6	8
Live in the most deprived areas	27	53	48	60	48
People (16-64) who are employed (by LA)	42	44	42	44	41
Children (0-19) living in low income families (by LA)	4	7	6	8	6

4.1 Predictors of Healthy Life Expectancy

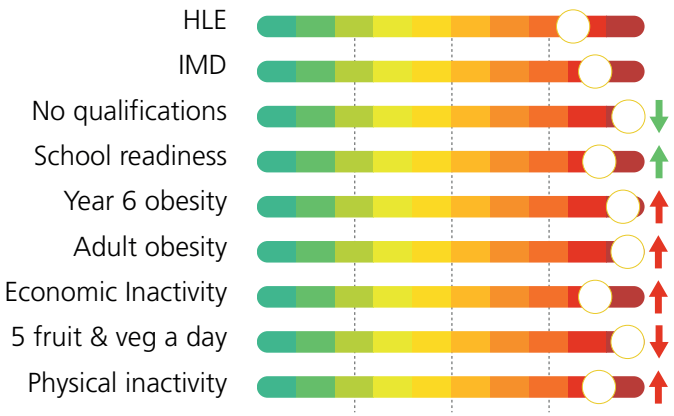
There is also a real degree of commonality between our CCGs and the predictors of healthy life expectancy and the challenges we face compared to the national benchmarks.

The graphs below illustrate these, and we believe that working together will enable us to a tackle these better.

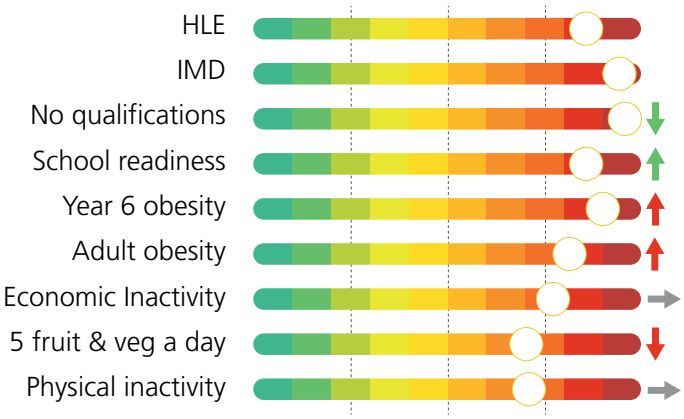
Wolverhampton



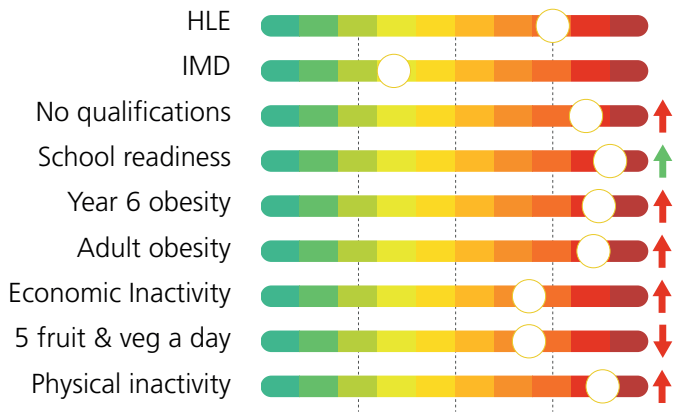
Sandwell & West Birmingham



Walsall



Dudley



5. Your feedback so far

We conducted two phases of listening with local stakeholders:

Phase 1 - conducted in October 2019, was designed to establish the views of stakeholders within each CCG around the future form of the CCGs within an ICS.

Phase 2 - conducted during February and March 2020. We gave feedback on the initial listening exercise and explored what our members, staff and wider stakeholders thought of the governance model for the Black Country and West Birmingham CCGs.

5.1 What we heard

How we make decisions - We heard that people didn't understand the CCG arrangements for joint decision making and wanted a clear commitment to place based influence in decisions. The current CCG Governance with joint committees and committees in common added confusion on where decisions were being made.

Clinical Leadership - Need to ensure clinical leadership and input in the right place.

More influence - One large CCG will have more bargaining power with acute trusts and should be better placed to improve and drive up the quality of care.

Celebrate our differences - Need to recognise each place is different. Not one size will fit all. Need to be flexible to fit the needs of our local populations.

Relationships count - need to maintain relationships and a local presence at each place including those outside of health.

Involvement - we need to retain the ability for local people to influence decisions. Create a new engagement model with people, which recognises the diversity in the communities we serve and seeks to reach all who want to share their views.

6. Our Proposal

We are proposing to merge the four Clinical Commissioning Groups (Dudley, Sandwell & West Birmingham, Walsall and Wolverhampton CCGs) in the Black Country and West Birmingham to form a single statutory organisation that works in a more integrated way with our health and care partners across the area.

Whilst we are proposing a merger to a single organisation for all the reasons set out in this paper, we recognise the importance of the five places which we serve. The relationships we hold in Dudley, Sandwell, Walsall, West Birmingham and Wolverhampton are very important to us.

It is crucial that we are able to retain those relationships with all partners including local GPs, other clinicians, patients, public, local authorities and their elected members, Healthwatch organisations and community and voluntary sector organisations.

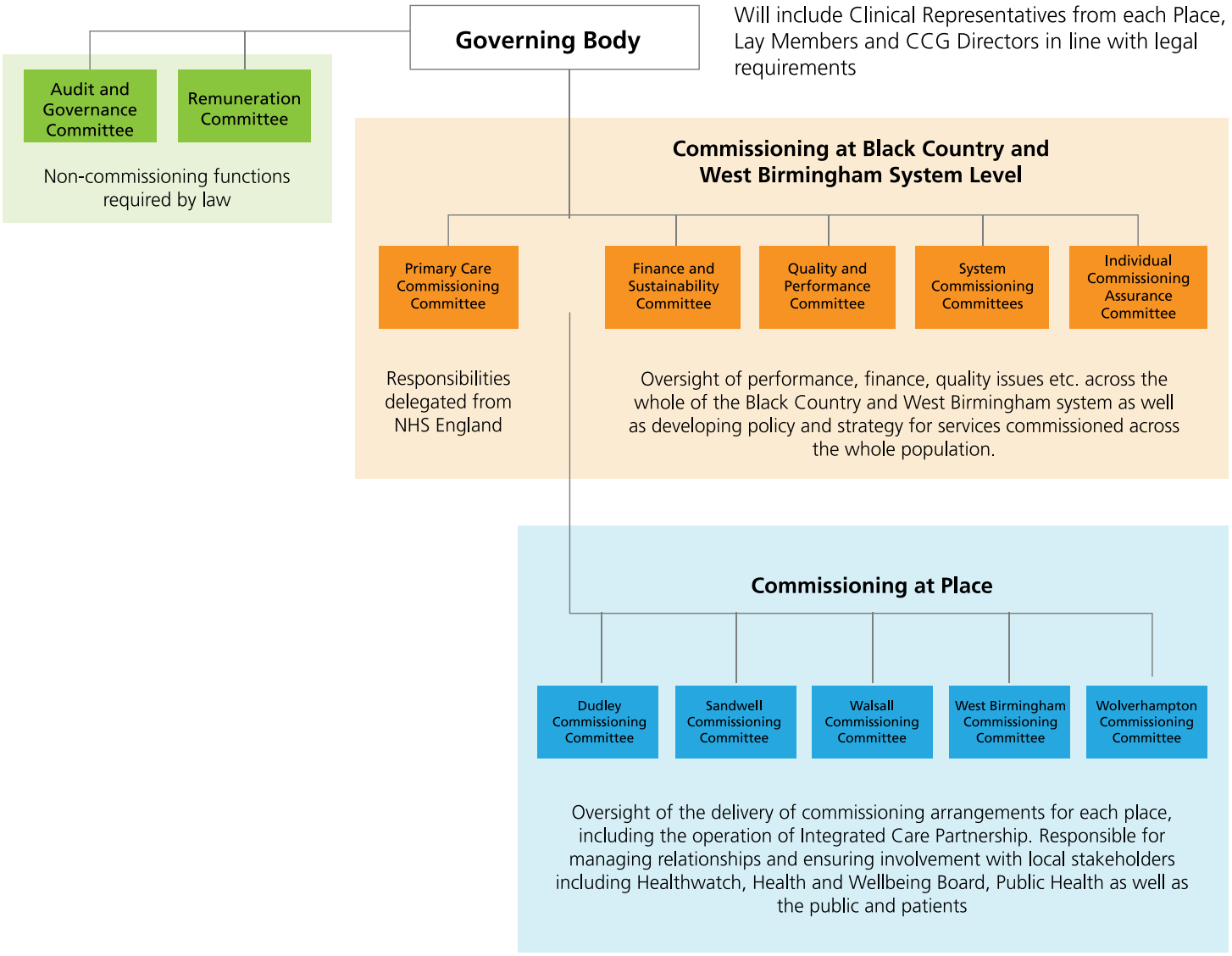
In developing a single organisation we are committed to:

- Maintaining decision making in each place
- Ensuring representation and active involvement in each Health and Wellbeing Board
- The appointment of a Managing Director at each place to hold these relationships and act as a single point of contact for local stakeholders
- Retaining clinical leadership and ensuring voice at neighbourhood, place and system level
- Maintaining a physical presence in each place and co-located with local authority partners where possible to do so
- Effective engagement with local people, clinicians, healthcare partners at a neighbourhood, place and system level to inform commissioning decision making
- Transparency of decision making at all levels with clear opportunity to influence from the five places which we serve
- An ongoing focus on the health and care needs of neighbourhoods or specific populations as well as a strategic focus across the Black Country and West Birmingham System
- A single commissioning vision with strategic priorities and health outcome goals at system, place and neighbourhood levels

6.1 System coordination and power with local influence and relationships

If there is support to merge we would create a model for patient and public engagement, working with local people and partners to ensure it is fit for purpose.

The governance structure would be streamlined and transparent on where decisions were made and how local places could influence decisions.



Clinical leadership and involvement at every level.

6.2 Why has this been proposed?

6.2.1 The NHS is changing around us

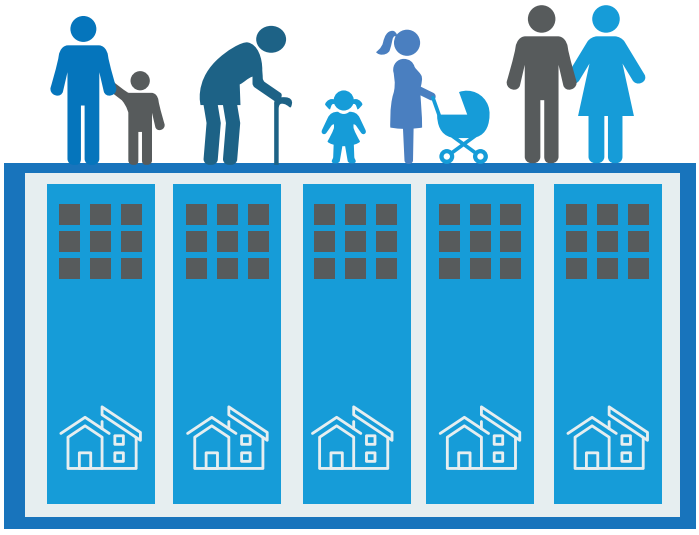
The **NHS Long Term Plan** presents the opportunity for all NHS organisations to radically change the way in which they work both internally and in partnership with one another to help support the development of Integrated Care Systems (ICS). Click **here** to understand what an ICS is.

The NHS Long Term Plan also states that there will typically be one CCG per ICS and we are in the minority of ICS footprints with having more than one CCG at present. It is very likely that if we do not set out our own plan for this change now and to realise the benefits, we will be required to do so at a later date.

For CCGs, there is an expectation that by April 2021 every ICS will have more streamlined commissioning arrangements to enable a single set of commissioning decisions at the ICS level.

In achieving this there will be a change to the role of the CCG itself, shifting from the traditional model of commissioning to one with a greater focus on strategic commissioning on a bigger geographical footprint and making shared decisions with providers on how to best use resources, design services and improve population health. The CCG will also have a role in supporting providers to partner with local government and other community organisations at a 'place' level, and in ensuring that GPs and community services are supported to deliver at their local level.

Across the Black Country and West Birmingham we have already started to shift our valuable clinical leadership resources, realigning them into roles where they will be better able to influence service delivery through developing Primary Care Networks and the new investment being aligned



People	People empowered to look after their own health and each other.
Neighbourhood	Services wrapped around 30-50,000 GP neighbourhoods
Place	Our five places support the integration of health and care services focussed around the patient. This includes: acute, community mental health, local authority and voluntary sector services.
System	Partnership sets the vision, strategy and pace of system wide development. It will oversee the delivery of the Partnership and ensures effective collaborative working. Working as a system to tackle the health, quality and experience gaps.
Region	NHS England & NHS Improvement working together to directly commission some services at a national and regional level, including most specialised services (Midlands).

6.2.2 Reducing duplication and management costs

At present, the four CCGs often carry out similar tasks in different ways. We have the opportunity to reduce duplication and increase our consistency of approach whilst being sensitive to appropriate differences. We can also free up valuable resources, including clinical time, expertise and development support.

