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We welcome
your views



Healthwatch Worcestershire Annual Report 2013/14



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1. Introduction by the Chair of Healthwatch Worcestershire, Peter Pinfield.



It is my great pleasure and privilege as the Chair of Healthwatch Worcestershire to present the company's Annual Report on its activities in its first year of operation over the period 1 April 2013 to 31 March 2014.

My main aims during our first year as a new company have been to ensure we have in place the governance and structures to deliver local Healthwatch activities, and are focused on engagement and gathering the experiences of local people who use our health and care services. We have been doing this whilst at the same time providing a service, a challenge which cannot be underestimated for a small organisation such as Healthwatch Worcestershire. The creation of Healthwatch coincided with major changes in the NHS and significant budget reductions across Local Government which Worcestershire County Council has had to respond to, all of which have created a demand on Healthwatch Worcestershire.



We are grateful for the support of the County Council and NHS organisations during our first year of operation.

This Annual Report sets out how we have delivered local Healthwatch activities and, although it is early days, some of the impact we have had. I am pleased that now, having put in place our governance arrangements, we will be able to focus on local Healthwatch activities in the coming year. In particular this will involve raising awareness of Healthwatch, engaging with those who are seldom heard and communities in areas of Worcestershire where health outcomes for local people are poorest.

Worcestershire's solution to setting up a local Healthwatch was arrived at through a process of 'co-production', a process I expect to be hearing more of in the coming year, involving members of the Council's Steering Group, and a Stakeholder Group that involved patients, services users and carers. Many of the members of the Stakeholder Group have joined our Reference & Engagement Group and I am grateful for their continuing support and for the support of all the patients, service users, carers, members of the public and our volunteers who have engaged with us over the past year.

Finally, Healthwatch Worcestershire is, as I have said, a small organisation for which the scope of its business across the publicly funded health and care economy in Worcestershire is just huge. The team of staff and my fellow Directors have worked exceptionally hard over the year and I want to thank them for their efforts.

Peter Pinfield



2. Governance

Worcestershire County Council was responsible for putting arrangements in place for local Healthwatch. To do so the Council set up a Stakeholder Group on which patients, service users and carers were represented by the voluntary sector to advise the Council's Steering Group on the constitution of Worcestershire's local Healthwatch. Following this Healthwatch Worcestershire was incorporated as a private company limited by guarantee and constituted as a social enterprise on the 20 February 2013. Healthwatch Worcestershire became operational on 1 April, the commencement date of the relevant legislation.

The following served as Directors of Healthwatch Worcestershire during the period from registration of the Company until 31 March 2014:

Carol Thompson -
appointed 20th February 2013

Isobel Dale BEM - appointed 20th February 2013

Jo Ringshall - appointed 1st January 2014

John Taylor - appointed 20th February 2013

Judy Adams - appointed 20th February 2013
- resigned 19th July 2013

Martin Gallagher -
appointed 1st January 2014

Peter Pinfield - appointed 20th February 2013

In accordance with the Companies Act 2006, and as set out in the Articles of Association which were co-produced through the Stakeholder and Steering Groups, the Directors of Healthwatch Worcestershire are responsible for decision making and the appointment of the Chair. However, there is a statutory requirement for Healthwatch Worcestershire to involve 'lay persons and volunteers' in the carrying out of local Healthwatch functions and decisions which relate to those functions, known as 'Relevant Decisions'. The requirement to involve volunteers and lay people is reflected in the governance arrangements which Healthwatch Worcestershire has put in place, principally through the Reference & Engagement Group, the Volunteering and Company Membership schemes and the co-option of Company Members to 'Board Meetings in Public'.

2.1 The Reference & Engagement Group

The Reference & Engagement Group has evolved from the Stakeholder Group. Its approved Terms of Reference explain its purpose which can be summarised as:

- Providing advice and guidance to the Directors in undertaking the work of Healthwatch Worcestershire,
- Providing quality assurance and
- Extending the reach of Healthwatch Worcestershire into Worcestershire's diverse communities.



For example, we plan to invite members of the Reference & Engagement Group to join the 'Task & Finish' groups which we will set up to support the work on our business priorities in 2014/15. We will routinely provide members of the Group with information and use the Group as a means of gathering information.

