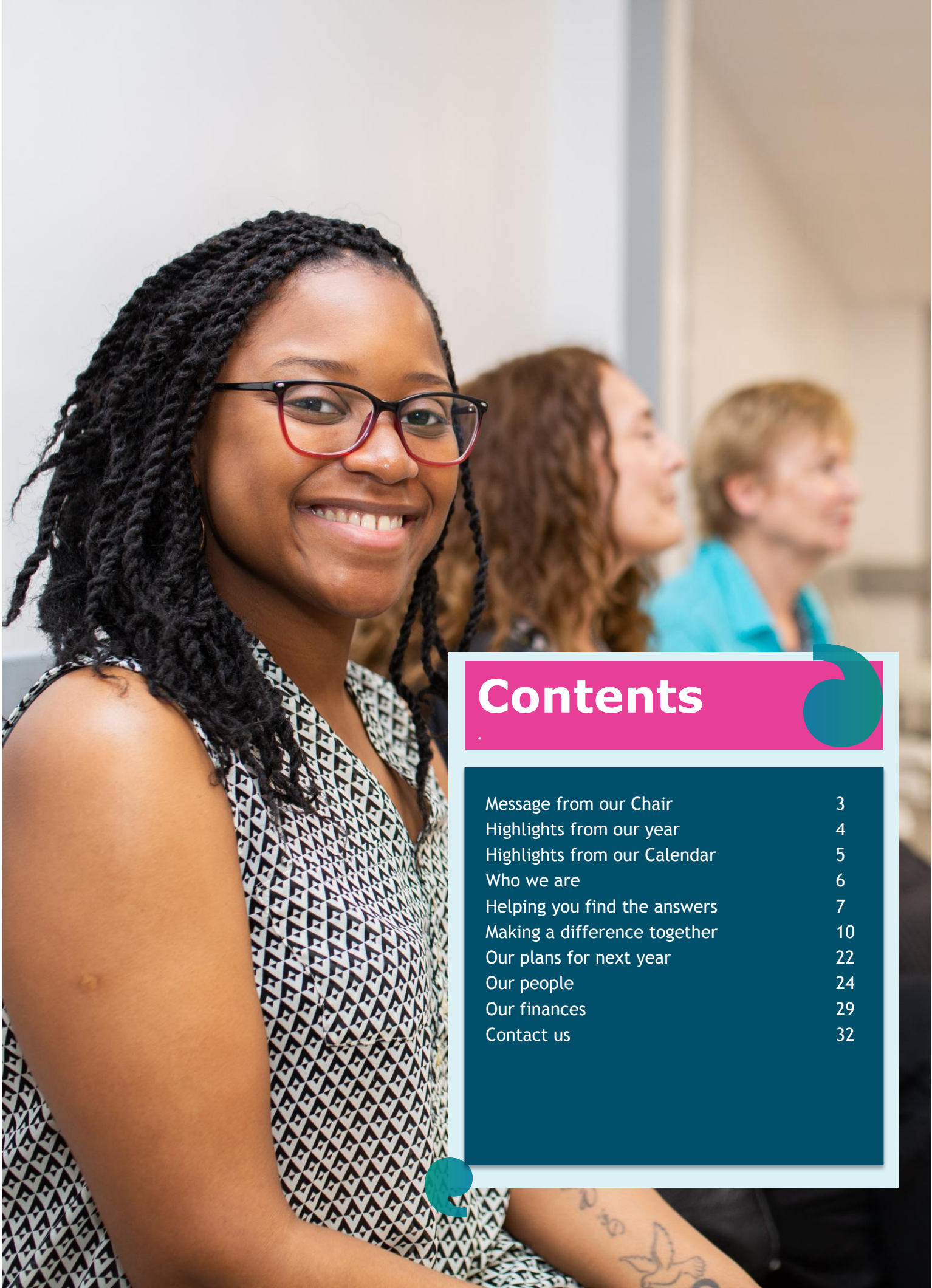




healthwatch

Healthwatch Stockport

Annual report
2017/18



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Message from our Chair

Sue Carroll

Welcome to the 5th Annual Report, 2017-2018, from Healthwatch Stockport

As ever the demands on our time have been high, in particular the progress being made with the integration of health and social care. It is moving at a pace and, making sure we are kept updated and continually pushing for good patient engagement in all its aspects, has been in itself a full time occupation!

However, I believe we have been a good champion for local people. We have raised your concerns and at times we have been critical of certain aspects of its development. Yet I feel we have been listened to and concerns have been acted upon and changes incorporated that were appropriate.

As sure as I write this, the complex road to integration is far from over and there will be many more difficult conversations to have and issues to iron out. I am determined to ensure your voice is at the heart of future developments going forward.

Urgent care has been at the forefront of conversations as we are sure it has been up and down the country. Again we have well documented our concerns over patient care and safety in our local care system.

Understandably it is hard to measure success and we have been challenged by the complexity of the new system and who to hold accountable for its constituent parts. None the less we shall press on to ensure those that are in charge of delivering services can deliver them in a safe environment with positive patient outcomes.

