

Championing what matters to you

Healthwatch Wolverhampton
Annual Report 2021-22



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Message from our Chair

The staff and volunteers have continued to ensure that the voices of the residents of Wolverhampton have been heard and their experiences shared within strategic meetings.

There has been uncertainty around GP's, especially when the public were informed that they were open, however the number of concerns raised with Healthwatch did not reflect this. This resulted in Health Scrutiny requesting that Healthwatch carry out a piece of work around access. This was completed and the results were shared with the Clinical Directors of the Primary Care Networks, staff within the CCG (Clinical Commissioning Group) and a report presented and well received at Health Scrutiny in December.

Staff and volunteers carried out observations within the Emergency Department at the hospital at the request of the deputy chief nurse.

Enter and View plans were put into place to commence and then with a new variant this was stopped.

This year has been a challenge once again, both with the pandemic but also with the re-tender of the contract and uncertainty for the staff. All the staff found new positions and decided not to transfer over to the new organisation. The majority of the HAB chose not to transfer over to the new organisation but wish the new board all the best continuing the great work Healthwatch have done over the last 6 years.

I have enjoyed being part of Healthwatch over the years and want to personally thank all the HAB, volunteers and staff who have ensured that the voices of the public of Wolverhampton have been heard throughout.



Rose Urkovskis
Healthwatch Wolverhampton Chair

“The COVID-19 pandemic has thrown long-standing health inequalities into stark relief. With NHS and social care facing even longer backlogs, the unequal outcomes exposed by the pandemic are at risk of becoming worse. Local Healthwatch play an important role in helping to overcome these adversities and are uniquely placed to make a positive difference in their communities.”

Sir Robert Francis QC, Chair of Healthwatch England

Message from our Manager



After 6 years of delivering the Healthwatch Wolverhampton contract it is with extreme disappointment and sadness that we end the year with the announcement that Engaging Communities Solutions CIC will no longer be delivering Healthwatch Wolverhampton.

I want to take this opportunity to say a huge thank you to all our wonderful volunteers, partners, supporters, members, stakeholders, local community groups and residents of Wolverhampton, our Healthwatch Advisory Board and our wonderful staff who have delivered the service since 2016 and made it a high achieving and impactful Healthwatch.

Together, we have had a hugely positive impact over the last 6 years throughout Wolverhampton. This makes it even more difficult to say goodbye as we sadly lost our contract to deliver Healthwatch from 1 April 2022 as the contract was awarded to a new provider called Evolving Communities, based in Wiltshire, who deliver local Healthwatch in the South of England.

With the uncertainty of the contract changes, all staff have found new positions and decided not to transfer over to Evolving Communities, therefore a new team will be put into place. The service will continue to deliver the same key functions and we hope people continue to share their views with Healthwatch so they can get their voices heard and bring about positive change.

I am proud of the work the team, and volunteers managed to achieve over the last 12 months, in particular giving the care home staff a voice on how the pandemic had affected them and their residents, getting back out into the community and listening to the public and highlighting the issues around GP access.

The year ahead brings some uncertainties and challenges with the introduction of the new Health & Care Bill 2021-2022, the demise of Clinical Commissioning Groups and the establishment and implementation of Integrated Care Systems nationally. We hope that people will continue to work with the new provider of Healthwatch Wolverhampton and continue to share their views to ensure the great work ECS started will be continued.

Tracy Cresswell Healthwatch Wolverhampton Manager



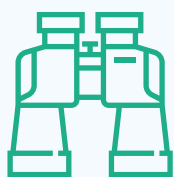
“I am proud of the work the staff team, and volunteers managed to achieve over the last 12 months, in particular giving the care home staff a voice on how the pandemic had affected them and their residents, getting back out into the community and listening to the public and highlighting the issues around GP access.”

Tracy Cresswell , Manager of Healthwatch Wolverhampton

About us

Your health and social care champion

Healthwatch **Wolverhampton** is your local health and social care champion. From **Blakenhall** to **Bilston** and everywhere in between, we make sure NHS leaders and other decision makers hear your voice and use your feedback to improve care. We can also help you to find reliable and trustworthy information and advice.