Membership of the Group is open to any Worcestershire voluntary or community organisation with an interest in health and/or care services for local people and to 'Experts by Experience' who will have substantial experience as a service user, patient, carer or health/social care professional.

We continue to recruit to the Group and we welcome any organisation or individual interested in joining to contact us.

2.2 Volunteering with Healthwatch Worcestershire

During our first year we have been developing our Volunteering Scheme. In December we held an event which invited those people who had expressed an interest in volunteering with us to take part in shaping our Volunteer Policy and Activity Profiles. This event was attended by nearly 30 people including representation from two of the local Volunteer Centres who were able to provide expertise. All delegates were involved in the development of our Volunteer Policy and Activity Profiles. Early this year we carried out our first round of recruitment and we now have 12 volunteers who are enthusiastic to support Healthwatch Worcestershire in its work.

We have five different roles volunteers can carry out, with a profile for each role. Roles are:

- Delegate
- Business Support
- Marketing and Communication
- Research and Intelligence
- Enter and View

Volunteers will also be invited to take part in the 'Task & Finish' Groups, referred to above, which will support our work on business priorities in the future.

If you are interested in volunteering with Healthwatch please contact us.

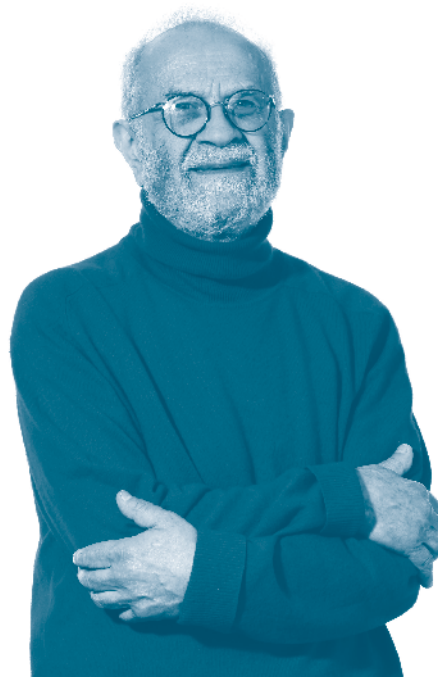
2.3 Company Membership Scheme

The Articles of Association require that Healthwatch Worcestershire has a company membership scheme.

The Directors have, following lengthy discussions with the members of the Reference & Engagement Group and in Board Meetings in Public, set up a scheme of membership which is open to those who play an active role in the business of Healthwatch Worcestershire. Members will be co-opted to the Board at Board Meetings in Public.

Membership of the company scheme is open to our volunteers and the Reference and Engagement Group.

It is intended that the membership scheme will operate from April 2014 and that the co-opted members will have been appointed for the Board Meeting in Public which will follow the 2014 Annual Conference.



2.4 Board Meetings in Public

We have set up our governance arrangements so that matters relating to the operational business of Healthwatch Worcestershire, such as carrying out local Healthwatch functions, whilst ultimately the responsibility of the Directors are decided on as far as is possible in a public forum, reflecting our commitment to transparency.

At our 'Board Meetings in Public' people who are entitled to access local health and care services, as well as members of our Reference & Engagement Group and Volunteering Scheme, have the opportunity to participate in decision making with the Directors.

In circumstances where for good reason, such as timing, the Directors do not make decisions on operational matters at our Board meetings in Public they will normally have consulted with our Volunteers and the membership of our Reference & Engagement Group. Our process for making 'Relevant Decisions' deals with this.

Examples of matters which the Directors have decided on in public include:

- Healthwatch priorities for the coming year as set out in our Business Plan
- The budget and
- The process for making 'Relevant Decisions'.

At our launch we committed to holding up to six 'Board Meetings in Public' a year and to rotate the timing and venue around the County so that members of the public across Worcestershire would have the opportunity to participate in them.

During the year we held 'Board Meetings in Public' in Worcester, Pershore, Bromsgrove and Kidderminster.

The meetings were attended by 74 people. Records of the meetings are published on our website and are available in printed format to anyone who requests them.

