

Healthwatch Sandwell

Annual Report 2016/17



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Message from our Chair



Welcome to Healthwatch Sandwell's Annual Report for 2016-17. The last year has seen us continue to engage with patients, carers

and the public about the health and social care issues that really matter to them. We have reached out to listen to more people than ever and those who are seldom heard, and produced real change through our investigations and reporting.

We have published several reports throughout the year capturing patients' issues and concerns. One example includes our report into young people who self-harm. This is something that we often hear is a growing issue, and we wanted to directly gather the views of young people who find themselves in this situation. In keeping with the unique perspective and value that Healthwatch brings, our focus was the young person's and not the service perspective. One of our key findings highlighted that there is virtually no independent data on the prevalence of self-harming among young people, only data relating to service take up. We believe that this is a significant gap that needs to be addressed and should be if we are to ensure services meet the real needs of our young people. We have shared our report with the relevant agencies and highlighted this issue, and in the coming year we will be

returning to them to see what has been done.

This year we saw our staff numbers reduced as we lost two members. We believe that we have still managed to deliver an excellent service and give unrivalled value for money, although there has been an unavoidable reduction in activity in some areas. With funding so low and the demands of simply maintaining such a small organisation being a significant proportion of our activity, it is an increasingly difficult task to provide the current level of service. Healthwatch Sandwell has now been running for four years and has seen no actual increase in funding, whilst costs have risen. As an organisation that is the statutory responsibility of the Local Authority to provide, we hope to discuss this situation with them in the coming year and work together to find a way forward.

We have seen some changes this year to our Board with the departure of Doug Round. Doug was an inaugural Board member and made a highly-valued contribution. His dedication, knowledge and wisdom will be deeply missed. On behalf of all involved with Healthwatch Sandwell, I would like to pay tribute to the significant contribution Doug made. Although we still hope to be able to call on him for his expertise, he will be very much missed.

John Clothier, Chair 2017

The year at a glance

This year we've reached 2516 people on social media



Our volunteers help us with everything from Enter and View to Experience Gathering



We've visited over 300 venues listening to people's health and social care experiences



100+ visits to local services including walk-in centres, GP surgeries, and hospitals



Our reports have tackled issues ranging from Continuing Healthcare to Walk-in Centres



We've met hundreds of local people at our community events



About Healthwatch

Local Healthwatch exist to make health and care services work for the people who use them.

Everything we say and do is informed by our connections to local people. Our sole focus is on understanding the needs, experiences and concerns of people of all ages who use services and to speak out on their behalf.

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

Our role is to ensure that local decision makers and health and care services put the experiences of people at the heart of their work.

We believe that asking people more about their experiences can identify issues that, if addressed, will make services better.

Healthwatch Sandwell is an independent organisation funded by Central Government via Sandwell Metropolitan Borough Council. There are one hundred and fifty two local Healthwatches in total.

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. The organisations who plan, run and regulate health and social care services have a

legal obligation to listen to what Healthwatch England has to say.

When Healthwatch England are made 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.

'I congratulate Healthwatch Sandwell on its Annual Report and its achievements as it moves from strength to strength. Through the engagement of Healthwatch with users of Health and Social Care services so many issues and concerns have been raised and responded to with positive outcomes. Healthwatch is recognised as a valued service to Sandwell residents. Well done and thank you to everyone involved in Healthwatch.'

**Cllr Ann Shackleton,
Cabinet member
for Adult Social
Care, Sandwell
MBC**



Aims and Purpose

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

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.

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.

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.



**The GOOD
And The BAD
And The UGLY**

Tell us your experience of
Sandwell Health & Social
Care Services

healthwatch
Sandwell

Your Health & Social Care Champion
Tel: 0121 569 7210

www.healthwatchsandwell.co.uk
info@healthwatchsandwell.co.uk

Tweets: @HWSandwell

Facebook: Healthwatch.Sandwell

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.

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 services. 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.