Our vision

A world where we can all get the health and care we need.



Our mission

To make sure people's experiences help make health and care better.



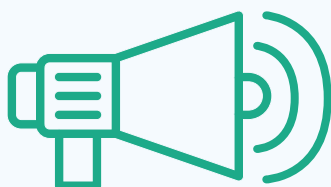
Our values

- Listening to people and making sure their voices are heard.
- Including everyone in the conversation – especially those who don't always have their voice heard.
- Analysing different people's experiences to learn how to improve care.
- Acting on feedback and driving change.
- Partnering with care providers, Government, and the voluntary sector – serving as the public's independent advocate.

Our year in review

Find out how we have engaged and supported people.

Reaching out



3654 people

shared their experiences of health and social care services with us, helping to raise awareness of issues and improve care.

125 people were signposted

26,169 people visited our website

48,693 people were reached across social media

Making a difference to care



We completed

4 reports

our report of GP Access highlighted the struggles people were having accessing GP Surgeries and appointments.

Health and care that works for you



We had **39** outstanding volunteers, including young volunteers who gave up **their time** to make care better for our community.

We're funded by our local authority. In 2021-22 we received

£194,289

which is **same** as the previous year.

We had **5 staff** at the beginning of the year who helped us carry out this work.

How we've made a difference throughout the year

These are the biggest projects we worked on from April 2021 to March 2022.

Spring



From running advice lines to delivering medication, our volunteers helped combat COVID-19.



We quickly alerted regulators about care homes using 'Do not attempt to resuscitate' forms without consent.

Summer



With online appointments becoming the norm, our top tips helped professionals and patients get the most out of digital appointments.



We supported the #BecauseWeAllCare campaign which saw 54,000 people come forward to tell us about issues they faced with services.

Autumn



Teaming up with the British Red Cross, we called for improvements to make leaving hospital safer during the pandemic.



We urged the Government to act after reporting a 452% increase in people struggling to see an NHS dentist.

Winter



When people struggled to see their GP face-to-face we asked the NHS to confirm this right for all patients, resulting in updated guidance to practices.



To support the COVID-19 vaccination programme we talked to different communities to understand their hesitancy towards the vaccine and published guidance to improve trust.

Feedback from our priorities from 2021/2022

Mental Health

This project was chosen by the general public and was carried out using a mixture of ways to collect feedback from the public around their mental health. We used a survey as we wanted to reach a wide cohort of people and focus groups were carried out with 2 different community groups, these included Starfish - who is a mental health support group and LGBTQ+ as they identified that the mental health of this community had been affected from Covid. 40 participants completed the survey, and 17 participants took part in the focus groups. Even though the numbers were small that took part, their experience was important to capture. Over three quarters of the survey respondents considered themselves as having a mental health condition and this has been impacted by the pandemic. Individuals shared that once they had been referred into the services by their GP, the wait was long with some expressing they felt they had been forgotten in the process as there was no communication to them to update on the waiting times.

However, there was a consensus that participants were aware of the pressures that were being put onto the Health and Care services.

Recommendations that came from the report

1. Support is offered to those who are feeling more isolated.
2. Support is considered for those waiting for a considerable amount of time to be seen by mental health services.
3. Face to face appointments recommence where possible and patients are involved in the process.
4. Support is available for those in a crisis.
5. GP's have a better understanding of mental health.
6. Consideration is given to working with organizations such as Healthwatch with welfare calls etc.
7. Improve communication and information that is given to patients.
8. Improve communication to patients who are discharged.
9. Improve waiting times.
10. Staff to revisit training on customer relations.
11. More awareness to be made about other mental health support groups for example, Recovery college, Starfish and Sanctuary Café.



Digital Exclusion

This project was chosen by the public. During the pandemic with everything moving to digital access as it identified a divide for those that can use digital and those that cannot. Surveys were carried out with 32 being completed at local groups and at various outreach events across the city. Four focus groups with 34 participants taking part were carried out with groups including people receiving mental health support, parents with children with additional needs, people who are D/deaf or hearing impaired and people with whom English is not their first language.

