



Annual Report 2015/16

Healthwatch Wolverhampton

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Chairperson's introduction

Welcome to Healthwatch Wolverhampton's (HWW) final Annual Report covering the year 2015/16. This reports on the activities of Healthwatch Wolverhampton.¹

The year began with much optimism as the staff team was restructured and strengthened in order to enhance its services and deliver its statutory objectives. The year also saw Maxine Bygrave step down as chair. Maxine ably led the development of HWW from its inception, she brought a passion and real concern to the role so that patients and Wolverhampton residents got the best possible services and have a positive experience of health and social care.

The new Chair took up the role in October 2015 and it was acknowledged that whilst progress had been made over the previous months there were still a number of challenges being faced by HWW.

During the year HWW sought to expand its role of as a consumer champion. This included important responses to key changes in the health and social care economy including strategic matters to do with commissioning. Responses were made to the City's 2030 Vision and three important strategies coming from the Wolverhampton Clinical Commissioning Group (WCCG) those being: The Engagement Strategy; Quality Strategy and Primary Care Strategy.

In its work, the HWW Board felt it was very important to place a priority on becoming an influencer of positive change. In addition to the core work of HWW, key strands pursued this year were:

- To become a stronger influencer;
- To shape the development of the local health and social care economy;
- To ensure early engagement;
- To move from engagement to full participation of patients, consumers and families;
- To tackle the health and care inequalities across the City;
- To ensure appropriate representation and proper responses from services for those with protected characteristics.

¹ This report has been completed by Engaging Communities Staffordshire - the organisation that won the Healthwatch tender for 2016/2017 onwards and builds upon the draft produced by former provider Healthwatch Wolverhampton CIC.



In our communications with the key stakeholders including the WCCG, we have emphasised the advantages of early engagement and participation of patients and service users in co-production of strategies and commissioning, in shorthand, “no decisions about me without me” encapsulates a very important principle of widening participation of people in decisions which affect their lives.

The Chairperson and Directors of HWW were well aware that there is room for improvement in promoting and marketing Healthwatch with individuals, groups, communities and those who are seldom heard.

Dr Arko Sen,
Chairperson Healthwatch Wolverhampton CIC
(till 31st March 2016)





Future Developments



Robin Morrison | ECS Board Chairman

ECS is delighted to be delivering Healthwatch Wolverhampton from April 2016, and we remain committed to building on the good work of the previous provider to take this service forward. For us, Healthwatch is critical service in ensuring that patients and the public have a strong voice in the planning and delivery of our health and care services. In Wolverhampton, this is more important than ever before, given the challenges facing services in the area - including pressures on social care budgets, and the recognition of the need for the planning of health services to be more joined up.

The NHS in all parts of the country are now required to produce a Sustainability and Transformation Plan, outlining how organisations will work together as a system to develop a place based plan which is ambitious about transformation and covers the breadth of the agenda from prevention and self-care, workforce through models of care and finance. For Wolverhampton, the "footprint" for this plan is the Black Country - i.e. Walsall, Wolverhampton, Dudley and Sandwell, and health leaders are submitting initial plans by the end of June. We are working really closely with our neighbouring Healthwatch to ensure there is a strong public voice in the programme, and that there are robust plans to engage and consult with the public at every step. Healthwatch Wolverhampton commits to ensuring we keep the public in Wolverhampton up to date with future developments.

We are also committed to ensuring that Healthwatch Wolverhampton has at its heart the voice of patients and service users. We are recruiting a new Healthwatch Wolverhampton Advisory Board, which will make the key decisions about the work of the Healthwatch service. We will also be consulting with the public about the priorities Healthwatch should be focusing on, and we will start this process at the public event on 29 June.



Healthwatch Wolverhampton has benefited from some excellent support from volunteers, board members and others, and we hope that many of these people will continue their involvement with Healthwatch. ECS is committed to supporting volunteers, and we have recently won the Investors in Volunteers award, signalling the priority we give to this. We have developed a range of volunteer roles in our existing Healthwatch services, and these can be used to help support volunteers in Wolverhampton.

We are also delighted to have taken on the NHS Complaints Advocacy contract in Wolverhampton, which means that we can offer a fully joined up service for people, advising on health and social care services, listening to people's feedback, and where appropriate offering advocacy support in taking forward complaints.