Our Information and Signposting service has now taken off and will be going on a roadshow next year to promote the wonderful service that we can provide.



Sue with William Wragg MP and Healthwatch Stockport Chief Executive Maria Kildunne

We now have a greater social media presence, which pays dividends to encouraging conversations about health and care. The coverage has led to media interest, including concerns about hospital waiting times, ambulance delays in A & E and our unease about changes in service delivery.

Our Enter & View Team have certainly been busy working on two of our biggest pieces of work this year around dental access and care provided at home. Through this work we have reached a wide number of people including our older population, people with learning disabilities, residents in nursing and care homes, people living with long term conditions and people who have sensory impairments.

Next year will be working with young BME groups around sexual health as we also continue our work around dementia, transitions and mental health.

None of this would have been achieved without the hard work and versatility of our wonderful Healthwatch Staff Team, our volunteer Operational Team and Champion Members. I must also thank my fellow Board Members, who are also volunteers, for their dedication and hard work and support.

I hope you will both enjoy and learn from our Annual Report, demonstrating that we are really making a difference and achieving improvement in services for our community.

Sue Carroll

Healthwatch Stockport Chair

Highlights from our year

This year we have

2,486

Followers on Twitter



Our Champion Members help us with everything from visiting places of care to Judging Care Awards!



We've visited

27

local services



We have 590 page likes on Facebook...



...and 150 Instagram Followers

We have tackled issues ranging from **drug abuse on hospital wards** to **unsatisfactory care at home**



Hello

Hi

We've spoken to **130+** people About Dental Care

We've provided information and guidance to over

100 people



Highlights from our Calendar



Quarter 1 Apr-Jun

- Healthwatch Stockport Network Event - Priorities
- Member Recruitment for the Shared Health & Care Record
- Visit to Patient Transfer Hub
- Patient Reference Group Presentations x2
- Diabetic Eye Screening Engagement
- Visit from Healthwatch England [Jane Mordue]
- Review of Hospital Pharmacy Leaflet
- Healthwatch National Conference
- Domiciliary Care Afternoon Teas Pilot
- CQC Event - London
- Judged Stockport Star Awards

Quarter 3 Oct-Dec

- Healthwatch Network Event - Connecting with the Voluntary Sector
- Healthwatch in Greater Manchester Conference
- Discharge Recommendations to the Discharge Board
- Mental Health Voluntary Group Meetings
- Domiciliary Care Afternoon Tea Events x3
- Stockport Autism Strategy Input
- Stockport Outcomes Framework
- Care Home Enter & View Visit
- World Mental Health Day Presentation
- Over the Counter Medicines Engagement
- Adult Social Care Consultation

Quarter 2 Jul-Sep

- Healthwatch Stockport Network Event - Community Services
- Briefing Session - Mental Health Strategy
- Carers Event
- Angiography - Service Change Engagement
- Healthwatch Stockport AGM
- Stockport Council Local Account Input
- JSNA Refresh Event
- Electronic Patient Record Input
- Care Home Enter & View Visits x2
- Greater Manchester Outcomes Symposium
- Parents in Partnership Event [Pips]
- Briefing - Director of Adult Social Care
- Stockport Together Listening Events x 8

Quarter 4 Jan-Mar

- Healthwatch Network Event - Vital Services
- Briefing Session -Neighbourhood Alliance
- BME Networking Event
- Mental Health Crisis & Urgent Care Workshop
- Stockport Age Friendly Event
- Suicide Prevention
- Oral Health Working Group
- Accreditation Pilot on Wards
- Safeguarding Adults Development Day
- Give2Gain Membership
- Parent Infant Mental Health Survey
- New Patient Experience Group at the Hospital
- Quality Accounts input
- Pharmacy Engagement

Who we are



Healthwatch Stockport is part of the national Healthwatch Network and part of Healthwatch in Greater Manchester. We are well placed to find out the views of our community

We know that you want services that work for you, your friends and family. That's why we want you to share your experiences of using health and care services with us - both good and where you think improvements can be made. We use your voice to encourage those who run services to act on what matters to you.

Our vision

Better experiences and outcomes for people using health and care services in Stockport.

Our Mission

- Listen to people who take the time to talk to us about their experiences with kindness, compassion and empathy
- Be supportive and encourage the involvement of local people in designing and changing services for the better
- Be objective, impartial and independent, yet influential.
- Be a collective voice of people who use services
- Encourage key people to embed public voice in everything that they do

We may be small but we have BIG ambition

We are a small organisation with big heart and big ambitions. We have a small, part time team. We rely on the goodwill of our members to help us undertake the work programmes, which have been shaped by what local people have told us about care in their community.

Our Values

Inclusive - Influential - Independent -
Compassionate - Caring - Cooperative



Helping you find the answers



If you've got a question or need some information about a local health or social care service, Healthwatch Stockport can help.

New Service for Stockport Residents

Healthwatch has a statutory function to provide an information and signposting service. This was not happening in Stockport as we have not been funded to provide the service required by a Healthwatch.