We also recognise that by bringing our teams together we will be able to meet the requirement for a 20% reduction in management costs. Having a single Governing body will also generate savings.

If we continue to run multiple CCGs the costs incurred will be much higher than having one streamlined organisation. The time and money saved through reduced duplication of governance arrangements and other duties e.g. annual reports that could be invested in delivering care for patients. Furthermore, with the shared arrangements we already have for leadership and governance, many of the collaborative arrangements we would need are already in place. Not proceeding to the next logical step of merging would mean that the momentum and progress on collaboration to improve the health and wellbeing of local people would be lost.

6.2.3 Merging to create opportunity

Our CCG Governing Bodies agreed previously that closer collaboration was necessary and represented the best opportunity for us to improve health and wellbeing across the areas we serve, as well as attracting funding and making the best use of our clinical and other essential resources. Merging the CCGs to align with health and care partners across the system in order to address health inequalities and ensure consistency of services where appropriate is the next step.

Delivering better health outcomes, reducing health inequalities, and improving the quality and consistency of local healthcare services are at the heart of our ambition for a healthier future for people in the Black Country and West Birmingham.

Merging also creates the best opportunity to scale-up the most successful local clinical innovations to rapidly share best practice across a wider area.

6.2.4 Builds on the work to date

Since working together as CCGs we have had the following successes

- Transforming care for people with learning disabilities so that they can be cared for in their local community and avoid the need for unnecessary admission to hospital
- Improving personalised care opportunities, recognising what matters to people
- Transforming Local Maternity Services
- The development of Primary Care Networks serving local neighbourhoods
- Implemented a GP Retention Scheme so that we have the GPs we need to sustain our primary care system for the future
- Perinatal Mental Health Improvements
- Thrive into Work Pilot Scheme, providing opportunities for work for those living with a long term heath condition

Notably, during the coronavirus pandemic we have been responding as a single CCG team managing the Black Country and West Birmingham incident response. We have coordinated support to primary care, care homes and our NHS providers along with working with our Local Authority partners to effectively communicate to the public.

6.3 What are the anticipated benefits?

There are many benefits to be realised from bringing together the four Black Country and West Birmingham CCGs into a single commissioning organisation.

- Supports the move towards an Integrated Care System for the Black Country and West Birmingham working in partnership with providers. An Integrated Care System will help people to stay healthy and tackle the causes of illness as well as the wider factors that affect health such as education and housing

- A single commissioning organisation will mean single commissioning policies across the whole of our ICS, putting an end to 'postcode lotteries' for services and treatments across the Black Country and West Birmingham

- Will ensure a single, strong consistent vision and voice of the CCGs' partners

- Working together as one organisation rather than four organisations will generate economies of scale and reduce duplication, enabling the CCGs to focus resources into front line services and patient care

- We have already made significant savings through reduced management costs but anticipate further savings of around £1 million by having a single Governing Body

- A single CCG also lends itself to clear governance than those which we have in the current collaborative arrangement, removing the need for joint committees and committees in common the lines of accountability will be much clearer between place and the Governing Body.

Patients

- Single commissioning policies so no 'postcode lottery'
- Less fragmentation of NHS organisations
- Opportunity to drive improved quality and reduce variation in services
- Opportunities to invest more resource to work with partners and tackle the wider determinants of health (for example education/employment)
- Better outcomes by improving access to co-ordinated care for people with complex needs or long-term conditions
- Influence at neighbourhood, place and system with clear ways to get involved

Our Staff

- Larger organisation more resilience and reducing duplication
- Larger organisation with room for development and career progression
- Embracing flexible working approach using technology
- Builds on work already in place, removes uncertainty

CCGs

- Increased financial resilience
- £1m reduction in spend and governing body costs
- Reduced duplication
- Larger buying power/influence with providers and our regulators
- Greater ability to work with partners operating at scale such as West Midlands Combined Authority

Partners

- Strategic focus, easier to engage once rather than four times
- Clearer role for local 'place' focus but with consistent strategic aim
- Supporting the move to an Integrated Care System
- Greater NHS financial resilience
- Mainstreaming access to services and resources and ability to bring capital investment into the area

Members

- Clear role for Primary Care Networks in each place
- Focus on giving local GPs a strong voice in Integrated Care Providers
- Local place team to support primary care but shared team to support and invest in primary care development offers
- Increased access to training/development
- Influence in commissioning through place based committees
- A stronger locality engagement and representation model would ensure member practices have a stronger voice and an enhanced ability to influence and shape how services are commissioned

7. Have your say

The conversation will go live on Monday 20th July 2020 and close on Monday 7th September. We would really appreciate you taking the time to share your views with us.

7.1 What are we seeking views on?

We are running a conversation to ask your views on:

Changes to the NHS commissioning organisations across the Black Country and West Birmingham CCGs.

To what extent you agree with our proposal to merge the four CCGs and create a single commissioning organisation for the Black Country and West Birmingham

7.2 How can I have my say?

We want to hear from anyone who wishes to share their views on the proposal set out in this document.

To give us your views please complete our online survey at:
www.surveymonkey.co.uk/r/nhscommissioning

Alternatively, to request a hard copy of the conversation document please contact the engagement team on **0121 612 1447** or by emailing the team at **bcwb.engagement@nhs.net**

Once completed please return it to:

FREEPOST RTHG-KAKC-RTBZ
Engagement Team
Kingston House
438-450 High Street
West Bromwich
B70 9LD

7.3 Conversation virtual events

Due to Covid-19 we are unable to hold face to face meetings. However, we will be holding virtual events so that local people, and other stakeholders can join us to discuss our proposal, ask questions and give comments and suggestions. We will also be holding specific virtual events for our staff and GP members across the four CCGs.

	Dates of Stakeholder Events	Area Engagement Team contacts
Dudley	4 August 9.30 - 11.00am	Email: dudleyccg.contact@nhs.net Telephone: 01384 323602
Sandwell	30 July 2.00 - 3.30pm	Email: Swbccg.engagement@nhs.net Telephone: 0121 612 1447
Walsall	13 August 11.30 - 1.00pm	Email: walsallccg.getinvolved@nhs.net Telephone: 01922 603077
West Birmingham	4 August 11.00 - 12.30pm	Email: Swbccg.engagement@nhs.net Telephone: 0121 612 1447
Wolverhampton	4 August 9.30 - 11.00am	Email: Wolccg.wccg@nhs.net Telephone: 01902 444878

7.4 What happens next?

When the conversation closes on the **7th September 2020** the conversation report, including all of the feedback that we have received, will be finalised. This will then be considered by GP members and the CCGs Governing Body in Common ahead of a GP vote in early Autumn. Once the vote has been counted and reported on, the outcome of the vote will go to NHSE/I in order to help them make a final decision regarding the future of the Black Country and West Birmingham CCGs.

The final decision will then be publicly announced at the next Governing Body in Common Meeting.

A series of Frequently Asked Questions and the feedback from our listening events is available on the CCG websites.

If you would like a copy of this document in a different format or have any questions about the conversation, please contact the Black Country and West Birmingham Engagement Team at **bcwb.engagement@nhs.net**

The results of the formal conversation will be considered by our Transition Oversight Group and our GP members ahead of a formal GP members vote in mid to late October.

Produced on behalf of:

- **NHS Dudley Clinical Commissioning Group**
- **NHS Sandwell and West Birmingham Clinical Commissioning Group**
- **NHS Walsall Clinical Commissioning Group**
- **NHS Wolverhampton Commissioning Group**

Working together for healthier futures

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Frequently Asked Questions

What is this all about?

We are seeking views on proposals to merge the four Clinical Commissioning Groups in the Black Country and West Birmingham to form a single statutory organisation that work in a more integrated way with our health and care partners across the area.

We strongly believe there are many benefits of a full merger such as:

- Supports the move towards an Integrated Care System (ICS) for the Black Country and West Birmingham working in partnership with providers.
- A single commissioning organisation will mean single commissioning policies across the whole of our ICS, putting an end to 'postcode lotteries' for services and treatments across the Black Country and West Birmingham
- Will ensure a single, strong consistent vision and voice with CCGs' partners
- Working together as one organisation rather than four organisations will generate economies of scale and reduce duplication, enabling the CCGs to focus resources into front line services and patient care

Our overall aim is to enable people living across the Black Country and West Birmingham to hae the best health outcomes. To achieve this, we need more strategic and effective arrangements for commissioning.

Why are you seeking views and why can't you just do it?

There is a clear expectation for stakeholder public conversations on this to ensure we are transparent in our decision making process. It is also important for our GPs that they get to hear views from stakeholders before taking a vote on this matter. We recognise that involving people, communities and stakeholders meaningfully is essential to effective service improvement and system transformation.

Section 14Z2 of the Health and Social Care Act 2012, places a requirement on CCGs to ensure stakeholder involvement in commissioning processes and decisions.

This conversation is aimed at stakeholders who work closely with commissioners and would be impacted by the proposed new structure and governance arrangements. However, the conversation paper is a public document and we would welcome feedback from anyone with an interest in the proposals.

Has this happened anywhere else?

Yes. The vast majority of CCGs have now merged to align with their STP/ ICS footprints and the ambition set out in the NHS Long Term Plan for '*Typically 1 CCG per ICS*'.

Why do you propose to merge?

We believe that the proposed merger is the best way to deliver future commissioning across the Black Country and West Birmingham. We recognise this could be disruptive and distracting in the short term, but there'll be less bureaucracy and more capacity, leading to services that are consistent, fair and high quality; offering consistency for patients and reducing health inequalities.

Will this change the CCGs' commissioning intentions?

No. We are already working together as a system to aligned intentions. Or focus remains at present on responding to Covid-19, restoring and recovering services impacted by the first wave of the pandemic and we are supporting the development of integrated care in each of the five places that we serve. Having a single commissioning voice will make it easier for us to achieve our objectives and commission consistently for patients. Hospital services will not be affected, by this proposal.

Can you provide assurance that one area doesn't lose out to the other?

A single commissioning organisation will ensure that we are able to work more consistently and make our resources go further while delivering fair and equitable outcomes for patients.

But this would not be at the cost of local healthcare priorities. These would be addressed by the new Integrated are Provider/ partnerships and the Primary Care Networks. We will also prioritise and ring-fence certain resources in accordance with specific locality and population needs.

How will the new governance arrangements work for a single CCG?

A single commissioning organisation would have one Chief Executive, a Governing Body and a single management structure.

All statutory obligations, committees and functions would be retained.

Have you made your minds up already?

No, not at all. Whilst we have a clear proposal, we have been engaging with a wide range of people to get their views on this. We need this feedback to ensure that we're making the right choices. It's important that stakeholders tell us and our GP members what they think about our plans.

How will this all be scrutinised and agreed?

There will be several layers of scrutiny and sign-off before a decision is made: internally by the CCGs' memberships (GPs) and by the local democratic health scrutiny processes and by NHS England, both locally and nationally.

NHS England will make the final decision on whether the CCGs can proceed at the end of October 2020. We will only make an application to NHS England if our local GP Members support the proposals with a vote.

Will staff lose their jobs?

The CCG is currently developing joint structures to enable a single CCG team. At present that ram will serve four CCGs but if the merger is approved then they will support a single CCG but retain local focus in the 5 places which we serve.

The merger proposals would only impact on a limited number of positons at the governing Body level of the CCGs.

Will you be clinically led still?

Ensuring ongoing clinical leadership and involvement in commissioning activities remains an absolute priority for us.

Clinical time is valuable, and with a national shortage of clinicians to provide patient care it is essential that clinical resources are used wisely.

Clinicians will continue to have key roles to play in Primary Care Networks and Integrated Care Providers. Working at neighbourhood and wider 'place' levels, these new networks and alliances will assume responsibility from the existing CCGs for the development of pathways and many other clinically-led initiatives. At a local level, clinicians will therefore be able to have the greatest impact on improving the quality of care and services for the populations they serve.

We remain confident that all clinicians presently working directly with the CCGs will have key roles to play in the future system, whether within a single commissioning organisation or elsewhere.

How can a larger organisation commission services that are right for people in my local area?

Primary Care Networks and Integrated Care Providers play lead roles in the new NHS arrangements to plan the delivery of care, develop new pathways, and ensure that needs are met both within neighbourhoods as well as across three wider areas. This will help to improve consistency across the system, yet ensure greater personalisation of care services at a local level.

PCNs will not just focus on local priorities however. They will have a two-way relationship with the commissioning organisation to inform decisions and strategy.

Is this just about saving money?

No but every CCG has a duty to make the best use of public resources.

What happens if the GPs vote for no Merger?

If there is not a majority vote in each of the 4 CCGs from the GP members, then we would not proceed to put in an application to merge to NHS England at this stage. It would mean that our governance arrangements stay as they currently are with complex joint committees and committees in common. We may also be asked to reconsider our position in the near future as we would then be in the minority of CCGs that do not fit with their ICS boundaries.

