

Annual Report 2016/17

healthwatch
Sheffield



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Message from our Chair



By Judy Robinson

Chair, Healthwatch Sheffield

The 2016/17 Annual Report shows how Sheffield Healthwatch has represented the voices of citizens and communities to health and social care systems in imaginative and persistent ways.

The digital Rate and Review feedback system provides a quick way to report experiences of health and social care services. We used the findings to inform our work, such as reviewing specific provision via the 'Enter and View' process.

We work with the media to get our message across and have been pleased to provide regular articles for the Sheffield Telegraph as well as appearing on local radio to tell people about Healthwatch.

Healthwatch is a collaborative effort: we work with voluntary, community and faith (VCF) organisations to have better two-way communications. Their eyes and ears enable us to hear about different experiences of health and develop our evidence base. Our Health and Social Care VCF Forum launched during the year and is

becoming a place where this two-way conversation can happen effectively.

We are pleased to have enthusiastic representatives on key committees and boards. Our representatives work hard to reflect people's experiences and find solutions to the problems faced by health and social care systems. Healthwatch Sheffield's involvement with the Test Bed project is a good example of this collaboration. We have brought patients together, to collate their expertise and feed it back to medical staff so that people and patients really are at the centre of this project.

There have been significant changes in the provision of health and social care over the past year. We are pleased to have worked closely with Sheffield City Council on care at home, bringing in people's experiences to inform decisions. We have also worked with other Healthwatches in the region to enable citizens to contribute their thoughts on the Sustainability and Transformation Plan.

I would like to thank all our volunteers, supporters, the Healthwatch Advisory Board and the staff. They are all persistent advocates for the patients and communities of Sheffield. I would also like to pay special tribute to the hard work and dedication of our colleagues who have moved on during the year - thank you.

J.A. ROBINSON

National award



We were delighted to receive a national award from Healthwatch England for our work with the Care Quality Commission (CQC).

The 'Highly Commended' award was presented to Carrie McKenzie, Manager of Policy & Engagement (left) and Vicky Cooper, Manager of Research & Evidence, at the annual Healthwatch conference.

Healthwatch England singled Sheffield out for our fantastic relationship with local CQC inspectors. They particularly highlighted how we had informed the CQC when we identified a serious fire hazard at a local care home. Through working together, this was dealt with the same day.

This is just one of the many examples of how the voices of local people are heard at a local and national level through our work on a day to day basis, giving the people of Sheffield confidence that the services they use are being closely monitored.





Highlights from our year



Gathering feedback

We established our website with its online rate and review function. In one year, we gathered more than 1100 pieces of feedback on local services.



Meeting people

We have met and talked with more than 3,800 local people at community events, meetings and festivals across the city.



Publishing reports

Our reports have tackled issues ranging from care at home to access to dental services for people with a disability.



Researching issues

We gathered detailed views from 434 people when looking at care provided before, during and after a mental health crisis.

1. Overview of Healthwatch Sheffield

Who we are

Healthwatch Sheffield is the independent consumer watchdog for local health and social care services. We are here to help adults, children and young people influence and improve how services are designed and run.

We know that people want services that are good quality, safe and accessible. However, we also know that there are individual elements of care that make a big difference too, such as being informed and involved in decision making.

Healthwatch Sheffield plays an important role in gathering views and experiences, and making them accessible to people running services so that they can act on what matters most to the local population.

We are part of a network of local Healthwatch across 152 local authority areas. We work with them, and the national body, Healthwatch England, to contribute our learning to the bigger picture and the concerns that need to be addressed at a national level.

We help people by:

- Gathering views from local people and communities about their experiences of health and social care in the city. We use these to influence change, challenge poor practice and support improvements.
- Using a wide range of networks and activities so that everybody in Sheffield can get involved and have their voices heard.
- Working in partnership with statutory health and social care providers, commissioners and the voluntary, community and faith sector, to strengthen our influence and make the best use of resources.
- Making sure that Sheffield residents have the chance to contribute, and are listened to, when services changes are planned.
- Providing information and advice about local services.





How Healthwatch Sheffield works

Local Healthwatches are commissioned directly by local authorities and delivered independently, but are hosted by a range of organisations.

Sheffield Healthwatch is hosted by Voluntary Action Sheffield, giving us access to a wide network of voluntary, community and faith sector groups. This means we can make the most of the many networks and partnerships that already exist in the city.

Sheffield has a strong history of partnership working within and across sectors, and we continue to build on this.

Healthwatch Sheffield ensures that people's voices are heard within the formal structures that are responsible for health and social care in Sheffield. These include:

- Sheffield Health and Wellbeing Board
- NHS Sheffield Clinical Commissioning Group
- Sheffield City Council
- Sheffield Children's NHS Foundation Trust
- Sheffield Health and Social Care NHS Foundation Trust
- Sheffield Teaching Hospitals NHS Foundation Trust

As well as other organisations providing publicly funded health and social care services.

We also work closely with VoiceAbility, who provide NHS Complaints Advocacy and Care Act Advocacy through the Sheffield Advocacy Hub. This year we continued to work with a wide range of voluntary, community and faith sector groups. We have worked more closely with particular local organisations to increase our understanding of specific areas of health and social care. These included:

- Disability Sheffield
- Rethink
- Sheffield Carers Centre
- Sheffield MIND
- Sheffield Mencap and Gateway
- Sheffield Lunch Clubs Support Service



What we do

By law, each local Healthwatch organisation has a number of duties and obligations.

Each local Healthwatch organisation, including Healthwatch Sheffield, holds a contract with their local authority, in our case Sheffield City Council, to carry out the following activities:

- 1. Promoting and supporting the involvement of local people** in the commissioning, provision and scrutiny of local care services.
- 2. Enabling local people to monitor the standard of provision** of local care services and whether or how local care services could and ought to be improved.
- 3. Obtaining the views of local people** regarding their needs for, and experiences of, local care services and importantly to make these views known.
- 4. Making reports and recommendations** about how local care services could or ought to be improved. These should be directed to commissioners and providers of care services, and people responsible for managing or scrutinising local care services, and shared with Healthwatch England.
- 5. Providing advice and information** about access to local care services so choices can be made about local care services.
- 6. Formulating views on the standard of provision** and whether and how local care services could and ought to be improved, and to share these with Healthwatch England.
- 7. Making recommendations to Healthwatch England** to advise the Care Quality Commission to conduct special reviews or investigations (or, where the circumstances justify doing so, making such recommendations direct to the CQC); and to make recommendations to Healthwatch England to publish reports about particular issues.
- 8. Providing Healthwatch England with the intelligence** and insight it needs to enable it to perform effectively.



2. Engaging with people



3,853 people

have spoken to us about health and social care

163 events

including fairs, meetings and presentations

59 talks and events

with seldom-heard groups



Raising awareness of Healthwatch

In order to effectively carry out our duties, it's essential that we continue to increase awareness of Healthwatch across Sheffield. This year, we've used a combination of engagement, marketing and communication activities to do this.

Our team attended events, ran stalls, distributed leaflets and posters, wrote newsletters, gave radio interviews and had features published in local newspapers.

Getting out and about

This year we focused a lot of energy into getting out and about into communities. We gathered people's views about local services, and promoted opportunities to get involved with Healthwatch. Going out to meet people has been a critical way for us to reach those who would find it difficult to, or wouldn't wish to attend forums and meetings.