We felt so strongly that we should be providing a much needed service to our community, we decided we had to provide one whether or not it was funded. Healthwatch is becoming increasingly recognised and established across the country for providing information, so our calls and referrals are increasing.

In 2017 we decided to formalise it properly. We are proud to have been running the service for over 6 months now. It is led by two dedicated part time officers.

Types of Queries

Access to correct and up to date information is crucial. People can rely on Healthwatch Stockport to find them the most appropriate information for their needs as well as support in finding help. We encourage people to make their views known about particular services to help steer our future work.

Many of our queries relate to finding out about rights and options in reporting unsatisfactory treatment by a service provider, particularly on behalf of a family member.

Examples

There are many queries that are straightforward but we do receive more and more complex cases which can take weeks and even months to get to the bottom of.

- How do I complain about my dentist?
- Where do I go to find a counsellor?
- How do I access my health records?
- Am I allowed to see my dental records?
- How do I challenge a diagnosis from my GP?
- I've lost my job, I'm feeling low not sure where to go for help...
- I want help in making my GP understand my needs in relation to gender reassignment

In 6 months since its operation our Information & Signposting Service has dealt with:

- 106 Enquiries
- 80 cases
- 16 Referrals to Stockport NHS Complaints & Advocacy and 16 further referrals to other organisations for specialist help and support

Healthwatch Stockport Information & Signposting Service can be accessed at anytime by email or voicemail or to speak to an Information Officer please call:

Monday to Friday

10am – 2pm

[a voicemail service operates at other times]

0161 974 0753

info@healthwatchstockport.co.uk



If you've got a question or need some information about a local health or social care service, Healthwatch Stockport can help.

Supporting Patients with a change of service provider

In March 2018, Healthwatch Stockport were involved with supporting patients with macular degeneration. The CCG contract with their provider changed and therefore patients would have to potentially change consultants and travel to a new site for their regular injections.

We worked with the 2 providers, current and new, as well as the CCG before, during and after the transfer to ensure the transfer of patients went as smoothly as possible.

In the information packs and letters, Healthwatch Stockport were cited as a place to contact should patients have any concerns or worries that they did not want to raise with the providers or commissioners. Our leaflet was included and our Information Officers briefed should patients make contact.

Here are some examples of the enquiries we have had:

Case Study

Mr Smith, mid thirties, telephoned Healthwatch Stockport. He is receiving counselling for personal reasons and is in the early stages of an assessment and diagnosis of Autism.

Mr Smith requested therapeutic support for his low mood and lack of confidence whilst feeling anxious. He did not feel comfortable communicating with people on the telephone.

What we did

Healthwatch Stockport made a referral on his behalf to the Stockport Psychological Wellbeing Service.

Outcome

After a conversation with a member of the service, we found that the service provided an on-line and face-to-face support. Mr Smith was pleased with that we were able to support him.



Case Study

Mr Brown, early 20's, telephoned suffering from anxiety caused by what he felt was misdiagnosis of his symptoms.

He was informed that he had IBS, kidneys stones and then given tablets for Crohn's disease. This was over a period of 3-4 months.

He felt that his Doctor was not 'taking his symptoms seriously'. After discussing with Healthwatch Stockport his options to address his situation, he felt that a change of doctor may be the best way forward for him.

What we did

We immediately found a practice within a mile of his home and arranged an appointment for him to attend to register.

Outcome

Mr Brown was satisfied that Healthwatch Stockport assisted in helping him find a new doctor and he was able to obtain a second opinion. He felt he would not have been able to do this independently due to his anxiety.

Case Study

Mrs Green was concerned about her father's care needs in hospital. She was failing to get any answers about an updated care plan and a named person in charge of his care.

What we did

We spoke to the Matron for patient flow, the clinical site coordinator and a social worker explaining Mrs Green's concerns.

Outcome

Mrs Green was involved in her father's care plan and Multidisciplinary Team Meeting. With her permission we are using Mrs Green as a Case Study at the Discharge Board.



Making a difference together



Time to Care: Reaching Out to Home

Doing things differently to reach people who receive care at home

Domiciliary Care

In our first year of Healthwatch Stockport, we carried out a project looking into the views of people using domiciliary care. Whilst we appeared to reach out to a large number of people, we were very reliant on the help of carers and the local authority to complete the surveys and get them back to us.

This time around we worked again with the council to think of ways in which to reach people using home care services. One of our members came up with using an afternoon tea event to encourage people to come along with their family and/or unpaid/paid carers.

Afternoon Tea Anyone?

We piloted one afternoon tea event, where our Enter & View Team carried out interviews with service users, families and carers. It was a huge success. We found that people were very willing to come and talk to us and wanted to have their say.

The event was very informal and relaxed and we provided space for individuals and carers both formal and informal, to have their say about the care they received/provided.

Due to its success we carried out a further 3 Afternoon Tea Events later in the year.

As part of the work programme we interviewed senior staff from a random selection of care agencies, to find out the challenges they faced and more about the services they provided.



What we did

During the 4 events we spoke to 40+ people who use/used domiciliary care services in the past 12 months and their family and carers. We spoke to staff from 16 care agencies.