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This report is PUBLIC
[NOT PROTECTIVELY MARKED]

Agenda Item No: 7

Health Scrutiny Panel

17 September 2020

Report title	Healthwatch Wolverhampton Annual Report 2019/2020
Report of:	Tracy Cresswell Manager Healthwatch Wolverhampton
Portfolio	Public Health and Wellbeing

Recommendation(s) for action or decision:

The Health Scrutiny Panel is recommended to:

Note the attached Healthwatch Wolverhampton Annual Report 2019/2020 for information.

1.0 Introduction

1.1 Healthwatch Wolverhampton is the independent consumer champion for health and social care. The purpose of this report is to highlight the key achievements of Healthwatch Wolverhampton, review the projects undertaken and to understand the recommendations made for service improvement. The report also outlines key priority work areas that Healthwatch Wolverhampton will undertake during 2020/21, based upon feedback from the public and areas of concern

2.0 Background

2.1 Healthwatch England mandates that each of the 148 local Healthwatch throughout England have to produce an annual report, detailing all key Healthwatch activities and reporting on finances for the year. This is then lodged with Healthwatch England, the Care Quality committee and NHS England to ensure that every local Healthwatch is operating effectively and transparently

3.0 Impact on Health and Wellbeing Strategy Board Priorities

Which of the following top five priorities identified by the Health and Wellbeing Board will this report contribute towards achieving?

Wider Determinants of Health	x☐
Alcohol and Drugs	☐
Dementia (early diagnosis)	☐
Mental Health (Diagnosis and Early Intervention)	☐
Urgent Care (Improving and Simplifying)	x☐

4.0 Decision/Supporting Information (including options)

The annual report references a number of reports which Healthwatch completed during 2019/2020, namely, Isolation and Loneliness, Cervical Screening and Maternity These reports can be found on our website www.healthwatchwolverhampton.co.uk .

5.0 Implications

There are no known implications in relation to this report.

6.0 Schedule of background papers

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

Tracy Cresswell
Manager

Healthwatch Wolverhampton
Freephone: 0800 470 1944
www.healthwatchwolverhampton.co.uk

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Annual report 2019-20

Guided by you

Healthwatch Wolverhampton
Regent House
Bath Avenue
Wolverhampton
WV1 4EG

W: www.healthwatchwolverhampton.co.uk
T: 0800 470 1944
E: info@healthwatchwolverhampton.co.uk
F: HWwolverhampton
T: hwwolverhampton

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Guided by you

Healthwatch Wolverhampton is the independent patient champion created to gather and represent views of the public. Healthwatch plays a role at both a national and local level to make sure the views of the public and people who use health and social care services are taken into account.

We listen to views, concerns and suggestions about health and social care services and use the information to help shape and improve them. We engage at a strategic level with commissioners and providers to improve the quality of local services using patient experience.

Healthwatch Wolverhampton is one part of a 152 part Healthwatch network across England. We were created in response to the Health and Social Care Act 2012 and are funded by the Department of Health through City of Wolverhampton Council.

> We are the independent consumer champion for health and social care services. We're here to find out what matters most to the people and communities that use these services.

Message from our Interim Chair

Robin Morrison, Interim chair of Healthwatch Wolverhampton

This annual report sets out the work that we have undertaken during 2019/20. It explores some of our key successes and how we have made a difference based on what people have told us about their experiences of health and social care services.

Our work has been recognised both nationally and locally, having received the Highly Commended award from Healthwatch England for our work with the Deaf community and the Employer of the Year award from Juniper Training for our work providing student placements and recognising the support we have given to their students.

We have undertaken 22 Enter and View visits, our statutory power to observe service delivery and engage with the people both receiving and delivering the services. Our reports have highlighted some of the great work taking place across Wolverhampton and we have made recommendations to providers where needed.

I want to pay tribute to all our volunteers who have worked hard to support all our areas of work from Enter and View to supporting us on the Healthwatch Advisory Board (HAB), helping us to gather the views of the public and make a difference.

In February this year we said farewell to the Chair of our HAB, Sheila Gill. We would like to thank Sheila for her dedication to Healthwatch during her time with us and we wish her every success.

We have had to adapt to challenging times with the arrival of Coronavirus. We have stepped up to the challenge ensuring that our website and social media platforms have been updated on a daily basis with information from the Government, Public Health England and what is happening locally. We wanted to let the public know that Healthwatch is still working and how they could contact us.

Our condolences go out to everyone who has been affected by Coronavirus and we want to thank the NHS and social care staff including carers, residential homes staff and domiciliary care staff for the work they have been doing in tackling the virus and saving lives under very difficult circumstances.

I also want to thank the staff team for their hard work during the year, gathering service user feedback and supporting people in a range of ways and for adapting to the challenges of Coronavirus.

About us

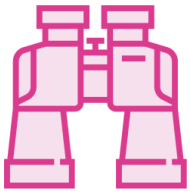
Here to make care better

The network's collaborative effort around the NHS Long Term Plan shows the power of the Healthwatch network in giving people that find it hardest to be heard a chance to speak up. The #WhatWouldYouDo campaign saw national movement, engaging with people all over the country to see how the Long Term Plan should be implemented locally. Thanks to the thousands of views shared with Healthwatch we were also able to highlight the issue of patient transport not being included in the NHS Long Term Plan review – sparking a national review of patient transport from NHS England.

We simply could not do this without the dedicated work and efforts from our staff and volunteers and, of course, we couldn't have done it without you. Whether it's working with your local Healthwatch to raise awareness of local issues, or sharing your views and experiences, I'd like to thank you all. It's important that services continue to listen, so please do keep talking to your local Healthwatch. Let's strive to make the NHS and social care services the best that they can be.

> I've now been Chair of Healthwatch England for over a year and I'm extremely proud to see it go from strength to strength, highlighting the importance of listening to people's views to decision makers at a national and local level.

Sir Robert Francis, Healthwatch England Chair



Our local vision is simple

Health and 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 communities need. Our main job is to raise people's concerns with health and social 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.

Our local approach

People's views come first – especially those who 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.

How we find out what matters to you

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.

Wolverhampton Health Advocacy Complaints Service (WHACS)

Healthwatch encourages partnership working and continues to enjoy being co-located with the Wolverhampton Health Advocacy Complaints 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.

Find out more about us and the work we do

Website: www.healthwatchwolverhampton.co.uk
Twitter: @hwwolverhampton
Facebook: @hwwolverhampton
Instagram: @hwwolverhampton

Meet the team

Tracy Cresswell
Healthwatch Manager

Emily Lovell
Engagement and Information Lead

Ashley Lovell
Engagement and Information Lead

Rasham Gill
Community Outreach Lead

Judith Stroud
Complaints Advocate

Andy Davies
Information and Signposting Officer
Started November 2019

Our priorities

Last year people told us about the improvements they would like to see made to health and social care services in 2019-20. These were our four priorities for the year based on what you told us.

Isolation and Loneliness
Following from phase one in 2018/19, we wanted to understand the experiences of older people in relation to social isolation and loneliness, how this is managed and what support could be offered to help old people overcome loneliness.

Maternity
Following from the Isolation and Loneliness project in 2018/19 with new mothers, we wanted to consider the experiences of new parents around their care after the birth of their baby, including at the hospital and within the community.

Cervical Cancer
With low levels of cervical screening attendance in the City, the focus of the project was to understand why women do not respond to screening invitations and what can be done to improve attendance.

Mortality
Due to Coronavirus and the sensitive nature of this project, this priority has been deferred over to 2020/2021.

More information on these priorities can be found under the "How we've made a difference" section of this report.

Highlights from our year

Find out about our resources and the way we have engaged and supported more people in 2019-20.

Annual Public Meeting, July 2019, Low Hill Community Centre

Health and care that works for you

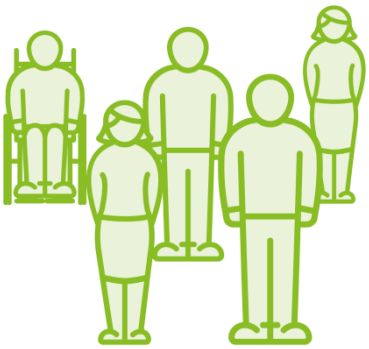
27 volunteers

helping to carry out our work. In total, they gave up an estimated **450 hours of their time**.

18 students

Carried out work experience with Healthwatch Wolverhampton, giving up to **750 hours of their time**.

Providing support



138 community events

were attended by Healthwatch staff, volunteers and work experience students.

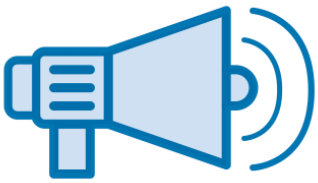
3,139 people

were engaged with by Healthwatch Wolverhampton at community events.

646 patient experiences

were shared with Healthwatch Wolverhampton to help improve health and social care services in Wolverhampton.

Reaching out



8,814 people

Contacted us on our freephone number, leading to **140 information and signposting enquiries.**

604,612 accounts

were reached through our social media; Twitter, Facebook and Instagram.

Making a difference to care

We published

24 reports

about the improvements people would like to see with their health and social care, and from this, we made **19 recommendations for improvement.**

2019-20 Timeline

April 2019
Highlights included our Spotlight on care assessments event. 741 people were engaged with in the community and online.

May 2019
Highlights included Mental Health week. This month we engaged with 432 people in the community and online.

June 2019
Highlights included volunteers' week, PPG week and receiving our employer award from Juniper Training.

July 2019
Highlights included our Annual Public Meeting. This month we engaged with 391 people in the community and online.

August 2019
Highlights included General Practice Nurse (GPN) focus groups and drop ins at different health and social care settings.

September 2019
Highlights included Carvers marathon, college freshers and sexual health week.

October 2019
Highlights included receiving Highly Commended in the Championing Diversity and Inclusion Healthwatch England awards.

November 2019
Highlights included holding a pop-up shop, where we engaged with over 500 across the week.

December 2019
Highlights included hosting a Samaritans fundraiser and a Volunteer afternoon tea in the Mayor's Parlour.

January 2020
Highlights included attending Wolverhampton College's Health Fayre.

February 2020
Highlights included delivering a presentation at the Deaf Studies Conference on our work with the Deaf community.

March 2020
Highlights included hosting a Time For a Cuppa Event for our Volunteers and beginning our response to Covid-19.

How we've made a difference

Find out how we have made a difference to health and social care services in 2019/20.

General Practice Nurses Focus Group, Zebra Coffee Morning for D/deaf communities, Lighthouse Cinema, August 2019

Community Outreach

Community outreach plays an important role in collecting patient experiences for Healthwatch Wolverhampton. Our Community Outreach Lead carries out drop-ins across health and social care settings as well as attending events across the community to gather the views of people who use services in Wolverhampton.

Listed below are just a few examples of where we have been over the last year:

- Newcross Care Home
- Asian Ladies Group Prem Vadhaou
- WV Active Aldersley and Central
- Grove Medical Centre
- P3 Café
- St Joseph's Church, Places of Welcome
- New Cross Hospital, drop ins across various departments
- Diabetes UK, Molineux Stadium
- City of Wolverhampton College
- Continence Team, Lower Green Health Centre
- Tea and Chat, Central Library
- Baitta Atta Mosque, Places of Welcome
- Cannock Road Medical Practice
- Aldergrove Manor Care Home

Helping homeless people access health and social care services.

In January 2020, the Healthwatch team undertook a training session of how to better engage with hidden groups and to support the relationships that we have with the groups that support the seldom heard. We have been actively engaging with P3, a charity aiming to improve lives and services for people who are homeless, we carried out drop ins at their P3 Café, speaking to the community and assisting them to access health and social care services.

Following this, a service user with no fixed abode got in contact with us as they were unable to register with a GP. Healthwatch contacted the Clinical Commissioning Group (CCG) who wrote out to GPs to remind them to take homeless patients and also provided a leaflet for us to share with the patient to help them register with a GP. Unfortunately, the patient still experienced difficulty finding a GP to register with so we got back in touch with the CCG who signposted us to a GP that would take the patient.

The patient was able to register with this GP and rang to thank Healthwatch, they explained that they were experiencing further problems with finding a hostel, so we signposted them to the Local Authority who would be able to provide further support.

Pop up shop: Healthwatch week at the Wulfrun

In November 2019, we held a pop up shop in the Wulfrun Shopping Centre for a week where we engaged with over 500 people and were supported by 22 providers. Each day was themed to link in with a different health awareness days, posters were displayed to promote this.

The event started with a day of general health and social care topics. We were supported by various providers including; Breast Cancer Support Group, Flu Campaign team, Alzheimer's Society, Carer Support team, Antibiotics Awareness, Compton Care, Personalised Care, Special Educational Needs and Disabilities team and End of Life Care. There was also a CPR training session with St John's Ambulance.

The week also had another theme, National Alcohol Awareness Week. Therefore, we decided to focus Tuesday on alcohol and substance misuse and were supported by; Personalised Care, Recovery near you, Refugee Migrant Centre and Carer Support team.

Wednesday's focus was cancer due to it being; mouth cancer, lung cancer and pancreatic cancer month. Healthwatch were supported by Macmillan, the Cancer Research and the Breast Cancer Support Group, the Patient Advisory Cancer Team (PACT), Carer Support, the Wolverhampton Clinical Commissioning Group and Personalised Care.