Finally, we would like to take this opportunity to thank the previous Board and the staff of Healthwatch Wolverhampton both for the excellent work they have carried out on behalf of the public, and for their support in the transition period. We have been delighted to welcome all the staff team to our organisation, and are now making good progress in appointing the new Advisory Board.



Executive summary

This report provides an insight into the work of HWW over the past 12 months together with the level of engagement that has taken place with key stakeholders within the health and social care sectors.

We have sought to build upon partnerships and strengthen the staff team to improve our engagement with the general public. This report touches on a range of issues covered by HWW's remit.

We have seen increased numbers through social media and, by organising and participating at various events and meetings, we have engaged with over 2,000 individuals.

However, we recognise that this is just a small percentage of individuals who use or interact with health and social care services in Wolverhampton, which therefore provides a challenge in creating greater awareness of HWW.

The staff team with Directors, champions and volunteers strive to engage and communicate with Wolverhampton's diverse communities and neighbourhoods. This work has seen us collect valuable intelligence from the public on health and social care. In turn, we have been able to share this intelligence through a variety of forums and mechanisms to influence commissioners' and providers' delivery of quality services to our population.

During 2014/15, a number of priorities were set for 2015/16. Progress was made in the following:

- Improved stakeholder engagement - links were established with West Midlands Care Association, Black Country Partnership Foundation Trust (BCPFT) and Care Quality Commission (CQC);
- Through the engagement team, more volunteers and champions have been recruited;
- A series of awareness sessions were organised in respect to community pharmacies;
- Representations were made to Healthwatch England; BCPFT and WCCG in respect to concerns raised around mental health services.



About Healthwatch

We are here to make health and social care better for the citizens of Wolverhampton. 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 knowledge and expertise is grounded in their experience. We are the only organisation focusing on people's experiences 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.

Aims and purpose

HWW works with the public and key partners through:

Advice & guidance

- Identifying and clarifying the rights of consumers of health and social care services;
- Promoting and providing information on these rights and giving advice on enforcing them;

Engagement and consultation

- Promoting and supporting the involvement of local people in the monitoring, commissioning, provision and scrutiny of local services;

Influence and involvement

- Obtaining the views of people about their needs and experiences of local health and social care services;

Scrutiny and reporting

- Making reports and recommendations as well as influencing local and regional priorities.

Our strategic priorities

We want large numbers of local people to be involved in our work and for HWW to be recognised as *the* place to go to find out more about health and social care.

Our strategic priorities are to:

- Fulfil statutory duties and functions by holding providers and commissioners of health and social care services to account;
- Operate as a corporate body as stated in The Health and Social Care Act 2012, embedded in local communities;



- Act as a local consumer champion, representing the collective voice of patients, service users, carers and the public through our statutory seat on the Health and Wellbeing Board and providing robust challenge and scrutiny in the interests of the citizens of Wolverhampton;
- Make people's views known, including those from excluded and underrepresented communities and those seldom heard;
- Exercise real influence on commissioners, providers, regulators and Healthwatch England, using knowledge of what matters most to local people;
- Report concerns about the quality of local health and social care services to Healthwatch England, which can then recommend that the Care Quality Commission take action;
- Provide information to patients and public who need to access

health and social care services and promote informed choice in health and social care services;

- Support individuals to get information and independent advocacy if they need help to complain about NHS services.



June 2015 - HWW sets up a Pop-Up Shop at the Wulfrun Centre



Engaging with people who use health and social care services

Understanding people's experiences

Between April 2015 - March 2016, HWW engaged with 3,396 people through a variety of avenues, groups, meetings and community events to gather views on healthcare facilities and services from as many local people as possible.

Throughout the year, HWW organised a number of awareness sessions as well as attending and participating at community and consultation events, for example:

- Pharmacy Awareness - drop-in sessions;
- Healthwatch Awareness sessions;
- Family Fun day;
- Fresher Fairs;
- Wolverhampton Elder Asians and Disabled (WEAD) Group - drop-in sessions;
- Mental health support focus groups;
- Patients Participation Groups (PPG) meetings;
- Dementia Awareness event;
- Community Fire Station - drop-in sessions.

HWW provided information via stands at various locations, including the local hospitals, urgent care centre, walk-in centre, libraries, Citizens Advice, Age

UK, Art Gallery and local supermarkets.