The report was divided into sections such as access, barriers, support, preferred appointment methods.

Access / barriers

It was identified through the project that individuals did not have access to a digital device or internet connection. Some of the individuals only used their phones to make and receive calls only. Members of the D/deaf community expressed that using small devices made it difficult to lip read or to see the interpreter on the same screen.

There were a number that expressed that they had the devices and technology but didn't want to use them to access health and social care services.

Support

Participants expressed that they would benefit from free training and internet access as this would enable them to use digital devices.

The overall response to appointments were that they preferred to have them face to face.

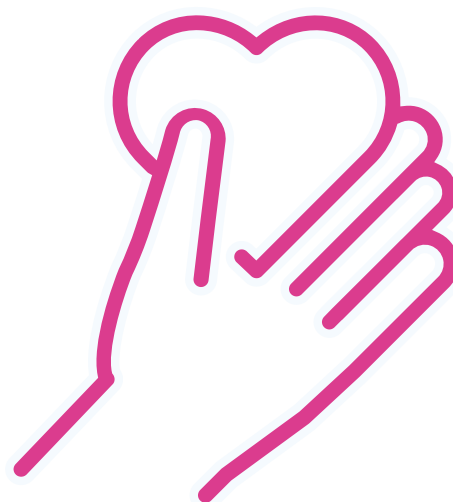
Recommendations that came from the report

It is made clear how people can access services ensuring that there are a range of methods that are suitable to meet different needs.

Training and support is made available for everyone including those that are harder to reach.

Interpreter services should be available for those using both face to face and digital platforms.

Websites should have information in both community languages and BSL to ensure information is accessible to all.



Black Country Collaborative Young Person Mental Health

Throughout the pandemic, Mental Health in young people has exacerbated due to minimal socialising with the lock down, not attending education and having to support relatives. It was agreed that Black Country Healthwatch would carry out a collaborative project around transition from children services to adult services. There was a mixture of ways that was used to collect feedback, we carried out six focus groups with twenty-seven participants and seventeen interviews, fifty-nine responded to the survey.

Most of the respondents wanted to be able to self-refer themselves into the service as it takes a while to be referred by a GP. Once referred the length they had to wait to be seen varied from a short number being seen within 4 weeks and over half of the people having to wait over 6 months for their first appointment.

For those that had gone through transition had shared that it had been a long road. Barriers were identified as communication and strict criteria from moving from children services to adult services.

It has been recognised that plans were already underway to join up service provision across the Black Country, however the following recommendations were suggested:

Consider more continuity with the staff that children / young people see.

Consider providing a care-coordinator that covers both health and social care.

Improve communication and awareness around CAMHs.

Consider more training in adult services around the conditions that children are diagnosed with.

Build opportunities into new systems to continually listen to children, young people and families to learn from their experiences and co-produce services in ways that are meaningful to them including age-appropriate activities.

You can access the full report on:

<https://www.healthwatchesandwell.co.uk/wp-content/uploads/2022/06/Black-Country-Childrens-Mental-Health-report-2022-Final-2.pdf>



Patient experience and signposting

Throughout the year, the main concerns that have been raised with Healthwatch Wolverhampton have been around access to GP appointments, dental access, communication, home visits and the hospital. Below are just a few of the experiences that we had received.



Patient struggling to get insulin

Healthwatch were contacted by an individual who had been struggling to get insulin for their partner, the individual had requested an additional 2 boxes as this had been previously agreed by the GP during a face-to-face appointment. However, when this request was made by the pharmacist to the practice the request was declined.

Healthwatch contacted the practice with the individuals consent and spoke to a receptionist who insisted that the individual had got 1 box left with the pharmacy, however this was not the case, but the receptionist was uncooperative and unsympathetic to the patients needs. Healthwatch asked if the receptionist could make an appointment for the individual so this could be resolved, however this was declined.

Healthwatch contacted the pharmacy to ascertain the dates on which the insulin had been dispensed, they then contacted the GP practice and spoke with a different receptionist who sorted this out for the individual with a prescription being sent over to the pharmacy. The individual was grateful for the support that Healthwatch had given them as they struggled with the situation due to having other health conditions.



