



Healthwatch Sandwell



# Annual Report 2014/15





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# Note from the Chair



Welcome to Healthwatch Sandwell's Annual Report for 2014-15. We are pleased to report on a successful year with many highlights and achievements, not least our Investors in People accreditation and the launch of our innovative GP information service, CompareDrs.com. We have been involved in a diverse range of activities and various health and social care issues, and hope you will enjoy hearing about our progress.

2013/14 was a year of establishing the organisation and forming a CIC. During 2014/15 we have been able to build on this work to ensure we are fulfilling our responsibilities.

It has been good to be part of an ever improving development. We now have a full complement of staff and have recruited other staff on short term contracts to do specific pieces of work.

Communication and engagement has improved with regular health and social care meetings held in varying parts of Sandwell and a network of community organisations that are contacted monthly for feedback from their members.

The research and information post has changed in its focus which has identified more relevant issues. These, together with information from other members of the team, have been collected in a quarterly Activity Report. This has proved extremely useful not only for showing the work that we have been doing but also for Healthwatch representatives to use when they attend meetings.

We have started a programme of Enter and View visits, both within the hospital and care homes, based on trends we have heard from the members of the public. We ensure that there is a real need for these visits before they are undertaken.

During the second half of the year we appointed two support workers whose role it was to gather information from the public regarding their most recent experience of health or social care. They have done this by visiting supermarkets, shopping centres, libraries, etc to get the true voice of the general public. This has proved a most useful method of collecting unbiased information.

We are pleased we have a close relationship with our colleagues in the Local Authority. We hold joint meetings as well as attending their Health Overview and Scrutiny Committee meetings. This ensures we can work closely together when needed and not duplicate our work.

The development of our Healthwatch is ever evolving and new initiatives are in the planning process for our third year. We are fortunate to have the support of our commissioners with whom we have regular meetings. This gives us the opportunity to evolve with the ever changing landscape within health and social care.

We look forward to the new issues that will come our way in 2015/16.

Pam Jones  
Chairman  
Healthwatch Sandwell





# About Healthwatch

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

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

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*Everything we say and do  
is informed by our  
connections to local  
people*

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We are uniquely placed as a network, with a local Healthwatch in every local

authority area in England.

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

Healthwatch Sandwell is funded by the Department of Health via Sandwell Metropolitan Borough Council. However, it is an organisation in its own right and independent of the council. Although a funding allocation is made to councils for the provision of local Healthwatches, it is not ringfenced; it is up to the local authority to decide how they use this funding to provide the service. There are one hundred and fifty two local Healthwatches in total.

Healthwatch Sandwell has a statutory seat on the Sandwell Health and Wellbeing Board which brings together key organisations responsible for providing health and social care e.g. Sandwell



Council and the NHS. We represent the consumers' voice on the Board.

Healthwatch operates both locally and nationally. As well as local Healthwatches, Healthwatch England works at the national level. They take the experiences of local Healthwatch and use them to influence national policy. By law, the organisations who plan, run and regulate health and social care services have to listen to what Healthwatch England has to say.

When Healthwatch England are made

### *Consumer rights*

Identifying and clarifying the rights of consumers of health and social care services. Promoting and providing information on these rights, and advice on enforcing them.

### *Customer care and complaints*

Identifying and signposting to customer care services and advocacy. Following up if this hasn't worked e.g. 'Why has my complaint been ignored?' Testing and checking customer care services.



aware of failing services, they report them to key national organisations, including the Care Quality Commission, of which they are a sub-committee, and central government. These organisations must submit a public response to Healthwatch England's concerns.

### *Aims and purpose*

Healthwatch Sandwell works with consumers and partners in the following ways:

### *Community engagement*

Working with the community and volunteers to deliver our aims. Acting as a channel for voluntary and community groups working with consumers e.g. carers group, to raise their issues and hear their concerns.

### *Consultations*

Maintaining an overview of consultations by health and social care organisations and promoting to consumers. Ensuring consultation is done properly, raising

issues around potential service issues, and acting as a critical friend to those delivering the consultation process.

### Concerns

Picking up on and listening to consumer concerns in a timely manner, including being responsive to the 'early or lone' voice. Raising concerns with those responsible, and following up. Concerns may also come through whistleblowing. We define a concern as something causing repeated consumer issues, but individuals are unlikely to take (early) action on, or a 'low level' complaint that is just put up with e.g. 'unfriendly' waiting rooms.