2.5 Engagement with Commissioners and Providers

As the arrangements for local Healthwatch were being put in place the voluntary sector members of the Stakeholder Group made it explicitly clear that they expected Healthwatch Worcestershire to exercise its local Healthwatch functions independently of Worcestershire's commissioner and provider organisations, and most importantly to be seen to do so.

We attend meetings of the County Council, the Clinical Commissioning Groups, the Acute Hospital Trust, the Health and Care Trust and NHS England. We have developed a relationship with those organisations where we attend as a participant observer as opposed to a member with an entitlement to vote. This approach, which is respected by the commissioner and provider organisations, enables us to participate whilst maintaining our independence, free from the convention of collective responsibility.

The only exception to this policy is Worcestershire's Health and Well-being Board which as a local Healthwatch we have a statutory right to attend.

For more information about our work with the Health and Well-being Board see Section 4.1.1





3. Engaging with Service Users, Patients, Carers and the Public

Gathering patients, service users, carers and the public's experiences of and views about local health and care services is fundamental to Healthwatch Worcestershire working successfully. The 'Governance' and the 'Local Healthwatch Activities and Outcomes' sections of this report explain much about how we have gathered those experiences and views.

From the outset we have recognised that raising awareness of Healthwatch Worcestershire and its role with patients, service users, carers and the public, and particularly those who are seldom heard, for whatever reason, by the formal engagement processes run by the County Council and the NHS is very important.

We have approached raising awareness and engagement in a number of ways. These include:

- Using traditional media to communicate information and promote Healthwatch Worcestershire. In the coming year we will launch into social media.
- Allocating a geographic area of responsibility to our Engagement Officers to engage with local people who live in areas of Worcestershire where health inequalities are most prevalent.
- Providing information to all GP surgeries in Worcestershire so that our posters and leaflets are available to patients.

- Recognising that engagement with Children and Young People and Black and Minority Ethnic Communities requires specialist skills we have invited tenders from those with the skills and a knowledge of Worcestershire to assist us in carrying out local Healthwatch functions with those groups. The contracts will start in the summer of 2014 and will be a major step forward in our engagement, which has to date been focused on older people for operational reasons.

We have prepared a plan to co-ordinate our engagement activities.

3.1 Registering for information

For those who want to know more about local health and care services or want to be involved, without necessarily volunteering, we have set up a scheme so that anyone can register with us to receive information such as our newsletter or the opportunity to take part in consultations.

3.2 The 'Healthwatch' Trademark

In our view the 'Healthwatch' Trademark and associated branding is one of the benefits of the new arrangements. We have used the Trademark in all our communications, in the promotion of events, and to brand our promotional materials in support of our local Healthwatch activities.

4. Local Healthwatch Activities and Outcomes

Healthwatch Worcestershire has contracted with Worcestershire County Council to deliver the statutory functions of local Healthwatch. Our progress is summarised below, together with some Case Studies to explain how we operate.

4.1 Obtaining the views of local people regarding their needs for and experiences of health and care services and making those views known.

Since the launch of Healthwatch Worcestershire we have put in place arrangements for local people to tell us about their needs and experiences of health and care services.

Local people can contact us:

- By telephone,
- By email
- Through our website, or
- By writing to us.

We have also met with local people at events we have attended. These have included our launch, Board Meetings in Public of Healthwatch Worcestershire and the “pop-up” events we held in 2013, as well as attending various events which have been organised by stakeholder organisations such as the Active Ageing Festival.

To obtain the views of local people in relation to specific issues we commissioned 2 surveys through Worcestershire Viewpoint, to which over 6000 local people belong

For example, in response to requests from local people for Healthwatch Worcestershire

to respond to the Department of Health’s consultation on how people pay for their care and support in the future we surveyed Viewpoint members. Over 950 people responded to the survey. We used the results together with the views of a focus group which we organised to respond to the Department of Health.

The results of the survey also informed Healthwatch Worcestershire’s response to Worcestershire County Council’s consultation on its ‘Future Lives’ programme. We submitted a comprehensive report summarising the views of local people who had contacted us. We believe this report, which supported the views expressed in many other responses, was instrumental in the Councils decisions on Future Lives which followed the consultation exercise. For more information see Case Study 4.

