



Healthwatch Thurrock

Annual Report 2014/15



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Note from the Parent Company

Towards the end of 2014, Healthwatch Thurrock returned to Thurrock CVS as a project. Healthwatch Thurrock work programme and direction is now shaped and overseen by an advisory group, comprising of representatives from the Voluntary Sector, Patients Groups, Social Care Forums and Thurrock's ULO. None of this transition deflected from the good work of Healthwatch Thurrock; reaching out to communities and representing the views of patients and users, in an environment where there have been significant challenges; within NHS, Primary Care and Social Care. This next year will see the introduction of the Care Act and work continuing on integrating services under the Better Care Fund, all of this under the backdrop of the significant budget savings that need to be made by the local authority.

This report highlights the work of Healthwatch Thurrock, representing the views of the citizens of Thurrock at all strategic levels and demonstrates some of the changes they have made.

As we enter the year 2015-16 we will see further challenges for citizens and it's important that Healthwatch Thurrock continue to listen and channel those voices, in an important time of change.

Kristina Jackson

Chief Executive Officer - Thurrock CVS

Note from the Chief Operating Officer

As already stated by the CEO of our parent company, the end of 2014 saw some significant changes to how Healthwatch Thurrock was formed and how it had worked previously. This could have been a very difficult time, in fact in some areas it was, but we used the time to reflect on what had been and to look to the future.

The future was a new structure, a new strategy, new posts and new staff. This has enabled us to work better, to spread the word of Healthwatch wider across the borough, a new team brought with it new ideas, all of which have enabled us to do some important pieces of work, to influence change and more importantly to listen to the views both good and bad of the people of Thurrock around the services they use within health and social care.

As a small Healthwatch we struggle at times to reach everybody, we sometimes look at the work that bigger Healthwatch organisations carry out and feel we drag behind, but then we look at the work we have done, the people we have reached and most important those we have helped.

Please accept this annual report as the story of us, the people of Thurrock and how we have worked together to achieve some real changes in a time of significant change for our organisation.

Kim James

Chief Operating Officer- Healthwatch Thurrock



About Healthwatch Thurrock

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.

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.

Every voice counts when it comes to shaping the future of health and social care, and when it comes to improving it for today. Everything that local Healthwatch does will bring the voice and influence of local people to the development and delivery of local services.

People need to feel that their local Healthwatch belongs to and reflects them and their local community. It needs to feel approachable, practical and dynamic and to act on behalf of local people.

-We're helping you to shape and improve the services you use.

-We're engaging with people in your community & if you haven't met us yet, please get in touch!

-We're an open organisation and want to make it easy for you to talk to us.

-We're inclusive & we want people from every part of your community to join us.

-Ask us what we're doing & we'll always tell you what's happening.

-You can hold us to account.

-We're here to help services to improve.

-We'll notice the bad things they do, and the good.

-We use your evidence to build a true picture of your local services.

Our vision/mission

Healthwatch Thurrock aims to enable people, communities and organisations in Thurrock to have a say and influence the planning, commissioning and delivery of Health and Social Care services to improve the health and wellbeing of patients, the public and service users.

Our mission statement

Healthwatch Thurrock will enable individuals and community groups to influence the planning of all local Health and Social care services. In doing this Healthwatch Thurrock pledges to support all members of the public to promote better health and wellbeing for everyone.

2014 saw quite a few changes with Healthwatch Thurrock including staff changes and changes to the operational running but we feel we are now stronger and more eager than ever to ensure the voices of our residents are heard.

At the start of 2014 Healthwatch Thurrock was a community interest company with a board of directors that managed the company and made any decisions. This is no longer the case and as of January 2015 Healthwatch Thurrock is now a project being run and managed by Thurrock CVS. The Thurrock CVS board now has the final

say on all decisions although Healthwatch Thurrock has set up an advisory group that act as a sounding board for ideas and upcoming events and pieces of work.