### How we work

Healthwatch Sandwell aims to promote, gather, analyse and act on issues relating to patients' and their relatives' experiences of health and social care. Promotion of our services and information about health and social care services has included reaching out directly to the public and through existing networks already engaged with the community. We have established our presence and raised our profile so that those looking for help can find us easily. Our information includes the role of Healthwatch along with information about health and social care services. One example of this has been our highly rated CompareDrs.com website that provides information about all GP services in Sandwell and how to access them.

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*Our CompareDrs.com website provides information about all GP services in Sandwell*

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We gather views and experiences from many places, with a main focus on directly hearing from patients and their relatives. Through our experience gathering, we have talked directly to hundreds of people, simply asking them to tell us about their last experience of using social care or health services. We want to hear good and not so good experiences and don't ask people to make any judgement. There are many other ways we gather information such as patients contacting us directly and liaising with over forty community based organisations every month.

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*We have talked directly to hundreds of people, asking them about their last experience of using social care or health services*

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### 'Mid Staffs Test'

Healthwatch Sandwell has always been committed to acting on a clear evidence base, and has used the extensive data from patient views we have collected to inform us where we should take action or investigate further.

We look for trends, but recognise that this cannot be relied upon due to the limitations of data gathering. However, just as important, if not more so, are one-off significant incidents, or those that could indicate a systemic problem. This is where the 'Mid Staffs Test' comes in:

*'An issue reported in Mid Staffs may have been the first to indicate systemic problems. What if that had been recognised and acted on?'*

We apply this thinking to all issues we consider. We seek to find an explanation,

and will provide support to complainants to enable us to address the underlying causes.

## Shine a light

The most effective action that Healthwatch Sandwell can take is to 'shine a light' on how patients are experiencing services. Once we have gathered and analysed their experiences, we report what we have found to those who can make a difference as well as to the wider public. This may result in working directly with providers or commissioners to bring about improvements, or simply reporting and continuing to highlight whether they have

taken action or otherwise.

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*Healthwatch Sandwell  
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## Investors in People

Healthwatch Sandwell applied for Investors in People accreditation in September 2014, and it was awarded in October 2014. We believe that we are the first Healthwatch organisation to have achieved this highly respected accreditation in our own right.

Investors in People is the nationally recognised quality standard for organisations reflecting their investment in staff and their service.

## Staff

Healthwatch Sandwell has six staff comprising:

- Mark Guest - CEO
- Lavidia Fletcher - Office Manager
- Ian McGarry - Communications and Engagement Officer
- Anita Andrews - Information and Research Officer
- Melissa Elders - Support Officer
- Thomas Collins - Support Officer







# Engaging with people who use health and social care services

## Understanding people's experiences

We have continued to develop ways of engaging with all local people and groups in Sandwell, and the following provides some examples.

### *Consultation Network*

We have built upon our Consultation Network, which we created as a way of building up ongoing relationships with groups and organisations in Sandwell for their users to share their views, experiences and concerns. Members of the Consultation Network are contacted every month by our staff to discuss any concerns with health or social care services that they've been hearing about. The Network also helps us to promote our activities and

enable these groups to be close partners in our activity. The partners represent the rich diversity of groups and organisation within Sandwell.

### *Health and Social Care group*

Our Health and Social Care Group has continued from the work of Sandwell LINK, which established it. It meets regularly in various community locations across our borough to discuss a specified subject, usually with guest speakers. Subjects that have been discussed include:

- Care.data
- Urgent Care
- Integrated Care
- Adult Social Care Contact Centre (Sandwell ASSIST)





## *‘Experience Gathering’*

One of the key challenges for a local Healthwatch, or any organisation which needs to engage the community, is to reach out to the ‘seldom heard’, and hear views beyond representative organisations or active citizens. We have done this by developing our Experience Gathering. This involves staff talking to people in various community and public locations, and asking them to tell us about their last experience of health or social care. They are not asked to make judgments, but simply relate their experience.

*Tell us about your last  
experience of health or  
social care*

also signpost them to the appropriate complaints process or other supportive services or organisations.

Since starting our experience gathering in September 2014 we have collected experiences, signposted and advised people all over Sandwell.

702 experiences collected

225 signposted to other services  
including advocacy and further support

182 venues covered throughout the  
whole of Sandwell

The most common issues reported by people in Sandwell are trying to book a GP appointment, and issues with diagnosis.