We gather views and experiences from many places, with a focus on hearing directly 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 sixty community based organisations every month.

Staff

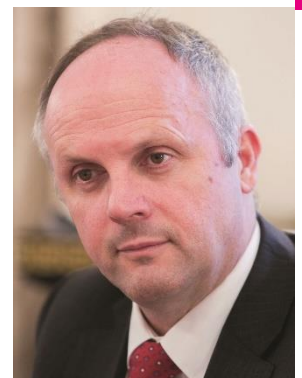
Healthwatch Sandwell's work is delivered by a team of staff based at Walker Grange in Tipton:

- Mark Guest - CEO
- Lavidia Fletcher - Office Manager
- Ian McGarry - Communications and Engagement Officer

- Anita Andrews - Research and Information Officer
- Melissa Elders - Support Officer
- Thomas Collins - Support Officer (left March 2017)

“Healthwatch Sandwell has continued to be a key partner for NHS Sandwell and West Birmingham CCG over the past year. Healthwatch has had regular representation on a number of key CCG committees, which has enabled it to have an input into the work of the CCG at the highest level. Healthwatch has regularly facilitated consultation and engagement on behalf of the CCG with its members and the general public. It has also acted a critical friend and has reviewed CCG consultation plans and materials, including the prescriptions and medicines consultation in 2017.”

**Andy Williams,
Accountable
Officer,
Sandwell and
West
Birmingham
Clinical
Commissioning
Group**



What we do: Advising, guiding and listening to health and care service users



Consultation Network

The Consultation Network is a partnership network with local community groups and organisations. It is a unique activity of Healthwatch Sandwell that enables us to reach out to as much of the community as possible. The network proactively engages with existing community infra-structure and integrates our message and services with theirs. Any group can join and members are:

- Contacted by us monthly to tell us issues and hear our updates
- Listed on our website
- Receive a large certificate/poster to display

During the past year, the network has continued to develop and attract new organisations. The total membership number is now 70 and our latest member is the Cradley Heath Community Association. Contact with our partners has not only enabled us to share information with them. It gives them the opportunity to share with us their members' comments, issues and concerns about health and social care services.



Health and Social Care Group

Our Health and Social Care Group is a regular public meeting held at different locations in the borough. The group provides a chance for people to meet managers of services, and provide feedback on services, news about consultations and feedback about Healthwatch Sandwell activity. Discussion topics are based on feedback from the meeting. The group is chaired by a Board member, and the members decide their own agenda items. During 2016/17, the following topics were covered:

- April 2016 - Primary Care and Oncology Services Update
- September 2016 - Improving Day Hospice Services and Annual Event
- February 2017 - Procedures of Lower Clinical Value



Experience Gathering

Experience Gathering is a key activity of Healthwatch Sandwell, taking place continuously throughout the year, several times every week. Our staff meet with the public in all sorts of places including

supermarkets, bingo halls and at community events.

'Tell us about your last experience of health and social care'

They promote Healthwatch Sandwell's work and provide advice and signposting for people in need of support. They also ask people to, 'tell us about your last experience of health and social care'.

The information gathered provides us with invaluable insight into the general quality of services, and flags up more serious incidents. We now have a database of thousands of comments which we are able to interrogate when asked about specific services, such as by the Care Quality Commission, or when concerns are raised about a service.

- 286+ people signposted
- 725+ experiences gathered
- 4500+ leaflets distributed around Sandwell
- 320+ venues visited

Where We Have Been Experience Gathering

Sandwell Shape Festival, Tipton Fun Day, Sandwell Hospital, Local Support Groups e.g. Gynaecology, Aphasia. Brickhouse Community Centre, Tipton Leisure Centre, Jubilee Park Fun day, Tipton Canal Fun day...

Regularly attend Sandwell Libraries, larger supermarkets (e.g. Morrisons and Tesco) etc.