Healthwatch Thurrock also added 3 new staff members to the team in January 2015. Linda is the new Administrator, Samson has a joint role with Public Health as a Development Worker and Amanda is Deputy Chief Operating Officer leading on engagement with children and young people.

Our Healthwatch Team:



Kim James is Chief Operating Officer.



Amanda Perry is Deputy Chief Operating Officer.



Linda Runciman is Administrator.



Samson Odubanjo is Development Worker, a shared role with Public Health.



Engaging with people who use health and social care services

Understanding people's experiences

During 2014/15 Healthwatch Thurrock has engaged with the residents of Thurrock across of all its communities in a variety of ways.

We have specifically targeted some more seldom heard groups such as:

- Young people (under 21)
- Older people (over 65)
- People with Learning Disabilities

To reach out to younger people we have attended the local Youth Cabinet as well as set up links with existing youth groups within the borough to try to recruit some young Healthwatch Ambassadors who could champion the Healthwatch name amongst their peers. We also held a fun day at Stubbers Activity Centre. This recruitment is continuing into 2015 with Amanda scheduled to return to the Youth Cabinet and to attend meetings with all of the school heads and SENCO's to hopefully run some workshops or talks with young people in schools. We have also started making links into childrens centres to promote our services to mums and children of a preschool age.

To reach out to older people we have regularly attended the Older Peoples Parliament to promote the work that we do and also to pick up any issues that may arise during a meeting and we may have otherwise missed. We have also regularly attended the local Over 50s Forum.

Our development worker Samson is also building links with BME groups, churches and Faith groups across the borough, he is also using the contacts he made in his previous role as a community worker to talk to communities, groups and organisations about the work that Healthwatch does.

We have worked very closely across 2014/15 along with the local Learning Disability Nursing Team as well as Thurrock Lifestyle Solutions, a local organisation supporting Thurrock residents with Learning Disabilities, to look at the uptake of the LD healthchecks and how this can be improved. This work will run into 2015 with an event being held in April 2015 to promote the importance of a healthcheck and to try and break down some of the fears we have found that people with LD have surrounding the checks.

To target the whole population of Thurrock we also started running monthly drop in sessions during 2014/15 at various locations across the borough. We currently have 6 regular drop-ins set up in 6 areas of the borough varying on time of day and location including libraries and community centres. These drop-ins will hopefully also be themed monthly during 2015 to fit in with the local Health and Wellbeing board agenda.

During 2014/15 we listened to many voices in our community, some were individuals who had a story to tell an experience to share. Some were groups, both community

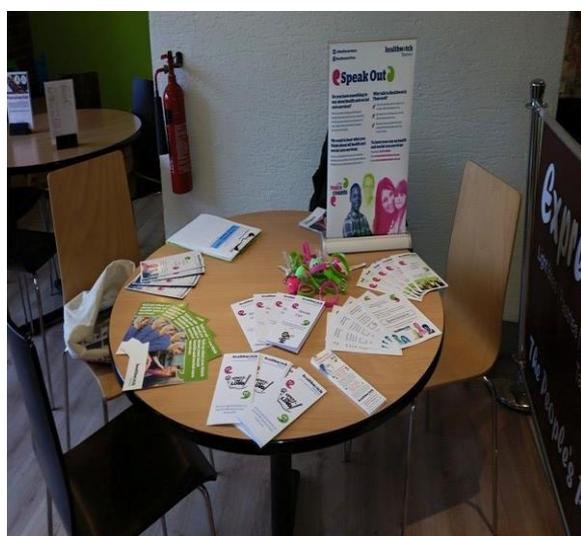


and support groups who used their voices to tell us about the services they used and they shared their good experiences as well as their poor experiences.

We carried out some pieces of work with and for them and have some success stories to tell which are further on in this report.