To improve engagement with under 21s,



Various events are held in local areas around Sandwell such as, libraries, community centres, leisure centres, supermarkets, high street canvassing and community events. The public tell us whatever they like about their experiences, which we record, and can

we delivered talks at training centres (Juniper Training, Rathbone and Nova Training) explaining what Healthwatch Sandwell is about and what we do, and listening to their issues.

We have found that their key issues relate to:

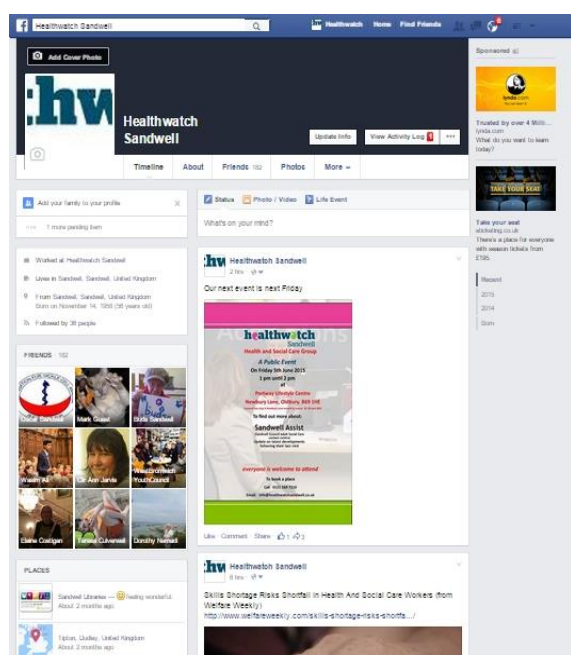


- Mental health
- Drugs and alcohol
- Eating disorders

Engagement with over 65s is assisted by the number of relevant groups that meet throughout the week. Various community centres and libraries run over 50s groups, Knit and Natter, Coffee Mornings, Social Bingo Group, Luncheon Clubs etc. We have found that this group have the most experience in care and health services and know what they want from them. From our experience gathering we have found that their key issues have been:

- Early discharge from hospitals and re-admission
- Timely access to see a GP (appointment issues)

## Social media



Development of our social media presence has continued to help us to engage with

our community. This has been particularly useful in providing information to and hearing from younger people in Sandwell, as well as sharing information with people and organisations outside of Sandwell.

Our website remains the main source of information for Sandwell people as well as being a source of information including documents and reports, local NHS and adult care services and help and support for complaints and advocacy.

## Enter & View

This year we have strengthened our Enter and View team with more volunteers, and an improved process to support the delivery of programmes of visits.

Following issues being raised locally, an unannounced visit was carried out at Sandwell Hospital to examine hygiene, dignity and respect. Following the publication of our report, the Hospital Trust put forward an action plan to address our concerns. We continue to monitor this issue to ensure that items in the action plan are being addressed. We shall consider a re-visit if it is thought necessary.

We have been planning a further series of visits to begin in May 2015, as part of a program to examine the delivery and quality of care provided at residential and nursing homes in Sandwell, and will continue throughout 2015.



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

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

To assist people to obtain the information they need to navigate local health and social care services, Healthwatch Sandwell have developed a number of strategies. This ranges from providing basic information and signposting, to supporting people through making complaints in order to address systemic issues. We provide our support and access to it through a number of ways, including:

- Public meetings
- Regular contact with community infra-structure: Consultation Network
- One to one conversations: Experience Gathering
- Telephone support line
- Email
- Mailing list
- Website
- Social media

There have been numerous occasions when staff at Healthwatch Sandwell have provided relevant information to the public to assist them with their health and social care issues.

### *Example: Health and Social Care group*

An example of public meetings is our regular Health and Social Care Group. At

one of these, people came to hear about ambulance and hospital transport services. Some carers queried why, if someone goes into hospital by ambulance accompanied by a carer that on discharge, patient transport will not allow the carer to travel home with the patient.

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*The Hospital Trust has agreed to display information in hospital transport vehicles informing carers of their rights*

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The hospital transport representative assured us that this was not the case and carers could always travel with the patient. Following several months of dialogue, the Hospital Trust has agreed to display information in hospital transport vehicles to make sure that carers are aware of their rights, and what to do if they are being denied them.

### *Example: CompareDrs.com*

From listening to the public, Healthwatch Sandwell identified that many people had issues with GP services, which corresponded with the national picture. This mainly related to getting appointments and access to services. We also discovered that many people were very happy with the service provided by





their practice. However, people who were unhappy were very often reluctant to change GP, often thinking that all services



were provided in the same way.