Patient struggling to find an NHS Dentist

Healthwatch were contacted by an individual who was trying to find an NHS dentist for a family member who needed to get their dentures fixed as they were cracked and struggling to eat. The individual had tried to find an NHS dentist who could do a home visit but they were unsuccessful.

Healthwatch contacted several local dentists and only one they contacted were able to support the individual. Healthwatch contacted the individual with the name and contact details of the dentist.

The family member contacted Healthwatch with the following message:-



"I just wanted to say thank you so much for all your help we really do appreciate the time you took to find the details for us. I had been sent around in circles before coming to you for weeks, so to have you be so kind and determined was a breath of fresh air!"



Patient struggling to get a home visit

Healthwatch were contacted by a member of the Social Care team, who were concerned about the health of one of their elderly service users whom they found on the floor when they visited to deliver their meals. The team had contacted the GP to request a home visit which was declined, and a telephone appointment was offered, however this never happened, and the patient's health deteriorated.

Healthwatch contacted the GP practice and expressed the concern about the patient, the GP practice prescribed some antibiotics and made a referral for District Nurses to visit the patient, however the District Nurses were unable to visit due to staff shortness, the social care team had no choice but to call an ambulance to visit the patient as they were extremely worried. The GP was informed and arranged to see the patient in their home and the ambulance was cancelled.



Patient struggling to access GP surgery

Healthwatch were contacted by a patient who had informed us that they were experiencing difficulties when trying to contact their GP surgery. The patient informed Healthwatch that when they called the surgery they are put into a queue, once they moved along to caller number 2 in line, the phone went dead, this happened on numerous occasions which led to the patient having to seek medical advice from NHS 111.

Healthwatch contacted the practice manager of the surgery via email and advised them of the situation with the phones and asked if they were aware the practice manager responded and thanked Healthwatch for alerting them as they were not aware but would send an urgent message to the phone company to have the issue sorted. The practice manager asked if they could have the patients details so they could call and apologise, however this was declined by the patient as they wished to remain anonymous.

Healthwatch contacted the surgery a week later to check the phone lines and they were working fine.

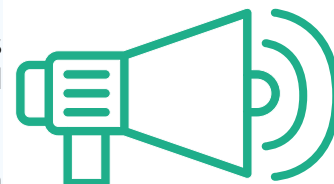
Communication between the GP Practice and patient

Healthwatch were contacted by a patient who had been having ongoing problems communicating with their GP. There was a lot of frustration between the GP and the patient regarding the patients' current medication.

The medication the patient was previously taking is currently out of stock which means the patient is having to try a new kind of medication until the previous one is available. The patient and the GP had some disagreements as to how the new medication was making the patient feel, the patient felt the GP was not listening to them. The patient had requested to leave the surgery and join a new one but wasn't sure if this is something they could do.

The patient advised Healthwatch of which practice they would like to register with, Healthwatch liaised with this GP practice ensuring a smooth transition and the patient had no further worries.

The patient thanked Healthwatch and informed them that they were happy and settled at the new practice and had received no further issues around their medication.



No hospital follow up

During outreach Healthwatch were carrying out, a member of the public approached them and shared that they had not been contacted by the hospital since January for a follow up after being discharged and had been poorly in intensive care.

With the individuals consent Healthwatch contacted the hospital and explained to them the issue that the patient had explained to Healthwatch. The patient contacted Healthwatch a few weeks later to say that the hospital had contacted them with an appointment, the individual said that they were glad they had stopped to speak to Healthwatch and to thank us for our intervention and support.

Three ways we have made a difference for the community

Throughout our work we gather information about health inequalities by speaking to people whose experiences aren't often heard.



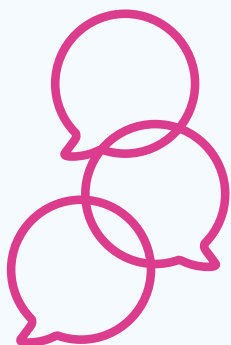
Not registered at their GP

Healthwatch had been contacted by a patient who had tried to make an appointment at their GP surgery but was told they were no longer registered at the practice. The patient was very confused as they don't recall ever leaving the practice but needed to see a GP, so they tried to register at another practice within the same building.