April 2015 - March 2016, HWW engaged with 3,396 people

Young people (under 25) and older people (over 65)

To target young people under the age of 25, HWW continued to work with Wolverhampton University and the City of Wolverhampton College through attending various events. Also HWW staff and volunteers spoke to young people through attending the Youth Council and Base 25 meetings. Discussions have also taken place at 'The Way' - the new facility for young people within the city centre. It is hoped that, through their engagement with young people, HWW will be able to canvas the views and experiences of young people around their use of health and social care services.

HWW facilitated a review of sexual health services in Wolverhampton by taking a team of Young Ambassadors to observe the delivery of the services. The team was able to make a number of recommendations to improve the service, which the provider found valuable and agreed to implement.



Pharmacy Awareness

HWW teamed up with the Local Pharmacy Committee to promote the services offered by community pharmacies and the role they play within urgent care. Four events were hosted around Wolverhampton during June and July, which took place at Blakenhall Living Centre, Low Hill Community Centre, Bantock Park Tractor Shed and the Molineux. The aims of the events were:

- To raise awareness of the services pharmacies offered;
- For the public to see pharmacies alongside GPs, Doctors on Call, walk-in centres and Emergency Department as gateways to seeking medical assistance for minor ailments;
- To raise awareness and understanding of HWW;
- To listen to experiences;
- To recruit volunteers.



July 2015 - HWW sets up a Pharmacy Awareness Event

Disadvantaged people or people you believe to be at risk

HWW regularly attends events organised by OMEGA - an organisation set up to support unpaid carers (particularly those looking after people with life-limiting or long-term health conditions) in and around the City. During these events HWW is able to discuss services and experiences with carers and receive valuable feedback from the individuals they care for. People with mental health conditions have also been encouraged to share their experiences with the HWW team through the website and directly with a member of staff. HWW staff supported local community organisations to hold a number of focus groups with individuals who have a range of mental health conditions.

HWW is an active member of the Wolverhampton Safeguarding Adults Board (WSAB) and is developing processes to ensure the voices of affected adults are heard by those making decisions about services and care. The WSAB commissioned HWW to seek views from individuals and professionals who had experienced a safeguarding concern and their opinions of the support they received and access to advocacy services. The findings from this work will be made available in 2016/17.



August 2015 - HWW sets up a stand at the Family Fun Day at West Park

People who are seldom heard

To gain feedback from those who are seldom heard, HWW has engaged with asylum seekers, migrant workers and refugee groups through the Wolverhampton Refugee and Migrant Centre (RMC). HWW also gathered feedback from people in the Asian communities, including older people, and engaged with mental health service users and carers through the African Caribbean Community Initiative (ACCI) and black and minority ethnic groups.

Enter & View

To enable HWW to gather qualitative information, we need evidence and information about changes to services and there are times when it is

appropriate for staff and trained volunteers to engage in Enter and View visits. These visits are not inspections, but give us the opportunity to see first-hand how services are actually being delivered.

This year, HWW conducted these activities at several nursing and care homes, medical centres, the Emergency Department at New Cross Hospital, the Gem Centre, Penn Hospital and the Deanesly Centre. The Enter and View reports can be found on our website via this link:

<http://healthwatchwolverhampton.co.uk/your-feedback>

Penn Hospital



One of the priorities set by the board for 2015/16 was to review mental health services. This was partially due to a cultural shift driven by the Government and by the national press, which has brought mental health issues out of the shadows and into public consciousness. In addition, HWW received a number of concerns from members of the public and service users. The Enter and View visit was unannounced and was against this



background. The objectives were as follows:

- To understand the care planning and the involvement of family and carers in the caring process;
- To go through the complaints process;
- To establish whether the 'Dedicated Team' that provides support to the Emergency Department at New Cross Hospital is effective;
- To seek information on patients who have been admitted to other hospitals due to non-availability of beds at Penn or the Macarthur Centre (Psychiatric Intensive Care Unit, based at Sandwell but used by Wolverhampton);
- To review the availability of and uptake of advocacy services.

The team spoke to staff and patients, to enable a better understanding of acute mental health services. A number of recommendations were made along with an agreement for a follow up visit to take place.

Chemotherapy Unit (Deanesly Centre) - New Cross Hospital



HWW received concerns about services at the unit, specifically around staffing levels at the weekend and the room temperature of the unit when patients are waiting to be treated. The objectives of the visit were to:

- Gain an overview of how services are delivered at weekend;
- Review staff rotas for weekends;
- Observe and discuss treatment being received by patients;
- Observe the environment.