We continued to use our very effective 'Change One Thing' campaign, where we just ask the residents, service users, patients; “ if you could change one thing about the services you use, what would it be? And if you wouldn't change anything, tell us why” the simplicity of this has been its success and over the past year it has enabled us to collect a snap shot of views which are then fed into reports as either experiences, ideas or quotes. This concept has been adopted by other organisations and statutory services in Thurrock, for example Thurrock CCG used it very effectively to gather views on the commissioning of services.

Between November 2014 and March 2015 Healthwatch Thurrock estimates that we engaged with 7112 individuals. This equates to 4.5% of Thurrock's population.





Enter & View

Healthwatch Thurrock have not needed to use their statutory powers of enter and view in this year.

But, we have arranged and made lots of informal visits to services under the blanket of enter and view.

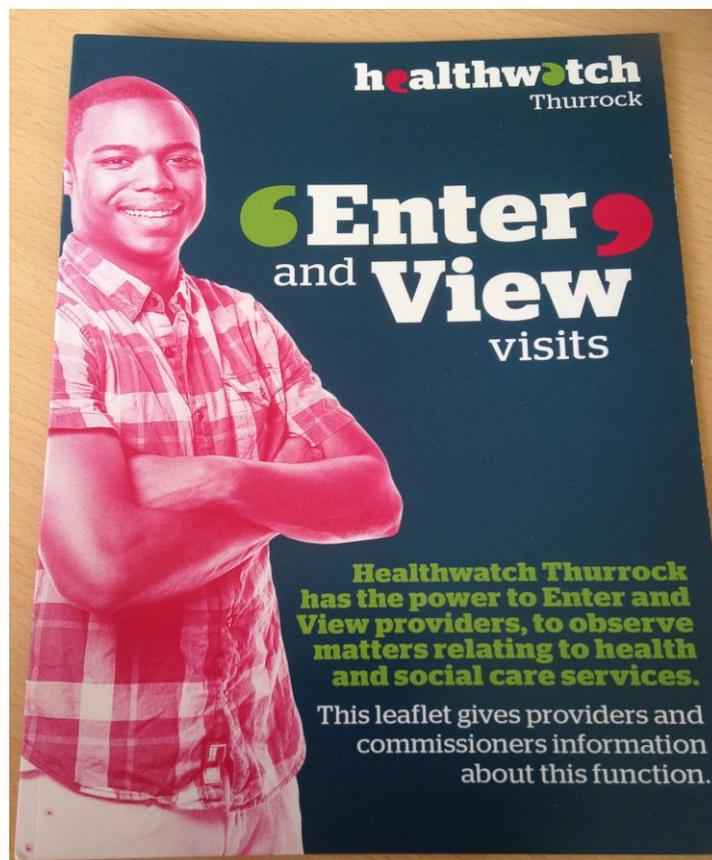
We have carried out many visits to our local hospital to take part in their audits of services, we have visited wards and spoken to patients under our 'change one thing' campaign and shared our findings with them.

We have taken part in visits to our local mental health service placements, including young people's services.

We carried out some visits to residential homes across Thurrock under the blanket of our 'Dignity in Care' work with residential and day services. We held an event to feed back to providers and commissioners our findings and also held an afternoon tea for the service users and carers.

We have also carried out visits to our GP practices to gather information and patient views to be included in the CQC Inspections, and to feed into the 5 year forward plan for NHS England and Thurrock CCG

We do have a training package in place to train our 'Enter and View' volunteers and also have a small team of authorised representatives who carry out our visits and audits of services.