Healthwatch Sheffield Ambassadors and staff have been to many events over the course of this year including the Weston Park Festival and Lowdges Festival. We collaborated with Shine Health Academy and joined its fantastic health bus on a tour of Sheffield's parks. We also had a regular stall in the Moor Market, which was a great way of meeting people.

In total, we attended 163 events, meetings and fairs across the city during the year, talking to thousands of people about our work and gathering their views



and experiences of the services they use. Many of these events were aimed at groups who rarely get involved in such activities.

Rate and Review

The new Healthwatch Sheffield website was launched in March 2016 with an easy to use rate and review feedback centre. The website remains a key way of sharing information about what we do, what's on, what's happening in local health and social care and how to contribute to our activities. Approximately 6000 individuals accessed the site this year and almost 800 people visited the site at least once a month.

Pharmacy and GP visits

The engagement team visited GP surgeries and pharmacies, to introduce the rate and review feedback centre and to talk to staff about our work. Staff were welcoming and receptive to displaying Healthwatch Sheffield promotional materials and encouraging patients and customers to provide feedback.

Newsletter

We produce a quarterly 12-page newsletter (right) that is packed full of news and information about the work of Healthwatch. It provides updates on what is happening with health and social care in Sheffield and nationally as well as information about live consultations and policy developments. It is distributed to those on our mailing list as well as local GPs, councillors and some libraries.

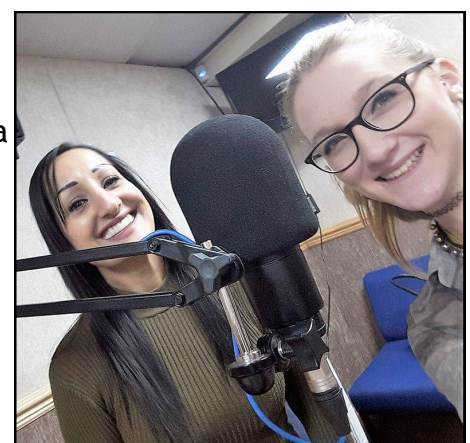
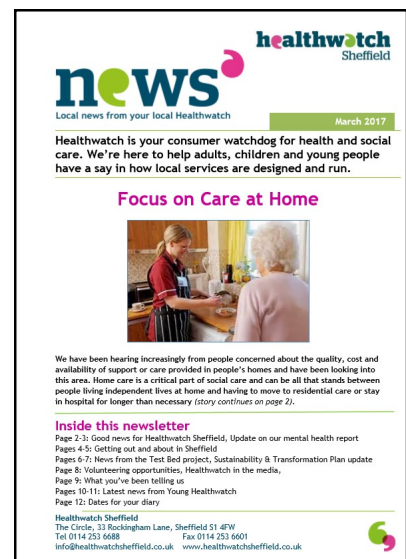
Radio

We have had a number opportunities to reach people through local radio. Judy Robinson, our Chair, took part in Radio Sheffield's regular 'Ask the Expert' slot during a week specifically looking at the NHS in Sheffield. Becky and Shazia (right) from the engagement team took part in phone-ins on health and social care on Link Radio on a number of occasions. We had the opportunity to promote Healthwatch's work on a community radio station in Urdu.

35,720
page views of
our website

1,558
people on our
mailing list

2,797
followers on our
Twitter accounts



Newspaper opinion pieces

We have written a number of well received opinion pieces for Sheffield Telegraph's health page, available in print and online. Topics covered include: getting involved in sharing your views, local mental health services and the care people receive in their own homes. These articles will continue to feature in the new year.

Social media

We are regular contributors to Twitter and Facebook and use them as an extremely valuable way to reach people. Our main Twitter account has more than 2000 followers and our Young Healthwatch account has 700. Similarly we have Facebook accounts for both Healthwatch Sheffield and Young Healthwatch.

Other publications

As well as our own reports and papers, our work has featured in citywide publications including Sheffield City Council's 'Guide to Independent Living' and 'Guide to Residential and Nursing Care'.

Reports and promotional materials are available free of charge. Please contact the team or visit our website to request copies.



Telegraph Health: Why taking a view on services is a vital way of driving up standards in Sheffield



22 September 2010..... Doctor and nurse on ward 17, Gledhow Wing, a female single sex ward at St James's Hospital.

By JUDY ROBINSON, CHAIR, HEALTHWATCH SHEFFIELD



We're your independent consumer watchdog for health and social care.

Tell us what you think about your:

GP, dentist, optician, pharmacy, hospital, home care provider, nursing home...

Tel: (0114) 253 6688

www.healthwatchsheffield.co.uk





Increasing involvement

Healthwatch Sheffield would not be able to cover everything we do without our dedicated team of volunteers.



Our volunteers cover a variety of roles including:

Setting direction

Our Advisory Board is made up of volunteers who share their expertise and help to set the direction and focus of our work. These volunteers include patients, service users, health champions and former clinical professionals.

Attending meetings

Our Healthwatch Representatives attend official meetings and events across the city. They also enable Healthwatch to keep up-to-date with developments happening across Sheffield. During the year, our representatives have attended approximately 30 different boards and partnerships including Board meetings of Sheffield Clinical Commissioning Group (CCG), the Primary Care Commissioning Committee; the Health and Wellbeing Board and the Children and Young People's Scrutiny Board.

Enter and View

We have a number of specifically trained volunteers, Authorised Representatives, who carry out 'Enter and View Visits' to any health and social care services that receive public funding. Our volunteers gather the views of staff service users and their families and to suggest any improvements they consider necessary.

Promoting Healthwatch

We have a number of enthusiastic volunteer Healthwatch Ambassadors, who promote Healthwatch Sheffield and the work we do. They also help with gathering general feedback on services for us to add into our Rate and Review website.

Gathering views

We have a group of Community Researchers who help to gather general views from the public and support us in specific research work.

Healthwatch Sheffield provides full expenses, training and support for all volunteers.

To find out more about volunteering with Healthwatch, please contact us.

Phone: 0114 253 6688 Email: info@healthwatchsheffield.co.uk

3. Gathering views



One of our key aims is to gather the views of local people about the health and social care services that they currently use and how they would like to see these develop in the future.

We work hard to gather views that represent the whole population of Sheffield. It is a very diverse city with some groups more interested in our work and easier to reach than others. We especially try to engage with and gather the views of people in 'seldom-heard groups' whose voice is otherwise unlikely to reach those in a position to deliver change.

Our ability to gather the views of local people has really moved forward with the 'Rate and Review' centre on our website. We recognise that many people are not comfortable in the digital world and much of our feedback is gathered on paper and input later.

In addition to gathering general views on services, we have also carried out targeted work in a number of areas. For example, when we wanted to find out people's views on the care they receive at home, we visited a number of lunch clubs and spoke to people about their experiences. This helps to balance out the views of those who come to us with specific concerns and helps us to gather a broader set of view.



59 events and talks with seldom-heard groups

Reaching Sheffield's minority groups

One of our priorities is to ensure that we give every one in Sheffield the opportunity to make their voice heard. This is especially important for those who have been less able to access those making decisions or delivering services.

To increase our reach, we work with other key voice and influence organisations.

Black, Asian and Minority Ethnic (BAME) communities

We have attended events in BME communities across the city including the Chinese Cancer Awareness Day (right), Somali Men's Health Group, Roshni Elders and a number of refugee and asylum seeker drop-in sessions. Healthwatch information is available in a number of languages including Arabic, Farsi, Slovak, Somali and Urdu. We also held a STP conversation specifically for BME groups.