... Sandwell Valley Park, North Smethwick Resource Centre, Sandwell Health Alliance, Langley Lodge Community Centre, Patients Summit Meeting, Mums and Tots Group, MS Group, Bangladeshi Health Forum, Stroke Group, Parkinson Group, Cancer Support Events, West Smethwick Enterprise Centre, Bearwood Community Café, Job Centres, etc etc etc.

Enter and View Visits

Enter and View gives Healthwatch Sandwell the opportunity to be able to formally visit health and social care premises to enable us to find out how these services work for patients, residents, carers, family members and staff that use them, including what works well and what can be improved.

We have a team of 11 trained volunteers who carry out our Enter and View program. During 2016/17 we carried out visits to 4 services in Sandwell. These were:

- Pegasus Care Home, West Bromwich
- Karam Court, Smethwick (first visit refused)
- Alphonsus House, Oldbury
- Parkside Healthcare, Tipton

All of these visits were to residential and nursing care homes as part of our program: 'To examine the delivery and quality of care provided at Residential and Nursing homes in Sandwell.'

When visits are made the visiting team collectively publish a formal report that

is shared with local commissioners, providers of services and the Care Quality Commission. These reports are also publicly available on our website.

Additionally, we ensure that our reports are available in other formats for those people who wish to read them but may have difficulties with the standard report e.g. easy read and text only.

Networking and Partnership

A large part of Healthwatch Sandwell's role is to represent the patient voice and work in partnership with health and social care commissioners and providers. This work is undertaken by our volunteer Board members and staff.

This includes statutory seats such as:

- Health and Wellbeing Board
- Primary Care Co-commissioning Committee

Other examples include:

- Clinical Governance Committee (Public Health)
- Sandwell Safeguarding Children's Board (SSCB)
- Sandwell Safeguarding Adults Board (SSAB)
- Sandwell & West Birmingham Hospital Trust
- Sandwell and West Birmingham Clinical Commissioning Group Quality and Safety Group
- Sandwell and West Birmingham Clinical Commissioning Group Patient Partnership & Advisory Group
- Health and Adult Social Care Scrutiny Board

- Urgent Care Network
- Quality Surveillance Group (NHS E)

Research and Reports

Healthwatch Sandwell regularly reviews what it is hearing from the public, and uses this to direct further work and where to take action. This can range from following up an issue on behalf of a patient with a service provider, to carrying out an extensive investigation and publishing a report. In collaboration with HWS Board a research plan has been



developed and is regularly reviewed and updated so that current local issues are addressed. The methodologies utilised vary and are responsive to the particular target group and/or subject.

Healthwatch Sandwell makes extensive efforts to ensure that its research meets with the highest ethical standards. Every piece of work is considered individually according to best practice, previous experience and Healthwatch England guidelines. Based on National Institute for Health Research (NIHR) guidance, our research tends to be considered service evaluation.

Children and Young People

During the past year we have made further efforts to engage with children and young people and to give them more of a voice on how health and social care services are delivered.

We have dedicated an area of our website specifically for young people to provide information, sources of advice

Youth Zone

This space is reserved as a place for children, young people and students to find out information, keep in touch with us and become involved in our work.

[YOUTH PANEL EVENTS](#)

[YOUTH ZONE MEDIA](#)

[YOUTH ZONE LINKS](#)

[ONLINE YOUTH FORUM](#)

[Back to Healthwatch Home Page](#)

and to raise awareness of local services.

In October 2016, Healthwatch Sandwell attended the Sandwell Young Carers Forum to hear from them about the issues they have with local services. The assessments carried out by the Children and Adolescent Mental Health Service (CAMHS), were raised together with young carers not being recognised at the local A&E department.

Following discussion with CAMHS it was suggested that hold a question and answer session with Sandwell Young Carers to address the concerns they experienced with mental health services. This session is planned to take place later in 2017.

In February 2017 Healthwatch Sandwell facilitated a visit to the Midland

Metropolitan Hospital construction site in Smethwick.