During the year 101 local people contacted us about their local health and care services to request advice or information. We offer people the opportunity to tell us about themselves so we can make sure that we are reaching all members of the community, and monitor how local services are being provided to them.

Where necessary issues have been reported to the appropriate commissioner or provider of a service or on occasions to the Care Quality Commission.

The information has been used to inform Healthwatch Worcestershire’s business priorities for 2014/15 in order that more in depth information can be obtained and presented to the commissioners and providers of services.



Three issues which required more immediate enquiry related to:

- The complaints process relating to GP's,
- The 'Recall of a Medicine', and
- Access to 'Out of Hours Dentistry'

The outcome of these enquiries are reported in the Case Studies.

Needs Assessment) and the outcome of public consultation. The Board have established three sub-groups, the Health and Social Care Strategic Partnership Sub-group, the Health Protection Sub-group and the Children's Trust. These report annually, and take the lead on delivering the key priorities and themes set out in the Joint Health and Well-being Strategy and provide assurances to the Board that progress is being made.

4.1.1 The Health and Well-being Board

Earlier we told you about our membership of the Health and Well-being Board.

The Health and Well-being Board oversees the new system for local health commissioning. It leads on the strategic planning and co-ordination of NHS, Public Health, Social Care and related Children's Services. Health and Well-being Boards were formally established in April 2012 and became statutory bodies from April 1, 2013. The Board is responsible for the production of the Joint Health and Well-being Strategy. The Strategy is a statement of the Boards vision, priorities and goals for 2013-16, based on findings from the JSNA (Joint Strategic

Our Chair sits as a full voting member of the Health and Well-being Board to represent Healthwatch Worcestershire. Our membership of the Board provides all those entitled to access local health and social care services with a position of influence with the leadership of the County Council and NHS who are responsible for the commissioning and delivery of those services in Worcestershire.

Our presence provides Healthwatch Worcestershire with an opportunity to ensure patient and public engagement is positioned centre stage in the planning and delivery of services.

We use the intelligence which we gather from a number of sources such as the experiences we gather from patients, service users, carers and the public in carrying out our local Healthwatch functions as well as information from attending meetings with the commissioners and providers to present our views to the Board in an evidenced and structured way.

As an example of our work on the Board, we participate at strategic level in the 'Well Connected' Programme which will see the integration of health and social care services under the Governments 'Better Care' policy.

4.2 Promoting and supporting the involvement of local people in the commissioning, provision and scrutiny of local health and care services, including asking providers for information which they must make available.

We have promoted and supported the involvement of local people in the commissioning and provision of their health and care services by publishing their opportunities to participate in consultations such as the Future Lives programme referred to above and Worcestershire's Clinical Commissioning Groups plans for urgent care in Worcestershire.

In response to local people's concerns we successfully made representations to the Clinical Commissioning Groups to extend the period for the Urgent Care consultation.

We participate as observers in Worcestershire County Council's standing arrangements for consultation with service users and carers and the Worcestershire's Clinical Commissioning Groups arrangements for engaging with the public and patients.

In participating in these arrangements we have the opportunity to obtain the experiences of local people who actively engage with commissioners and providers of services.

Healthwatch Worcestershire regularly attends Worcestershire's Health Overview and Scrutiny Committee, and Worcestershire County Council's Adult Services and Children's Services Scrutiny Committees as a participant observer. As an example of our contribution on behalf of local service users we requested more information and evidence for the reorganisation of facilities for children with learning disabilities and complex needs which may otherwise have led to the closure of Worcestershire County Council's Moule Close facility and Worcestershire's Health & Care Trust's facility at Ludlow Road.

Whilst much of our work is focused on responding to issues associated with current arrangements for the commissioning and delivery of services we recognise, from a strategic perspective, that it is important that local people's views influence the development of future services. Therefore we have been, and will continue to be, actively engaged in the 'Acute Hospital Services Review' and the 'Well Connected Programme' to integrate health and care services locally.

During the year we made one formal request for information which related to the recall of medicine's issue that had been reported to us and necessitated further enquiry.