Children and young people

Children, young people and students can struggle to make their voices heard. Young Healthwatch represents young people aged between 14 and 25. Over the last year, it has completed much outreach work. As part of this, our Children & Young People's Engagement Worker attended fresher and refresher fairs in the local universities and has also been working in a local secondary school.

Older people

We sought out the views of older people through visiting local groups, such as dementia cafés and Age UK's memory café. To inform our report into care provided in people's homes, we visited a number of lunch clubs gathering the views and experiences of older people.

People with a disability

We continue to work with groups who represent people with a disability including Disability Sheffield. This year we worked closely with Sheffield Mencap & Gateway on our learning disabilities work and our report on disabled access to dental services and Sheffield MIND on our mental health crisis care research.



Rate and Review

Our new website with its ‘rate and review’ function was launched in March 2016. Service users can share their experiences quickly and easily and view star ratings left by other people. They can also see the official Care Quality Commission rating.

Rate and Review is a simple way to share your views, whether on mobile phone, tablet or computer. Reviews can be left anonymously if you prefer. For those who prefer to use paper we have short Freepost paper form that we input separately. It just takes a couple of minutes to give a star rating out of 5, add some comments and complete the friends and family section.

All reviews are moderated by a member of the Healthwatch team to check the language is appropriate for publication and that no-one can be identified from their review. The comments are also assigned a ‘sentiment’, positive, negative or neutral. Service providers can respond to specific reviews and many take this opportunity; these responses are also moderated before publication.

Findings for this year

Looking at this year as a whole, 1145 reviews were added for 214 services in the last year. This brought the total number of reviews on 31st March 2017 to 1301 reviews covering 228 services.

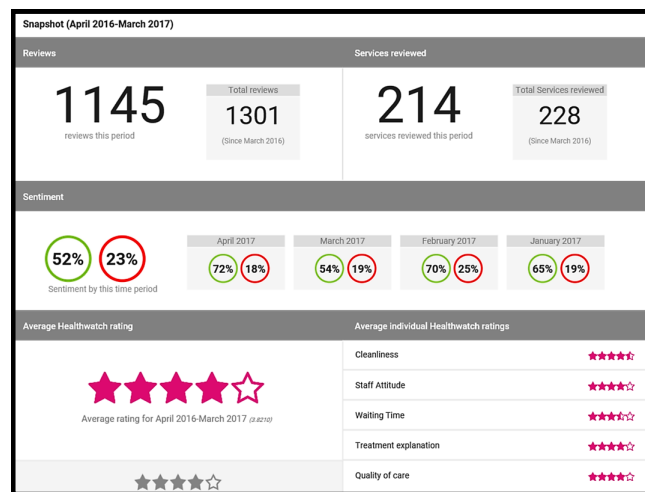
Overall, local people are fairly positive about their services giving an average rating of 4 stars out of 5 with the highest overall scores for cleanliness (4.5

The image displays two overlapping screenshots of the Healthwatch Sheffield website. The top screenshot shows the 'Find a service' page, which lists three health services: Park Health Centre, The Crookes Practice, and Meadowgreen Health Centre (Lowedges Rd). The bottom screenshot shows a detailed view of a review for Northern General Hospital. The review is for 'emergency post-op admittance' and is rated 5 stars. The reviewer, Anonymous, dated the review 8th June 2017. The review text states: 'I was brought in by ambulance following a post-op posternary embolism. I stayed in the Brearley Ward for 6 days. Staff looked after me really well.' The reviewer also notes 'couteous staff - very helpful' and 'everything explained. first names given'. The page also shows a 'Leave feedback' form with a Likelihood to Recommend scale (Extremely likely to Don't know) and a star rating section.



stars) and lowest for waiting times (3.5 stars). This is backed up by the sentiment tracker in the centre, which shows that 52% were positive, 23% negative and the rest neutral.

The data enables us to look at reviews by type of organisation, down to the individual provider. For example, over half of all reviews (54%) were for GP practices and their overall rating was 3.5 stars, although there may be variation between practices.



Using the information

The reviews we gather are used to ensure the voice of the public is heard and used to improve services. Moderating the reviews allows us to spot trends and track any patterns. Then we contact the service provider to discuss the issues raised.

Service Type	Total Reviews	Average Rating	Positive	Negative	Neutral
GPs	709	★★★★☆	48%	24%	27%
Hospitals	229	★★★★☆	53%	23%	24%
Dentists	121	★★★★☆	69%	17%	13%
Pharmacies	31	★★★★☆	65%	29%	6%
Residential/Nursing Home	16	★★★☆☆	44%	19%	38%
Mental Health	13	★★★☆☆	31%	46%	23%
Home Care	11	★★★★☆	45%	0%	55%
Opticians	9	★★★★★	89%	0%	11%
Other	5	★★★★☆	80%	0%	20%
Community	1	★★☆☆☆	0%	100%	0%

Healthwatch Representatives use Rate and Review examples in meetings. This allows them to ensure that the voice of local people is heard. As the number of reviews continues to grow, individual service providers and the Care Quality Commission come to us asking for evidence about how people see their service as a way of ensuring they are listening to local views.

VCF Health and Social Care Forum

The Healthwatch Sheffield Voluntary, Community & Faith (VCF) Health & Social Care Forum, is a network of local VCF organisations with an interest in health and social care.

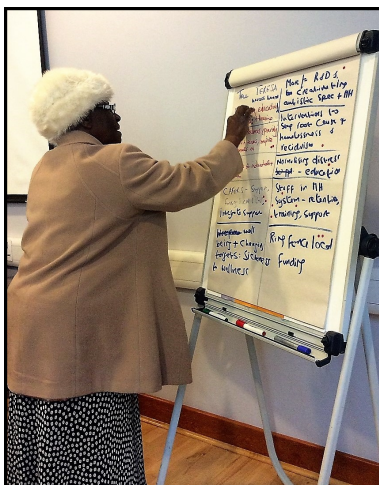
Established in the summer of 2016, it meets regularly to look at a particular issue of interest to members. Convened by Healthwatch Sheffield, this is a forum for members to:

- find out what's happening in local health and social care
- discuss the implications of changes for local people and for the VCF sector
- share expertise and understanding with other members
- listen to other people's perspectives and meet like-minded individuals
- act as extra eyes and ears for Healthwatch Sheffield.

The first full 'business' meeting took place in October 2016 and focussed on the Sustainability and Transformation Plan (STP). This generated an excellent discussion about the implications for the sector and how we can engage with the process in a meaningful way, as well as supporting members of the public to understand and engage with the plan. The meeting in March 2017, explored mental health services in Sheffield. Entitled 'Tell Theresa', the forum attendees assembled a list of recommendations for the Prime Minister on mental health services.

A panel of speakers outlined the current situation and the issues from their perspective. Everyone split into small discussion groups to identify the key issues and recommendations. These were voted on, collated and sent to the Prime Minister, local MPs and other stakeholders. More information about this is available on our website.

Our next VCF meeting takes place September 14th 2017, times to be confirmed.

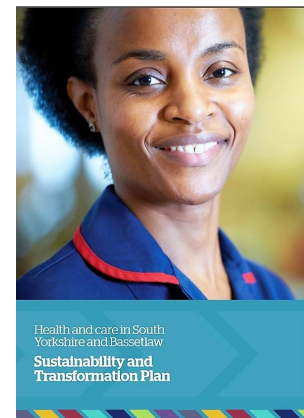




STP Conversations

Healthwatch Sheffield is working with the Sheffield Teaching Hospitals in South Yorkshire and Bassetlaw, to develop a Sustainability and Transformation Plan (STP).

