



**healthwatch**

# Rotherham

Annual Report 2017/18

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# Message from our Chair



**Hello, my name is Joanna Saunders and I am currently a Senior Consultant for the Whole Systems Obesity Programme at Leeds Beckett University.**

Having joined the Healthwatch Rotherham Board in the summer of 2017, this is my first opportunity to introduce myself as the new Chairperson. I've spent over 30 years working in the NHS and local government, in administration and management, research and public health. In my roles, the engagement of patients, carers and the public has been very important. We all use health and social care services at some points during our lives, and our experiences of services really do matter to the organisations that provide them.

Over the years I have worked closely with voluntary and community organisations in South Yorkshire who represent patients and carers, including the British Heart Foundation and Diabetes UK and smaller local organisations. Healthwatch Rotherham has a different and important role in that it works with both patients/service users/carers and service commissioners/providers - seeking to ensure that services meet the needs of local people and that they are accessible to everyone who needs them.

**Our organisation supports people who are having difficulty getting the support they need or find that services are hard to navigate, including services in primary care, RDASH, Rotherham DGH and the Council.**

Here in the Annual Report you'll see how our work has helped to change services locally to make them better and more effective. However, there are some services which still need to change - we will continue to champion local autism strategy which has been a long time in gestation - hopefully it will be published soon.

We couldn't achieve such change without our exceptional staff team - they work tirelessly with clients, sometimes for many weeks or months, and receive extremely positive feedback. I would like to take this opportunity to thank them for their work on behalf of you, the patients, carers and people of Rotherham.

# Message from our Chief Executive



**This report details some of the changes that we have helped bring about over the past year. Despite further reductions to our budget we aspire to achieve maximum impact.**

The year saw a few changes to our Board of Directors with the departure of Karen Biddle and the return of Naveen Judah. The Board have continued to provide support whilst steering the work and the strategic direction of Healthwatch Rotherham under the careful eye of our Chair Joanna Saunders. I would personally like to record my thanks to the Board for their contribution.

We have continued to work closely with key stakeholders and service providers to bring about change and also develop a deeper understanding of the influences and prejudices facing our communities, which in turn effects the health and wellbeing of residents and shapes how our services are delivered.

Mental Health and in particular Autism remains a priority for Healthwatch Rotherham and we will ensure that it stays high on the agenda whilst the Integrated Care Plan is moving to implementation

During the year we published our Lasting Power of Attorney Guide, guiding people through the paperwork and answering lots of common questions on the process. We also updated two highly successful directories which we published the previous year on Mental Health and Health and Social Care.

Our work this year has been heavily focused on the advocacy service, especially on CAMHS cases which has highlighted the need for more work to be done around autism. This has led to us working closely with RMBC and CCG to develop an Autism Partnership Board who are working on an All Age Autism Strategy for Rotherham.

*Tony Calby*

# Highlights from our year

This year we've reached 26,859 people on social media

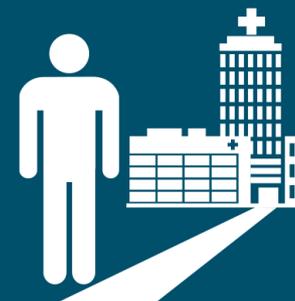


**24** volunteers helped us to deliver our contract



We have attended

**173** meetings



We have Resolved 101 NHS complaints



**Hello**

**Hi**

We have made 278 new contacts this year.

We've given **over 500** people information and advice



# Who we are

**Healthwatch Rotherham are here to make health and social care better for Rotherham people. We believe that the best way to do this is for local services to be designed for local peoples needs and experiences.**

You need services that work for you, your friends and family. That's why we want you to share your experiences of using health and care with us - both good and bad. We use your voice to encourage those who run services to act on what matters to you.

As well as championing your views locally, we also share your views with Healthwatch England who make sure that the government put people at the heart of care nationally.

## **Health and care that works for you**

People want health and social care support that works - helping them to stay well, get the best out of services and manage any conditions they face.

## **Our purpose**

To find out what matters to you and to help make sure your views shape the support you need.

People's views come first - especially those who find it hardest to be heard. We champion what matters to you and work with others to find ideas that work. We are independent and committed to making the biggest difference to you.