Thursday was world diabetes day so we focused on diabetes and healthy lifestyles. This day we were supported by; WV Active, P3, Carer Support and the TB Nurses Team.

On Friday we chose to focus on men's health due to it being 'Movember', this is the much publicised month that sets out to raise awareness of prostate cancer, testicular cancer, mental health and suicide prevention. We were supported by Macmillan, Cancer Research and the Breast Cancer Support Group who all focussed their support and information to men, as well as the Carer Support team and Head4Health.

The event ended with the start of National HIV testing week, so we were supported by Embrace, the Sexual Health Service in Wolverhampton who were carrying out STD tests and supplying free contraceptives and advice. There was also a CPR training session with St John's Ambulance.

This event was also supported heavily by our dedicated group of volunteers, who actively engaged with members of the public and other service providers.

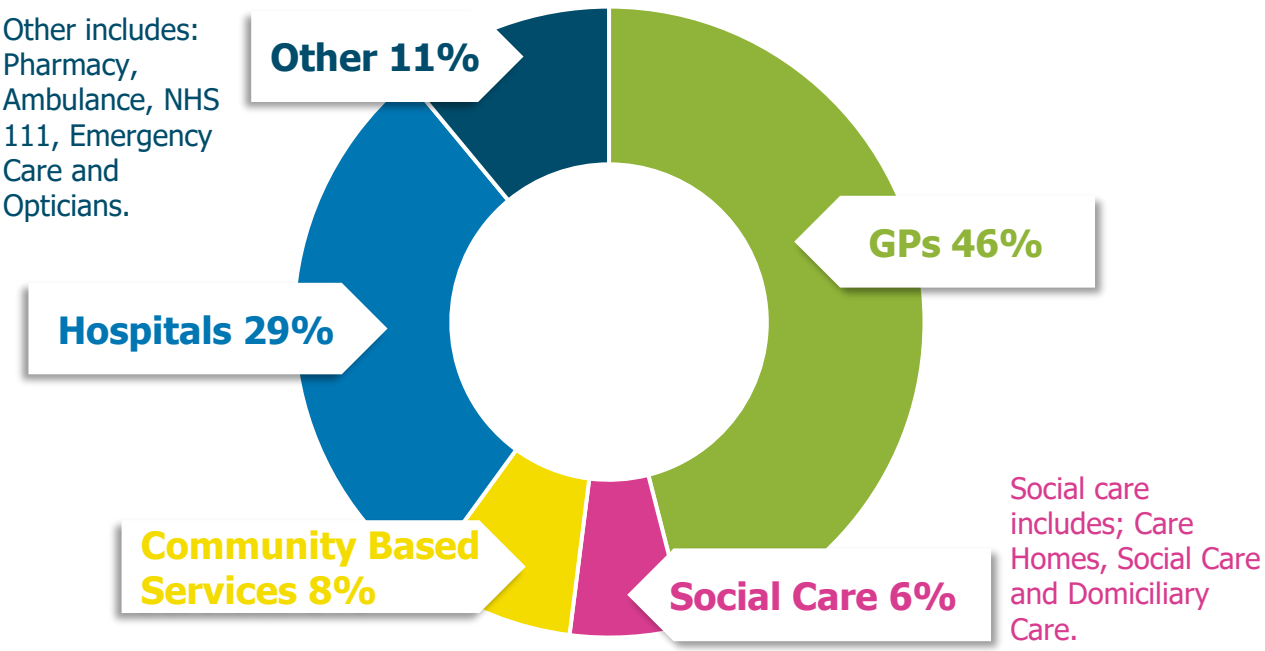
What People Have Told Us

Over the past 12 months we have collected over **640 patient experiences**; feedback from the people using health and social care services in Wolverhampton.

This feedback helps to make positive changes and improvements to the health and social care services in Wolverhampton. By Healthwatch actively engaging with commissioners and managers of services, playing a role in strategic meetings and carrying out Enter and View visits we are able to ensure that patient voice is heard and represented. Feedback is also used to shape our work plan and priorities, so we can ensure a larger change and impact for those communities. We are also able to signpost and refer service users to complaints and advocacy services, to ensure they are getting the answers they want from the people who deliver their care.

The graph below shows the themes of patient experiences we have received across 2019/20.

Other includes: Pharmacy, Ambulance, NHS 111, Emergency Care and Opticians.



Social care includes; Care Homes, Social Care and Domiciliary Care.

Collecting patient experiences in our community.

Our community outreach lead regularly attends Tea and Chat meetings at the Central Library. During these meetings we have worked with the Community Support Team to listen to people and their stories of health and social care services. Some of these experiences have been signposted to Wolverhampton Health and Advocacy Services (WHACS). By working with WHACS and the Community Support Team we have been able to help people get the answers they needed as well as enabling them to get the right support and care.

Continuing our work with the D/deaf community

We have continued to work with Zebra Access, commissioners and providers to engage with the community around various health issues.

"The Deaf community especially feel that they are now truly included within the consultations that they have had at the coffee morning. The Deaf community historically do not get involved with community consultations, so it has been amazing to see such development and passion from both the community and Healthwatch."
Sean Noone, Zebra Access

As part of the work carried out, a lot of emphasis has been on BSL users, however we have presented the findings to BCHA (Bone Conduction Hearing Aid) and to the audiology staff at West Park. Both meetings were well received, and they were all given a communication card to support them when speaking to professional staff. Whilst we were in the pop-up shop in the Wulfrun Centre a patient came to let us know that they had just used the card in a shop and the assistant was not looking at them so they showed them the card which asked them to look at them so they could lip read, which they did.

Tracy, Healthwatch Manager and Liz, ECS Managing Director, collecting the award

We were shortlisted for the "Championing Inclusion and Diversity" award for the work we have carried out with this community, the awards were presented at the Healthwatch England Annual Conference on 1 October 2019 and we received 'Highly Commended'; a huge acknowledgement for Healthwatch Wolverhampton.

As this piece of work started back in 2018 with Wolverhampton University looking at the issues that the D/deaf community were experiencing, it was a pleasure to be invited to present at a deaf conference held by the University around the issues that we had found but also the health studies found across the country, they were very similar. We presented on the work that we had being doing with the community and how they felt more engaged.

"We were delighted that Healthwatch was a part of this conference and it was a great pleasure to work with you and have the opportunity to present the highly successful journey and outcome of this research initiative. Thank you for working so closely with us on this."

Tracy speaking at the Deaf studies conference at the University of Wolverhampton

Spotlight Meetings

Spotlight meetings allow Healthwatch to focus on a topic of concern raised by patients. They give opportunity for members of the public to listen to and question changes providers and commissioners are making to services.

Spotlight on… Care Assessments

In April 2019, we held a spotlight on care assessments. 16 people were in attendance, from general public to professionals to hear about changes being made to social care assessments across the City. David Watts, Director of Adult Social Care and Louise Haughton, Principal Social Worker delivered a presentation, addressing the why, what and how. Below are examples of the questions raised at the Question and Answer session.

Why?

Based on feedback of service users, carers, employees and consulting with other Local Authorities, it was identified that the current system was not working. It was time consuming, focused on deficits, lowered staff morale and was bureaucratic. Below are examples of questions that was raised by the public during the Question and Answer Session

What?

Moving away from tick box assessments encourages "good conversations". Less paperwork allows for more face to face time with service users to find out what is important and develop solutions that are personal. Language would become more empowering and less negative. Having the first person you have a conversation with support and work with you, and bring the right people in to help if they need to.

How?

This was piloted in the East of the City and with mental health over a 13 week period, this was evaluated to identify the impact of this change in working. Impact was positive, more time for workers to spend with service users, family, carers etc. Waiting lists were also cleared with nobody waiting longer than three weeks for assessment so people are no longer at the end of their tether. Feedback from service users was positive, they are seen quicker and do not have to be handed over numerous times, so they are not retelling their story.

David Watts speaking at the Spotlight on Care Assessments

Question and Answer session

Q: How do you challenge an assessment?
A: Audit of case files are carried out on a regular basis, service users are contacted, we carry out quality assurance. The City Council carry out two surveys a year, one for the service user and one for the carer.

Q: How are the general public aware of these changes taking place around care assessments?
A: We are trying to encourage staff to be more proactive.

Q: How are you working with care homes around these changes?
A: Some of the care homes are engaging with the Council especially around the SPACE project and other forums.

Spotlight on Prescriptions

We received a number of concerns around prescriptions, where patients' medication was either being removed or changed without patients being involved or informed. Healthwatch arranged to meet with the Medicine Optimisation team from the CCG to understand why this was the case. This meeting identified that the patient voice was not represented at the Area Prescribing Committee (APC) and it was agreed that Healthwatch would be invited to be part of the Committee as the patient voice.

We also chose to hold a Spotlight Event on prescriptions to give the public an opportunity to understand the changes to prescriptions and to ask the speakers questions. A presentation was delivered by the CCG.

We held the meeting in the South East of the City in February, there were 10 people in attendance including public, staff and professionals.

Discussions took place around the effect of Brexit and that medication was being held centrally and the CCG's have been told to order as normal.

A discussion took place around stock shortages, the National Pharmacy Association have shared a leaflet with all Pharmacists regarding the stock shortages. The CCG explained that the CCG drugs budget is £45 million, and this covers all prescriptions, hospital medications and injections. Nationally they have been given lists of medication that should not be prescribed but can be bought over the counter such as paracetamol.

There was another discussion which took place around why medication has been changed, the CCG explained that this should take place with the patient and they hoped that the practice would do this.

Question and Answer session

Q: If the hospital or your consultant puts you on medication, can a GP change it?
A: When a GP writes and signs a prescription they are legally responsible for it. It depends on how well they know that area and if they feel comfortable with that.

Q: Who monitors the copy drugs? The manufacturers name is completely different but the active ingredient is the same but mix is not.
A: The Medicine Health Regulatory Authority give a licence and ensure it is of a certain quality.

Q: A cream was taken off a prescription without letting patient know.
A: The practice will have a process in place, you would hope they would inform the patient.

Healthwatch Priorities

Isolation and Loneliness Phase 1 and 2

We engaged with over 55's who were housebound and new mums to gain an understanding how they were affected by isolation and loneliness. We engaged with new mums via focus groups and the over 55's via surveys with support from care agencies and District Nurses.

Below are the themes that came from both cohorts.

Importance of Groups - There has been a reduction in the groups that are available to new mums and the older people, which has resulted with this cohort being more isolated.

Access to information - This has been identified as a barrier to the groups that participated in our project.

Mobility - For the elderly and the people confined to their own home, mobility was a barrier to them, and they have become more isolated

Cost - Due to the lack of disposable income for some of the cohorts, this had reduced to them not being able to socialise with friends.

Access to transport - This was a particular issue for new mums especially accessing groups across the City.

Family - A lack of family support was viewed as a reason why people became isolated.

Lack of confidence - This was identified as one of the reasons why people become isolated and lonely as they are less likely to participate in activities etc.

Recommendations included:

- An increase of information, professionals that people engage with should be properly equipped with information on statutory and voluntary provision.
- Groups were seen to be important and that numbers had reduced; it was recommended that mapping exercises take place to identify the need for greater provision.
- It was recommended that a range of befriending services be provided that are able to deliver face to face befriending and telephone befriending services.

The full report can be accessed on our website: www.healthwatchwolverhampton.co.uk

The Coronavirus pandemic has emphasised the gap of support for isolation and loneliness for the people in Wolverhampton.

"This report highlights the damaging effects loneliness and isolation can have on our mental and physical wellbeing at any stage of life. As we emerge from the grips of the coronavirus pandemic, promoting inclusion and social connectivity will play a key role in recovery planning across our strategic partnerships to ensure people in the City of Wolverhampton experience longer, healthier lives." Ankush Mittal, Public Health

Healthwatch Priority: Maternity Services

We carried out this project by focus groups and surveys, to understand how both mums and dads were engaged / supported after the birth of their child.

Overall the response was positive during the birth, however the support after birth was mixed.

Below are areas identified:

Support for and communications with partners – new fathers were lacking the support and advice that they need to support their partners and new babies.

Information on baby care – some commented they lacked information and advice especially around feeding and bathing.

Feeding support – this was mixed as the support they had received in the hospital was not as effective as the support they had received in the community.