Delivering the national ‘Five Year Forward Plan’ will completely change the way in which NHS and care services will work in the future. Sitting beneath it are five Place Plans – ours is called ‘Shaping Sheffield’.



The STP outlines that while there have been great advances in healthcare over the last 15 years, people’s needs have changed and new treatments are being developed continuously. Yet the quality of care varies and preventable illness remains widespread. Health and care services are often disjointed and need to be reorganised and improved to best meet people’s needs with the resources available –and meet the funding gap of around £571 million nationally.

In Spring 2017, people across the region were invited to share their views on the aims and ambitions behind the STP in a series of ‘STP Conversations’. Healthwatch Sheffield organised 12 of the 16 events in Sheffield and spoke to more than 200 people. We focused on reaching those who rarely get involved in such discussions so we targeted local equality and disability hubs.

The STP Conversations were an opportunity to consider the STP at a very early stage. Across the region, 872 people were consulted and the findings were pulled together into a regional report, available on our website.

It became clear that the public’s awareness and understanding of the STP and local Place Plans such as ‘Shaping Sheffield’, needed to be the focus of the conversations. There was some reluctance to engage at first, but once there was full explanation of the purpose of STP Conversations, the public understood and reacted positively.

The overwhelming message emerging from our conversations was that while most people support the aims of the STP, they want to know what it will actually look like, what will change and how it will be paid for.

Healthwatch Sheffield will continue ensuring that local people are heard as the STP develops.



YOUNG healthwatch Sheffield

Engaging with young people

Young Healthwatch is specifically designed for anyone age 14 to 25 years old with an interest in health and/or social care. In June we appointed a Children and Young People's Engagement worker, Becky Batley, and the project has gone from strength to strength.

Getting out and about

Last summer, Young Healthwatch teamed up with SHINE Health Academy to tour many of Sheffield's parks in SHINE's fantastic health bus. This gave the Young Healthwatch volunteers and Becky a chance to gather feedback from hundreds of children, young people and their families.



September brought thousands of students back to Sheffield and Beck represented Young Healthwatch at Fresher's Fairs at both universities and at Sheffield College. Eager new students and volunteers came to our fortnightly Young Healthwatch meetings, where the priorities for the group were decided. After Christmas, she returned to the Refresher's Fairs and estimates that she spoke to more than 200 people.

Working in school

Becky ran Physical, Social and Health Education (PSHE) classes on mental health and emotional wellbeing at Yewlands Academy in Parsons Cross. Having created a comfortable environment,

By creating a comfortable environment, she found the pupils open to discussing mental health and wellbeing. Her sessions were popular and she even ran extra drop-in sessions at break. Through this engagement work with the pupils, she signposted them to different services that they otherwise would not have known about.





Focus on public health

One of the first issues Young Healthwatch decided to address during this year was public health. They invited Greg Fell, Director of Public Health for Sheffield, to answer questions from a lively group of young people, youth workers and parents.

Having started with general comments on public health, the discussion quickly moved on to obesity and particularly access to healthy food in schools. Other topics included the provision of sexual health services in Sheffield, and whether making hospital psychiatric units none-smoking environments could actually add to people's distress.



ACE event on Mental health

Young Healthwatch was alarmed at the high numbers of young people experiencing mental health issues and that they were not aware of the support available in Sheffield.

When the Prime Minister, Theresa May, ordered a review of CAMHS (Children & Adolescent Mental Health Services) in early 2017, Young Healthwatch decided to hold an Awareness and Consultation Event (ACE) so that they could contribute to the debate.

20 young people attended and discussed local CAMHS provision with an expert. They then took part in a number of interactive arts activities to explore their views in more detail.

To find out more about Young Healthwatch Sheffield, please email: yhw@healthwatchsheffield.co.uk or phone: 0114 253 6688





Engaging with patients

In Spring 2016, Healthwatch Sheffield brought the patient's voice to an NHS England funded programme. The Sheffield City Region Test Bed Programme is one of seven national NHS 'Test Bed' programmes working at the forefront of health innovation.

This two-year Programme, also known as Perfect Patient Pathway, focuses on how technology can help those with long-term health conditions avoid unplanned hospital admissions, retain their independence and manage their health more effectively using technology. Projects currently underway include the Digital Care Home, Falls Prevention, Diabetes Management and Asthma projects. The Programme is led by Sheffield Teaching Hospitals and evaluated by the University of Sheffield.

Test Bed Advisory Group

Healthwatch Sheffield is the engagement lead for the Programme. We are responsible for raising awareness and ensuring that the views of the public are incorporated into the design and implementation. We also aim to improve the experience of patients taking part. To achieve this, we recruited a group of volunteers to form the Test Bed Advisory Group (TAG). This is made up of 20 members of the public who either have long-term health conditions or are a relative or carer of someone with such conditions.

The TAG meets every six weeks to consider different aspects of the work and issues that might affect the patients involved in trying out the technologies. They do not take part in the trials but provide feedback on what they think of the device and any issues relating to the evaluation process. This includes improving information sheets and consent forms for patients along with any other public-facing documentation.



Members also get involved in presentations at conferences. For example, several TAG members presented at the Yorkshire and Humber Digital Health and Wellbeing Ecosystem Event in Wakefield (above) and helped to deliver a workshop session. Others act as champions providing more in-depth support for a specific project because of their experience of a focus condition.



Guiding the Programme

Each Test Bed Advisory Group meeting tackles a different subject. The Advisory group has considered potential equality issues that could arise during the evaluation, with their views being incorporated into the Programme's Equality Impact Analysis. Another meeting focused on what needs to be present for good patient care. The individual elements were recorded on jigsaw pieces, illustrating the holistic and interlinked nature of quality in healthcare.



In March, Mike Turner, Test Bed Programme Manager, shared plans for new ways of using patient data to support more joined up patient care across health and social care services. A detailed discussion followed regarding the balance between protecting confidentiality and ensuring those who need to see relevant information can access it. As a result of this meeting, thirteen TAG members joined a patient data subgroup to advise the Programme Board.

Advising the inventors

In October, the TAG was invited to visit the Innovation Hub at the Royal Hallamshire Hospital. This acts as an operational base and is run by Sheffield Teaching Hospitals to showcase a number of healthcare innovations. They met the 'innovators', the term used for the technology developers, and had a chance to see and handle the technologies being used. This enabled the TAG members to review the patient-facing documentation more effectively and gave the innovators a chance to talk with well-informed patients and carers who live with the conditions they are trying to help.



Building awareness

In addition to running the TAG, Healthwatch also promotes awareness of this work to the wider community by speaking to various voluntary and community groups around the region as well as the Patient Participation Groups linked to GP surgeries involved in the Programme.

We also arranged a Voluntary Sector Open Day at the Innovation Hub which was attended by Age UK, Parkinson's UK, Diabetes UK Sheffield and Rotherham, Heeley Development Trust and the Terminus Initiative. The

4. Helping you find the answers



94 enquiries

received that involved extensive follow-up work

A key role of Healthwatch is to signpost people to those who can provide them with the information or advice they need to resolve their issue. On average, we receive around 50 enquiries a month, around 600 a year, and they come as phone calls, through our website or from feedback gained during our outreach work.