The patient was informed that they needed a valid photo ID to register at their surgery. Following this the patient called Healthwatch and asked for support on how to register with a GP surgery if they had no passport or driving license.

Healthwatch contacted their current surgery and asked why the patient had been removed and they said the patient was now 'inactive' on the system, looking further into it the receptionist saw a note on the system saying, 'removal for a new health authority'. The receptionist then confirmed the patient's address – which was not their current address, it was their previous address. There seemed to have been a mix up somewhere.

Healthwatch advised the surgery of the patient's current address and asked if they could register with them still and were advised the patient can pop in and 'reregister' Healthwatch also queried the photo ID request and was told – no one needs photo ID to register at a surgery. The patient was updated and thanked Healthwatch for their support.



Negative experience with West Midlands Ambulance Service and Crisis Team

A patient was signposted to Healthwatch Wolverhampton by Jane Stevenson MP. The patient had received a negative experience with the ambulance team and crisis team. Following the incident, the patient was under a lot of stress and had multiple mental health concerns, including feeling low and unable to participate in everyday life.

Healthwatch had been in contact with the patient and offered support by regular telephone calls and emails. Healthwatch signposted the individual to several mental health support groups in Wolverhampton and the individual joined a cooking group. The patient had also joined other groups and has said they were feeling motivated after being in contact with staff at Healthwatch and thanked them for their support.



COVID vaccine for housebound residents

Healthwatch were contacted by family members to ask how their relatives who are housebound could receive their COVID vaccine booster, as they had received letters / texts inviting them for their booster. However, the surgeries were currently unable to do home visits as the booster 'doesn't travel well'. Healthwatch contacted GP surgeries from each Primary Care Network (PCN) and they were informed that the nurses were aiming to administer the booster whilst they were doing home visits giving flu vaccines. Each surgery had a list of their house bound patients and were working their way through the lists.

Advice and information

If you feel lost and don't know where to turn, Healthwatch is here for you. In times of worry or stress, we can provide confidential support and free information to help you understand your options and get the help you need. Whether it's finding an NHS dentist, how to make a complaint or choosing a good care home for a loved one – you can count on us.

This year we helped people by:

- Providing up to date information on COVID-19
- Linking people to reliable information they could trust
- Supporting the COVID-19 vaccination and booster programme
- Helping people to access the services they need





Signposting people who needed additional support

Healthwatch HWW had been receiving calls and messages about advice on where people can access the vaccine - everyone had been signposted to the correct place. HWW had been answering queries around PCR testing and lateral flow testing using information from reliable sources to advise people.

Healthwatch were contacted by the partner of a patient who had recently been admitted to the dementia ward at New Cross hospital and was unhappy about their treatment and care. The partner was very distressed and upset, Healthwatch listened to the individual and let them share their experience and concerns. After spending some time going over what happened it was clear this was a complaint. Healthwatch signposted the individual to the Wolverhampton Health Advocacy Service (WHACS) who provide advocacy support for people who want to make an NHS complaint, and the individual received suitable advocacy support to help them through their difficult time.

A patient called Healthwatch who had attended an appointment at their surgery for a Vitamin B injection. On arrival they were given an injection and asked to 'roll up their other sleeve. The patient enquired why to be told 'I am giving you your Vitamin B now' the previous injection was the flu vaccine. The patient had not given permission for this and did not want the flu vaccine as it had previously made them unwell. The patient informed the surgery of what had happened, and they were told by the nurse the patient was told what vaccine they were having - the patient said this was untrue. The patient was signposted to Wolverhampton Health Advocacy Service (WHACS) who provide advocacy support for people who want to make an NHS complaint, and the individual received suitable advocacy support to help them through their difficult time

Healthwatch were contacted by a tenant of Wolverhampton Homes who is trying to complain about their landlord. The tenant felt that they were discriminated against because of their ethnic background and disability. The tenant had tried to make a complaint directly to the housing provider but had been unsuccessful. The tenant had also tried other avenues to complain including Citizen Advice Bureau but felt no one was listening to them. They called Healthwatch for advice and support with complaining to their local MP. Healthwatch sought the name of the local MP for the individual's area and passed this information onto the individual.