# Meet the team



**Tony Clabby**  
Chief Executive Officer



**Nathan Batchelor**

Information & Research Officer  
Left July 2017



**Nichola Barnes**

Information & Research Officer  
Left March 2018



**Lesley Cooper**

Information & Research Officer  
Appointed May 2018



**Anne Lemm**

Advocacy Officer



**Steve Mace**

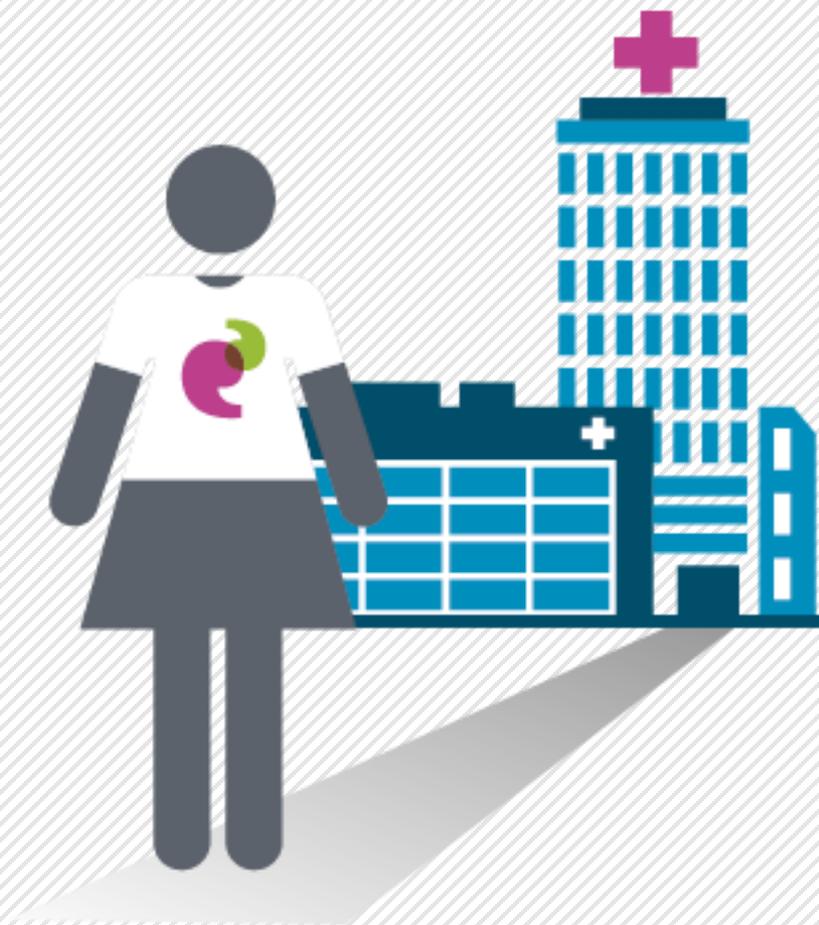
Advocacy Officer



**Mike Horne**

Children & Young Peoples Advocacy  
Officer/ Advocacy Officer

# Your views on health and care



## Listening to people's views

We listen to Rotherham peoples views on the health and social care that they receive by

- + Attending events within the local community to engage with a wide range of residents.
- + Acting upon the Feedback received on services via our website.
- + Performing targeted surveys when needed.
- + Engaging with hard to reach and vulnerable residents in their own environment.
- + Using our social media platforms to gain feedback.

We also work with hard to reach groups by attending outreach sessions at local libraries and GP Surgeries and we have a wide range of advocacy cases encompassing:

- Physical and mental health
- All ages
- A range of disability issues
- All sexes
- Births and Deaths
- A wealth of different backgrounds and religious beliefs

## Making sure services work for you

- + Section 186 of the Health and Social Care Act 2012 provides for Healthwatch Rotherham to carry out Enter and View; Enter and View visits can be announced and arranged in advance with the service provider or unannounced if there is serious concern. Healthwatch Rotherham have not needed to undertake any Enter and View activities in the past year.
- + Our priority would always be to talk to the provider in the first instance as they are not always aware of what peoples views are on their service.