Findings

We found:

There was a compliance and acceptance from the majority of care receivers and their family that they were grateful for the support they received.

All participants said they were usually treated with dignity and respect.

However, it would appear that a number of companies are in breach of their clients' needs and therefore in breach of their contracts with the council.

The disparity in social care funding and continuing healthcare was highlighted as a huge divide.

Continued overleaf.



The majority of people have visits
7 days a week, but for calls of 30
mins or under



Time to Care: Reaching Out to Home

Doing things differently to reach people who receive care at home

Issues raised

The following themes were raised multiple times by care receivers and/or their family members:

- Not being involved in the development of a Personal Care Plan
- Carers not knowing about/seeing/adhering to the care plan [understanding its importance]
- Carers running late
- Office not passing messages onto client
- Care receivers and family plan their day around the visit e.g. starting to get somebody ready for a shower. Undignified for someone waiting to be showered when carers are running late
- Times being changed without client consent
- Different providers have different levels of training
- Travel times were a barrier to care provision
- Poor logistical planning for travel distances of carers

Areas of improvement identified included;

- Attitude of staff
- Time to chat
- Time to be taken out of the house and support to become self-sufficient.
- Enough time to provide the care
- As well as the Care Plan there should be a One Page information sheet *All About Me* that gives background information about the person: likes, dislikes, interests and what is important to them. This could include details about favourite meals, music, which cup they like to use: what matters to that person.
- Care staff having the flu vaccination
- Linking to the Carers Charter and support for Carers



“It’s the small personal things that do matter a lot to me and my family: It’s the little things that matter: not wiping feet, bothering to take their coat off, leaks with incontinence pads as they have not been put on properly, not putting a pot towel to dry, not folding clothes, socks not on properly”

It became apparent at the Afternoon Tea events how much of a social activity the afternoon was for the care receiver and/or their family member too.

One couple had not been out together for over a year.



We also ran a survey for people who could not come to our Afternoon Tea Events or found out about them after. All these findings will go into the final copy of the overall domiciliary care report.

Listening: People with Learning Disabilities

Ensuring People with Learning Disabilities receive an Annual Health Check

Annual Health Checks

When we asked people with a learning disability and their families about what matters to them, they told us that they were not getting the annual health checks they were entitled to.

Adults and young people aged 14 or above with learning disabilities should be invited by their GP practice to come for an annual Health Check.

This includes a physical examination, assessing behaviour, lifestyle and mental health. Epilepsy checks, medications review, chronic illnesses and a catch up about other health professionals is also covered during a Health Check.

There appeared to be a postcode lottery. Some GPs invited patients known to them for a health check, others were missed and some that did receive a health check, reported that the GP did not carry out all the necessary checks in the NHS guidance.

What we did

We brought this to the attention of Stockport Clinical Commissioning Group [CCG] with recommendations. They then helped raise awareness amongst GPs

Outcome

Now all GPs are aware of their responsibility and should be providing a comprehensive service.

Healthwatch Stockport will be following up next year on the progress being made to monitor any improvements.



'It always seems we have to fight for what should be routine practice. As an older parent of a son with Autism I am already tired '



What Matters to YOU: People Living with Diabetes

Consulting patients on the best type of treatment for their condition

Type 1 Diabetes

The Freestyle Libre Glucose Monitoring System is an alternative to finger prick testing for those people who have Type 1 Diabetes. The user must wear a small sensor patch which automatically takes the users glucose readings.

It is currently 'grey-listed' and requires prior approval from the CCG. The system can be used by adults, young people and children over 4 years old who have Type 1 Diabetes.

For people with persistent hypoglycaemia, NICE recommends continuous glucose monitoring with alarms. Freestyle does not have an alarm function.

At a recent Medicine Review Panel meeting the Freestyle Libre Glucose Monitoring System was discussed in terms of patient benefit and satisfaction.

What we did

Our Healthwatch Stockport representative raised the question about whether or not any engagement had been done with Diabetes type 1 patients.

It appeared there was not any formal consultation taking place about Freestyle Libre.

Healthwatch Stockport offered to make contact with people in Stockport who have Type 1 Diabetes.

We contacted our local diabetic support groups and attended their forums to gather their views. We also contacted the Diabetes Specialist Nurse at Stockport NHS Foundation Trust.


We wanted to find out if they were aware of this new system, if they had experience of using the Freestyle system and what they thought the pros and cons were for using it.

Overall the individuals, parents and carers think the Freestyle Libre System is a positive development in managing diabetes, which makes good use of modern developments in technology (for e.g. discreet: able to download the Freestyle Libre App on to their mobile phone and check reading with their phone "don't stand out").

However, deciding which system works best for someone with type 1 Diabetes is very much dependent on the needs of the individual patient. Some parents/carers would not want the Freestyle Libre System for their children as it does not have an alarm to alert when glucose levels drop rapidly or are about to go too low.

All were aware of the high costs involved of prescribing the system, however Healthwatch Stockport raised the point about ensuring patients have a range of options and tools in their arsenal in which to manage their condition.