Therefore, Healthwatch Sandwell realised that this issue could be addressed in part, by providing people with easily accessible information on GP services. This resulted in the development of the CompareDrs.com website.

CompareDrs is a service aiming to inform patients about:

- The various services that can be provided by GP practices
- The services provided by the practice they use
- The services provided by other practices that they can choose to

register with

- How to register with GPs and their rights

We hope that by encouraging enough patients to make active choices about which GP Practice they register with, we will help to inform GP Practices about how patients want their services provided, and to contribute towards ongoing improvement of the GP service.

### *Example: Repeat prescriptions*

A patient in her eighties had previously received a good service from her GP, especially with regard to repeat prescriptions but in the past three months, the experience has been unsatisfactory. The repeat prescriptions were not being faxed to the pharmacist, and this resulted in the patient having numerous wasted journeys. In the first instance, the Patient was advised to speak to the Practice Manager at the GP practice.

The patient spoke to Practice Manager, who apologised and arranged for the prescription to be faxed monthly and to contact the patient when it was ready. The patient was very happy with the outcome. This scenario indicated that some people are unaware of the role of the Practice Manager.





# Influencing decision makers with evidence from local people

## Producing reports and recommendations to effect change

### *Healthwatch Activity Report*

The Healthwatch Activity Report is produced quarterly, providing an update on activity and findings for a range of audiences including the public, Board, staff, service providers and funders.

The report contains a mixture of quantitative and qualitative data. It includes an overview of experience gathering, analysis of significant issues raised, promotion and engagement activity, and other work of our team of volunteers.

The report is considered at a meeting of the Healthwatch Sandwell Board which is open to members of the public.

Once approved the report is sent to key stakeholders in health and social care and published on Healthwatch Sandwell's website along with all previous reports.

### *Enter and View*

Reports issued by our Enter and View team are monitored to ensure that the recommendations we make are being addressed in order that the views of local people in Sandwell are taken into account to make local services work better. One report was published during 2014-15 relating to Sandwell and West Birmingham Hospital Trust as described earlier in this report.

### *ASSIST*

Throughout the year, we heard many issues and concerns relating to our local adult social care call centre, Sandwell ASSIST, including the cost of the 0845 number. We were given the opportunity to attend a fact finding visit with Sandwell Council Health Scrutiny to the call centre, which we accepted. We learned during our visit that the call cost was a local cost only, something not made clear to people calling. From that visit we produced a report recommending that the call cost be shown on the council website, and that consideration be given to change to an 0300 local call number.

We continue to monitor this to ensure that our recommendations are taken into account. A representative from ASSIST also attended our Health and Social Care Group meeting, where issues were raised directly. We believe that we have played a key role in bringing about improvements, and have seen a drop in the number of issues being raised with us throughout the year.

### *Hospital discharge*

In response to Healthwatch England's special inquiry on discharge from hospitals, care homes and mental health settings, Healthwatch Sandwell sought examples and experiences from its locality using various methods, including a focus group at our regular Health and Social Care Group (HSCG) meeting, emailing 124 contacts on our mailing list, and creating a



section on the website requesting stories. We received around thirteen detailed examples of patients' experience relating to hospital discharge planning. These were submitted in a report to Healthwatch England in a report in June 2014, who are continuing to pursue this issue.



## Orthotics

In October 2014, Healthwatch received an issue relating to problems gaining a re-referral appointment at Sandwell Hospital Orthotics department. After consideration, a visit was undertaken to view the department. This was not an official Enter and View visit, but a similar informal visit conducted as part of an agreement with the hospital. A patient survey was carried out and discussions with hospital staff regarding the referral and appointment process.

Patients expressed that the treatment and information they received from the Orthotics department was very good but the waiting time and travel distance for appointments was too long.

During discussions with hospital staff it appeared that staffing levels at the department had been significantly reduced and possible further cuts may be made. Staff were also no longer sending out appointment reminder letters or to undertake a reminder call to patients.

Further discussions seemed to indicate the adult referral appointments and treatment numbers allocated seemed to greatly outweigh those given to children.

Whilst Healthwatch Sandwell initially entered the department for a specific reason, additional issues were identified, including:

- Lack of flexibility allowed to staff to confirm patient appointments
- Concerns about appointment allocation to children
- Concerns about impact of changes to staffing levels
- It was suggested a floating practitioner could work between sites to take up any excess therefore reducing waiting time for appointments

The findings and recommendations have been sent to the department.