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

During 2014/15 here at Healthwatch Thurrock we gave advice and signposting regarding some of the following topics:

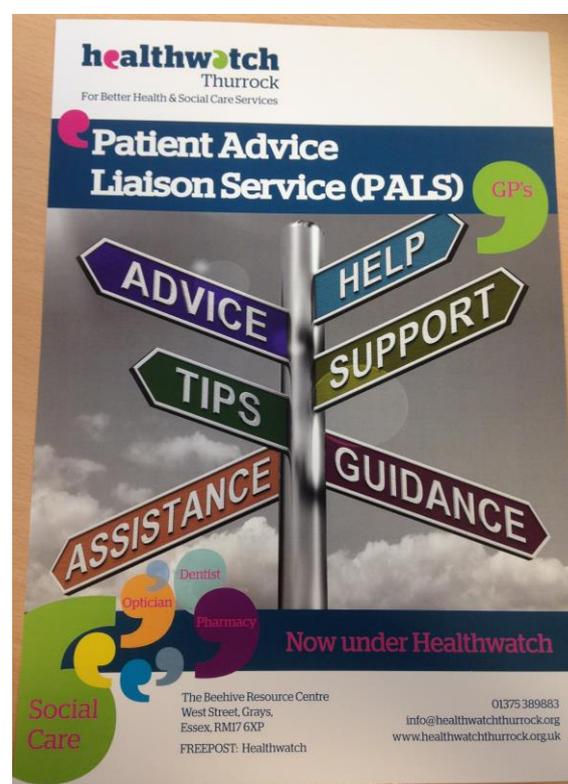
- Social Care Rapid Response Team
- PALS service at Basildon Hospital
- Local Dentist information
- New GP Registration
- Support Groups for Long Term Conditions such as Diabetes and Lupus
- Carers Support
- Older People Support Groups
- Respite Care

We also began to advertise the Advice, Information and Signposting service as a separate service including the production on a specific poster for use in GP surgeries and pharmacies as well as hospitals and other care facilities.

We found that although we discussed this as a service we offered previously to the posters there was still a lot of confusion as to the PALS service for Primary Care including people believing that the PALS service within Basildon hospital covered primary care and also a belief that PALS for primary care had not been replaced at all.

To alleviate this confusion and to promote the service and encourage a larger number of calls we commissioned the poster as per

below. The feedback we have had has been great and we hope to see a rise in calls over the upcoming year.



Through our information, advice and signposting service in 2014/15 we put two local residents both with Lupus in touch with each other providing them a local source of support and understanding. Both ladies now meet and have stated that without Healthwatch Thurrock would never have known that support could be found so locally.



Influencing decision makers with evidence from local people

Producing reports and recommendations to effect change

There are 3 main reports from pieces of work which have influenced change, they are;

- The provision of sharps boxes
- The decision not to move stroke services to another hospital out of area.
- Annual health Checks for Learning Disabled Residents

Putting local people at the heart of improving services

We have been able to support local people to represent themselves at meetings to put across their views and concerns, some of those were;

- Attendance at the Thurrock Clinical Commissioning Group Board meeting to ensure their voices were heard when decisions affecting them were heard
- Supporting patients from our local hospital to attend the Hospital Board meeting and to tell their experiences of using the hospital both good and bad.
- By planning and facilitating meetings between service users and patients with providers and commissioners to look at why one service is good and another delivers a poor service.

Working with others to improve local services

We work very closely with providers and commissioners of services in Thurrock to ensure the views and voices of their patients, service users and residents are heard and responded to. We have worked closely with our local CCG, we have a seat on their board which allows us to feed in the views of the community and also we are able to support residents to attend and give their views directly to the Board. We are invited to attend their CEG (Clinical Engagement Group, which is where all GP's, Practice Managers and Nurses come together to discuss the Board decisions and to gain their input, it also incorporates their Time to Learn programme) we are always included in these meetings and are given the opportunity to feed in any views we have been given by their patients.

We jointly chair a CRG (Commissioning Reference Group) which involves all PPG Chairs and representatives, representatives from the Voluntary Sector, representatives for organisations that represent groups of people i.e. older people, those living in residential homes or using domiciliary care services, people with long term conditions, learning disabled residents, those with mental health issues/illness and children and young people.