We were able to provide this feedback about local user views on Freestyle Libre and local awareness about the Freestyle Libre System to the Medicine Review Panel.



Our Healthwatch Stockport representative raised the question about whether or not any consultation or engagement had taken place before a decision was made.

Taking Action

Dental Access

The Issue

After receiving a number of phone calls to our Information & Signposting Service regarding issues faced when visiting the dentist or when trying to access a dentist for the first time, Healthwatch Stockport decided to try and find out more about the difficulties local people were having.

We quickly realised that the NHS Choices website was out of date and so we contacted NHS England to see if it could be easily updated.

They told us that if circumstances change within a dental practice it is up to practices to let NHS Choices know the changes - e.g. when a practice stopped taking on new patients. A quick desktop exercise found that this was not the case in Stockport.

We were keen to get a broad range of views and responses as possible. We decided to run a survey asking people if they were registered, if not why not, and if they had any difficulties with any aspect of finding information relating to dentists or accessing them in general.

Our survey received 98 responses.

Early Findings

Generally [with exceptions], once registered patients were quite happy with their dentist and the service they receive.

Some patients had difficulty in understanding what they needed to pay for and did not understand their treatment needs. We found there were barriers for some of our most vulnerable people in the community for e.g. for people whose first language is not English, or if you were on a low income, accessing a dentist became more difficult.

"I used all my credit [on phone] to search and call dentists that were taking on NHS Patients, the information was all wrong on the website"

In addition we have spoken to nursing and residential care homes about how their residents accessed dental services, which threw up a range of difficulties for people with dementia and other conditions.

We also spoke to people with learning difficulties and learning disabilities about their experience.

Healthwatch Stockport has joined the Greater Manchester Oral Health Network, led by Healthwatch Bolton which has other Healthwatch area members where we can share findings and good practice.

Next Steps

Finally we want to speak to more patients face to face and with dentists themselves. So in the coming months we will be calling upon our pool of trained **Enter & View Members** to visit 16 dental practices, 4 in each of the 4 Stockport Localities, to talk to patients whilst they are waiting for their appointments and dental practice staff.

We will be producing a final report next year and we will be presenting it along with our recommendations to the Local Dental Committee, who have been very supportive of the work being carried out by Healthwatch Stockport.



Working in Partnership: Stockport Outcomes Framework

Moving towards patient centred care

What is Stockport Outcomes framework

Stockport CCG has led the co-production of a prototype 'Stockport Outcomes Framework' with commissioners, providers and public representatives working together to produce a tangible outcomes framework for Stockport Together - the integration of health and social care. The work has been supported by two specialist consultancy organisations.

The framework is built on an outcomes based-commissioning approach which is intended to be a central element of funding health and care services based on rewarding delivery of the outcomes that are important to the people accessing care.

It focuses services and culture on meeting the needs of specific groups of the population to achieve the outcomes that are most important to them. These are defined by the outcome measures.

A prototype framework has been completed which is comprised of:

25 Clinical & Social Outcome Measures (CSOMs) selected by population segment

The population segments are **Healthy; Long-term Conditions; Frailty and Dementia; End of Life Care**

Governance

The work is governed by a Steering Group (Chaired by a local GP and Clinical Director for Quality & Provider Management), endorsed by the Stockport Together Executive. We have Healthwatch Stockport representatives on the Outcomes Framework Steering Group.

External Reference Groups [ERGs]

have been set up to align with the population segments and feed into the Outcomes Framework.

The ERGs are

- Led by various clinical leads from Stockport
- Made up of **100** key engaged stakeholders [health and social care professionals, organisations representing patients, commissioners and members of the public]
- Made up of **4** groups: Healthy and Acute, Long- Term Conditions, Frailty and Dementia and End of Life Care
- Integral to choosing and validating the Clinical and Personal Outcome Measures of each group/theme
- Meeting quarterly
- Aligned with work going across Greater Manchester Health & Social Care Partnership
- Recognising and developing new Outcomes relating to Mental Health
- A positive step in Stockport Together and have given patients a real voice in shaping strategy

Healthwatch Stockport has representation from its members on the ERGs for each of the four population segments and one representative that rotates around the segments.

There is a monthly Steering Group meeting and the ERGs meet quarterly.



Working in Partnership: Stockport Outcomes Framework

Moving towards patient centred care

Measuring personal outcomes: approach to date

Whilst clinical and social outcome can be measured by using data already captured in clinical or administrative systems, measuring personal outcomes generally requires administering surveys or Patient Reported Outcome Measure (PROM) tools.

PROM tools have been reviewed to assess their suitability to measure the 14 personal outcomes Stockport Together has prioritised. The approach taken has focused on selecting the 'best fit' from existing validated PROM tools for each of the four population groups.

This is a pragmatic approach, as the use of PROM tools for outcomes is still new and innovative. The alternative approach, to develop a bespoke survey for Stockport to measure specific personal outcomes, was rejected due to cost and timescales limitations.