## Putting local people at the heart of improving services

We make sure that local services are improved by listening to the views and experiences of local people. We provide various ways of giving local people the opportunity to contribute to this.

Providers of local services are invited to our Health and Social Care group to talk about the services they provide. People have the opportunity to scrutinise these providers and, sometimes, question their decisions.

We invite local groups and organisations to join our Consultation Network. Small



locally focussed groups are sometimes the only way some people, particularly elderly and BME, socialise. We make sure that they have an opportunity to contribute, through their group, to make services better here in Sandwell.

We ensure that consultations that affect the way local services are delivered are carried out effectively and that local people are listened to and their views properly taken into account.

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*Our Board consists of  
volunteers, all of whom  
are community  
representatives*

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All of what we hear from local people is recorded, and this information is then regularly analysed to inform further action and research that needs to be undertaken. This is then reported in the Healthwatch Activity Report, which supports our representatives, and therefore demonstrates a direct line from what we are hearing through to how we are acting. In particular, this report enables our representative on the Health and Well Being Board to raise what we are hearing. Our representative is the Chair of Healthwatch Sandwell.

As well as local people informing all of our work, our Board consists of volunteers, all of whom are community representatives. We also involve volunteers in our Enter and View visits, and meeting with the public to gather their stories as part of our experience gathering.

## Working with others to improve local services

### Representation

Healthwatch Sandwell has developed working relationships with many key agencies. Our Board members, all of whom are volunteers and community members, represent Healthwatch Sandwell on various Boards and groups including:

- Health and Wellbeing Board
- Sandwell Safeguarding Childrens Board
- Sandwell Safeguarding Adults Board
- Sandwell Health Overview and Scrutiny Committee (observer)
- Public Health Clinical Governance Committee

This enables board members to challenge commissioners and providers of local services directly.

Staff are involved in various working groups, for example, Crisis Concordat in Mental Health. This group is developing services and protocols for people in the local area who are experiencing mental health difficulties to avoid spending time in a police cell.

### Care Quality Commission

Healthwatch Sandwell meet regularly with the Care Quality Commission and relevant data is shared. Whenever notification of an inspection is received, we review our record of issues and pass on anything relevant. We have also forwarded on particular cases of concern outside the inspection programme. We are not aware of any special investigations that have resulted from these.





### *GP engagement*

As part of our intelligence gathering for the CompareDrs project, our staff wrote to and visited every GP practice in Sandwell to gather information about their services and access. The results of this were:

- 40 GP practices provided the information requested
- 25 GP practices have not yet provided the information requested

### *Escalations*

Healthwatch Sandwell is able to escalate issues of particular concern to

Healthwatch England and did so on two occasions. The first related to the very short timescales required for Better Care Fund resubmissions, which made proper consultation with Health and Wellbeing Board members extremely difficult, and resulted in Healthwatch England taking these concerns forward.

The second was concern relating to the Clinical Commissioning Group (CCG) taking over primary care contracting (GP services), and the conflict of interest that arises from the CCG being a membership organisation of GPs. We understand that this concern has been raised by several local Healthwatches and Healthwatch England is continuing to address this point





# Impact Stories

## Case Study One

### *Mental health services*

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Healthwatch Sandwell was contacted by a voluntary organisation who were aware of a young girl in the street who was in a very distressed state. She had been released from a Mental Health Unit in December 2014.

The organisation contacted the police who said they would call the unit. When no-one turned up, they called the unit who said that they hadn't been contacted. The organisation called the police again which resulted in two officers attending. They handcuffed the girl and took her to the custody suite at the unit. They were concerned that she would be discharged again soon, with no support, and ending up as they had found her.

We gave the caller details of the local Mental Health team as well as the details of Kaleidoscope Plus group, a partner of our Consultation Network. Healthwatch Sandwell agreed to follow up with caller at a later date, as it does with everyone who gets in touch and received advice or signposting.

Healthwatch Sandwell called back in early January and were told that, with help from Kaleidoscope Plus, the patient had received the appropriate referral to the Patient Experience Team at Black Country Partnership Foundation Trust (Mental health trust). The organisation were very pleased with the outcome and support received from Healthwatch Sandwell.

We also contacted Kaleidoscope Plus as part of the follow up, who were pleased with the result and recognised the value of the partnership working that had come from our Consultation Network.