Common enquiries

We receive enquiries on a huge range of health and social care issues and about many different services. This year the most common enquiries have been about:

- Access to GPs, especially getting an appointment
- Finding and accessing NHS dentists, especially for those with disabilities
- How funding for social care works
- Mental Health services
- Delays in treatment and waiting times
- Poor experiences of treatment
- Waiting times for psychological services, especially for children and young people

Dealing with enquiries

Healthwatch Sheffield provides direct support and information to the public by answering enquiries made by email or telephone. We also signpost to organisations, including:

- Age UK
- Sheffield Carer's Centre
- Citizen's Advice Sheffield
- Disability Sheffield
- NHS and Social Care Providers Patient Services Teams and Complaints Departments

Making complaints

When people contact us asking for help to make a complaint about an NHS service, we refer them to VoiceAbility, who specialise in providing support to people making NHS complaints.

Supporting and promoting other services

We support and promote the many excellent sources of information and advice available to local people, such as the **Sheffield Directory**.

We were consulted as part of the re-launch and update of the **Sheffield Mental Health Guide** and the recommendations from our work on mental health crisis care were incorporated.

One of the latest developments in this area is the **Sheffield Advocacy Hub**, which links organisations providing advocacy and support with complaints together in one resource.



5. Making a difference together



100+ recommendations made to providers either formally or informally

One of our most important roles is to give voice to the views and experiences we have gathered from local people. That means ensuring that those who plan, manage and scrutinise health and social care services understand what matters to those who use their services.

We carry this out in a number of ways: through having representatives on various boards and committees; by visiting providers; by writing reports and through building and maintaining good relationships with key decision-makers and providers so that we are listened to and involved.



Healthwatch Representatives

One of the ways in which we ensure that the views and opinions of local people are heard by decision makers is by having Healthwatch Representatives on more than 30 boards and committees that take place across the city including the:

- Accident & Emergency Delivery Board
- Children and Young People's Scrutiny Board
- Healthier Communities & Adult Social Care Scrutiny Board
- Primary Care Commissioning Committee
- Sheffield Area Prescribing Board
- Sheffield Clinical Commissioning Group (CCG) Governing Board
- Sheffield Health and Wellbeing Board
- Sheffield Quality Intelligence Group.



Most of the representatives are volunteers although Healthwatch staff also attend some meetings. We provide our representative with up-to-date evidence and information which we have gathered from the public through outreach work and from our rate and review website.

Sheffield Health and Wellbeing Board

We continue to have a positive and productive relationship with the Sheffield Health and Wellbeing Board.

Convened by Sheffield City Council, the Board's role is to ensure that the local authority and health and social care services in Sheffield meet the needs of the population. Despite the financial pressures and increasing demands on public health, social care and health services.



It is critical that the voice of Sheffield people is heard and incorporated into any developments. The Healthwatch Chair attends these meetings to contribute our perspective and to feed in findings and research.

In the last year, we have been involved in:-

- Ensuring that the views of the public are actively sought and incorporated into planning for the Sustainability and Transformation Plan (STP) and local Place Plan 'Shaping Sheffield', including forming a task group to improve citizen engagement.
- Urging the Board to involve community and voice organisations in relation to volunteering, addressing fuel poverty and public service reform.
- Reviewing the Board's priorities and ways of working.

Influencing services

Over the past year, we have made a number of interventions that have led to service improvements.

Waiting times at Ryegate Children's Centre

We wrote to the Director of Nursing and Quality to relay feedback we had received from parents and carers about the long waiting times to access psychological services at Ryegate Children's Centre. They responded acknowledging and agreeing with our concerns and detailing a number of actions (including increased staffing) which they were putting in place to address this issue. We fed the response back to a number of groups with an interest in this area and continue to monitor the situation to see whether the developments impact patient experience.

Children and Adolescent Mental Health Services (CAMHS)

Following a number of negative reviews on our rate and review website and other feedback, we contacted the Sheffield Children's Trust which runs this service. This led to the Healthwatch Manager being invited to attend their Patient Experience Committee to raise issues directly with those able to affect change. This also allows us to monitor progress on the issues we report.

Adult mental health services

Healthwatch Sheffield joined the Independent Mental Health Hospitals Service User and Carer Experience Stakeholder Steering Group. This was convened by NHS England to develop a standardised resource tool which describes what high quality service user and carer experience should look like within independent mental health hospitals in Yorkshire and the Humber.

These hospitals have a very poor reputation for service user and carer experience. The resources will specify how these standards are measured and inform the responsibilities and roles of key stakeholder organisations.





Supporting Sheffield Teaching Hospitals survey work

Relatives of recently deceased patients contacted us to complain they had received inpatient surveys from Sheffield Teaching Hospitals (STH). Through our relationship with STH staff, we alerted them immediately to the situation. They quickly identified the reason for the mistake, wrote to those affected and took up the issue with their contractors to ensure it could not happen again.



Dental appointments for refugees and asylum seekers

Our engagement team discovered issues with refugees and asylum seekers getting dental appointments or registering with dental surgeries particularly in Burngreave, Pitsmoor and Firth Park. They were often full or did not have interpreters, which resulted in people going to Charles Clifford Dental Hospital.

Healthwatch Sheffield provided information about which dentists in the area were currently taking patients and how to find surgery vacancies in the future. We were in the process of completing a report on access to dental services and will present this to the Local Dental Committee (LDC). We took the opportunity to mention the issue of refugees and asylum seekers and linked this to the formal recommendation in our report that the LDC should compile a list of practices offering interpreters.

Guide for children who are scared of the dentist

We supported public and patient engagement in development of self-help guides for anxious children and their parents and carers. Working in association with an expert team at the School of Clinical Dentistry at the University of Sheffield, the guides are available on paper and online and are being used by a number of organisations nationally.



Visiting providers

A key way of influencing and improving services comes through visiting health and social care settings including ‘enter and view’ visits and PLACE Assessments.

Enter and view visits

One of our statutory powers is the right to carry out ‘Enter and View’ visits to health and social care premises. While it is our choice whether to announce our visits or not, in practice, we always announce them.

These visits give us an opportunity to observe the nature and quality of services and to see and hear people’s experience the service. We make a point of collecting the views of staff and patients or service users and, if possible, their relatives or carers.

Authorised representatives

It is a legal requirement that those undertaking enter and view visits, known as Authorised Representatives, are fully trained and supported. During 2016-17, we had 19 Authorised Representative volunteers available to undertake visits. Each one had received training and underwent a full DBS check.

Services we visited

We choose the services to visit based on the following criteria:

- Healthwatch has not visited them for at least three years
- they fit within a current area of interest for Healthwatch
- They link to feedback we had received from the public about services.

Between April 2016 and March 2017, we carried out 9 Enter and View visits to:

- Charles Clifford Dental hospital
- Huntsman 7 ward at the Northern General Hospital
- Medical outpatients at the Royal Hallamshire Hospital
- Highgate surgery (completing last year’s work on GP practices)
- Beech Hill Intermediate Care Unit and Woodhill House Respite Centre
- Three residential care or nursing homes: Alexander Court, Alpine Lodge and Rose Cottage continuing our work in this area from the previous year

As a result, we made 47 recommendations including five following the visit to Medical outpatients on 27 September 2016. One recommendation was to have a volunteer to meet people and in the department and in the ambulance waiting area to provide support to those waiting. Sheffield Teaching Hospitals (STH) responded that someone is in the department on Tuesday morning and thought it was a great idea to extend this to the Ambulance Waiting Area.