All of these examples result in us being in a position to ensure that those people using the services, or who would be affected in any change to services are able to have their voice heard and to be in the best possible position to influence change. (Further examples can be seen in our case work stories)

“Healthwatch have adopted an approach and way of working with partner organisations’ including the CRG and as a result a number of key changes have been made including a recognised Thurrock engagement group which has developed an engagement and co-production process and way of working that has been agreed by the CCG and Thurrock council and will be taken to the Health and Wellbeing Board for their agreement”

Len Green, Lay member for PPI
Thurrock CCG

We have also, as stated previously, worked closely with our Local Authority and have been involved in the work around the better care fund.

“Healthwatch are playing a vital role to ensure that Thurrock’s Better Care Fund (for the integration of health and social care) reflects the voices of Thurrock people. We, along with our partners, have developed an

Engagement Plan that ensures that users of services, carers, and the public are involved right from the very start. Our involvement in not only the Better Care Fund, but Thurrock’s Transformation Programme for Health and Social Care, is ensuring that the voices of people are heard loud and clear and are reflected in any decisions that are made. “

Ceri Armstrong | Strategy Officer |
Adults Health and Commissioning





Healthwatch Thurrock has a seat on our local Health and Well Being Board (HWBB). Our seat on the board is to represent the people of Thurrock and to ensure their voices are heard at a strategic level. We have been able to present issues and concerns and raise awareness of possible issues before they become major.

We have taken items such as; Lack of annual health assessments for residents with learning disabilities, the lack of provision for safe disposal of sharps, the moving of the stroke services to Southend, the recommissioning of stroke services, concerns around access to the upper GI cancer pathway of care, the medication policy for

care homes in Thurrock, concerns around the lack of dignity in care in services in Thurrock and last but not means least the change of provision for annual servicing and repair of nebulisers in the community from our local hospital to our Community services.

We have also worked well with our local hospital and visit frequently to speak to patients, carers and visitors. We have always been included in the CQC visits and have given parts of our findings to Monitor.

Members of the Healthwatch team recently helped facilitate 2 successful listening events in the Thurrock area, which has led to further events being booked, and plans of work being generated as a result. Healthwatch Thurrock has been involved in providing information and links between the trust and patient / user groups. This information allows for informed and Patient represented discussions regarding service provision and improvement. The trust would like to thank Healthwatch Thurrock for their continues support and collaboration in helping in improving the patient experience in the trust

Diane Sarkar, Director of Nursing, BTUH

From a Portfolio holders perspective Healthwatch has proved to be invaluable to me. When I receive questions complaints or compliments relating to health services in Thurrock I consult Kim James who is tenacious in getting to the bottom of things. The fair approach taken by Healthwatch Thurrock gives me the feedback I need from the public to carry out my role on ensuring we are getting the best services we can for Thurrock residents.

Healthwatch has always been represented thus representing residents on the HWBB, Healthwatch is a strong advocate on the board for fair just services for the people of Thurrock.

Cllr. Barbara Rice, portfolio holder for Health and Social Care and Chair of HWBB



Impact Stories

Case Study One

Stroke Service Provision Locally



Healthwatch Thurrock became aware of plans to recommission a Hyper Acute Stroke unit for the area covering Thurrock. At that time, the service was being delivered from Basildon and Thurrock University Hospital Trust (BTUH).

The plans were to work with the whole of Essex, all 7 CCG's were involved, in the decision to commission 4 Hyper Acute Stroke Units (HASU) which would mean the provision for Thurrock would move from our local hospital BTUH to Southend Hospital which is situated over 20 miles away on the coast of Essex.

Thurrock had recently undergone some major increase in industry with the new super port opening in Corringham, which resulted in a whole new road network to support the traffic to and from the port. This new roadway cut across the main trunk road which led to the Hospital.

Healthwatch Thurrock attended many professional meetings where these plans were being discussed, listened to the presentations from NHS England Commissioners and felt that there had

been very little discussion or consultation with the residents of Thurrock.

We raised our concerns with both Health Overview and Scrutiny Committee (HOSC) and the HWBB around the lack of consultation; they asked if we would speak with the people of Thurrock and gather their views.