The Enter and View team found that the staff team were passionate about the work they do and were committed to delivering a high quality service. It was acknowledged that staffing levels sometime fall below the required standards at weekends due to sickness and/or annual leave. The Unit acknowledge the recommendations and are currently responding to them.

Mayfield Medical Centre

Much of the feedback HWW receives is about primary care services. Recently, HWW received an anonymous concern regarding the management of the Mayfield Medical Centre and the Surgery at Cromwell Road, Bushbury Wolverhampton. The individual felt strongly that poor working practices at the two sites were creating a risk to employees and patients. It was decided that an unannounced visit would take place with the following objectives:



- To understand how patient records are managed between the two sites;
- To observe the system for keeping patient records;
- To investigate the process for keeping prescriptions safe and secure;
- To investigate procedures for undertaking fire drills and to seek assurance that smoke alarms are operational.

The Enter & View team did not find any issues of major concern. The main recommendations being that staff are made aware of policies in respect to working between two sites.



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

A core function of HWW is to provide information to the public about accessing health and social care services.

The signposting service set up by Healthwatch allows individuals to request information in the following ways:

- Telephone - Calls will either be dealt with immediately, or callers are able to leave a message and are then called back and provided with relevant information and contact details for other services;
- Website - Requests are responded to in a timely manner by email;
- Face-to-Face - Information can be requested when attending various events.

In order to reach more people, staff have attended a number of community and public venues to provide information about HWW and help signpost to services.

HWW dealt with 453 enquiries during the year, which is an increase of 144%

on the previous year (2014/15). 25% of these related to GP services in some way, with frequent topics including:

- Waiting times;
- Communication;
- Diagnosis;
- Staff attitude;
- Medical care.

A further 20% were in respect to hospital services and only 2% relating to social care.

The majority of enquiries came through community events organised by HWW or in which HWW participated.

Here are some examples of HWW's signposting activities:

GP Complaint

A client visited the HWW office. The client mentioned that a GP surgery near Wolverhampton city centre had misdiagnosed his illness, therefore he did not receive the cancer treatment he needed. The diagnosis of cancer occurred much later than it should have done. Due to this, he wanted to file a complaint about the GP. He also wanted to find a solicitor so that he could take the GP to court.



As the client was making a complaint about an NHS service, HWW advised the client to follow the National Health Service (NHS) Complaints process. The client was provided with the website link to this complaints process and a printout of it. He was informed of Wolverhampton Health Advocacy Complaints Service (WHACS) in case he needed advocacy support for his case.

For support hiring a solicitor, HWW issued the individual with the Law Society's contact details.

He also needed money advice to support the legal action, so HWW provided details of The Money Advice Service and the National Debt Helpline's contact details.

The individual felt that HWW met all his needs in pursuing his complaint.

Dental concern

A client informed HWW that he recently contacted his dental practice (to the south of the city centre) for an appointment. However, as the person had not made an appointment with this dental practice for one year, he had been struck off the dental

records, preventing him from making an appointment with the service. The individual wanted to know what could be done about this issue.

HWW contacted the dental practice's clinical lead. She said that, to maintain registration on their dental practice client system, people must have:

- Visited the dental practice at least once every twelve months;
- Not missed an appointment without informing the practice 24 hours in advance;
- Paid all debts with the dental practice.

The clinical lead said she was happy to meet the individual to explain the reasons why he had been de-registered.

HWW also informed the individual that it could take 3-4 weeks to re-register on the client system and then another 24 hours to get an emergency treatment. The client has informed HWW that he will speak with the dental practice's clinical lead to inform himself of the next steps to re-register.



Influencing decision-makers with evidence from local people

Producing reports and recommendations to effect change

HWW seeks to influence decision-makers through its stakeholder engagement. In the past year, HWW has attended or held 94 stakeholder meetings.

HWW also plays an active role in the Health and Wellbeing Board, Health Scrutiny Panel, CCG Governing Body and RWT Board.

HWW has also been able to use reports and recommendations to: inform the local Quality Surveillance Group; meet with the CCG lay representative on a regular basis to share intelligence and emerging issues and respond to consultation exercises organised by the CCG and Local Authority.

In addition to the above, HWW has formally responded to the following:

- CCG Engagement Strategy;
- CCG Quality Strategy;
- CCG Primary Care Strategy;
- CWC's Older People Strategy;
- The City's 2030 Vision.

HWW produces a quarterly activity report, which is shared with the commissioner and used as a catalyst for future work activities.