The Sheffield Teaching Hospitals (STH) are liaising with the Hospital Volunteer Services Team to get additional support in this area. Other recommendations included: having an easy-to-read poster with information about the process in the department and what to expect. They also suggested separate seating area for oncology patients to reduce the risk of picking up illnesses from other patients. STH responded that they have guidelines and procedures around this and will check that these are being adhered to following our visit.

Enter and View reports

The Authorised Representatives complete a post-visit report including any recommendations. Once this has been reviewed by the staff team, it is sent to the service provider for comments and clarification.

The final report is published on our website and sent to the Care Quality Commission (CQC), Sheffield City Council, local NHS commissioners, Healthwatch England and other relevant organisations. We also aim to contact providers after six months to review implementation of the recommendations.

Copies of the Enter and View reports are available on our website.

PLACE Assessments

Patient-Led Assessments of the Care Environment (PLACE) Assessments apply to all settings delivering NHS-funded care, including day treatment centres and hospices. They focus entirely on the care environment and do not cover clinical care provision or staffing.

PLACE puts patient views at the centre of the assessment process. It uses information gained directly from patient assessors to report how well a setting is performing in terms of privacy and dignity, cleanliness, food and general building maintenance.

We promote opportunities to be involved in PLACE with our volunteers and include information on it as part of our Enter and View training programme.

In 2016/17, a number of Healthwatch members were involved in PLACE Assessments including:

- Northern General Hospital
- Michael Carlisle Centre
- Sheffield Children's Hospital
- Becton Children and Young People's Centre

These assessments have proved to be valuable both for the service providers and for Healthwatch Sheffield so we will increase the number carried out in 2017-18.



Quality Accounts

Quality Accounts are reports about the quality of the services provided by NHS healthcare providers. They are published annually by each provider and are available to the public. Healthwatch reads and comments on these at a draft stage.

Also known as Quality Reports, they are an important way for local NHS services to report on the quality of their services, to show the improvements they have made in the previous year and to set priorities for the coming year. The quality of the services is measured by looking at patient safety, the effectiveness of treatments patients receive and patient feedback.

As part of our statutory duties, Healthwatch Sheffield commented on the reports produced by the following providers:

- Sheffield Children's NHS Foundation Trust
- Sheffield Health & Social Care Trust NHS Foundation Trust
- Sheffield Teaching Hospitals NHS Foundation Trust
- St Luke's Hospice
- Yorkshire Ambulance Service NHS Trust



Sheffield's Hospice



Requests for Information

Healthwatch Sheffield can ask for information from any publicly funded commissioner or provider of local health or social care services. By law, they must respond with the information within 20 working days.

Healthwatch Sheffield did not submit any Freedom of Information requests during the year 2016-17.



6. It all starts with you

healthwatch Sheffield

healthwatch Sheffield

healthwatch Sheffield

Care or Crisis?
A study of people's experiences of care before and after a mental health crisis
Healthwatch Sheffield
December 2016

Disabled Access to Dental Services in South Yorkshire and Basildon
A Report from Healthwatch Sheffield
Initial report: completed December 2016
Final report including official response March 2017

Care at Home:
A summary of findings from our survey

During 2016, Healthwatch Sheffield heard increasingly from people concerned about the availability, cost and quality of care at home or domiciliary care as it is more formally known.

As the local consumer watchdog for health and social care, we wanted to investigate the situation and gather people's views on home care. This was also timely as the Commissioning Team at Sheffield City Council was in the process of recommissioning the services and they were interested in hearing the views of individuals using the services. The survey was therefore completed very quickly to fit in with these timescales.

In addition to completing this survey, we worked with Age UK, Carers in Sheffield, Disability Sheffield and Stroke Association to share views and suggestions about this whole area. The culmination of the work to date was a successful summit held in February 2017 with these organisations and three commissioners of domiciliary care from Sheffield City Council, which has influenced the new service specification. We will continue to work with commissioners going forward.

Background to care at home

Care at Home includes help with getting in and out of bed, washing, preparing shopping, cleaning and even support with taking medication. It can be helpful between people being able to remain living at home and independent of hospital longer than necessary or move to residential care.

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Reports and recommendations

One of our statutory duties is to make recommendations about service improvement. The service providers are then legally obliged to respond to our recommendations.

This is an important way of encouraging service providers and commissioners to improve their practice. All of our reports are published on our website and shared with the Care Quality Commission (CQC) and Healthwatch England, who use them as part of their wider intelligence gathering to help plan their priorities and work areas.

In the last year we have published three reports based on our investigations. Each started from concerns raised by members of the public. There are two large reports on crisis care in mental health services and access to dental services for those with a disability and a shorter summary report on care provided in people's homes.

Report case study 1: Access to dental services

Background

Finding accessible dentists emerged as a recurring theme through our enquiry line last year, which led to an 'Enter and View' visit to a dental practice that was applying to take on extra patients.

We recommended that the practice improve access before they did this and the South Yorkshire and Bassetlaw Local Dental Professional Network (LDN) supported our recommendation. This led to Healthwatch researching disabled access to dental services in South Yorkshire and Bassetlaw, working closely with the LDN.

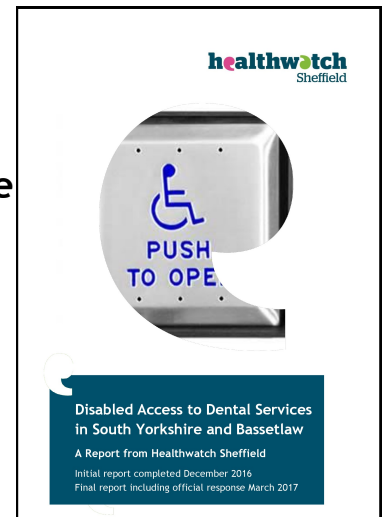
What we did

We designed and distributed two surveys: one to dental services in South Yorkshire and Bassetlaw ; the other to service users with disabilities. In total, we received 140 responses with 63 responses from service users and 77 from dental professionals.

Two-thirds of the service users either considered themselves to have a disability while the rest supported someone with a disability. These included issues with mobility, sight, hearing, cognitive processing/learning disability or long-term chronic illness.

Key findings

- Half of the respondents were happy with the service they were currently receiving at their dentist.
- Some service users acknowledged that their dental practice had taken steps to meet their needs such as using a downstairs treatment room.
- Almost a quarter (22%) had not visited the dentist for more than two years. Reasons include issues with getting there and building access, anxiety over dentists and procedures, cost of treatment and a lack of understanding of the importance of good dental health.
- 18% of service users attended their current dentist because it was the only one available or they felt that they had no choice.
- Several service users mentioned barriers in communication between them and the dental professionals. These included feeling unable to ask questions, check understanding and speaking to patients and carers appropriately.





Recommendations and response

1. Dental practices should aim for their premises to be fully accessible

The need for disabled-access doors and toilet facilities was acknowledged although this would be difficult for many practices, for example, those located in converted buildings. However the LDN will be encouraging practices to do whatever is possible. The LDN said all practices should have a hearing loop as funding had been provided by the former Sheffield PCT, but they would check whether this is the case.

2. Ensure practices have up-to-date information on accessibility and support, available on NHS Choices and their website

Practices are responsible for editing and updating their own pages on NHS Choices. The LDN agreed to contact all practices encouraging them to update their page in line with our recommendations.