Healthwatch signposted several individuals who were wanting to find new GP's in their local area.

Observation in Emergency Department (ED)

A Healthwatch Advisory Board member was sharing with the Deputy Chief Nurse around the experience their daughter had received whilst going to ED. The deputy chief nurse expressed that they had missed that Healthwatch had not been able to carry out any visits within the hospital due to the restrictions of COVID, which they had found valuable. Healthwatch suggested that they could carry out observations within ED and feedback to the department. This was agreed and was led by Healthwatch HAB member and dates were shared with the hospital.

Observations were carried out at the beginning of December, however a few days prior to the observations taking place the hospital had contacted Healthwatch to ask them to reduce the number of people and time they were in the department due to the new variant. Healthwatch were happy to reduce the numbers and times they were in the department. Healthwatch volunteers and staff carried out observations within the Emergency Department waiting room and Urgent Care Treatment Centre. They observed Calling of patients, waiting times, receptionists, cleaning, security, carers / family members, numbers of patients in the waiting area and adherence to COVID 19 Measures.

It was identified on the first day that Healthwatch were in attendance that the cleaning of the department was not being carried out thoroughly. Observers witnessed only half of the waiting room being cleaned and debris left in the department from the day before and especially as Healthwatch had been asked to reduce the numbers and time they were in the department due to the new variant, we would have expected there to be more cleaning taking place.

Healthwatch immediately contacted the patient experience team and reported this. The housekeeping team acted on this, and the department was cleaned thoroughly in the afternoon. This continued throughout the week that Healthwatch were in attendance.



GP Access

Healthwatch raised the experiences that they were receiving around access with the CCG (Clinical Commissioning Group), the Governing Body, Integrated Care partnership meetings etc. Healthwatch were invited to attend the weekly primary care meetings that were held by the CCG to give regular updates, this included the information that people shared on social media.

Healthwatch were asked by the chair of Health Scrutiny to carry out a piece of work contacting all the GP practices including their branches around access. Healthwatch staff and volunteers contacted all 56 GP practices between 15 and 26 November.

They covered how long they were waiting on the phone, face to face / telephone consultations / signposting to other services and if the practices doors are open as they had been pre-covid. It was reported that there were different variances across the city and even within Primary Care Networks (PCN's).

The length of time that Healthwatch were on the phone varied across all the practices with some being answered within less than a minute to the longest being over 45 minutes and the call not being answered. This was shared with the Clinical Leads for the PCN who were going to liaise with the individual practices.

There were differentials in patients being signposted to other services if no appointments were available.

Healthwatch included several recommendations to be considered by the Primary Care Networks (PCN's), they included

There were some good practices within in some of the PCN's and Healthwatch understand that each practice are individual businesses, however they would recommend that this is shared across the practices within the PCN for consistency and continuity for the patients.

The messages that were left on the telephone systems were informative, however some were very long and there was no evidence of different options for patients with language barriers or D/deaf to access these messages.

More communication needs to be shared with patients around the different times they can contact the practice for urgent and non-urgent appointments available.

Some PCN's were good at signposting to other services, however the choice of where they were signposting needs to expand to other services such as pharmacists, as this was not evident from the conversations that Healthwatch had with the staff within the practices.

The report was well received by Health Scrutiny in December and Healthwatch were asked to repeat the process and deliver a comparison report to an Extra Health Scrutiny meeting that will be held in March.



Volunteers

We're supported by a team of amazing volunteers who are the heart of Healthwatch. Thanks to their efforts in the community, we're able to understand what is working and what needs improving in NHS and social care.

This year our volunteers:

- Helped people have their say from home, carrying out surveys over the telephone and online.
- Created digital content on our website and social media.
- Carried out website and telephone reviews for local services on the information they provide and assessing their accessibility.
- Assisted as part of 'Readers' Panels' - checking local services' publications to make them more people focussed and easier to read.
- Continued to help with the local volunteering efforts supporting those who were self-isolating.