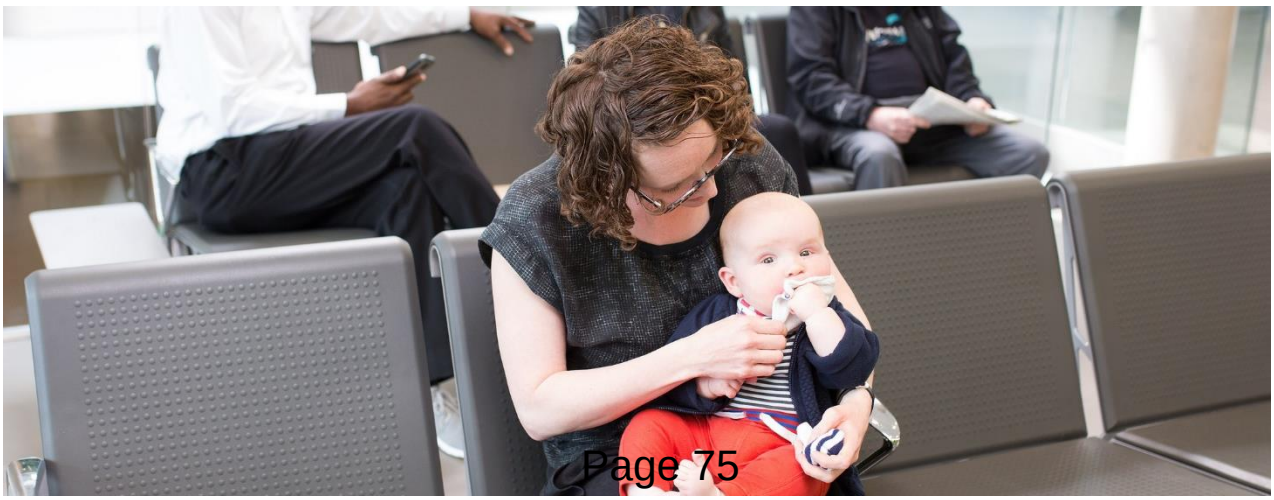
Home Visits – the overall comments made were positive around the midwives and health visitors, however some comments would have wanted more contact with the health visitors and midwives.

Recommendations included:

- Support for and communication for new fathers so they are able to provide support to their families.
- Consideration of how first-time-parents can be provided with more or better information and guidance on basic care to increase confidence on returning home.
- Consideration to be given on how feeding advice can be personalised according to the preferences expressed by the mother.
- Consideration to be given on how to provide information in advance around what contact new parents might expect from their community midwife and health visitor following the birth of their baby.

The report was shared at Health Scrutiny in February and the Hospital took note of the recommendations, they shared that a lot of work had already been carried out.

The full report can be found on our website: www.healthwatchwolverhampton.co.uk



Healthwatch Priority: Cervical Screening

We carried out this project by focus groups and surveys, to understand why women were not going for screening and to identify the barriers. We had 177 responses to the survey and 7 participants taking part in the focus group

As the screening does not start until women turn 25, we felt it was important to include 18-24 to test their awareness on the reasons for screening.

Below are themes identified and recommendations made:

Women do not understand the reason why they have the screening, with some thinking it was to check for sexually transmitted infections or for problems with the womb rather that the pre-cancerous cells in the cervix – More information to be included in the cervical screening invitation especially around the process and the purpose of the screening.

The reason for women delaying going for screening is mainly that they found the process embarrassing, they were self conscious of their body image, did not want to undress in front of strangers and the person carrying out the procedure especially around male practitioners – more work to be targeted with specific groups and the more information and advertising could help overcome some of the barriers.

Encouragement for attending cervical screening appointments – peer support and information could be developed and rolled out to specific community settings.

Availability of appointments was used as a barrier for some women going for the screening – As GP's practices were identified as the choice where women would prefer to go, it is suggested that the practices look at how extended hours appointments specifically for cervical screening would support breaking down the barriers.

HPV vaccine and cervical screening was unclear as was the eligibility for the vaccine and the vaccination programme – more information to be provided on the vaccine, the vaccination programme and what it means for those who have been vaccinated.

The findings of the report will be shared with Public Health as the screening uptake is lower than the national level.

The full report can be found on our website: www.healthwatchwolverhampton.co.uk

General Practice Nurses

As a Black Country, we were commissioned by Wolverhampton CCG, on behalf of the local STP, to undertake local engagement with patients, focussing on their knowledge and experiences of General Practice Nurses (GPN). We worked with Healthwatch Dudley, Sandwell and Walsall carrying out focus groups, drop in sessions and surveys. A total of 220 people gave their feedback.

Feedback from patients was collated into recurring themes, offering insight into their patient experiences. These included:

Understanding of roles and skills

The majority of patients lacked knowledge of the role of GPNs meaning a possible underuse of appointments. Having more information would allow patients to make an informed decision of choosing to book their appointment with their GPN. Patients felt the responsibility of sharing this information lay primarily with the practices.

Appointment preferences and availability

Patients seeing the GP instead of their GPN was seen as a default decision rather than a preference. Although GPN availability was a positive for booking with them.

Information sharing and signposting

Patients found that they were unable to book with GPNs online, so development of this was recommended. The approach of being signposted to a GPN by reception was widely supported by participants, although this is not done in all practices.

Provide more information on nurse services

Not all participants were aware of services available or provided by their GPN. It is recommended that this information is provided by individual practices due to discrepancies between services offered.

Forms of information sharing

Participants felt that information should be made available on practice waiting room noticeboards or by leaflets made available at reception. Consideration should also be made to reach a wide range of patients, including those who do not attend regularly.

Signposting and active promotion of nurse services by reception staff.

It is recommended that reception staff are utilised more regularly to help signpost patients to GPN appointments when appropriate. This was largely supported by patients.

What was the impact of this?

The engagement events across staff and patients have highlighted some significant wider and more complex system issues that need consideration and discussions at a leadership level.

The recommendations were built into GPN Development and Retention "Case for Change".

Enter and View

Enter and View is a programme of work that uses our statutory power, allowing us to observe the way NHS and social care services are delivered. Enter and View visits are not inspections, they allow us to gather service user feedback and use it to make recommendations for improvement. In 2019/20, 22 Enter and View visits were conducted in a variety of settings, a 57% increase on last year.

Enter and View visits are used to respond to patient experiences shared with Healthwatch. Visits can be announced, unannounced or semi-announced depending on the nature of the visit. Revisits are also conducted to observe if service recommendations have been put in place by providers.

Relationships built with external providers such as CQC, CCG and Quality Teams have allowed us to share themes and intelligence in a more strategic way to ensure Enter and View is having a larger impact. Recommendations made to service providers are shared with various stakeholders. Of the 22 visits undertaken in 2019/20, over 190 recommendations were made.

Visits are based on the eight principles of Healthwatch, which underline the expectations from health and social care services. These include essential services, access, a safe, dignified and quality service, information and education, choice, being listened to, being involved and a healthy environment.

Visits in 2019/20 included:

Wednesfield Dental Practice

Ashmore Park Medical Centre,
Bilston Health Centre, Dr Mudigonda
Castlecroft Medical Practice
Duncan Street Surgery
Highcroft Hall Residential Care Home
Keats Grove Surgery
Mayfield Medical Centre
Thornley Street Surgery
Whitmore Reans Health Centre,

Bentley Court Care Home
Bethrey House Care Home
Eversleigh Care Centre
Oaks Court House Care Home
The Cedar Grange
The Croft Care Home
Wulfrun Rose Nursing Home

Acute Medical Unit, New Cross Hospital
Rheumatology Centre Cannock Chase Hospital
Rheumatology Centre New Cross Hospital
Wards C16 & C18 New Cross Hospital

Authorised Representatives

Enter and View Visits are run by a group of trained volunteers and staff called Authorised Representatives. Authorised Representatives are not medically trained but are able to give a laypersons perspective to health and social care services.

Each Authorised Representative has their own set of skills and knowledge which has enabled us to shape and adapt our Enter and View visits over the last 12 months. We would like to say a special thank you to each Authorised Representative for their hard work and dedication to the 2019/20 Enter and View programme.

- Andy Davies
- Anu Sandhu
- Ashley Lovell
- Beverley Davis
- Dana Tooby
- Darren Richardson
- Emily Lovell
- Janet Chand
- Josie Slater
- Judith Stroud
- Kerry Southall
- Kirpal Bilkhu
- Maggie Makombe
- Mary Brannac
- Matthias Katanga
- Pat Roberts
- Raj Sandhu
- Ranjit Khutan
- Rasham Gill
- Roger Thompson
- Rose Urkovskis
- Sam Saini
- Sheila Gill
- Tina Richardson

Wednesfield Dental Practice

Following group catch ups with Authorised Representatives, some asked for a bigger variety of Enter and View visits. This accompanied with an increase of patient experiences lead to an unannounced visit at Wednesfield Dental Practice.

The visit to Wednesfield Dental Practice was mixed, none of the patients engaged with raised concerns however, Authorised Representatives did observe and raise some safety concerns, which were reported to the senior staff member and CQC. Recommendations were made around patient feedback and involvement, health and safety, lack of interpreters and inclusivity and diversity.

Since our visit, the practice has addressed and corrected all health and safety issues. They have also compiled and started using a survey to collect patient feedback and experience which will form the basis of a 'You Said, We Did' notice board.

Wednesfield Dental Practice

The practice also acknowledged that using family and friends as an interpreter was not good practice and are now sourcing interpretation for the practice.

Authorised Representatives addressed concerns that there were no chairs with arms to aid people to stand up, nor a space for wheelchair users in the waiting room. Since the visit, the practice has ordered chairs with arms and has also made a designated space in the waiting room for wheelchair users.

Enter and View Visit to Ashmore Park

Following patient experiences and a formal NHS complaint from WHACS, it was decided an unannounced visit to Ashmore Park would be carried out.

The visit was very positive, it was clear that the practice was making excellent steps in offering more support to patients with additional health needs. Patients did raise concerns around access to appointments and patient involvement so this was reflected in our recommendations.

The service acknowledged the positive impact Enter and View has and have already made improvements and put in place changes based on our ten recommendations. The practice have updated information to increase awareness of appointment access, as well as redesigning the Patient Participation Group (PPG) board to encourage more members.

Ashmore Park

Following our visit, staff have also recently enrolled in refresher care navigation training and have been reminded to actively encourage patient feedback through Friends and Family Test slips.

> The overall report is very much seen as a positive for our practice and we will continue to work towards all the recommendations listed above with some having been put into place already.

Enter and View Visit to The Croft

At the time of our visit, The Croft was the only care home in the City of Wolverhampton to be rated as outstanding by Care Quality Commission (CQC). We chose to carry out a semi-announced visit to observe good practice that could be shared amongst other care homes.

The home was beautiful and demonstrated an excellent level of care and good practice. Residents were happy and enjoyed living there, they were involved, listened to, and had choice in their care and daily life. Staff promoted resident's dignity, privacy and independence and treated residents with compassion.

We only made one recommendation to this home which was; "to continue to share good practice" as this was done actively with different homes.

The Croft Residential Home

Following the visit, the good practice shared has allowed us to identify further improvements and recommendations in other homes. It has also been used as further examples in Enter and View training sessions for Authorised Representatives to learn from.

> I would just like to say that it was a pleasure to meet Emily and Tina. Many thanks for the report. Your findings are appreciated.

Enter and View has big impact at Acute Medical Unit (AMU), New Cross Hospital

Following a patient experience given to Healthwatch Wolverhampton from a patient who had a fall in AMU after staff were pressuring the patient to use the toilet, despite the family repeatedly telling staff that the patient needed more support. After discharge, the patient had incurred large bruises and was struggling to breath and was readmitted. During an appointment, the patient was found to have fractures, it was suspected these were sustained from the fall in AMU.

This patient was referred to WHACS to make a formal NHS complaint with the support of an advocate.

Following this and more patient experiences of AMU, it was decided to carry out a semi-announced Enter and View visit.

The visit to AMU was good staff were enthusiastic, and this reflected in positive patient feedback. Patients were extremely complimentary of the care they were receiving, and we hope that this good practice continues.

Five recommendations were made to AMU relating to paperwork, dietary requirements, patient and family member communication, family and friends test results being displayed.

In response, the Trust wrote an action plan for AMU to address the recommendations in the report. All actions referred back to the principles of Healthwatch and were due to be completed by the end of April. Actions included:

- Ensure all staff are aware and competent at completing end of life paperwork – staff to be informed through the safety brief and walk around.
- Ensure adequate SWAN champions on AMU.
- Practice Education Facilitators to focus on the end of life paperwork/SWAN care in order to ensure that all staff members are fully competent.
- Content of Healthwatch report will be shared with both medical and nursing staff as way of reminding them of the importance of ensuring that all relatives are kept informed.

The Acute Medical Unit (AMU) welcomes the Healthwatch report from their visit to AMU on 31st January 2020. In response to the report, we have developed an action plan to address recommendations made.

All Enter and View reports and more information can be found within the Enter and View section of our website.