3. Consider non-physical adjustments for those who need them

The LDN acknowledged our suggestions – longer appointments for those with a learning disability, taking extra time to explain procedures, having large print leaflets – as practical and inexpensive and they agreed to look at the best ways to implement these recommendations.

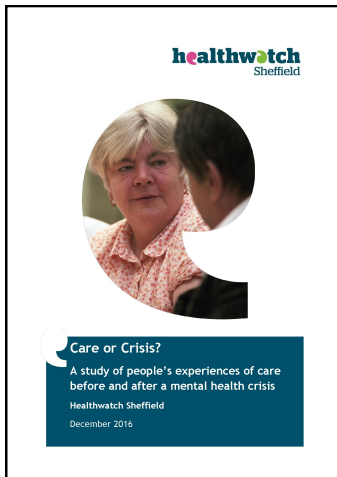
4. Follow up with patients with a disability who have not been for two years

After discussing the official guidance and standard practice, the LDN recognised that those with a disability should be a priority group. They said that many people in this category already attend community dentists who are set up for this but thought it was important for mainstream practices and agreed to circulate the report and recommendation.

5. All dental healthcare staff are trained in disability awareness and working with those with communication barriers

The LDN recognised the importance of training and awareness and outlined courses available from Health Education England (HEE). The LDN agreed to forward our report to inform the content of future courses. The LDN will also recommend that training on this is included in the personal development plans for dental professionals, and further to this, that NHS England would consider including an update on disability issues and service provision in future events.

Report case study 2: Crisis care in mental health



Background

One of the issues Healthwatch Sheffield hears about most frequently is mental health services. In fact, after access to GPs, it is the most commonly cited issue. We held an engagement event on mental health in 2014 and care before and after a crisis was a key area of concern.

When the Sheffield Mental Health Crisis Care Concordat came into being, it established guidelines around crisis care. We were holding an event one year on and it seemed the ideal time to investigate this area further.

What we did

With the help of community researchers and local organisations working in mental health, we devised and distributed three related surveys: one for service users who had experienced a mental health crisis; one for health professionals working in this area and one for GPs since they are often the first point of contact for those having a crisis.

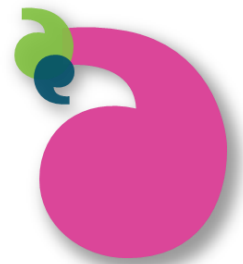
We received a total of 434 responses to our surveys with 302 from health professionals, 118 from service users and 14 from GPs.

Key findings

- More than half of the service users (56%) had not been identified as being at risk before their mental health crisis happened.
- Staff told us the training they had received was generally good although service users reported times when staff were unable to respond to needs.
- Although telephone helplines are available to support people, primary care remains the first point of contact for many people.
- Service users reported varying quality of care. Half of them felt that the service or professionals they dealt with did not know how to give them the best care they needed.
- Young people and those from a Black or Ethnic Minority (BME) community reported poorer experiences of care than the general responses.
- Most people knew where to go for information or to get help in a crisis but information about staying well/promoting wellbeing was difficult to find.
- Most of the staff had not heard of the Mental Health Crisis Care Concordat.



- 71% of respondents thought current services were worse than two years ago.
- Almost a quarter of staff (23%) felt their own health and wellbeing needs were not being supported although another 40% felt very well supported.



Recommendations and response

We made a total of 14 recommendations. Many of the key recommendations are summarised below with the response from Sheffield Health and Social Care Trust on behalf of the Crisis Care Concordat Strategic Implementation Group.

1. Commission a community-based approach to suicide

They agreed to tailor the Sheffield Suicide Strategy to the mental health needs of specific population groups adopting community-based approaches. The revised strategy should be published early 2017 and responsibility for implementation rests with the Public Health team.

2. Ensure the Mental Health Core Skills Framework is incorporated into all training plans and ensure specific training for all groups including GPs

The workforce training will be developed according to this. All parties in the Crisis Care Concordat are committed to training. Responsibility lies with NHS Sheffield, the NHS Trusts, police and ambulance services and Sheffield City Council. The Concordat Strategic Implementation Review will monitor delivery.

3. Sheffield Children's Trust (SCT) to review how it publicises the CAMHS (Children & Adolescent Mental Health Services) Consultation Line

SCT reviewed the current situation with all partner organisations and agreed to a system of improved information between all the websites holding mental health information. Details of the CAMHS Consultation Line will be included and there will be clear and better links between the websites for all the NHS Trusts and Sheffield Mental Health Guide.

4. Clarify information on relevant websites about how people can self-refer.

This was especially timely as the Sheffield Mental Health Guide was under review so recommendations were incorporated into the new site that launched in April 2017. They were also forwarded to other sites for implementation.

5. Parity of waiting times for children's mental health services with adult services to be written into contracts at next opportunity

National standards for adult services have been developed and waiting times will vary depending on therapeutic need. They support the development of similar national standards for children and in the meantime will try to be as flexible as possible to meet the needs of patients.

6. Consult with young people and BME groups about appropriate support

Commissioners and service providers have undertaken to consult appropriately on this and will be looking for support from the voluntary and community sector as well as Healthwatch going forward.

Report case study 3: Care at home

Background

During 2016, we heard from people increasingly concerned about the availability, cost and quality of care provided in people's home (domiciliary care).

At this time the commissioning team at Sheffield City Council was in the process of re-commissioning these services and interested in hearing the views of service users.

Healthwatch Sheffield designed a simple survey to fit in with the timescales of the commissioning process. The report is a summary of findings to inform decision making and planning rather than a set of official recommendations.

What we did

We devised a short questionnaire to give us some information on what people value about the care they receive at home, what could be improved and whether there were other things that could be done to improve people's quality of life or help people manage better at home.

The survey was made available online and in print and was promoted widely with the help of Age UK, Carers in Sheffield, Disability Sheffield and Stroke Association. We also took the survey to a number of lunch clubs around Sheffield. We received a total of 58 responses.

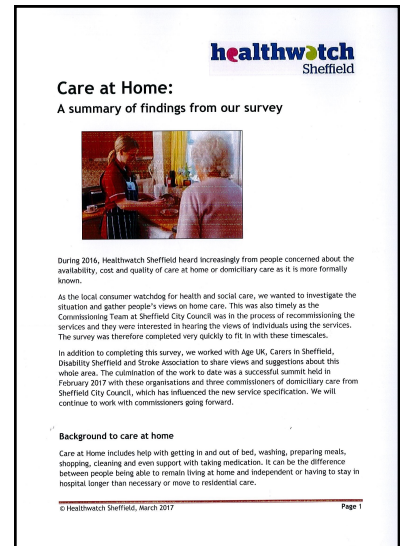
Key findings

Good things about care at home:

- People really value the fact that care at home enables them to remain independent and living at home.
- Care at home provides companionship for people and many talked of building a good relationship with their carer.
- People value continuity in this service, especially in having the same carer.
- Carers are often friendly, kind, professional and go the extra mile to help their client.

Things that could be improved:

- Continuity both in the provision of the same staff for people and in the timing of visits so that people can plan their days and rely on their carers.
- Flexibility of care in terms of content and stepping up and down the number of visits.
- Allow more time for carers to do their job.





Improving quality of life to help people to manage better at home

- More focus on companionship
- Better communication between service providers and individuals
- Look at supporting practical needs, for example adding a ramp, stair-lift, grab rails, mobility aids etc.