## Advocacy Service

Our NHS Advocacy Services help local people to make NHS complaints which can be a daunting task for some people for a variety of reasons. We have seen a 17% increase in our caseload for NHS advocacy during the past 12 months.

As part of the CAMHS Transformational Plan, Rotherham NHS and CCG funded our Child and Adolescent Mental Health Service (CAMHS) Advocate. The service has been welcomed by local people and currently sees 77% of cases being resolved locally to the satisfaction of both parties. We have seen an increase in caseload of 46% in the year 2017/18.



**Very respectful, quick response, kept me informed through out the process. Nothing was too much trouble. I would highly recommend to anyone needing an advocate! T.P (C&YP Advocate case 2017)**

## Child & Adolescent Mental Health Service Survey 2018

During early 2018 Healthwatch Rotherham began a review of the CAMHS Service. This was a repeat of a review which was undertaken in 2014, in order to gauge what, if any, progress has been made by CAMHS...

To enable Healthwatch Rotherham to achieve the above aims, four methodologies were used.

A purpose designed survey

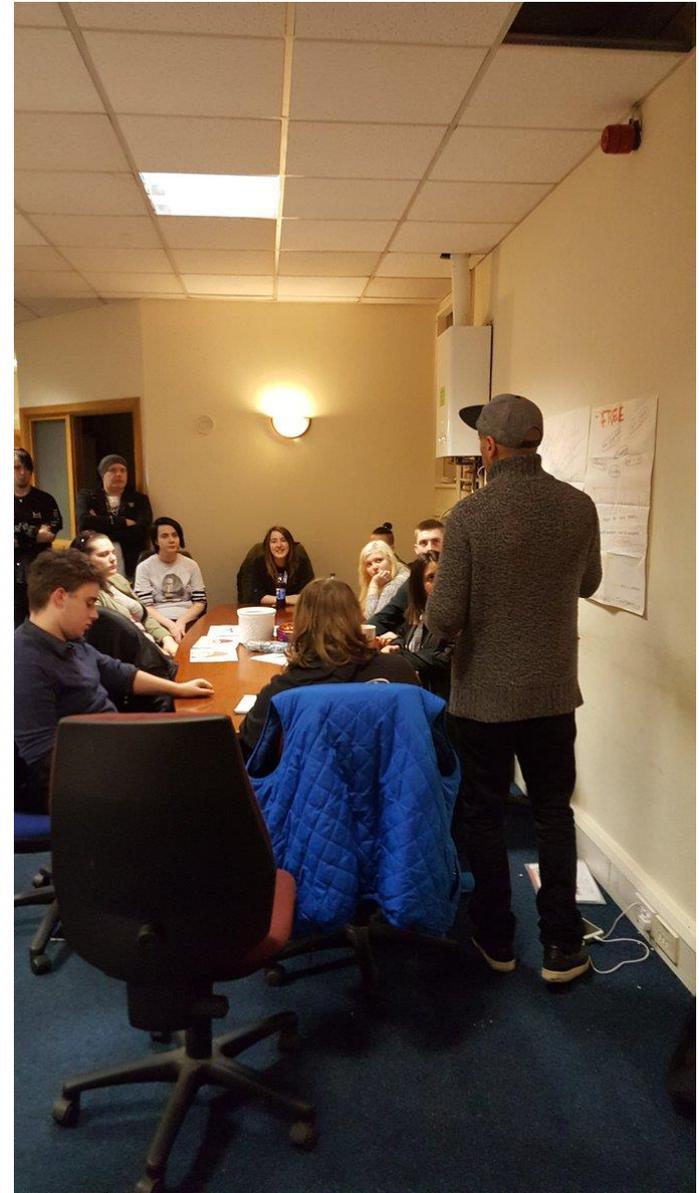
A public two day event gathering views on themed topics

A review of the Healthwatch Rotherham Database

Analysis of the Healthwatch Rotherham Advocacy Service for Children and Young People.

Was told my son did not have ADHD and when I asked for a second opinion he had in fact got it.

The work is currently on going and information is being pulled together, a report is due in the next few weeks. Early results are showing that 76% of CAMHS complaints are regarding ASD and ADHD which again re-affirms our commitment to drive forward an All Age Autism Strategy for Rotherham.