We held a joint public meeting with Thurrock CCG Commissioning Reference Group, we attended our local stroke support group and spoke with them, we spoke to carers and other long term condition groups and we gathered views of the people of Thurrock. The majority of people did not want to lose their service locally and had major concerns some of which were;

- “Administering the blood clot drug is important but travelling to Southend will take longer and reduce the time available to administer it. (within the 3 hour slot)”
- “It was said in the presentation that a 24/7 service is not currently being delivered at BTUH, but it is”
- “There should 3 or 4 proposals with the pros and cons of each.”
- “Everyone feels it is a done deal.”

The local stroke survivors and carers group took the role of gathering views for us and over a 6 week period they gathered over 2,500 views on the proposals. We helped them to put that into a report which gave a clear feedback



of people's views which we presented to the HWBB and to HOSC.

We also sent a report, with a covering letter to the Chair of the CCG to request that as representatives of the people of Thurrock that they listen to their voices and reconsider their decision to go with the whole Essex approach and to carry on commissioning a local service for Thurrock from BTUH. We requested that representatives be able to attend the CCG Board meeting where the decision was on the agenda for voting, and that they be allowed to represent themselves and explain their concerns.

This was agreed, and although many stroke survivors and their carers, people who were concerned about the proposal attended, one representative was able to appeal to the Board and put across the very real concerns of the residents of Thurrock and to present their report on the findings. Healthwatch Thurrock and the CCG's lay member also spoke to the Board and asked them to make their decision taking into consideration the views of the people they represent.

The Board voted to pull out of the Essex wide commissioning and along with our neighbouring CCG have commissioned a stroke service from BTUH our local hospital.

The service is now being delivered locally which is as a direct result of the voices of the people of Thurrock joining together and being heard. And those voices being listened to and acted on by the commissioners and board of Thurrock CCG.

“We could never have achieved this outcome without the help and support from Healthwatch. You just don't know what this means to us”

Steve, Thurrock Stroke Group

“Healthwatch Thurrock have listened to the concerns of our members over a variety of issues including community services after discharge, they have arranged for us to meet face to face with the people who commission these services and have empowered our members to have their voices heard.

To be able to discuss their experiences and feel that they are making a difference for any future stroke sufferers has been the biggest boost to their confidence.

Thank you Healthwatch Thurrock from all the members of Thurrock stroke group”

Christine Hamilton, Manager Thurrock Stroke Group





Case Study Two

Sharps Box provision

Healthwatch Thurrock work closely with support groups and voluntary sector organisations within our community. One of those being the Diabetes UK Thurrock Branch.

During one of our visits a concern was raised regarding the disposal of sharps.

We were informed that many people with Diabetes in Thurrock have no safe way of disposing of their sharps, unless they pay for the collection of the sharps boxes, they asked if we could look into it for them.

We discussed it as a team, and with the CCG lay member, and then we jointly met with the chair of the group to find out more. It became apparent that this was an issue across Thurrock, a very small proportion of pharmacies in Thurrock would take back a sharps box, the contract for collection was under the Local Authority waste disposal team and there was a £15 charge each time a box was collected.

We put together a short questionnaire which we distributed across the borough and via groups and organisations, we put a Survey Monkey questionnaire on our website and had 176 responses. The results highlighted that there was in fact a problem and also some concerning responses to the question “how do you dispose of your sharps?”

Some responses are listed below:

- “I put them in an empty butter container and put them in my rubbish bag”

- “I usually put them in an empty plastic milk bottle and just put it in my blue bin (Recycling)”
- “I bury them in my garden, I am too old to worry about gardening, so they won’t bother me”
- “I just throw them in the bin, I don’t think it’s fair that we should have to pay to get rid of them”

We spoke to 6 pharmacies across the borough, who explained they have to pay for the collection of sharps. We spoke to 6 GP’s who also explained their contract for collection is just for those used in the surgery by them or their nurses and it would cost more to increase the amount.