The process for selecting and prioritising the PROM tools has been as follows:

- ERGs agreed priority personal outcomes for each population group
- Long-lists of validated PROM tools were collated per population group and short-listed by each ERG
- As well as participating in the ERGs, Healthwatch Stockport has also circulated wider Healthwatch Stockport's views directly to the CCG Deputy Director for Public Health
- The outputs of each ERG were reviewed to identify areas of overlap
- These PROM tools are validated nationally and are chosen as the best fit
- Public Health analysts will pull together a questionnaire that incorporated the relevant questions from each PROM tool for each segment

Current Status

The Steering Group has had to take stock of the Outcomes Framework because the providers do not have the capacity to capture data twice, e.g. existing monitoring criteria for CCGs and NHS England and then potentially capture performance in a different way for the Outcomes Framework.

The preferred option for progress is for each ERG to choose ONE outcome each that already has relevant available data so that the clinicians and providers "buy-in" to the process. These outcomes will then become a pilot to showcase the difference, then the other outcomes will follow in the near future.

This phase of engagement has been a genuine piece of collaborative work from Stockport Together and should be held up as a positive example of the public shaping health and social care locally.



Collaboration: Stockport Carers Charter

Embedding Carers in Stockport Together

Making a Pact

In November 2017 the Stockport Together partners (Stockport NHS Clinical Commissioning Group, NHS Stockport Foundation Trust, Pennine Care Foundation Trust and Viaduct Health GP Federation) signed up to the Stockport Carers Charter.

The charter was put together in collaboration with Signpost for Carers, Stockport Advocacy and Healthwatch Stockport.

The charter outlines **four** priority commitments to people providing a significant caring role.

Stockport Together partners will:

- Identify people with a significant caring role
- Provide high quality support
- Work in partnership with carers
- Support carers health and wellbeing

Each of the Stockport Together partners has pledged 3 actions/pledges that will work towards these priorities.

Healthwatch Stockport will be a member of the Stockport Carers Charter Working Group in order to monitor the progress of the pledges against the action plan.

We will highlight good practice and where more work needs to be done so that carers' health and wellbeing is appropriately supported. This will be done through carers' own experiences communicated to Healthwatch Stockport.

Action

The Carers Charter was launched on 24 November 2017 (Carers Rights Day). All Stockport Together partners now have the Charter on their website and they have started to implement their statements in the Action Plan.

All partners have committed to identify and support employed carers to balance working life and a caring role.

Stockport CCG have updated the contract with Stockport NHS Foundation Trust that will monitor whether carers are spoken to and are updated about the treatment and support the person they care for receives.

Some ideas to recognise staff in the caring role will be taken to their staff forum, including updating the CCG website and #icare on email signatures.

Factsheets will be available in GP surgeries that will set out carers' rights and support that is available.

Carer Awareness Courses are offered to Pennine Care clinical staff and they are encouraged to attend. Carers' views and needs are recorded in Care Planning.

Pennine Care staff have the Staff Wellbeing service available to them including counselling and lifestyle skills to support their caring role.

Stockport Council have identified staff that are Carers Champions. They are developing factsheets with Signpost for Carers. The factsheets will also tell Carers about their right to a Carers Assessment.



Evaluation: Counselling at its Best

Reviewing a service with its staff, trustees and service users

Remit

Healthwatch Stockport were asked to run an external and independent evaluation on a local voluntary counselling organisation by the organisation's Management Team.

We were asked specifically to provide overall feedback from service users, staff, trustees volunteers and external stakeholders about the experience and satisfaction of using/working for Beacon Counselling services and in particular waiting times and how these could be improved.

What we did

Initially we developed focus groups and surveys for staff and service users and then held interviews with stakeholder organisations who referred to Beacon.

Findings

Following counselling, the majority of clients reported a change in self esteem, an increase in their ability to cope, in self knowledge, in gaining more insight and a realisation and acceptance of self that they can make meaningful changes in their life.

They talked about counsellors being professional yet caring, friendly, committed and providing long lasting effects for their clients

We found clients were generally very happy with the service in terms of the quality of counselling, communication and flexibility of appointments.



'Beacon are an approachable, supportive organisation who we, and our clients value, as a much needed service within Stockport' - Collin McCabe, Stockport Mind.

They would however like frequent communication about when delays may occur and with the progress of their waiting times. They did not mind the waiting times [as they were free] they just wanted to be kept up to date.

There was feedback about accessibility of the venue and the rooms being distracting [busy and messy at times].

Staff really enjoyed working for the organisation where there was an open culture of trust and support

Recommendations

- Promote the organisation to wider sections of the community, current clients consist mainly of British white females.
- There are good referral rates from the local mental health charity Stockport Mind, this may have been due to a direct link to Beacon from their website and active promotion. This could be replicated with other referring organisations.
- Ensuring the organisation keeps up communication with the client on progress of waiting times and when delays are going to happen.
- A full literature review of leaflets and promotional materials to be undertaken.
- More of an online and social media presence.
- Use the positive changes clients reported on their personal effects as tools to promote the organisation, recruit counsellors and attract funding and sponsorship.