We wrote to all of the 68 GP practices in Worcestershire with a request for information as to how the recall of a medicine had been managed and received responses from 53. Of the 15 practices who did not respond 8 are located in South Worcestershire, 5 in Redditch & Bromsgrove and 2 in Wyre Forest areas. More information about this is set out in the Case Study.



4.3 Enabling local people to monitor the standard of provision of local health and care services and whether and how local health and care services could and ought to be improved.

Healthwatch Worcestershire has enabled local people to monitor standards of provision of health and care in the following ways:

- Attending the Health and Well-being Board at which Worcestershire's Health Indicators are considered.
- Attending the formal meetings of Worcestershire's Clinical Commissioning Groups and the NHS England Local Area Team at which patient safety and performance is considered.
- Commenting on the Quality Accounts of NHS provider organisations.
- In 2013 Healthwatch Worcestershire formally commented on the Quality Accounts of the Worcestershire Acute Hospitals Trust and the Worcestershire Health & Care Trust, and St Richards Hospice and Primrose Hospice as providers of NHS funded services.
- Attending the Health Overview & Scrutiny Committee.
- Participating in the 'Patient Led Assessments of Care Environment' at the invitation of Spire Hospital, Worcester as an NHS provider.
- Involving volunteers in the review of performance management information published by commissioners and providers of local health and care services, and information published by the Care Quality Commission (CQC).

Our work with the GPs complaints process, 'Out of Hours Dentistry' and the Recall of Medicines illustrates how in working with local people we have identified that services could and ought to be improved.

The Case Studies:

Case Study 1

Improving the complaints process relating to GPs

Following the national reorganisation of the NHS, from which Healthwatch was created to succeed the Local Involvement Network, we received a number of requests for information as to how to complain about GPs and how the complaints process worked.

We asked Worcestershire's Clinical Commissioning Groups and NHS England's Local Area Team how this was done in Worcestershire. We established that locally there was a lack of clarity about the complaints process, which had previously been managed by the Primary Care Trusts, which were abolished as part of the national reorganisation.

Following local discussion with our Reference & Engagement Group members, along with other local Healthwatch we escalated this issue to Healthwatch England who subsequently explored the health and social care complaints system as a national issue.

At the same time we participated in Ann Clwyd's enquiry into hospital complaints which was commissioned by the Government.

Since our initial enquires the NHS has clarified the process for complaints about primary care of which GPs are a part, and locally are consulting on advice and information for the public.

We have drafted a guide to provide information on the complaints process across the whole of the NHS; it will therefore include advice about the complaints processes of Worcestershire's Acute Hospital Trust and the Health and Care Trust, and the West Midlands Ambulance Service. It is our intention to publish the guide once we have piloted it with our Reference and Engagement Group.





Case Study 2

Out of Hours Dentistry

In January we learnt that it was difficult to access Out of Hours Dentistry, as the published telephone number did not work effectively. We raised this with NHS England's Local Area Team as the commissioners of NHS dentistry services locally. From 1 April the Local Area Team changed the arrangements for access having

commissioned NHS 111 to provide a service as the first point of contact for patients needing to access out of hours dentistry.

Healthwatch Worcestershire has tested the new arrangements for accessing Out of Hours Dentistry and confirmed that they work.



Case Study 3

Recall of Medicines

In January 2014 an issue regarding the recall of the Jext Adrenaline Pen was reported to us by a patient. The Jext Pen was recalled on 9th December 2013 as a 'Class 2 Urgent Recall Action within 48hrs by the Medical and Healthcare products Regulatory Agency (MHRA).

In this case the patient did not receive notification of this recall by their GP surgery until 16th January 2014 by 2nd class post.

Due to the seriousness of the potential consequences of this late action by the surgery, Healthwatch Worcestershire wrote to the 68 GP surgeries across Worcestershire to find out what actions they had taken to put the recall into effect. From the 53 responses we received it was clear that there was inconsistency with how recalls were dealt with. Some practices contacted the patients immediately by telephone,

some sent out letters immediately or within a couple of days, some took a few weeks to send out letters, other practices didn't action the recall until they received our letter requesting information.

We met with NHS England Local Area Team to establish their role in the recall of medicines.

Whilst the report relating to our enquiries into the recall of medicines has yet to be completed we have engaged with the Local Area Team with a view to recommending changes in the procedure to manage the recall of medicines.