Students visited the site and heard a presentation from Sandwell and West Birmingham Hospitals NHS Trust about the services planned at the new hospital and how the new hospital would provide better care for local people. This visit was helpful for students considering a career in NHS services.



It provides patients with comprehensive and easy to compare information about every GP practice in the borough and accessing their services. Collating the information and showing the site to the public at our Experience Gathering events has provided us with an excellent GP engagement and public promotion tool.

Speaking after the event, students and staff members commented:

- Level 2 Health and Social Care student, Lurisha Frye, said: ‘This visit was inspiring and I would love the chance to work here.’
- Lecturer Pauline Rose added: ‘I had my own questions answered in terms of what’s happening with Sandwell and City Hospitals, and I enjoyed the opportunity to network with NHS staff for the benefit of our students.’

CompareDrs.com

CompareDrs.com is a unique GP services information website developed by Healthwatch Sandwell.



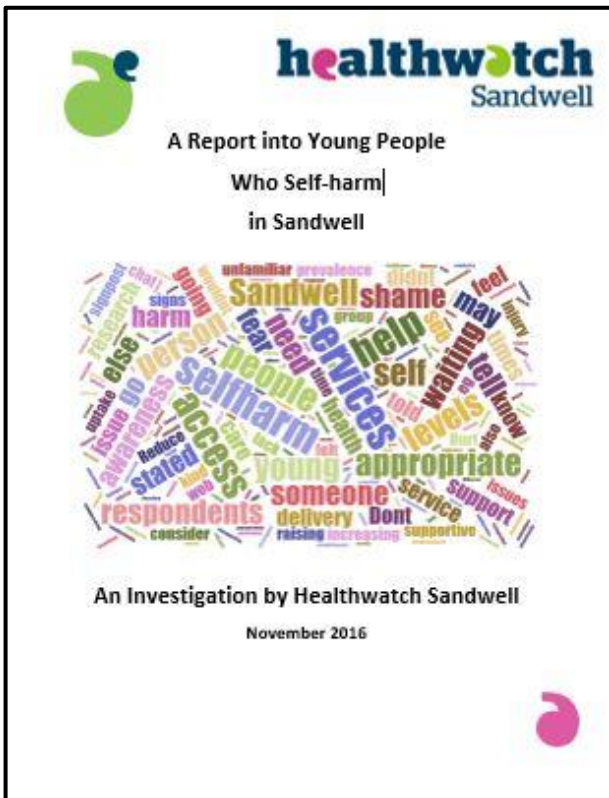
Our work in focus: The difference we've made



During 2016/2017, HWS have been involved in many activities that have made a difference to the provision of care and support for the people of Sandwell. This involvement has been at various levels from strategic to one-offs. The aim is to make a difference to local people's lives so that they receive services that are responsive and sensitive to their needs.

A Report into Young People who Self-harm in Sandwell (November 2016)

HWS carried out an investigation into the experiences of health and social care services for young people (aged 16 - 24) who self-harm. This investigation was carried out because HWS had been contacted by various people, including parents of young adults, who shared their experiences of mental health services in Sandwell. The majority of these experiences were negative.



An online survey was designed, and over 10,000 people were reached via partner organisations, Facebook and various websites.

The survey asked for those who identified as self-harmers (past and present) to respond, and the online survey was completed by 15 people, which is acknowledged as a low response rate when compared to the distribution field. One possible explanation for this is that self-harm is not prevalent among young people in Sandwell, though this evidence is not sufficient to conclude this.

There was some indication that take-up of related services was being used as a proxy for levels of self-harm.

The background research identified that there is little information regarding levels of self-harm among young people, whilst there are claims that levels of self-harm are rising among this group. This lack of information was found to be the case locally and nationally. There was some indication that take-up of related services was being used as a proxy for levels of self-harm.

Four recommendations were made as a result of the investigation which included:

- Research into the prevalence of self-harm in Sandwell should be considered by appropriate organisations.

HWS will continue to monitor young people's experiences of all interventions in Sandwell.