Website: www.healthwatchwolverhampton.co.uk

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:

- Area Prescribing Committee
- Better Care Fund
- Black Country Healthwatch Meeting
- Black Country Sustainable and Black Country Healthwatch Meeting
- Black Country Sustainable Board Meeting
- Café Neuro Co-ordinators Meeting
- Cancer Strategy Group Meeting
- Care Quality Commission (CQC) Information Sharing
- Carers Support Development Workshop
- Carers Wellbeing Cafe
- Dementia Action Alliance
- Deterioration Patients Task Group
- Discharge to Assess (D2A)
  - Steering Group
  - Communications and Engagement Group
  - Evaluation Meeting
  - Operational Monthly meetings
- Equality and Diversity Steering Group meeting
- Flu planning meeting
- Head of Patient Experience Team bi-monthly meetings
- Health and Scrutiny Panels
- Health and Wellbeing Together
- Healthwatch CQC/Cross Directorate Event
- Healthwatch England Conference
- Healthwatch Network Meetings
- Integrated Care Association Meetings including:
  - Governance
  - Clinical
  - End of Life Sub-group
  - Frailty Sub-group
  - Children and Young People Sub-group
  - Mental Health Sub-group
  - ED and UCTC
- Investing in Volunteer Meetings
- Joint Engagement Assurance Group (JEAG)
- Maternity Voices Partnership
- Meeting with Deputy Chief Nurse Wolverhampton Clinical Commissioning Group (CCG)
- Meeting with Deputy Chief Nurse (RWT)
- Meeting with Chief Executive and Chair of RWT
- Meeting with Deansley Outpatient Department (RWT)
- Mental Health Stakeholders Forums
- Mortality Reduction Meeting
- NHS Long Term Plan
- Patient Advisory Cancer Team Meeting
- Primary Care Committee
- Primary Care Operational Meeting
- Quarterly meeting with Care Quality Commission
- Royal Wolverhampton NHS Trust Annual General Meeting
- Safeguarding Board
- Safeguarding meetings
- Safer Provision and Caring Excellence (SPACE) programme Care Home Improvement
- Special Education Needs and Disability (SEND) Health Steering Group
- System Development Board
- Vocare Meeting
- WCCG Annual General Meeting
- WCCG Commissioners Meeting
- WCCG Governing Body
- West Park Hospital Quality Visit
- Wolverhampton Equalities Meeting
- Wolverhampton Information Network Stakeholders
- Wolverhampton Lesbian, Gay, Bisexual and Trans Alliance

Listed below are examples of how the relationship between Healthwatch and partners have made a difference to the members of public in Wolverhampton.

Issues with Radiography

We met with the Deputy Chief Nurse at the Trust around the issues that patients have had in Radiography. The Hospital updated us on the issues that they were having and the action plan they have in place to remedy some of the issues.

Healthwatch made several suggestions which they are going to take on, one was around that they often ask patients via a survey and change things as a result of the survey, however they do not let the patients know the changes have been made from their suggestions, so the manager suggested a "You Said, We Did", this was going to be looked at throughout the Hospital by the patient experience team.

Another suggestion Healthwatch made was to update patients on the delays, this should be done not just by putting the information on the board, but the receptionists explaining to the patients the reasons behind the delays.

Patient Experiences at West Park Hospital

Attended a Quality Visit at West Park alongside the Quality Team from the CCG, Healthwatch engaged with patients around their experience on the wards, and how they were engaged / involved in their discharge plans. A number of the patients were not aware of being involved, they got up at a certain time in the morning for their breakfast, then just sat in their chairs for the rest of the day. This was fed back into the report about ensuring that patients had activities during the day, other than receiving therapy. There was a vacant day room that could be utilised for patients to carry out different activities, communication with the patients was also included into the report about ensuring that patients and their relatives are being involved in the discussions about them and their care.

Patient Communication at RWT

At Health Scrutiny, Healthwatch asked Chief Executive of RWT how they were updating the public on outcomes of complaints that had been made. It was agreed that the Trust would produce a 6 monthly newsletter for the general public highlighting what had changed from patients raising complaints.

Isolation and Loneliness Report

We met with Public Health around the Isolation and Loneliness report that we had compiled, it was well received and the information in the report will be used to inform and support the work that Public Health is planning to carry out in the City with other stakeholders. Healthwatch will be part of the planning meetings

Working with Stakeholders

We attend the local Quality Assurance Meeting with RWT, CCG, CQC and Safeguarding, we share the issues we have around care / nursing homes. Some of the information gathered at these meetings feeds into our Enter and View visits.

Long Term Plan

#WhatWouldYouDo

Highlights

Healthwatch Wolverhampton received 299 survey responses.

Our network held over We held focus groups with students at City of Wolverhampton College and with the D/deaf community.

Healthwatch Wolverhampton attended various community groups with the survey.

NHS Long Term Plan

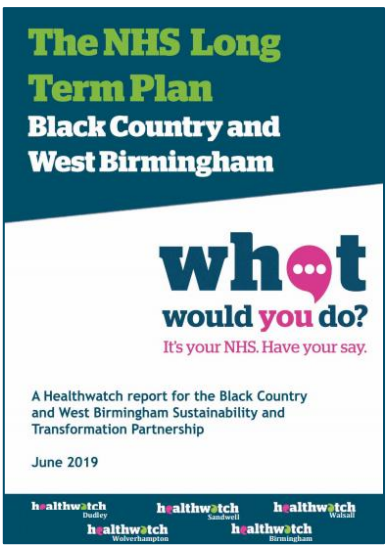
Following a commitment from the Government to increase investment in the NHS, the NHS published the 'Long Term Plan' in January 2019, setting out its key ambitions over the next 10 years. NHS England asked Healthwatch England, with the support of local Healthwatch to undertake public engagement. The focus was to gain insight into how people view local healthcare services and use the findings to shape local action to support delivery of the Long Term Plan.

As a Black Country Healthwatch (which consisted of West Birmingham, Dudley, Walsall and Sandwell) we agreed that the focus groups we carried out would be around "Self Care", as this is part of the Sustainable Transformation Partnership (STP) work and agreed that we would use the questionnaires that Healthwatch England had designed.

The questionnaires were aimed at people with a health condition and a general survey.

Over 1500 people completed the surveys and over 200 people attended focus groups across the Black Country and West Birmingham.

In Wolverhampton we completed 299 surveys, going out into the community, attending events, carrying out drop-ins across various health and care settings. We also carried out 2 focus groups with students at City of Wolverhampton College and attended the coffee morning held by the D/deaf community with over 25 people in attendance.



The full report can be found on our website: www.healthwatchwolverhampton.co.uk

Summary of findings

Below is a summary of the common findings across both reports covering the whole of the Black Country and West Birmingham that was presented at the STP partnership meeting in July.

Information, signposting and health education

People told us that they needed improved access to timely information and signposting to support them to self-care. This includes more accessible information which meets their needs i.e. easy read, no jargon.

Access to Services

People want quick, timely access to professionals for diagnosis, treatment and support. This includes improved access to GP appointments and mental health services.
Following diagnosis individuals want effective signposting to information and services that empower them to self-care.

Support in their communities

People valued support and services in their areas through the voluntary and community services and want this to be supported and increased utilising community assets.
Individuals identified key roles or 'one stop shops' as important to access information and services quickly.

Ongoing Engagement and Involvement

People value being involved and welcome ongoing conversations about health and social care. Individuals want to see more engagement take place to share their experiences and ideas.

Next Steps:

1. We asked the STP Board to discuss and specifically identify how the local plan will address the issues and themes raised in the report.
2. Following the publication of the local plan, clear communications to be carried out which highlights how the insight gained from this report was used and how it specifically influenced the plan.

"The Black Country and West Birmingham Sustainability and Transformation Partnership (STP) received this report at our July Partnership Meeting.

We are committed to understanding and acting upon what matters to people. We recognise that part of the solution to the challenges we face rest in our ability to create the right environment for people to have more choice and control in their own health, this report will help us to do just that.

We would like to extend our thanks, not only to the Black Country Healthwatch teams who have worked collaboratively to produce this report but also to our neighbouring Healthwatch in Birmingham. Your collective effort to represent the views of local people will be key to informing our Long Term Plan. Our thanks also go out to local people who took time to express their views, whose experiences have provided these useful insights".

Helping you find the answers

Find out how we gave people the information and signposting advice they needed to find the right support

Carvers Marathon, September 2019

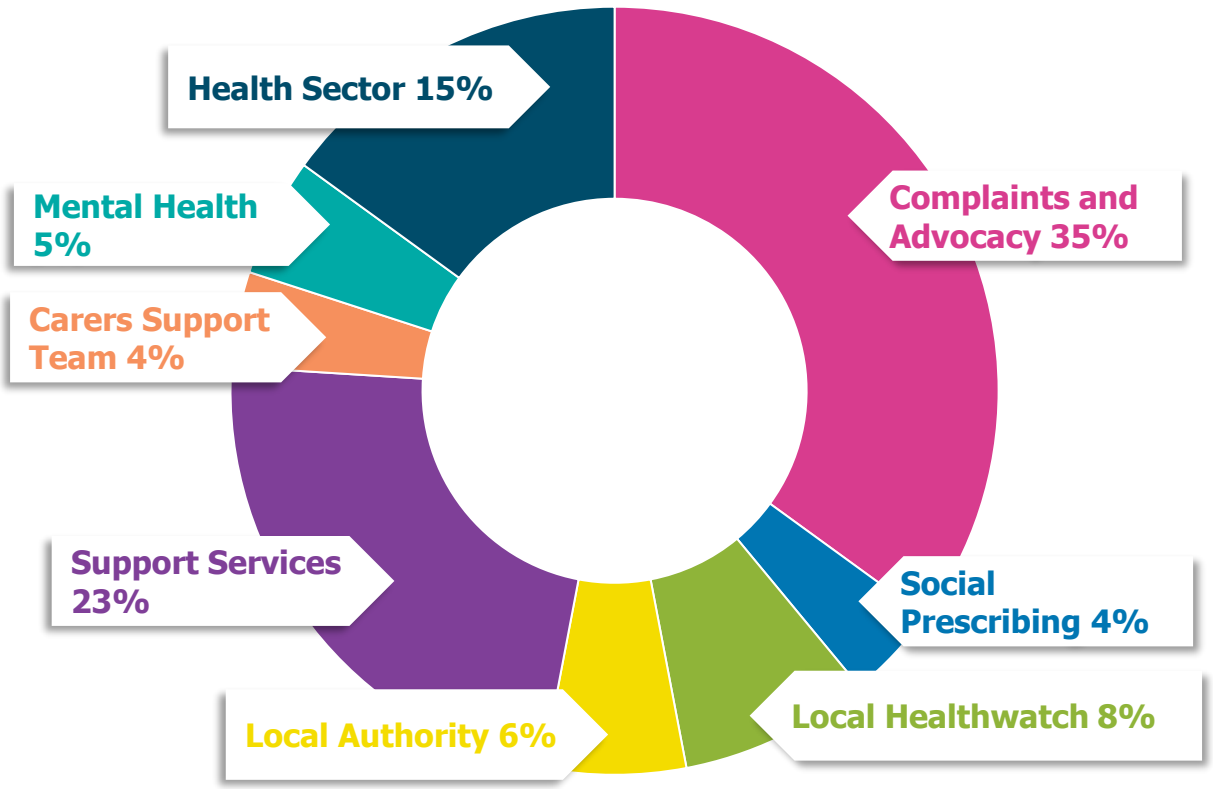
Finding the right service can be worrying and stressful.

Healthwatch plays an important role in helping people to get the information they need to take control of their health and care and find services that will provide them with the right support.

This year we helped **140 people** get the advice and information they needed by:

- Providing advice and information articles on our website.
- Answering people's queries about services over the phone, by email, or online.
- Talking to people at community events.
- Promoting services and information that can help people on our social media.

Here are some of the areas that people asked about.



The Community Support Service can introduce you to community groups and services that could reduce isolation and improve the life you live, the way you want to live it. The majority of the people who attend are homeless or on a low incomes, this is a chance for them to have their voice heard, or just a general chat to meet others. Healthwatch have supported this ever changing group for some time, they have listened to concerns in relation to GP's, hospital appointments and dentists. This has done wonders for the group as at times, engaging with NHS is difficult, especially, if they do not have a regular abode or if they are not registered with a GP, due to travelling around the City. Community Support Service

Support with Hearing Services

During outreach in the Mander Shopping Centre, a patient spoke to our Community Outreach Lead advising that they had just been fitted with a new hearing aid but that they find it too heavy and uncomfortable.
Our Community Outreach Lead signposted the patient to their GP so that they could refer the patient to West Park Hearing Services.

Orthotics referral

A patient contacted Healthwatch Wolverhampton to see if the NHS provided a service to get specialist shoes due to them having one leg shorter than the other. Healthwatch checked to see if a service was offered under the Royal Wolverhampton NHS Trust and signposted the patient to their GP so that a referral could be made to the Orthotics Department at New Cross Hospital.

Supporting a foster carer

A foster carer was referred to Healthwatch from their GP practice as they were having issues with school transport for a child with multiple medical conditions. Healthwatch contacted the appropriate person at the CCG who contacted the consultant and wrote a statement to support the family. Healthwatch also raised this at a local Special Educational Needs (SEND) meeting, the manager for the information and support service said they could offer more support. Healthwatch signposted the family to them.