We also during this discussion found that few GP’s actually prescribed the sharps box as they knew their patients could not dispose of them and therefore didn’t want them.

We then spoke with the manager of waste collection at the Local Authority who confirmed that as part of their clinical waste disposal contract they did collect sharps bins, and for anyone not in receipt of a benefit or over 65 that there was a cost of £15 per collection.

We put a report together for the HWBB and also raised it at HOSC. Both Healthwatch and the Lay member raised it at the CCG Board.



All were concerned about the situation and also the safety element of how people were disposing of them.

In the report we highlighted the fact that for the drug and alcohol programme in Thurrock there is a good, free needle exchange service, which is included in the specification of the contract from the Local Authority.

We used this information to highlight the inequality of services between illegal drug use and the requirement to use sharps if a resident has a long term condition.

The result has been that our Local Authority lead commissioner agreed to commission a service via Public Health, which is now in place.

7 Pharmacies across Thurrock are now contracted to take full sharps boxes and they are collected and disposed of.

We have worked to ensure this is known to those who responded to our questionnaire and to groups and organisations across the Borough, and we will continue to monitor the use of the service.

NHS England and Healthwatch Thurrock working together

The Essex Area Team has provided support and advice regarding a number of patient group issues that have been presented to Healthwatch Thurrock including the concern raised by the Local Diabetes Group relating to a new policy that had been implemented by a National Optician Group concerning eye tests for diabetic patients.

Lynn Morgan NHS England, Essex

Healthwatch Thurrock has been of great support to Thurrock Group Diabetes UK and on an Annual basis Kim James, Chief Operating Officer, will give a talk to our Group with updates on the latest developments with Healthwatch. The Healthwatch website also keeps everyone involved with current developments and we have a link on our website to access Healthwatch.

Bryan Vanderpeer, Chair
Diabetes UK, Thurrock
Branch





Our plans for 2015/16

Opportunities and challenges for the future

Healthwatch Thurrock has undergone some massive changes as 2015 begins. We have had to prioritise what needs to be done to ensure Healthwatch Thurrock continues to be a real consumer champion to the people of Thurrock in the delivery and provision of health and social care services.

We have become a project of our local CVS and as such the CVS Board will ensure the contract requirements between themselves and Thurrock Local Authority to deliver a high standard Healthwatch are fully met.

Our challenges are the same as every other Healthwatch as we enter our third year, to use this year to ensure we have met the requirements needed to evidence our outcomes, to be able to measure the impact we have made both locally and nationally, to have really made a difference to peoples services both in health and social care and finally to be in a position to gain funding to continue on from the 3 years.

We will continue to work hard to listen, in any way we can to those voices that have an experience to share, to those who feel lost in systems and to those who are the hardest to hear. With our new staff team and new ways of working we are hoping to continue building those relationships needed to improve services.

We have begun the work of setting our priorities for the next year by speaking to the residents of Thurrock, by asking them to come along to our public meetings and tell us what matters to them and asking what they feel our priorities should be.

We had long conversations at many tables, over many shopping trollies and over many cups of tea, we set a priori - tree which enabled those who did not feel confident to add a leaf to the tree with their views and suggestions and as a result we set the following priorities for 2015 - 16

- Primary care provision (especially GP access)
- Mental Health Services
- End of Life Care
- Discharge from hospital and social care services.

We have kept it to only 4 as it was agreed that with the changes to the Care Act and with the looming budget savings to social care services locally there will be areas we may have to look at.





Financial information

INCOME		£
Funding received from local authority to deliver local Healthwatch statutory activities		£159, 357
Additional income		£0.00
Total income		£159,357

EXPENDITURE		
Office costs		£25, 850
Staffing costs		£92,710
Direct delivery costs		£22, 290
Total expenditure		£140,850
Balance brought forward		£18, 507



Contact us

Get in touch

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[We will be making this annual report publicly available by 30th June 2015 by publishing it 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.

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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