The Local Area Team have told us they intend to amend their procedures and we will continue to monitor these changes to practice to ensure they work.



Case Study 4 'Future Lives'

In November 2013 Worcestershire County Council announced a public consultation on proposed changes to prevention and support services for adults and young people as part of 'FUTURE LIVES'. This is the programme through which the Council intends to manage the planned reductions in the cost of delivering services in Adult Care; £30 million in 2014/15 and then £25 million for every year until 2016/17.

Given the potential significant impact of the proposals local voluntary sector organisations, service users and carers asked Healthwatch Worcestershire to support their engagement in the consultation and to submit a response.

As a first step, we supported calls for the consultation to be extended to a full 12 weeks which the Council agreed to. We signposted services users, carers and members of the public to events that had been organised by the Council, and provided them with support to enable them to respond effectively to the consultation.

Our support involved Healthwatch Worcestershire's Directors or Officers attending 53 of the Council's public events to gather views from those attending, promoting the consultation in the local press and on local radio, attending the Council's Cabinet and Scrutiny Committees in support of individuals making representations in the public sessions, and making a presentation to the Scrutiny Committee on the views that had been gathered by us.

At the conclusion of the consultation we submitted a report as Healthwatch Worcestershire's formal response in which we drew attention to eleven areas of concern on behalf of service users, carers and the public. Before we submitted the report we agreed it with voluntary sector organisations, service users and carers with whom we had engaged and it has subsequently been published on our website.

Our response was one of several thousand that were received by the County Council. As a result of the consultation the Council decided to commit a further £3m to fund Adult Services in 2014/15 to reduce the immediate impact of the more significant proposals in the programme, together with a commitment to involve community service groups in a partnership approach to establish how services can be configured in the future.

We will continue to monitor the commitments the County Council gave at the end of the consultation, and to participate and support the engagement of services users, carers and the public in the arrangements the Council has put in place to take 'Future Lives' forward.



4.4 Providing advice and information about access to local health and care services so choices can be made about those local services.

We refer to this statutory function of local Healthwatch as 'Signposting'. We have provided this service since Healthwatch Worcestershire was launched on the 1 April.

We have agreed and published a Service Level Agreement for the delivery of this service to the public. We have taken the decision not to create our own directory of publicly funded health and social care services which are available in Worcestershire as the County Council and the NHS organisations are required to provide advice and information about services they commission and provide to the public. Therefore we will typically 'signpost' enquirers to the relevant commissioners or providers for information. This approach enables us to monitor the availability and effectiveness of the information published by commissioner and providers.

Our Service Level Agreement commits us to responding to an enquiry, whether it be by telephone, email, post or personal visit to our registered office within the following working day.

During the year we achieved 100% compliance with the Service Level Agreement and did not receive any complaints in relation to the service we provided. In March we introduced a customer satisfaction survey that all enquirers are offered the opportunity to complete.

Providing this service requires a knowledge of who does what across the health and social care commissioning and provider sector in Worcestershire. Many of the requests for advice and information, about health services in particular, are complex. We are grateful for the support provided by Worcestershire's Clinical Commissioning Groups and NHS England's Area Team in providing information to us to deal with the enquiries.

The 'Signposting' requests we receive provide invaluable insight into local peoples' experiences of health and care provision across Worcestershire.

Of the 101 requests we have received for advice and information we referred 13 enquirers to Onside Advocacy to access the independent advocacy service for health.

4.5 Our Relationship with Healthwatch England and the Care Quality Commission

The Regulations can be summarised as requiring a local Healthwatch to collaborate with Healthwatch England and the Care Quality Commission.

Healthwatch Worcestershire has developed an excellent working relationship with Healthwatch England and with Susan Robinson, the Development Officer assigned to work with us during the year under review.

We supported Healthwatch England in leading the launch of local Healthwatch in the West Midlands and quality assured their Guidelines for Enter & View. We piloted the new 'website in a box' and are currently a member of the 'core pilot group' for the Customer Relationship Management system that Healthwatch England is developing and intends to deliver to the local Healthwatch network in September 2014.

We have submitted information to Healthwatch England in relation to the complaints process, sensory impairment, and the recall of medicines.