Contact us to get the information you need

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

Website: www.healthwatchwolverhampton.co.uk

Telephone: 0800 470 1944

Email: info@healthwatchwolverhampton.co.uk

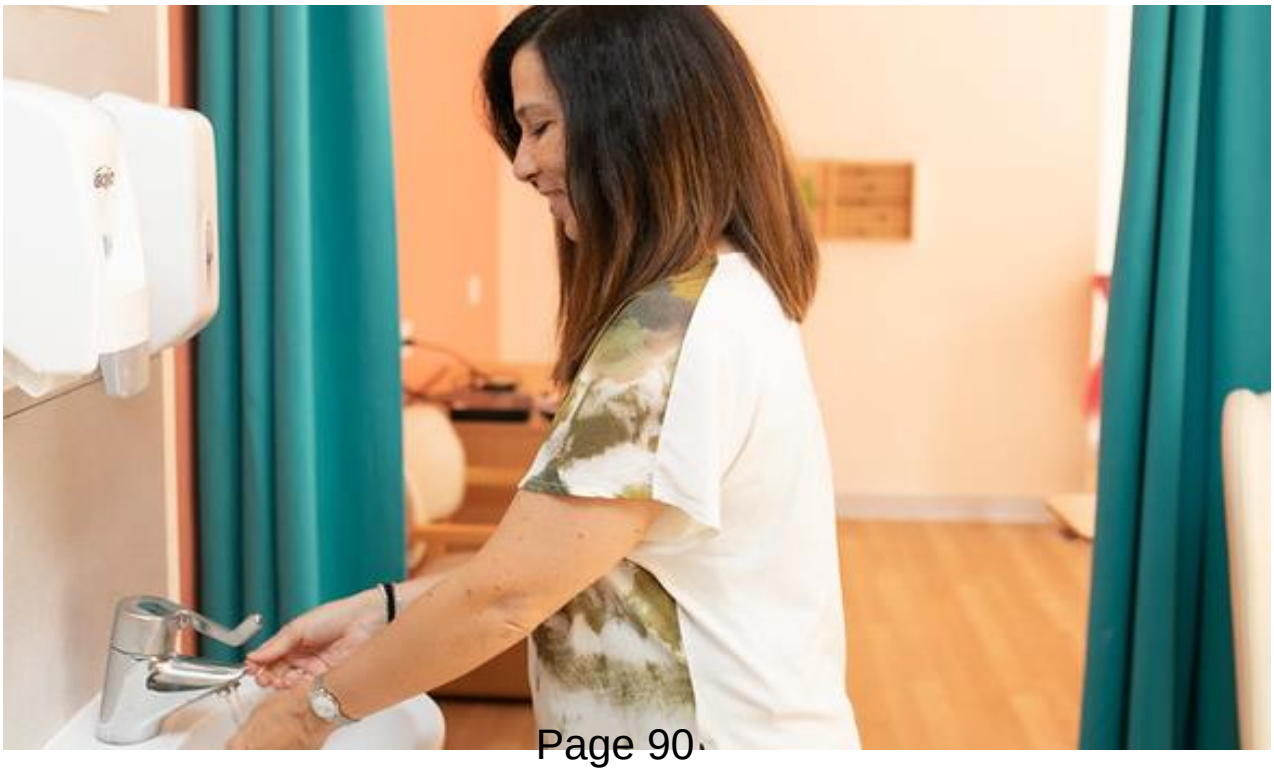
Beginning our response to Covid-19

Since the start of the Coronavirus Pandemic in March 2020, we have adapted to new ways of working. Our community outreach, Enter and View Programme, student placements and volunteer work have all been postponed until it is safe to continue. The team also began to work from home and continue to ensure people get the information they need while supporting the key messages of Coronavirus from the Government.

At the beginning of the pandemic we created a page on our website dedicated to Coronavirus updates. This page contains links to Government guidance, Public Health information, local information, easy read and BSL (British Sign Language) interpreted videos, information for long term conditions and myth busting. **480 people** have viewed this page since it was launched. Our social media has also been dedicated to supporting Government messages and in March 2020 alone we reached **20,066 people**.

We had also come across a number of concerns raised by members of the public through social media, including patients becoming increasingly concerned over a text they had received from Ettingshall Medical Practice which said the practice was now located in a 'Red Zone' without any further explanation. This message caused a lot of speculation of whether this was a highly infectious zone.

Healthwatch Wolverhampton contacted the practice who explained the 'Red Zone' was part of a colour coding system being used by the City to enable them to manage services effectively and safely. It meant that this practice would be used for treating Covid symptomatic patients only and all other patients would be directed elsewhere. This message was shared publicly by Healthwatch to alleviate further concerns.



Complaints and Advocacy

Find out how WHACS have supported Wolverhampton residents in 2019/20.

Mander Centre, October 2019

Wolverhampton Health Advocacy Complaints Service (WHACS) is now in its fourth-year co-operating with Healthwatch Wolverhampton. Although it is a separate service and receives independent funding, the partnership has ensured a broader provision of support whether that is helping with a letter of complaint, a phone call or attending a local resolution meeting.

WHACS supported 74 Wolverhampton residents to make a formal NHS complaint and attended 14 local resolution meetings in 2019/2020.

Our referrals are received in a variety of ways, mostly via the Advocacy and Healthwatch Freephone numbers, and contacting us by email. Other referrals are made during events and outreach which reinforces how the partnership between WHACS and Healthwatch Wolverhampton ensures we are reaching as many residents as we can.

WHACS continues to promote self-advocacy and self-empowerment by providing everyone who contacts us with a Self-Help Information Pack containing information about the NHS complaints process. Approximately 17% complainants have used this resource. Where a complainant has a more complex complaint, they receive one to one support tailored to their needs.

Themes of NHS complaints this year included:

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

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

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

When a complainant has not been able to resolve the complaint directly with the service provider, the advocate will support them to refer the complaint to the Parliamentary Health Service Ombudsman (PHSO).

We supported 7 complainants to refer their complaint to the PHSO in 2019/20.

> Regular updates, explained what was happening at every stage and discussed options, provided appropriate help, support and information, achieved the outcome I was seeking from the NHS procedure.

What our clients say

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

During 2019/2020, feedback included the following comments:

- "A very reliable advocate – credit to WHACS"
- "Judith has been brilliant, and I wouldn't have known how to go about doing the complaint without her intervention"
- "My advocate kept me up to date with all correspondence and fought hard to achieve a possible outcome"

Case study: Improving patient experience by accessing "life changing" treatment.

A patient with multiple ligament injuries contacted WHACS to help them get the answers they needed from their consultant. With the help of an advocate, the patient asked the doctor a selection of questions as to why they were still in an excruciating amount of pain after years of operations and steroid injections in their leg.

During a consultation with both the patient and advocate, the doctor went through the patient's previous treatments and gave full explanations as to why they had not been successful.

The consultant offered a new method of treatment during the consultation, providing success stories of other patients with similar conditions. The patient chose to try the new treatment there and then, after 10 minutes the patient was able to move and walk around without pain, something they had not been able to do in a very long time. The patient looks forward to starting exercising again with regular treatment.

Patient contacted WHACS to say that after their first full treatment, it had been a life changer. The patient is much more mobile and already thinking about being able to restart their career.

Our Volunteers

Find out about how our volunteers have supported Healthwatch Wolverhampton to ensure every voice is heard.

Johnathon carrying out work experience, January 2020

At Healthwatch Wolverhampton we are supported by 27 volunteers to help us find out what people think is working, and what people would like to improve to services in their communities. Our volunteers are invaluable to our work.

This year our volunteers:

- Raised awareness of the work we do at events, in the community and with health and care services.
- Visited services to make sure they are providing people with the right support.
- Helped support us in the day-to-day running of Healthwatch Wolverhampton.
- Listened to people's experiences to help us know which areas we need to focus on.

Christmas Volunteer Celebration

To say thank you for all the hard work our group of volunteers had given over the past year, we chose to celebrate their successes with an afternoon tea at the Mayor's Parlour. The event was co-ordinated between members of HAB and staff. The event was extremely well attended by our volunteers and their family and friends.

Volunteers enjoyed an afternoon with entertainment; Zoe Cresswell sang festive songs, Amanda Kenny delivered a session of laughing yoga and Emma Purshouse, the first ever Poet Laureate for Wolverhampton performed a selection of health-related poems.

We raised money for Samaritans; some of our HAB members wrote to organisations asking for donations that could be used for raffle prizes, we had a good response and these were raffled off at the event. Along with a cake sale supported by HAB members, staff and

Volunteers enjoying afternoon tea at the Christmas Celebration Event.

City of Wolverhampton College (staff and students) that was carried out earlier on in the week, we raised a total of **£365** and a cheque was presented to the Mayor.

Students from City of Wolverhampton College who had completed their work experience with us were also invited to be part of the celebrations along with their tutor. They enjoyed the experience and had their photo taken with the mayor.

Volunteer with us

Are you feeling inspired? We are always on the lookout for new volunteers. If you are interested in volunteering, please get in touch at Healthwatch Wolverhampton.

Website: www.healthwatchwolverhampton.co.uk

Telephone: 0800 470 1944

Email: info@healthwatchwolverhampton.co.uk

Our volunteers

We could not do what we do without the support of our amazing volunteers. Meet some of the team and hear what they get up to.

Jane and Colin

We like engaging with people either with surveys or promotion tables at events. This gives an insight to people's thoughts and feelings and a voice to express what they would like to see happen within the NHS Health and Social Care. We endeavour to signpost people to the appropriate areas for answers to problems or just to say thank you for services they have received. As Volunteers we envisage that by talking with people we show how Healthwatch can be the contact they may be looking for which gives us a great feeling of satisfaction.

Tina

I was in the care field for 28 years and felt that becoming part of Healthwatch would enable me to give back to the community after my long illness. I enjoy volunteering as I feel it's an important service for the public to be able to access support with any issues within the local community regarding social care. I do the Enter and View visits and I really enjoy this. The staff are always helpful and make me feel part of the team which I think is very important as we support each other in our roles.

Kerry

My experience as a volunteer for Healthwatch has been very enjoyable, interesting and I like to think that my volunteer role helps not only Healthwatch but our community, all the staff are helpful, supportive and friendly and were supportive with my ICT course, helping me gain experience for my course by letting me work in an office environment. I would encourage new volunteers to support Healthwatch.

Ranjit

Ranjit has a background in health and now teaches the future public health workforce, he said; I'm deeply interested in supporting services to be the best they can be, to help the public resolve issues when they have them and to help them navigate complex health systems. I am particularly interested in supporting those populations who have the greatest need, experience the greatest inequalities or are the most vulnerable - e.g. the elderly, those with mental health problems or minority ethnic groups.

Josie

Josie worked as a Clinical Coding Summariser at a GP Practice in Penn before retiring. She said; most of my involvement with Healthwatch has been supporting the team in "Enter & View" visits. I felt I could make a reasonable and valid contribution. I also felt I had the understanding of difficulties that can be encountered. Healthwatch has an important role to play in these very demanding times and I hope that my contributions help a little towards their achievements.

Mary

Mary began volunteering after a suffering a stroke. She said; I have always enjoyed being involved in matters that are important to me. As a volunteer I take part in Enter and View with other members of Healthwatch. We go around nursing homes and hospitals and doctors surgeries where we observe and interview staff and patients or residents to get their opinion that we then report to Healthwatch.

There are some tasks that I have difficulty in performing but together with the members of Healthwatch we found out what works for me. I feel I am valuable and can contribute with my experience.

Work Experience Students

Throughout 2019/20 we have worked closely with Juniper Training Ltd and City of Wolverhampton College to provide students with work placements. In total, **18 students** have had work placements through the year, contributing up to **750 hours** of their time.

Throughout placements we work closely with students to tailor their experience so they can enhance their skills and work set. Students took part in a range of activities including administrative tasks, community outreach and Enter and View. Students were also able to take part in a range of training activities including; suicide awareness, Dementia Friend sessions, Enter and View etc.

By the end of placement, students gained valuable experience of working in a business environment as well as a clear understanding of why we gather patient experiences and how the work we do influences services.

We have found that often the learning and support becomes a two-way process, with students sharing their knowledge and skills with us. An example of this was that one student was able to provide advice on how best to use our social media channels based on their own experience.

Both staff and students have found this work incredibly valuable, it has been great to see students grow with confidence and recommend friends to join us for their placements.

A student on his work placement from Juniper Training Ltd.

University Student Placement

One of the students that had carried out their college work experience placement with Healthwatch had been sharing their experience with their family member.

Their family member, who was studying at University contacted Healthwatch to see if they could carry out their placement with us. We discussed what would be entailed and agreed that the student would start as soon as they had finished their final exams, however due to COVID-19 this has now been pushed back to September.

What students say

As this element of our work has grown, we have started to evaluate student's experiences to ensure they are finding placement beneficial and to see what we could improve upon. Some feedback we have received includes:

- "Really friendly staff that communicated well. Challenged me by giving me the task to make calls. Took out the best of me and put my previous skills to practice."
- "I'm going to miss you guys, continue working well and hope you have a good rest of the year. You have taught me well".
- "I think you have managed to fit me effectively in to your work environment and managed to make me feel like I am part of the team. You also managed to make me gain knowledge in both Healthwatch and actual business working environment, giving me confidence I wanted and needed for future".

"Our business students have been completing 30 hours of work experience with Healthwatch, the time spent with Healthwatch has given the students chance to see what life in the 'real world' is. For each student the experience has been different as they have all gained different things, some have come back with more confidence, some with a lot more experience or using the phones… I cannot praise the team enough for the help and support they give to our students".
Julie Flavell, Wolverhampton City College

In June 2019, Juniper also presented us with an Employer of the Year award, recognising our support and work provided to their students and the difference it had made to them.

Previous students were also invited to our volunteer Christmas celebration event, held at the Mayor's Parlour in December 2019. Julie shared her experience of working with us and what the benefits had been to her and her students. It was also great for staff to catch up with students, since their time with us.