Black Country Smoking Attitudes Research

HWS and other local Healthwatches, Walsall, Wolverhampton and Dudley worked together with various other organisations to better understand people's experiences of quitting smoking in the Black Country. The aim of this research was to provide an insight into public experiences of smoking cessation interventions and whether they are meeting the needs of key priority groups e.g. families, children and teenagers. It was envisaged that the findings would help to shape the nature of Stop Smoking services, and thus be able to support as many people as possible in the UK to live smoke-free lives.

The project was commissioned by the Black Country Tobacco Alliance.

The research project was in 2 parts:

- Part One: A survey that could be accessed via the internet or a paper copy.
- Part Two: Facilitation of 3 focus groups: children, teenagers and families.

In Sandwell the focus groups included year 6 and year 13 pupils at local schools and parents at a local community centre.

- The discussion in these groups included: the benefits to the whole family of smokers within that family quitting
- the role children can play in encouraging parents and family members to quit smoking
- preventing the uptake of smoking in young people

There were various findings including:

A lack of awareness and knowledge around e-cigarettes and whether it is still classed as smoking. People who consider themselves ex-smokers still continue to use e-cigarettes, despite research suggesting that it is a temporary (not permanent) device to help an individual gradually cut down smoking.



Recommendations included:

- Teenagers 17 or younger and older respondents have less awareness and use of Stop Smoking Services in the Black Country areas. It will be interesting to conduct further research to understand how best to promote and actively help these less known groups.
- More work on developing stop smoking apps and adverts through social media, especially intended for people 34 and under.
- More targeted smoking prevention amongst the unemployed since the majority of people stop smoking when they are at work.

'Why Do Good People Allow Bad Things to Happen?' - Report into care at Sandwell Hospital (February 2016)

This report was published in February 2016. This investigation resulted from HWS being contacted by a number of patients and relatives with issues relating to care on SGH wards. This included one particularly detailed case detailing multiple unacceptable incidents, which we successfully supported through the complaints process. The report made several recommendations.

Following publication of the report Sandwell and West Birmingham Hospital Trust (SWBHT) senior staff requested to meet with patients and carers who had contributed to the report, to discuss in detail what their experiences had been.

The meeting took place on 15th June 2016 and was facilitated by HWS. It was attended by 5 patients, 4 carers, Toby Lewis (Chief Executive), Colin Ovington (Chief Nurse), Karen Beechey (Head of PALs), Allison Binns (Assistant Director of Governance), Anita Andrews (HWS) and Janet Foster (formerly HWS).

The meeting was productive and patients and carers were able to tell their powerful stories. SWBHT staff listened and gave assurances that included some of the patients' ongoing issues being reviewed. At this meeting, patients and carers were invited to take part in further activities so that their experiences could be shared with staff, which it was envisaged would improve care practice.

HWS revisited the Sandwell Hospital during December 2016 and January 2017

with the aim of assessing progress with the report's recommendations. Although the recommendations were predominantly suggestions for management to bring about improvements for patients, the key focus for HWS and the re-visit was to look at patient experience and if care had improved.

The follow up report is due to be published April 2017.

CASE STUDY: Collaborative Working with Patients and Carers

A distressed daughter who lives out of the Borough raised concerns about her mother who had been transferred from Sandwell General Hospital to Rowley Regis Hospital. The mother needed a medical assessment so that her daughter could gain Power of Attorney for her. The daughter was unclear who should provide this assessment. This assessment was key to the daughter gaining this power and the funding of the placement which was required out of the borough.

She had been informed that the Doctors at Rowley Regis could not complete the assessment as they were locums and the staff at SGH had told her it was Rowley Regis hospital staff's responsibility. The GP also agreed that it was the latter hospital's responsibility. This was a very confusing situation in an already stressful situation.