Beacon have accepted the recommendations and are in the process of implementation.

Pharmacy Referral: Healthwatch in Greater Manchester Working Together

The Greater Manchester Health & Social Care Partnership

Healthwatch in Greater Manchester

We worked as part of the 10 different Healthwatch organisations in Greater Manchester on a piece of work commissioned by The Local Professional Network [LPN].

The LPN is part of the Greater Manchester Health and Social Care Partnership which is investigating the feasibility of introducing an electronic referral system between pharmacy teams across Greater Manchester.

Purpose

The purpose of this engagement was to find out what patients think about an electronic referral system between pharmacy teams across Greater Manchester and if they support the principle of information sharing in this way and document any challenges or fears that patients may have about such a referral system.

The overall aim of the project is to make transfers of care safer and more efficient with regards to medicines, with the results of the patient engagement project used to shape a pharmacy electronic referral system.

What we did

Healthwatch Stockport was tasked with creating an online survey from the brief supplied by the LPN that all 10 Healthwatch organisations could distribute amongst its vast networks.

In addition, we created a hardcopy of the survey, which could be completed by those unable to access it in online.

We were also responsible for putting together the promotional material to be used by the 10 Healthwatch organisations to promote both the survey and individual Focus Groups. This involved blurb for use on Twitter, Facebook, e-bulletins and newsletters along with an image which could be shared alongside the text.



Discharge is a key element of the pathway. What happens for a vulnerable person with no support?

We also created poster and leaflet templates which could be completed with the Focus Groups times, dates, location and contact for each Healthwatch. In Stockport these were circulated online and out to stakeholder organisations, as well as hard copies being placed in local public buildings, cafes, pharmacies and GP surgeries.

Findings

Overall we received 111 responses to this survey online, 87% of which were completed to the end. The 13% non-completed include those who were not part of the valid target range for the survey - people who had been in hospital in the last two years - and were therefore redirected to the end of the questionnaire.

Each area undertook a focus group or visit to a provider site such as the discharge lounge in the local hospital.

There was an overall sense of support for an electronic referral system, many respondents thought it was already happening. A few had concerns over data protection. The report was submitted at the end of March, early feedback was positive and we are currently awaiting a response on how the LPN will use the data from Healthwatch in Greater Manchester to make its service better for patients.

I've been asked about my medication by a pharmacist at the counter and felt uncomfortable speaking about it.

Lived Experience: Parent and Infant Mental Health

Is the New Parent and Infant Pathway working?

Task Group

Healthwatch Stockport is a member of the Parent and Infant Mental Health Task Group, chaired by Stockport CCG (other members include Pennine Care, Stockport Perinatal Forum, Stockport Family, Home Start, NHS Stockport Foundation Trust Maternity Service).

It has been formed to provide additional focus to planning of work to address this priority. The group is developing a partnership approach to activity in this area, particularly partnerships between children's and adult service as well as the voluntary and statutory sector.

Among the remit and responsibilities of the group is to ensure that service users are involved in local developments.

The task group meets quarterly and one of Healthwatch Stockport's priorities will be to work alongside voluntary and community groups in order to represent the views, experiences and wishes of service users and carers throughout the work of group.

The Parent Infant Mental Health Care Pathway has been developed in order to:

- Promote good infant and parent mental health for the population of Stockport, by improving parent-infant relationships, improving how children show and deal with strong emotions, and contribute to improved school readiness.
- Provide early, comprehensive assessment of parent mental health problems and parent-infant attachment problems. The support will be appropriate to parents' own needs and will be accessible to all who need it taking into account culture, disability, and gender.
- To build relationships with children and adults to be able to identify mental health issues early using evidence based tools.

The Parent and Infant Mental Health pathway will be audited and Healthwatch Stockport will meet with the relevant statutory partners and voluntary groups so that people that have been supported on the pathway are able to influence any changes that are needed and explain their reasons.

We will be running a survey to promote service user engagement, the results of which will be analysed next year and will help inform the pathway.



Our plans for next year



What Next?

Two Year Plan

This is the end of the first year of a 2 year plan for Healthwatch Stockport. It is the first time we have had more than one years confirmed funding.

Next year we will complete our work around

- **Dental Access**
- **Domiciliary Care**
- **Dementia**
- **Transitions**
- **Engaging with Black and Minority Ethnic Groups**

We will work to improve our communication with the public

We will seek to increase our visibility in the community

We will develop and improve the access to our Information & Signposting Service

We will seek to secure extra funding for Healthwatch Stockport



Emerging themes from our Information & Engagement work

- Primary Care & Community Services issues
- Lack of confidence in mental health services
- Lack of communication between departments and organisations
- Not being taken seriously/lack of empathy from health & social care professionals
- Difficulty/barriers to accessing services



Our people



Decision Making

Gathering Evidence

It is hard sometimes to prioritise what Healthwatch Stockport should concentrate their efforts on when so much is happening around us and we all have issues which we are passionate about.