Supporting Youth Healthwatch

During placement, students were encouraged to take part in Youth Healthwatch work or even join as a volunteer. One student, who showed a keen interest has supported us to created social media pages for Youth Healthwatch and even posted videos and stories of what Healthwatch is.

Students also supported us hosting a Youth Have Your Say Event in February to encourage young people to share their experiences. One young person showed up to this event and shared the issues they were experiencing around care across Local Authority borders and complex needs.

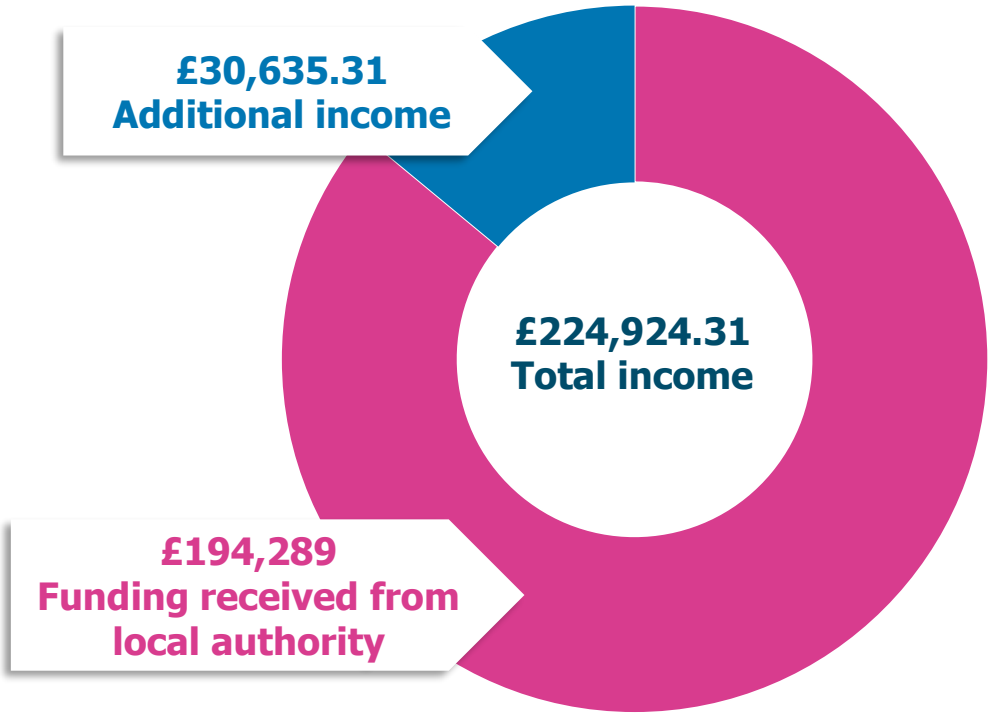
Students also supported us when delivering presentations about Youth Healthwatch and volunteering to 170 students at the University of Wolverhampton, This resulted in a number signing up to become volunteers.

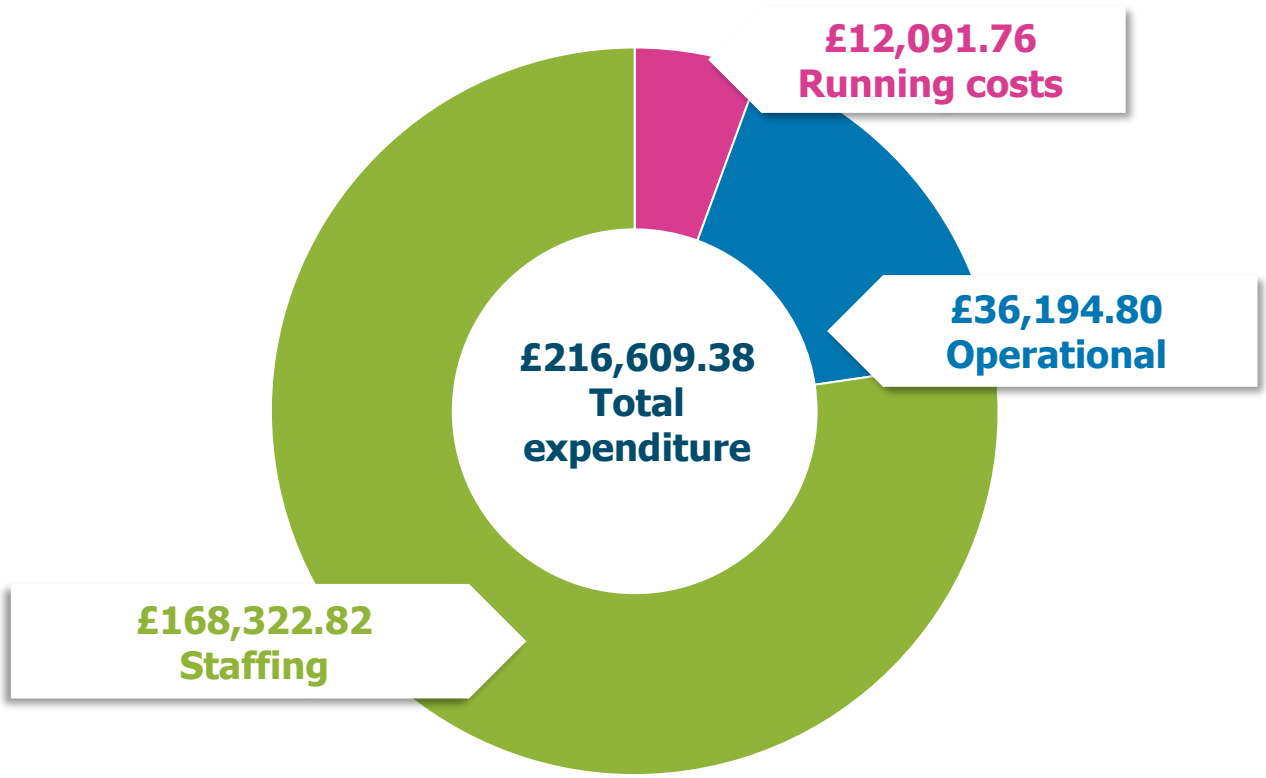
Our Finances

Find out how Healthwatch Wolverhampton was funded in 2019/20.

Wolverhampton City Centre, June 2019

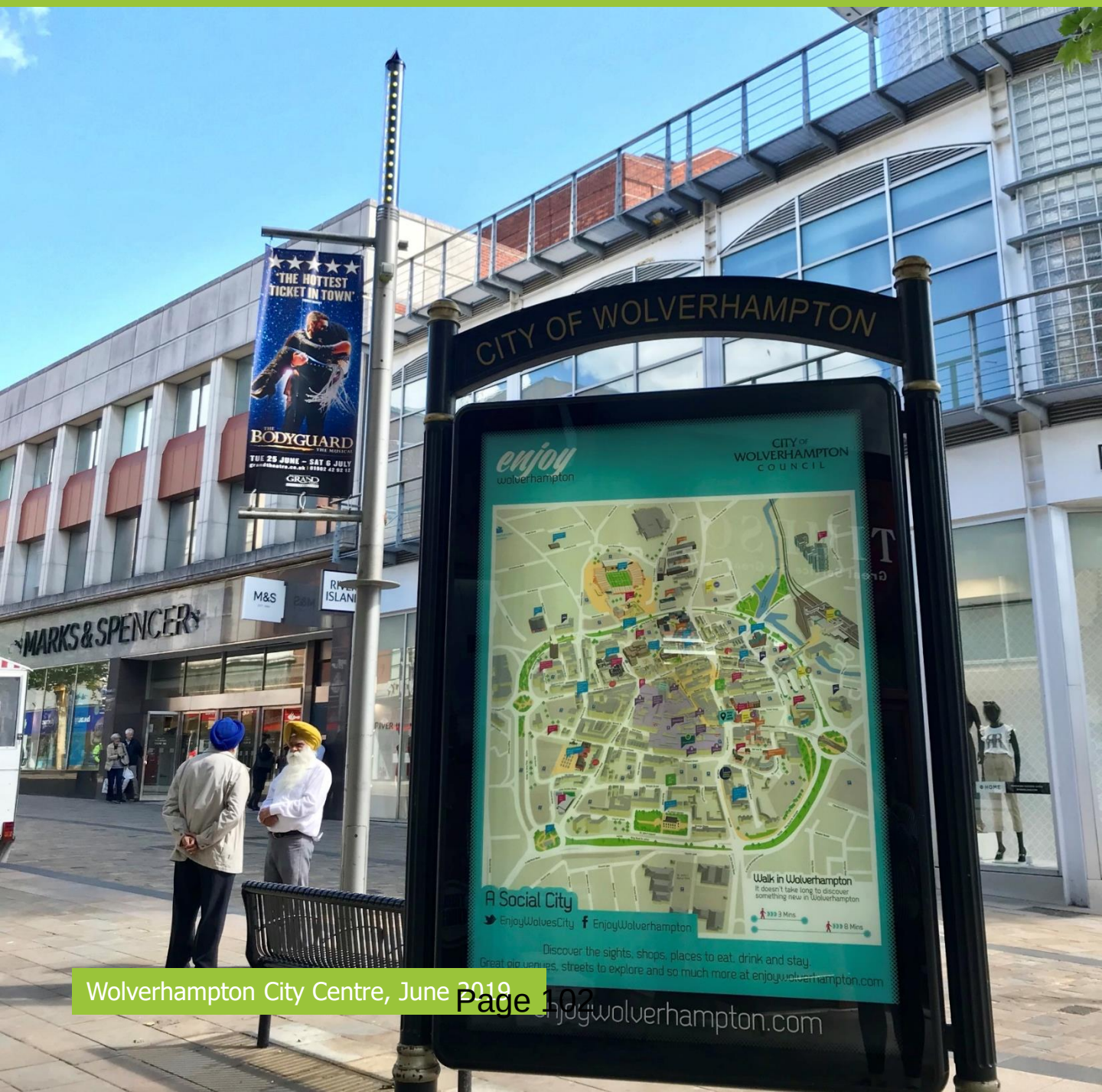
We are funded by our local authority under the Health and Social Care Act (2012). In 2019-20 we spent £216,609.38





Our plans for next year

Find out our plans for 2020/21.



Wolverhampton City Centre, June 2019

It has been a great year for us as we have continued to engage with the public to understand people's experiences of health and social care to make a difference. We have offered work experience to more students and was recognised as Employer of the Year by Juniper training for the work that we done with their students.

We launched our new website and feedback centre, where it gives more opportunities for people to have their say around their experiences.

We presented the work that we had carried out with the D/deaf and hard of hearing community at a conference held at the University of Wolverhampton to interpreting students. This was the last chapter of the work with the University to understand the health and social care needs for the community and what Healthwatch had done to support this community ensuring their voices have been heard.

Looking ahead

Looking ahead at next year some of the challenges will be the effects that the Coronavirus pandemic have had on the society as a whole, but especially around health and social care.

We continue to work with our Black Country and West Birmingham Healthwatch colleagues ensuring the patient voice is heard especially at the Black Country STP

Our priorities for 2020/2021:

Mortality – due to Coronavirus and the sensitivity of this project this was deferred to this year.

Coronavirus pandemic - we will be engaging with the public around their experiences throughout the pandemic, that would be anything from sharing the different ways that they have had to have their appointments with professionals to sharing their loss of a loved one.

Identifying any gaps in the city that have arisen from the pandemic and how partners in the city are going to work together to reduce these gaps.

Urgent and Emergency Care Services – feedback received is there is a lot of confusion and duplication with services for Urgent and Emergency Care, we will be aiming to understand why people used services for certain ailments prior to Coronavirus and what services they have used during Coronavirus.

Tracy Cresswell
Healthwatch Manager

Thank you

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

Members of the public that have shared their views and experiences either attending our events, drop ins, contacting us on the phone or using our feedback centre.

All of our amazing volunteers who have supported us throughout this year.

The amazing staff who have adapted to working differently especially around Coronavirus and some have volunteered their time to support the vulnerable members of the community collecting and delivering their medication.

All of the partners and stakeholders who we continue to work with.

Andy supporting the Orange Wolves event.

Glossary

AMU	Acute Medical Centre
APC	Area Prescribing Committee
BCHA	Bone Condition Hearing Aid
BSL	British Sign Language
CCG	Clinical Commissioning Group
CPR	Cardiopulmonary Resuscitation
CQC	Care Quality Commission
D2A	Discharge to Assess
ECS	Engaging Communities Solutions
ED	Emergency Department
GPN	General Practice Nurse
HAB	Healthwatch Advisory Board
HWE	Healthwatch England
JEAG	Joint Engagement Assurance Group
PACT	Patient Advisory Cancer Team
PHSO	Parliamentary Health Service Ombudsman
RWT	Royal Wolverhampton Trust
SEND	Special Educational Needs and Disability
SPACE	Safer Provision and Caring Excellence
STD	Sexually Transmitted Disease
STP	Sustainability and Transformation Partnership
TB	Tuberculosis
UCTC	Urgent Care and Treatment Centre
WHACS	Wolverhampton Health Advocacy Complaints Service

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ST18 0TW

01785 887809
contactus@weareecs.co.uk
Registered company number: 08026718

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