Putting local people at the heart of improving services

HWW successfully recruited and trained 10 authorised representatives to carry out Enter & View visits across the year. Furthermore, 114 candidates have expressed an interest in volunteering as a HWW champion, an office volunteer or a general supporter.

Information regarding the commissioning, provision and management of local health and social care services, as well information about events and developments, is regularly shared with volunteers.

Comprehensive training is provided for Enter & View visits, with all volunteers sufficiently briefed beforehand.

Volunteer involvement is promoted through consultation exercises with commissioners and providers.

In addition, volunteers have supported the following:

- Enter & View visits;
- Events organised by the CCG; and City Council;
- A pop-up shop in the Mander Centre;
- Omega carers' event;
- HWW Awareness sessions.



HWW volunteer Board members have been included as co-opted members of the Health Scrutiny Panel.

Working with others to improve local services

No recommendations have been made to the Care Quality Commission (CQC) to undertake special reviews or investigations this year. However, regular meetings are held with the CQC to exchange information and discuss any issues arising from Healthwatch work or CQC inspections.

The Care Quality Commission (CQC) did not undertake any special reviews or investigations.



October 2015 - HWW meets with MPs at Paycare House Wolverhampton

HWW welcomed the three local MPs Rob Marris (Wolverhampton South West), Patrick McFadden (Wolverhampton South East) and Emma Reynolds (Wolverhampton North East) to discuss the improvements the organisation has made to engagement with service users and the public and its ongoing plans to tackle issues at a national and local level. During the visit, discussions took place on the challenges being faced by health and social care services within the City as well as sharing some of the positive outcomes achieved by HWW through its engagement work. The MPs gave a commitment to working alongside HWW to help to improve the health of Wolverhampton's residents.

All provider and commissioner information requests were met.



Case studies

Hospital Care

During the year, a number of concerns were brought to HWW's attention regarding care received at the local hospitals. Below is one such case:

Through one of HWW's awareness sessions, a lady explained that her 72 year-old mother had received appalling treatment at New Cross Hospital following a fall.

The main issues were that the family felt that their mother had not been treated with care and dignity. They felt that some of the staff were speaking down to their mother. Isolating her due to her catching CDIFF, the staff only gave her medication and meals. When the lady was transferred to West Park, the care did not change. The family felt that their mother had lost confidence in the NHS and had become frightened. The mother subsequently died. In progressing this case, HWW had a follow up meeting to gather further information. HWW were requested by the family to support them in making a formal complaint and then HWW became the point of contact in respect to the complaint. As a result of the work HWW did, the family felt more confident in formalising the complaint and HWW received a compliment for supporting them through what was a very difficult period.

Mental Health

During the year, mental health was one of the priorities set for HWW, as a result of a number of concerns that were brought to HWW's attention about hospital and community care. Below is a case study:

HWW facilitated focus groups around mental health. A 46 year-old woman had concerns about her prescriptions being issued by her GP. She was being prescribed medication that she felt she did not require. This was upsetting her and potentially affecting her mental well-being. In order to progress the case, HWW held a further meeting with the woman concerned to ascertain more facts. Contact was then made with the Practice Manager at the GP surgery. Following these discussions, a series of actions were agreed with the practice and the woman with respect to her future medication. As a result of this intervention, there was no further deterioration in her mental well-being and communication between the GP surgery and the individual was improved.

GP

During the year GP services has been an area that the general public have raised both concerns and compliments around appointments etc with HWW.

A 50 year female attended the Healthwatch office to raise concerns around the inconsistency of what was being written on her sick notes. HWW contacted the Practice Manager at the GP surgery, the Practice Manager informed HWW this would be rectified and if the lady wished to discuss this issue further she could make an appointment with the GP.



Our governance and decision-making

Our Board

HWW is a registered Community Interest Company (CIC). The HWW Board consists of an Independent Chairperson and eight Directors (recently reduced to four Directors). The Board meets every six weeks on average and provides strategic direction, oversight and scrutiny of HWW activities.

During the course of the year, different venues were identified so that Board meetings would be accessible to members of the public resident in different geographical areas. Board minutes and papers are published on the website and distributed to anyone requesting them.

In addition, Board members serve on a number of committees and represent the organisation at different forums and meetings.

The Board brings together individuals who have a wealth of knowledge of the health and social care landscape and are representative of the diverse communities and neighbourhoods within Wolverhampton.