HWS contacted the Chief Nurse (SWBHT) to seek clarification so the correct advice could be passed on. On the same day that these concerns were raised by HWS, the Chief Nurse rang and informed HWS that

the GP is paid to carry out this assessment and therefore he arranged for the patient's GP to visit Rowley Regis hospital that same evening to carry out the assessment. HWS informed the daughter who was very happy with the outcome. The promptness of action by the Chief Nurse was particularly commendable.

Case Study: Signposting

A mother approached HWS identifying a lack of information about services for a young adult who had recently become visually impaired. It was proving difficult to obtain, as the majority of information gained related to older people.

HWS signposted her to various relevant services in and around Sandwell. The mother was able to resolve her issues as a result of the signposting.

Case Study: A Mother's Experiences of Mental Health Services.

HWS had supported a mother who shared her son's experiences of mental health services in Sandwell. Her son is now recovering but his journey has been fraught with obstacles. This situation resulted in her complaints being upheld by the Parliamentary and Health Service Ombudsman.

HWS had previously been contacted by CQC for patients' experiences at Black Country Partnership NHS Foundation Trust, and this information was passed anonymously. However, when the report was published, it stated that there had been no complaints to the Ombudsman.

The mother contacted HWS who questioned the validity of this and she was signposted to CQC. The latter retracted the statement and amended the report accordingly.

Case Study: Improved Support for Cancer Patient

A patient with skin cancer had been given HWS details by her local Councillor. She was housebound and was desperately in need of help, advice and support. Through our Consultation Network, HWS signposted her to Sandwell Advocacy, who manage a support project in conjunction with Macmillan Cancer Support. Subsequently, she was able to receive help, particularly in applying for grant funding to purchase a wheelchair, peer advocacy support and help with adult services.

Prior to contacting Healthwatch Sandwell, this resident was alone, and lacked the support and help needed to live a normal life. This success was highlighted in the Annual Report published by Sandwell Avocacy's funders, Macmillan Cancer Support and opaal uk.

Case Study: Collaborative Working by Improving Referrals for High Risk Patients

A member organisation of our Consultation Network, Brook Sandwell, explained to us concerns that they had regarding referring clients in need of Child and Adolescent Mental Health (CAMHS) services. They explained to us that CAMHS will only carry out their

assessments once a patient has been admitted to A&E. CAMHS have instructed Brook to call an ambulance if a patient is considered to be at risk of harm.

However, in many cases when ambulances arrive, paramedics do not consider that the patient requires an ambulance. This can cause difficulties for Brook staff who are following agreed procedures. Brook informed HWS that they believe that CAMHS should be aware of this situation and requirements should be clarified with West Midlands Ambulance Service.

HWS raised this issue with Sandwell and West Birmingham CCG who contacted Brook along with clinical directors and service managers at the Black Country Partnership, who proposed meeting with Brook to identify any ways that the service can be improved to prevent future delays to access to services. Brook confirmed that further meetings are planned and were appreciative of HWS's involvement in achieving this outcome which will help their clients.

Care Quality Commission (CQC)

HWS are in regular contact with the CQC. During the year we have been asked to provide information patient feedback about 3 local GP practices who were being inspected.

HWS were also invited to participate in a teleconference call with other local

Healthwatches and the CQC to provide patients' and carers' views about West Midlands Ambulance Service NHS Foundation Trust, which was due to be inspected in June 2016.

In both instances, HWS provided appropriate comments from our user experience database, ensuring that the patient experience is represented.

In April 2016 the CQC lead Inspectors for Hospitals requested to meet HWS as a result our report about care at Sandwell General Hospital published February 2016. This was a productive meeting and communication protocols were agreed.

In March 2017, HWS had a pre-inspection conversation with the CQC regarding their forthcoming inspection of Sandwell and West Birmingham NHS trust. We were able to share findings from our recent follow up report to our earlier report, 'Why Do Good People Allow Bad Things to Happen?' along with other recent patient experiences we had gathered.

During 2016 as part of our Enter and View planned programme, the CQC intervened when a care home refused entry to our team of staff and volunteers. After their intervention, our team was invited back to conduct their visit.