We established a local link with the Care Quality Commission and have provided advice on how themed inspections should be carried out, as well as responding to requests for information in relation to the inspections of the Dudley Group of Hospitals and services for those with dementia.. We have also reported a service users' concerns about a residential care establishment to the CQC which resulted in regulatory action.



5. Financial Information

In this section we have reproduced financial information for the accounting period 20 February 2013 to 31 March 2014 from the report we are required to submit to Companies House by the Companies Act. The report has been prepared by Attwoods Accountants and contains the quality assurance statement they have issued in respect of our accounts. The report will be approved by the Directors at the Board meeting in Public on 25 June 2014 before it is submitted to Companies House.

Healthwatch Worcestershire contracted with the County Council to deliver the local Healthwatch functions for a 2 year period from 1 April 2013 to 31 March 2015 for £320,000 per annum, which is the sum 'allocated' by the Department of Health for the provision of local Healthwatch services in Worcestershire. The County Council has an option to extend the contract for a third year by mutual agreement with us.

In 2013/14 the County Council paid Healthwatch Worcestershire £320,000 under the contract, and made a grant of £50,000 to fund start-up costs.

5.1 Detailed Income and Expenditure Account for the Period 20 February 2013 to 31 March 2014

Healthwatch Worcestershire (Registered number 08411386) Detailed Income and Expenditure Account for the period 20 February 2013 to 31 March 2014		
	£	£
Income		371,432
Expenditure		
Salaries including Employers NI	159,833	
Staff travel	8,171	
Staff training	1,310	
Serviced accommodation	6,969	
Telephony	4,866	
Stationery	2,702	
Post	314	
Information technology	2,228	
Insurances	4,213	
Professional Services	17,774	
Engagement	17,987	
Volunteer travel	313	
		<u>226,680</u>
		144,752
Depreciation		
Computer equipment		<u>2,518</u>
NET SURPLUS		<u>142,234</u>

The surplus of £142,234 has occurred as a consequence of delays in staff recruitment caused by an organisational review and the need to assess and specify the infrastructure to deliver local Healthwatch functions within a start-up organisation of the size of Healthwatch Worcestershire.

The surplus will fund the budget that the Directors have approved for 2014/15, which is planned to reduce the surplus by the end of the financial year.

In the coming year we will aim to provide more detailed information about how the budget is spent on individual activities.



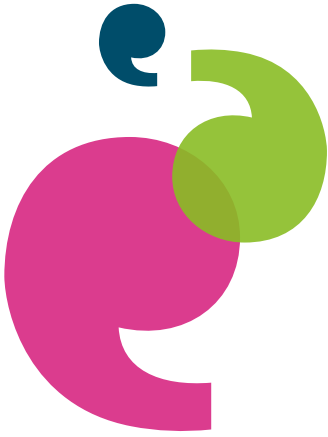
6. Business Priorities for 2014/15



We have developed a business plan for 2014/15 which sets out the priorities that we will focus on.

- **Relationship Management**
- **Signposting**
- **Engagement with consumers**
- **Engaging in Service Redesign and Integration**
- **Organisational Development**
- **Business Priorities:**
 - **Sensory Impairment, including sight and hearing**
 - **General Practitioners, accessibility to services and the complaints service**
 - **Adult Social Care, developing a process to enable local people to monitor the standard of local care services, including the use of Enter and View**
 - **Mental Health Services, focus on GP provision and support provided to those with a mental health crisis**
 - **Children's Services, focusing on engaging with parents of children who access services and young people, including the use of digital media**
 - **Engaging with Black and Minority Ethnic Groups & Communities in Areas of Highest Need**

We need to be able to retain the flexibility to respond to issues as they arise. In the year ahead we will be improving our processes to obtain feedback about our services.



7. Notes

We will publish our Annual Report on our website, as well as making copies available at our Annual Conference, in public libraries and the Worcestershire HUB contact centres, and to anyone who requests a copy. We have engaged Speak Easy NOW to prepare an accessible version of the Annual Report for us.

This Annual Report has been published by Healthwatch Worcestershire in accordance with the relevant legal requirements.

Healthwatch Worcestershire
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