# Older Peoples Summit

## Gathering views from our older people during Older Peoples Month October 2017

**During the Older Peoples Month, October 2017 we held a conference at Fitzwilliam Arms Hotel in Rotherham where we had a number of guest speakers who were able to inform our older residents of changes to clinical thresholds which could affect their treatment and how they receive it.**

Residents were then able to question a representative of the Clinical Commissioning Group and air their views on the changes. Also on the agenda was information about the Lasting Power of Attorney and the guide which Healthwatch Rotherham had published. This was complemented by a presentation on the subject. Afterward there was time for members of the audience to ask general questions regarding their health and wellbeing to a panel including staff from RMBC, Healthwatch and CCG.

At the event we also worked in partnership with Edlington Community Organisation who have recently delivered a series of “Slipper Swap” events in Doncaster and were looking at delivering some in the Rotherham area. The project covers winter wellbeing and fall prevention in the over 50’s by providing them with a brand new pair of slippers in exchange for their old worn ones. They also provide winter wellbeing packs containing thermal gloves, socks and mug along with a fleece blanket and hot water bottle. The event was very well received and further “Slipper Swaps” will be popping up around

the borough over the winter months.

There was also time to talk to our older residents about the new plans for Rotherham Town Centre and how we had requested that the views of our aging population were taken into account when it came to the design of street furniture and pathways. The height of the seating, the width of pathways and the placing of street furniture is very important to many people and effects their experience of using local amenities and community venues which again in turn effects the health and wellbeing of our population.



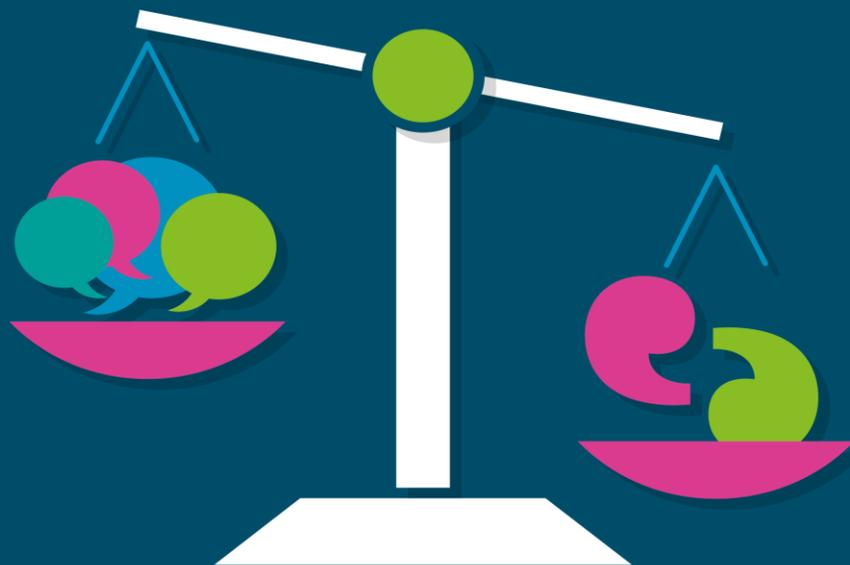
# Helping you find the answers



INFORMATION ADVICE &  
GUIDANCE



# Making a difference together



## How your experiences are helping to influence change

We share appropriate intelligence with strategic partners to influence the planning of statutory NHS and social care services ensuring the information gathered is used to improve services. Some times the change can appear to be something minor but has a big impact on the service for example;

- + One doctors surgery is now stocking probes as a matter of course, as one of the complaints we were involved in raised this as an issue.
- + Due to a high volume of complaints against a particular ward, the Trust looked at the staff which were managing the ward and made changes. Replacing staff with a more experienced team. The patients are now having a completely different experience.

We work together on larger issues to form working groups to gather information and perform needs assessments.