We shall continue to work closely with the CQC to ensure that they are aware of local people's experiences of health and social care services provided in Sandwell.

Our plans for next year



Future priorities

Having consolidated our work during 2016-17, we want to increase our impact, become more responsive to the needs of patients and the public, and to continue to look for innovative ways of working that can make us more effective.

We now have in place strong networks and partner relationships, reliable methods for hearing the views of the public, and an understanding of and links to the organisations and infrastructure responsible for delivering health and social care services.

Going forwards, we want to produce a regular programme of at least quarterly investigative reports, responding quickly to the latest information we have heard. We have been developing this activity and our resources to allow us to more effectively engage volunteers in these roles, and as a result have started to increase numbers. This will be in addition to our established Enter and View visits, which are also supported by volunteers.

As part of our ongoing innovation, we have been developing 'Real World Co-production', a unique approach to co-production and engagement. We already have a pilot of this work arranged for the start of next year with a major health service provider, and will be looking to expand the work later in the year. Going forwards, we will look to work directly with health and social care services, or to share the approach with them so that they can carry it out directly, so that they can more effectively use the experiences of patients to influence their services.

In order to increase impact, we aim to be more pro-active in challenging the actions and decisions of statutory bodies when questions have been raised or failings reported, and will seek to hold them to account by using our powers to request answers. This will include their duties to involve and consult the public in decision making, and how they are meeting the legal requirements to do this meaningfully as opposed to simply communicating predetermined decisions.

We are aware that there are big changes ahead in the organisation of services, many of which are already underway, including Sustainability and Transformation Plans (STPs), and New Models of Care (Accountable Care Organisations/ Services). These changes could include local decision making being shifted to a more regional basis, and multiple contracts being merged into fewer, larger contracts. These changes undoubtedly offer opportunities, and are a response to problems currently faced by our health and care services. However, patient involvement in decisions must be meaningful and decision makers must be accountable. Furthermore, with so many different organisations and individuals involved in multiple roles, it is essential that conflicts of interest are monitored, and decisions can be demonstrated to have been made with unquestionable integrity. Healthwatch Sandwell, along with our other local Healthwatch colleagues, have a crucial role to play in ensuring that this happens in the months ahead.

Our people



Our board

The members of our Board are:

- John Clothier. Chair
- Wasim Ali
- William Hodgetts
- Doug Round (Resigned 31/7/2016)
- Geoff Tranter
- Kwadwo Owusu-Darko
- Teresa Culverwell
- Glenn Jones (From 16/9/2016)
- Kushvinder Chahal (From 16/9/2016)
- Percy Eamus (From 28/2/2017)

Healthwatch Sandwell is governed by its community Board who are ultimately responsible for all decision making. It is proud to have had this level of community control from the start.

The Board meets quarterly for a formal meeting, and then to consider the quarterly Healthwatch Activity Report. This is concerned with matters relating directly to health and social care, providing 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.

Healthwatch Sandwell Board members take an active role in representing the view of patients on various strategic partnerships and groups throughout the Borough. The Board aims for every member to be the lead in at least one area e.g. Hospital Trust. This approach ensures that representation of patient's views is as close to the community as possible.

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

Our finances



INCOME		£
Funding received from local authority to deliver local Healthwatch statutory activities		175,000
Previous year's reserves (Local Authority)		-3,250
Additional income		3,052
Total income		174,802
EXPENDITURE		
Operational costs		6,122
Staffing costs		159,929
Office costs		8,926
Total expenditure		174,977
Total Loss		175
Balance brought forward		886
Reserves		711

Note: 3,250 of income has been deferred into 2017-18 year. This is recorded on the balance sheet, plus the council paid a quarter in advance.

Contact us



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We will be making this annual report publicly available by 30th June 2016 by publishing it on our website and circulating it to Healthwatch England, CQC, NHS England, Clinical Commissioning Group, Overview and Scrutiny Committee, and Sandwell MBC.

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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