Volunteers

Healthwatch have continued to receive applications from volunteers, and interviews and inductions have taken place virtually.

During volunteer week Healthwatch engaged with their volunteers who shared their experiences of volunteering. As a thank you Healthwatch hand delivered each volunteer a box of chocolates and a personal thank you card.

During Christmas all the volunteers received a Christmas card and a 2022 diary. One of the volunteers was overwhelmed with the gift and sent the below message:

“Thank you so much for such an amazing gift! I can't begin to explain what an amazing prezzie it is - its' such a brilliantly organised diary. It's got enough space to write everything. I really wasn't expecting anything, so such a lovely surprise has really made my day! Your team does a lot, your research is amazing for other groups out there too and I don't think you get the appreciation you deserve”

Volunteers have played a huge part in supporting Healthwatch throughout the year by attending outreach events within the city and carrying out observations within the hospital, supporting the telephone calls that were made to the GP practices around access and contacting dental practices around availability of appointments for NHS patients.

One of our young volunteers shared the following quote with us *“This quote plays a major part within my life as I believe many voices get unheard. By making small differences, giving back to the community and devoting time to help and support others brings happiness to myself. I am grateful to have attended the volunteering event as I was able to educate and promote the strengths of our agency and recruit other passionate members who want to make a difference”.*



Enter and View

Enter and view visits have been paused due to the pandemic and new variances arising throughout the year. However, Healthwatch had ensured that their Authorised Representatives were upto date with their training, DBS, paperwork and ensuring that they had received their COVID vaccinations as this had been a requirement when going into Care homes.

Plans had been put in place to commence the visits in January, however due to the new Omicron variant this never happened.

Finance and future priorities

To help us carry out our work we receive funding from our local authority under the Health and Social Care Act 2012.

Income		Expenditure	
Funding received from local authority	£194,289	Staff costs	£159,124
Additional funding	£3,600	Operational costs	£17,240
Balance b/f form 2020/21	£18,939	Support and administration	£34,876
Total income	£216,828	Total expenditure	£211,239

Top Two priorities for 2022-23

As Engaging Communities Solutions CIC no longer hold the contract for Healthwatch Wolverhampton the priorities have been decided by Evolving Communities CIC as the new contract holder. They have chosen

1. Patient Transport
2. GP Access

Statutory statements

About us

Healthwatch England, 2 Redman Place, Stratford, E20 1JQ

Engaging Communities Solutions CIC (ECS) - Blakenall Village Centre, 79 Thames Road, Walsall, WS3 1LZ

Healthwatch Wolverhampton uses the Healthwatch Trademark when undertaking our statutory activities as covered by the licence agreement.



The way we work

Involvement of volunteers and lay people in our governance and decision-making.

There were 8 board members, we held 4 meetings throughout the year, and made decisions on matters such as carrying out a commissioned piece of work on working with care home staff to understand the effects that covid had on them and their residents, giving them a voice. It was agreed that one member of the HAB would work with the staff and sign off the Enter and View visits.

We ensure wider public involvement in deciding our work priorities.

Methods and systems used across the year's work to obtain people's views and experience.

We use a wide range of approaches to ensure that as many people as possible have the opportunity to provide us with insight about their experience of health and care services. During 2020/21 we have been available by phone, by email, provided a webform on our website, provided a feedback centre/rate and review system, attended virtual meetings of community groups and forums, provided our own virtual activities and engaged with the public through social media.

We are committed to taking additional steps to ensure we obtain the views of people from diverse backgrounds who are often not heard by health and care decision makers. This year we have done this by, for example, **we have worked with LGBTQ+ and homeless organisations.**

The report will be published.

We ensure that this annual report is made available to as many members of the public and partner organisations as possible.

Responses to recommendations and requests

This year, due to the COVID-19 pandemic, we did not make use of our Enter and View powers. Consequently, no recommendations or other actions resulted from this area of activity.

There were no issues or recommendations escalated by our Healthwatch to Healthwatch England Committee and so no resulting special reviews or investigations.



healthwatch
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