- + Healthwatch Rotherham identified that there was no (statutory) Autism strategy in place for Rotherham and are now working with RMBC and Rotherham NHS CCG on the Autism All Age Strategy.
- + Healthwatch Rotherham attend regular monthly and quarterly meetings covering a whole range of health matters these include Patient Experience, Engagement and Communications, Contract and Services Improvement, Living with Cancer and Beyond.
- + Healthwatch Rotherham also work to promote health related campaign on social media linking in with local and national campaigns on issues such as Dementia, Mental Health, Oral Hygiene, Diabetes and Learning Disabilities.

Knowing that I have been listened to and someone else will not have to have the same experience that I did makes me happy. - Mr W (Adult Advocacy Case)

## Working with other organisations

We work with many different organisations in our locality including statutory services and voluntary and community groups - all play a vital role in helping us to gather information and shape the way that future services are delivered whilst ensuring the services which are currently being delivered as good as they possibly can be;

- + We have an active working relationship with the Care Quality Commission (CQC) which has allowed information and evidence to be shared.
- + This relationship has allowed us to provide feedback which supports local CQC monitoring, inspection and regulatory activity.
- + Our work with the CCG enables us to pass on views and experiences of residents which help to shape how services are commissioned and delivered locally.
- + We sit on the Health and Wellbeing Board, where we feedback the health and wellbeing needs of local people.
- + We work with local groups especially the hard to reach including the deaf community and parents forum, taking the time to meet regularly.
- + We work with Rotherham Council, Public Health, The Rotherham Foundation Trust, RDasH and CAMHS on a daily basis covering a variety of matters.

With the help and support of Healthwatch Rotherham I was able to get a female interpreter to come along to my GP appointment on a sensitive issue - Anna

it starts with  
**YOU**



**“Mr Mace became an advocate for our family and we realised that this kind of service is invaluable - we highly recommend this service and cannot thank Mr Mace and Healthwatch Rotherham enough” - Steve & Sue**

### **#ItStartsWithYou**

**The patient or service user is always at the forefront of any action or meeting that we arrange and it will always be their decision if the reply to any complaint is acceptable and meets their needs.**

## **Case Study - Steve, Sue & their daughter**

Hayley is an energetic 9 year old who has Cerebral Palsy, the only way for Hayley to get around is by using a wheelchair. Towards the end of 2016 Hayley was outgrowing her current wheelchair and arrangements were made for a review.

After the assessment Hayley was supplied with a new Invacare wheelchair, which did not meet her needs, it was heavy and cumbersome and did not allow her the freedom her previous Quickie wheelchair had. Hayley's parents were told that there was no budget to provide the more expensive wheelchair which met Hayley's needs and that the NHS only needed to provide a basic chair.

Unhappy with this decision Steve and Sue contacted Healthwatch Rotherham and our advocate took on the case.

A letter of complaint was sent to The Rotherham NHS Foundation Trust (TRFT) explaining the problems, and an unsatisfactory reply was received. From this Steve Mace arranged for Hayley and her parents to meet with representatives from TRFT including Occupational Therapist and Wheelchair Services.

At the meeting it was clear to see the chair with its current set up was not appropriate. A full reassessment of Hayley's needs took place shortly afterwards. The Trust and CCG then agreed to provide Hayley with the correct chair for her needs.

Here is what Steve & Sue said about the service;

**“After struggling with accessing a suitable wheelchair for our daughter who is 9 years old, we approached Healthwatch Rotherham. Mr Mace became an advocate for our family and we realised that this kind of service is invaluable. After following the complaints procedure she has now received the essential well fitting wheelchair that she needed. We cannot thank Mr Mace and Healthwatch enough and highly recommend this service”**



“Very respectful, quick response, kept me informed, friendly, nothing too much trouble, phoned me when it was convenient and worked with me”



### #ItStartsWithYou

To make the biggest difference we need to hear from people. No matter how big or small the issue is, if it affects your health and social care, we need to know about it.

### Case Study – Karen

Karen is a young person who relies on medication for her condition. Normally when Karen gets low on her medication she will contact her consultant via email who will then issue a prescription which Karen collects. This has been the case and run smoothly until September 2017.

Karen had problems with the pharmacy which was issuing the prescription when she telephoned them to see if the prescription was ready to be collected the pharmacy assistant was very rude and she then received another call from them to say they could only fill part of the prescription. When Karen questioned how the remainder of the prescription would be dealt with and how would they expect payment (i.e. full payment on receipt of the initial part or full payment when the remainder was available) the assistant was very condescending.