Skills and experience that exist on the Board include: former manager of acute health services; communication and engagement specialist; public health commissioner; former nurse and health education supervisor; former care home commissioner and a manager of a well-established third sector organisation delivering health care.

The Board and staff team together bring communication in a number of community languages and a total of 175 years of voluntary and community work. The diagrams below provide further information on the make-up of the Board and staff:

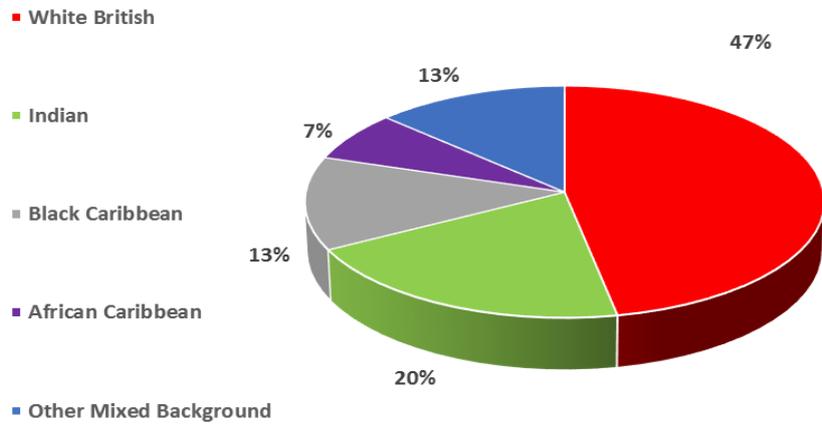
Statistics relating to HWW Staff and Board

Protected Characteristics of HWW Staff and Board	
Number of Directors including Chairperson	9
Number of HWW Staff	6
Total	15
<p>Ethnicity</p> <p>HWW Directors & staff described their ethnicity as follows:</p> <p>White British = 7</p> <p>Black Caribbean = 2</p> <p>African Caribbean = 1</p> <p>Indian =3</p> <p>Mixed = 2</p> <p><u>53%</u> of HWW Directors & staff are of black & minority ethnic origin</p>	
<p>Gender</p> <p>Male = 7 Female = 8</p>	<p>Age</p> <p>16-24 = 1 25-44 = 2 45-59 = 6 60-74= 6</p>
<p>Disability</p> <p>Disabled = 2 Not disabled = 12 Prefer not to say = 1</p>	
<p>Religion</p> <p>Christian= 4 Sikh= 3 Church of England= 3 Agnostic = 2 Prefer not to say = 1</p> <p>No religion = 2</p>	

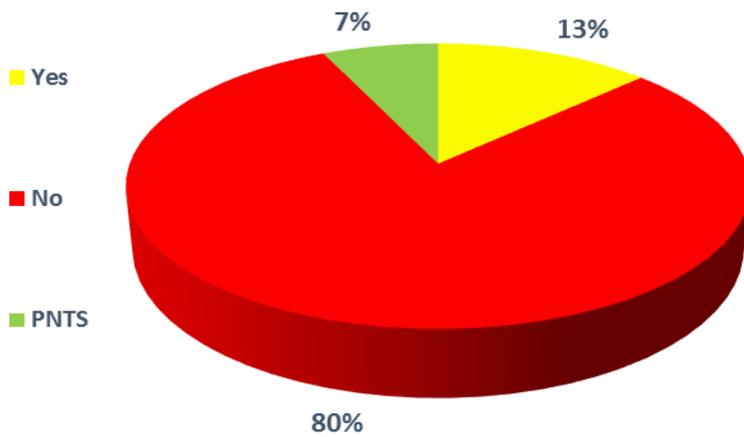
Local Knowledge and Experience	Total (Years)	Average (Years)
Resident in Wolverhampton (WV postcodes)	450	35
Work with the City’s Voluntary and Community Organisations	180	14
Work within the City’s Health and Social Care Sectors	175	14
Partnership work with the City Council	150	12
Languages Spoken		
European English =15 German = 1 French = 2 Spanish = 1		
Asian Punjabi =3 Hindi=2 Cantonese= 1	Middle Eastern Arabic=1	
Other British Sign Language (BSL) = 1		