Outcome

In addition to completing this survey, we worked with Age UK, Carers in Sheffield, Disability Sheffield and the Stroke Association to share views and suggestions about this whole area. The culmination of the work to date was a summit we held in February 2017 with these organisations and three Council commissioners. Our work has influenced the new service specification and we will continue to work with the commissioners.

Forthcoming: Access to services for those with a learning disability

Access to services, especially primary care, has been one of Healthwatch Sheffield's key focus areas. While compiling the report on access to dental services, it became clear that improving understanding of the specific needs of people with learning disabilities would help services to be more responsive and accessible.

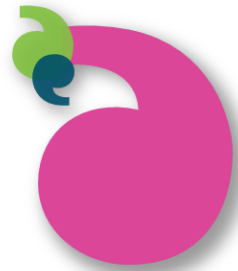
Working closely with Sheffield Mencap & Gateway, we sent out a survey to assess people's experiences of GPs, dentists, opticians, pharmacies, hospitals and social care services including respite, care at home and day services. We received 147 responses.

Key themes so far:

- The attitude of staff is key to an individual's experience of using a service.
- Satisfaction levels amongst people with a learning disability were higher than those for the general population, in many services.
- Some health and social care professionals need to improve their understanding of the needs of those with a learning disability
- Sharing information and communicating regularly and effectively is a recurring theme.

The full report is due to be published autumn 2017.

7. Next steps



Plans for the year ahead

2016-17 has been a time of significant change for Healthwatch Sheffield as our first contract with Sheffield City Council came to an end. This coming year, the first of our new contract, will be critical as we establish new ways of working that allow us to continue listening to you and influencing decision makers but with a reduced budget.

Our vision remains that local health and social care services are designed, commissioned and delivered using the views of Sheffield people.

Our key priorities for the year ahead are to:

1. Establish the new way of working

The first phase involves developing the team and our approach, building on our achievements, relationships and experience to create a new focussed model of engagement, communication and influence across Sheffield's diverse communities.

In particular, we will:

- Refresh and refocus our governance arrangements with a new Strategic Advisory Group and Expert Forum.
- Establish new Healthwatch Local hubs in the north and south of the city, through SOAR and Manor and Castle Development Trust to engage more deeply with local communities.
- Build on our work with Young Healthwatch and Student Healthwatch to engage young people.





2. Prioritise and focus

Our new model of a small staff team supported by community groups and volunteers gives us access to the widest range of experiences and views.

With clear and achievable goals, ensuring Social Care is visible, we will target our work when and where people most need opportunities to share their experiences and views. Our approach will be tailored to those who most need support, and we will grow awareness, using innovative techniques to extend our reach.

We will bring people together through a new Alliance Partnership targeting seldom heard voices to make meaningful recommendations to improve services. We will listen to and gather the experiences of both health and social care, focussing on priority areas including mental health and adult social care.



3. Represent and influence

We are developing priorities for the five-year period of the contract to enable a sharp focus on the most important issues. We will use this to produce clear reports and briefings on those issues, and seek to influence decision makers.

By building our delivery model, engaging widely with community groups, gathering the widest range of experiences and seeking to influence decision makers, we are confident Healthwatch Sheffield be successful and impact on the health and social care delivered for the people of the city.



7. Governance and staffing

Governance

Our Advisory Board is made up of volunteers who advise on the strategic direction and work of Healthwatch Sheffield. Board members bring a variety of experience with them, and include patients, service users, Health Champions and former clinical professionals.

We hold a number of our Board Meetings in public each year and everyone is welcome to come along. We invite the public to submit questions in advance and to propose areas of work for Healthwatch Sheffield to undertake.

Decision making process

We have a clear and transparent process for making decisions about which pieces of work we take on.

We score each potential work area against a set of criteria which includes:

- the number of people affected
- whether we are likely to be able to achieve an outcome or provide influence
- staff and volunteer capacity
- whether other local or national organisations are already working on this work area (i.e. avoiding duplication and working in a joined up way).

All major decisions on the work that we do are made in public at Board Meetings.





Advisory Board

Chair

Judy Robinson

Vice-Chair

Helen Rowe

Members

Hazel Blackburn (until Nov 2016)

Tony Blackburn (until Nov 2016)

Eleni Chambers (until Nov 2016)

Tony Clark

Patricia Edney

Annette Haywood

Tony Maltby

Alice Riddell

Clive Skelton

Nicola Smith (until Nov 2016)

Guy Weston

Sarah Williamson (from Nov 2016)

Staff team

Interim Healthwatch Manager

Sue James (from 1 September 2016)

Manager, Policy & Engagement

Carrie McKenzie (until 21 October 2016)

Manager, Research & Evidence

Vicky Cooper (until 18 August 2016)

Information & Evidence Officer

Laura Cook**

Project Officer

Sue Knights (from 1 November 2016)

Jo Long (from 1 November 2016)

Communications Officer:

Bev Webb (until 22 August 2016)

Heather Hughes (from 1 September 2016)

Engagement Worker:

Hardeep Pabla

Engagement Worker

Shazia Nabi (from 04 April 2016)

Children & Young People's Engagement Worker

Becky Batley (from 1 June 2016)

Administrator

Myrtle Pritchard (until 24 November 2016)

Katherine Wilkie (from 22 November 2016)

Administration Assistant

Pauline Flint



** From September 2016, Laura was seconded to be Engagement Lead on Sheffield City Region Test Bed Programme for three days a week

Financial review

Financial summary 2016/17

Voluntary Action Sheffield (VAS), the contract holder for Healthwatch Sheffield, has been responsible for the financial management and accountancy for Healthwatch Sheffield.

The funding for our Healthwatch, which comes from the Department of Health through Sheffield City Council, has been used to deliver Healthwatch's statutory activities within the budget allocated.

Below is a summary of how this money was spent.

Income 2016/17	£
Sheffield City Council	239,619
Funds brought forward from 2015/16	0
TOTAL	239,619

Expenditure 2016/17	£
Staff costs	154,445
Management, overheads & ICT	34,175
Premises	11,887
Volunteer development & expenses	3,463
Engagement & consultation	22,475
Marketing & communications	6,916
TOTAL	233,361
Funds carried forward to 2017/18	6,258



Legal information

Contract holder

The Healthwatch Sheffield contract is held by:

Voluntary Action Sheffield (VAS) Ltd

The Circle, 33 Rockingham Lane, Sheffield, S1 4FW

Tel: (0114) 253 6600

Charity no: 223007

Company no: 215695

We are using the Healthwatch trademark in the delivery of Healthwatch Sheffield's statutory activities.

Sub-contract holders 2016/17

Disability Sheffield

The Circle, 33 Rockingham Lane, Sheffield, S1 4FW

Tel: (0114) 253 6750

Charity no: 1112712

Company no: 04639160

Preparation of this report

This report has been prepared in accordance with the directions published by the Department of Health (The Matters to be Addressed in Local Healthwatch Annual Reports 2013) and the requirements under the Local Government and Involvement in Health Act 2007.

Distribution of this report

Printed and digital copies of this report are available on request from Healthwatch Sheffield and a digital version can also be downloaded from our website: www.healthwatchsheffield.co.uk/resources/docs

Please let us know if you would like a copy in large print or an alternative format.



Healthwatch Sheffield is your independent consumer watchdog for health and social care services in Sheffield



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