Karen contacted Healthwatch Rotherham as she was unhappy with the way that she had been spoken to. She felt the way the assistant had conducted herself was not right and that she deserved better treatment. Karen was also concerned that if this went unrecorded another customer would also get the same experience.

Michael Horne one of our Advocacy Officers took on the case and worked with Karen to draft a complaint letter to the pharmacy concerned.

On receipt of the letter the pharmacy contacted Healthwatch and Karen immediately and apologised for the service which she had received. This was followed by an official written apology from the manager of the pharmacy concerned. Assuring Karen that the correct measures, training and action would be taken to ensure there was no repeat of the situation in future.

Karen accepted the apology and was happy that her complaint had been treated seriously and dealt with in a swift and efficient manner both by the pharmacy concerned and Healthwatch Rotherham.

“I am already partially sighted due to being blind in one eye, so when I had problems with my good eye I expected a quick visit to A&E would get me back on track”

### #ItStartsWithYou

**By sharing your experiences you can help services hear what works and what doesn't and how care could be better in the future.**

## Case Study - Dorothy

Dorothy is part of our aging population and as such requires her senses to be working as well as they possibly can to help her to remain physically and mentally active which in turn helps with her mental well being.

Being partially sighted is something which Dorothy has made adjustments for around her home and in her daily duties. She is blind in one eye, so she heavily relies on her “good eye” to get around.

So when she began having a problem with her “good eye” one Saturday morning, she rang the NHS out of hours service for advice and an appointment was quickly made for her to attend the A&E unit at Rotherham.

Upon arrival at A&E Dorothy was quickly seen by a GP and prescribed medication to clear up the infection. Dorothy left the hospital with the prescription and attended her local pharmacy - who didn't have the item in stock. As the medication was essential Dorothy decided to get the prescription fulfilled at another pharmacy.

After trying several pharmacies in the area, Dorothy discovered that the medication that she required was only available to order and would be 48 hours before it reached the pharmacy. If the GP in A&E had issued the prescription to the hospital pharmacy it could have been dispensed immediately saving the stress and worry and ensuring immediate relief.

Dorothy contacted Healthwatch Rotherham and an Advocacy Officer took up the case. As a result of the involvement of Healthwatch Rotherham the A&E department have now changed their procedure so prescriptions are now routinely made out for the hospital pharmacy, unless otherwise requested by the patient.

“A referral made to Child and Adolescent Mental Health Services, it was rejected, with no explanation, assessment or consultation”

### #ItStartsWithYou

There are always going to be people who are unhappy with the outcome but often if they feel that they are being listened to and the procedure or decision taken was the right one at the time they will accept it.

### Case Study – Jane

Jane contacted Healthwatch Rotherham in February 2018 as she felt she had been unfairly treated by the CAMHS service. Despite a referral being made to CAMHS from another service regarding her child, it had been rejected with no explanation.

Jane was left with no support and no idea who to turn to for help and advice, when another parent pointed her in the direction of Healthwatch Rotherham. Jane made the initial contact and our Children and Young Peoples Advocate took up the case.

After an initial meeting with Jane and her partner it was clear to see this was a multi layered case with numerous issues that needed to be looked into.

Several agencies and organisations had been involved with the family in recent times and different conclusions had been drawn regarding the way forward. None of these agencies were communicating

effectively with one another and no one was informing the family of action being taken and the next steps. This was adding to the stress and wellbeing of the whole family who were being affected by the child's behaviour.

Our advocate arranged a meeting with CAMHS and raised the issue, a letter was then sent to Jane giving reasons why the referral had been rejected in the first instance. This was raised as an issue with CAMHS that they are not communicating with parents on the reasons why a referral is rejected.

Once Jane had received the letter giving the reasons for the rejection it was immediately obvious that a vital part of information had been missed from the original referral. Following a meeting with Jane, CAMHS and Early Help the case was reviewed and the referral was accepted.