However when we decide what to focus on, we use of a range of ways:

- We look at the issues people contact Healthwatch Stockport about and the queries they make to the information and signposting service.
- We look at complaint reports from statutory organisations
- We canvas views from our members and stakeholders about the issues which they think we should focus.

Next year we will also use Care Opinion to help inform our priorities

We work with our Operational Team and representatives - all volunteers who lead on a certain theme in health & social care. They feedback from the meetings they attend on behalf of Healthwatch Stockport.



Engagement

We use a range of methods to engage our staff, board, members, general public and other stakeholders:

- Surveys
- Visit local groups
- Outreach to voluntary organisations
- Hold events
- Utilise social media

We dedicate our March Networking Event to ensure people can make choices against a set of issues identified from using the above mechanisms.

We then define particular projects and set up Task & Finish Groups to complete the work programme.

We want to ensure the projects will be useful, add knowledge, inform local context, policy and strategy.

We want to develop projects that the general population can engage in.

We want to ensure hard-to-reach groups are heard and contribute meaningfully.

We also want to leave some capacity for internal development, and reactive capacity for the unexpected issues that can will be thrown into the spotlight.



Our members

Membership

Anyone can become a member of Healthwatch Stockport free of charge. At the very least you will receive our monthly Healthwatch Stockport e-bulletin and Newsletters. Then it is up to you how much you want to be involved.

You can take part in surveys, focus groups, task groups, volunteer in the office or apply to become a Director when election time comes around. There are a few restrictions to protect the independence of Healthwatch Stockport and these can be found in our governance document. However, we do encourage anyone who uses health & social care services in Stockport to become a member and have your say. If you haven't already joined. Contact the office and sign up today.

Operational Team

We have a team of Healthwatch Stockport members who meet monthly and drive our work programme. Each member has its own specialism and keeps a 'watchful eye' on their area:

Sue Carroll	HWBB/Scrutiny/CCG
David Kirk	Secondary Care/Urgent Care
Gerry Wright	Enter & View Lead
Mary Foden	Mental Health
Les Crabb	Adult Social Care
Mike Bailey	Discharge Learning Disabilities
Mike Lappin	Stockport Together
David Moore	Health & Care Record/Citizen Panel
Kirstie Clegg	Public Health
John Leach	Director representative
Anand Dutta	Research

Representatives & Champions

In addition to our wonderful Operational Team we also have some impressive and dedicated members who sit on various committees, panels, boards and groups championing the voice of Healthwatch Stockport and its members. These range from the Cancer Board to Safeguarding Board and its subgroups to the Dementia Champions Group.

Our representatives also help us out at events we hold, go to other community events and community group meetings to promote Healthwatch Stockport and gather views on current work programmes.

Enter & View Representatives

Our Enter & View Representatives are embedded in our everyday work programmes. They are always raring to get involved, we do not see the Enter & View visits as separate activities, we utilise their skills and expertise to engage with the community to carry out surveys, focus groups as well as visit places of care.

Gerry Wright	Eve Brown
Jackie Burns	Pauline Roberts
Trish Fraser	Margaret McCausland
Moong Seng Ong	Sheelagh Peel
John Buckley	John Leach
Tony Johnson	David Atkinson

We thank all our Operational Team Members, representatives and Champions for all the dedicated hard work they undertake. We could not do what we do without you.



Meet the Stockport Directors



Sue Carroll
Chair



David Atkinson
Finance Director



Gerry Wright
Director



David Moore
Director



Anand Dutta
Director



John Leach
Director



Martin Davey
Director

Meet the Stockport Staff Team



Maria Kildunne
Chief Officer



Gavin Owen
Senior Officer



Rosalind Saul
Communications &
Engagement Officer



Maqbul Rose
Information & Engagement
Officer



Charlotte Clarke
Communications &
Engagement Officer



Francine Harrop
Information & Engagement
Officer

We currently have

- 2 Information and Engagement Officers part time [16 hours per week each]
- 1 Communications & Engagement Officer part time [21 hours]
- 1 Senior Officer part time [28 hours]
- 1 Chief Officer full time [35 hours]

Our finances





Income for 2017-18	
Funding received from local authority to deliver local Healthwatch statutory activities	£88,000
Additional Income Generated	£4,414
Total income	£92,414
Expenditure	
Operational costs	£10,368
Staffing costs	£85,244
Office costs	£12,086
Total expenditure	£107,698
Balance brought forward	£-15,284





The views and stories you share with us are helping to make care better for our local community

David Atkinson
Healthwatch
Director and Enter
& View
Representative
- Undertaking an
Enter & View Visit
to a local dental
practice

Contact us

Get in touch

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Phone number: 0161 974 0753

Email: info@healthwatchstockport.co.uk

Website: www.healthwatchstockport.co.uk

Twitter: @hwstockport

Facebook: www.facebook.com/healthwatchstockport

Our annual report will be publicly available on our website by 30 June 2018. We will also be sharing it with Healthwatch England, CQC, NHS England, Stockport Clinical Commissioning Group, Adult Social Care and Health Scrutiny Committee, and Stockport Metropolitan Borough Council.

We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement. If you require this report in an alternative format please contact us at the address above.





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