% Ethnicity Breakdown



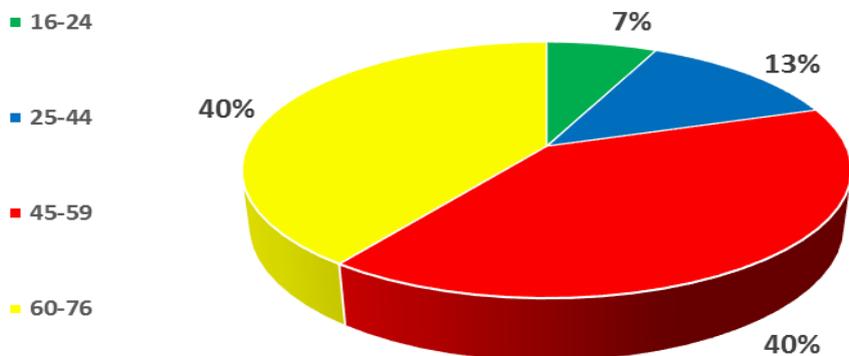
% Disability



The details of each HWW Board member can be seen

in the table below:

% Age



A table of information relating to HWW's Board members

Board Member	Role	Interest/Representation	Tenure
Arko Sen	<ul style="list-style-type: none"> Chairperson 	<ul style="list-style-type: none"> Health & Wellbeing Board RWT Board WCCG Governing Board 	Appointed October 2015
Maxine Bygrave	<ul style="list-style-type: none"> HR & Remuneration Committee Finance Committee 		Resigned as Chairperson July 2015 and Director January 2016
Sandra Jones	<ul style="list-style-type: none"> Vice Chairperson Chairperson Enter & View Committee Finance Committee 	<ul style="list-style-type: none"> Safeguarding Adults Board Adult Social Care 	Resigned as Director January 2016
Angela Aitken	<ul style="list-style-type: none"> HR & Remuneration Committee 		Resigned as Director January 2016
David Hellyar	<ul style="list-style-type: none"> Chairperson HR & Remuneration Committee Chairperson Marketing & PR Committee 	<ul style="list-style-type: none"> Health Scrutiny Panel Primary Care 	
Jean Hancox	<ul style="list-style-type: none"> HR & Remuneration Committee Enter & View Committee Marketing & PR Committee 	<ul style="list-style-type: none"> Health Scrutiny Panel Urgent Care Forum Secondary Care 	
Ralph Oakley	<ul style="list-style-type: none"> Enter & View Committee Marketing & PR Committee 	<ul style="list-style-type: none"> Health Scrutiny Panel 	
Madhun (Navin) Foolchand	<ul style="list-style-type: none"> Enter & View Committee 	<ul style="list-style-type: none"> Mental Health 	
Sutinder Herian	<ul style="list-style-type: none"> Chairperson Finance Committee 	<ul style="list-style-type: none"> Maternity Services Liaison Committee Public Health 	Resigned as Director January 2016

A list of our authorised Enter and View representatives

Maxine Bygrave	Sandra Jones
Beverley Davis	Rasham Gill
Sam Hicks	Tracy Cresswell
Imogene Brown	Sonia Beckett
Lynne Allen	Ineke Leech
Kirpal Bilkhu	Sheila Gill
Marla Vickers	Kiren Bains
Raj Sandhu	Harjinder Mangat
Navin Foolchand	Dana Tooby
Shooky Devi	Donald McIntosh
Sutinder Herian	Ralph Oakley
David Hellyar	Jean Hancox

How we involve lay people and volunteers

Champions and volunteers play an important role in supporting the work of HWW. All Board members are volunteers and they support HWW in gathering experiences of health and social care and its Enter & View programme. Champions will also represent HWW where commissioners and providers are considering service re-design.

At the end of the year, the following number of people were engaged with Healthwatch:

- 20 Champions

- 30 Volunteers
- 43 Supporters

Organisational Structure

Operational matters are dealt with by the staff under the guidance of the HWW’s Chief Officer. The HWW structure can be seen in the diagram below:





Financial information

INCOME	£
Funding received from the local authority to deliver local Healthwatch statutory activities	195,000
Additional income	4,850
Total income	199,850

EXPENDITURE	
Office costs	
Staffing costs	
Direct delivery costs	
Total expenditure	
Balance brought forward	

This information is currently awaited from the previous provider pending finalisation of accounts.



Contact us

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We will be making this annual report publicly available by publishing it on our website and circulating it to Healthwatch England, CQC, NHS England, Clinical Commissioning Groups, Overview and Scrutiny Committees, 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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