As a result of advocacy and support from Healthwatch Rotherham CAMHS agreed to move forward with an assessment for the child for autism spectrum disorders. They also agreed to review and improve their communication with both parents and other service providers.

# Our plans for next year



## What next?

**Our plans for 2018/19 will see us concentrating on meeting the challenges which we have outlined in our top priorities.**

**Working with partners we will strive to complete the work on an All Age Autism Strategy for Rotherham which was initiated after Healthwatch Rotherham highlighted gaps in services and provision.**

To continue to provide a high standard of advocacy support, for which we are seeing an increasing demand. We successfully dealt with 136 cases this year which is a 17% increase on the previous year.

**We will work with the CCG ensuring that the implementation of the Integrated Care System becomes fully operational and “does what it says on the tin” making a positive difference to our residents in the way that they receive health and social care.**

We will continue to invest in our staff, providing opportunities for both professional and personal development by identifying training and development needs and establishing individual action plans.

## Our top priorities for next year

1. To successfully implement an All Age Autism Strategy.
  2. Maintain the quality of advocacy support in the face of increasing demand for the service at a time of budget cuts.
  3. Stay in touch with the implementation of the Integrated Care System.
  4. Staff training and development.
- 

# Our people



# Volunteer with us

Help make a difference to the  
health and care your community receives.

**healthwatch**

# Thank You

To all our amazing volunteers who  
help make a difference to health and care.

**healthwatch**

## Decision making

Everything we say and do is informed by our connections to local people. Our sole focus is on understanding the needs, experiences and concerns of people of all ages who use services and to speak out on their behalf. We are uniquely placed as a national network, with a local Healthwatch in every local authority area in England. It is our role to ensure that local decision makers and health care services put the experiences of people at the heart of their work.

## How we involve the public and volunteers

Our board is made up of volunteers who have been selected due to their skills and experiences. Our board for 2017/18 consisted of

- + Joanna Saunders (Chair)
- + Karen Biddle (resigned October 2017)
- + Naveen Judah (joined October 2017)
- + Chris Smith
- + Sue Barratt
- + Catherine Porter
- + Phil Taylor
- + Paul May

We have been supported in our administration tasks for a large part of the year by our champion volunteer Wendy Colgrave who is currently taking a break whilst she recovers from an operation. Thank you Wendy, we miss you and wish you a speedy recovery.

Unfortunately due to budget cuts we lost our Children & Young Peoples Engagement Officer early in the year and we were unable to continue our Young Volunteer/Ambassador Scheme. We still have regular contact with our young volunteers and it is amazing to see how they have grown and how much the scheme helped them to progress.



# Our Finances



Income	£
Funding received from local authority to deliver local Healthwatch statutory activities	174,150
Additional income	26,375
Total income	200,525
Expenditure	£
Operational costs	29,002
Staffing costs	133,307
Office costs	17,808
Total expenditure	180,117

# The views and stories you share with us are helping to make care better for our local community

Mike Smith  
Healthwatch Volunteer





# Contact us

## Get in touch

Address: Healthwatch Rotherham  
Thornbank House  
38 Moorgate Road  
Rotherham  
S60 2AG

Phone number: 01709 717130  
Email: [info@healthwatchrotherham.org.uk](mailto:info@healthwatchrotherham.org.uk)  
Website: [www.healthwatchrotherham.org.uk](http://www.healthwatchrotherham.org.uk)  
Twitter: @HWRotherham

Our annual report will be publicly available on our website by 30 June 2018. We will also be sharing it with Healthwatch England, CQC, NHS England, Clinical Commissioning Group, Health and Wellbeing Board, Overview and Scrutiny Committees, and our local authority Rotherham Metropolitan Borough Council.

We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

If you require this report in an alternative format please contact us at the address above.

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**healthwatch**

Healthwatch Rotherham  
Thornbank House  
38 Moorgate Road  
Rotherham  
S60 2AG

[www.healthwatchrotherham.org.uk](http://www.healthwatchrotherham.org.uk)  
t: 01709 717130  
e: [info@healthwatchrotherham.org.uk](mailto:info@healthwatchrotherham.org.uk)  
tw: @HWRotherham  
fb: [facebook.com/hwrotherham](https://www.facebook.com/hwrotherham)