## Case Study Two

### *Deaf services consultation*

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Sandwell Deaf Community Association (SDCA) had been asked by Sandwell and West Birmingham Clinical Commissioning Group (CCG) to carry out a survey into communications between GPs and Deaf people, and the availability of interpreting services. SDCA carried out the survey and submitted the results to the CCG but had had no further feedback from them.

SDCA asked Healthwatch Sandwell if we could assist them, and follow up with the CCG regarding their response to the results of the survey and how it would influence the commissioning of a new service. Healthwatch Sandwell contacted the CCG and continued to follow up. This resulted in the CCG offering to meet with SDCA to discuss the issues further.

SDCA were appreciative of the persistence and commitment by Healthwatch Sandwell on their behalf which in turn will influence communication between GPs and Deaf people, and the availability of interpreting services.





# Our plans for 2015/16

## Opportunities and challenges for the future

Healthwatch Sandwell recognises that it has come a long way in the last two years, and that it is an organisation that continually challenges itself and seeks to develop and improve its services.

### *CompareDrs.com*

In the last year, we set up and launched our innovative CompareDrs.com website, providing the public with details about how GPs provide their services. The next stage is a promotional campaign, with a roadshow travelling around the borough demonstrating it to members of the public.

### *Volunteering*

We will be enhancing our volunteering programme. At the heart of this will be our Enter and View visits, which will become far more frequent, along with other opportunities for volunteers to be involved in hearing concerns and collecting data.

### *Research and Reporting*

Towards the end of the year, we began research into patients' experience of the continuing health care (CHC) assessment process, following various issues expressed to us. We will be reporting on this early in the coming year. This has highlighted to us the value of focussed and responsive research of this type.

As a result of this, a discussion has taken place looking at outcomes and impact. We have recognised that it is unrealistic to

measure ourselves based on policy shifts by the NHS or parts of it and other public institutions, given the scale of Healthwatch Sandwell. However, we can still make a difference. This might be from just listening to somebody who has had a bad experience of health and social care services, and treating them with compassion. At the other end of things, we can 'shine a light' on issues and practices that need to be improved, right up to the policy level. We hope that our CHC report will be an example of this. We can't make the changes, but we can highlight what needs to change to those who can.

### *Key investigations - shining a light*

To support this, we will be undertaking key investigations. These will be intensive periods of research activity relating to a specific part of the health and social care system, if what we are hearing suggests potential concerns. Areas to look at will result from an ongoing dialogue between staff and the Board.

### *Board and contract*

Healthwatch Sandwell is entering its third year of a three year contract with the Local Authority (LA). Discussions will be taking place on the future of the contract and how the LA meets its statutory duty to provide a local Healthwatch, along with succession of the Board. It will naturally be a time of some uncertainty, but Healthwatch Sandwell believes it has built a strong base on which to build and look forward to the future.



# Our governance and decision-making

## Our board

The members of our Board are:

- Pam Jones
- Parminder Dhani
- John Clothier
- Wasim Ali
- William Hodgetts
- Doug Round
- Geoff Tranter
- Kwadwo Owusu-Darko
- Teresa Culverwell
- Graham Price (Resigned March 15)

Healthwatch Sandwell is governed by its community Board who are ultimately responsible for all decision making. It is

to consider the Healthwatch Activity Report. This is concerned with matters relating directly to health and social care, giving them the space to be properly considered without distraction, and to allow the main Board meeting to concentrate on company matters. This meeting, along with the main Board meeting, are held in public.

All three groups meet quarterly.

## How we involve lay people and volunteers

The involvement of lay people and volunteers is at the very heart of our governance and decision making, with the Board being comprised of community



proud to have had this level of community control from the start.

There is a Business and Finance Sub Group comprising four Board members, which reports back to the main Board. There is also a regular meeting of Board members

volunteers. The Board have overall control of all decisions. Their main meetings are held in public, supported by information gathered from the public.





# Financial information

INCOME		£
Funding received from local authority to deliver local Healthwatch statutory activities		190,313
Additional income		
Total income		190,313
EXPENDITURE		
Office costs		12,111
Staffing costs		151,060
Direct delivery costs		14,381
Legal and Professional costs		8,602
Total expenditure		186,154
Balance brought forward		4,159



# Contact us

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Website URL: [www.healthwatchsandwell.co.uk](http://www.healthwatchsandwell.co.uk)

This annual report has been made publicly available by publishing on our website and circulating it to Healthwatch England, CQC, NHS England, Clinical Commissioning Group/s, Overview and Scrutiny Committee/s, and our local authority and others.

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.



