



2020-21

# Annual Report



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# Message from our Chair

It's long - too long, but there is a lot to say in this remarkable year

What do you say when it's all been said so many times before: one massive thank you to everyone. That's right and I mean everyone; every person who has observed hands, face, space - the simple things are often the best.

From the health and social care workers on the front line to the boffins in the backroom, whose careful planning ensures the virus is controlled and surges stemmed.

Those not often seen or praised who plan and ensure the vital supplies are there, especially the vaccine, should also get the recognition they deserve. Yes, and what about the miracle of science; not only the creation but the speed of the creation of vaccines.

If we have learned one thing it's how to get it done quickly, safely and delivered at pace. And what about the volunteers in the community delivering essential supplies with a kind word and a smile? Volunteers and professionals in the community hubs, oiling the wheels of that slick operation of administering the vaccine. I benefited: in, checked and vaccinated in the wink of an eye.

## So get the jab!

And afterwards let's hope there is a summer of happiness to be spent with family and friends.

It's my pleasure to say another sincerely meant thank you to the Healthwatch Team: staff, volunteers and board members without whom we could not do as much as we do.

The first achievement, especially through such a uniquely difficult year, is the stoicism of the staff carrying on untrammelled when their capacity was significantly reduced. They found new ways to commission work so our priorities continued to be met.

The staff have continued with their main task of getting the people's voice heard, and have produced some excellent work in support of this goal; albeit having to learn how to call your house your office; while still making it feel like home.

Board members all have an area of health and social care which they oversee. They make sure staff are supported and a keen eye is focused and the poignant questions asked about health and social care, which seeks to ensure that the services are delivering for the residents of South Tyneside. Having said that we recognise that the Trust, in addition to continuing to cope with the ravages of COVID, is directing as much of its staff's energy and resources at reducing the backlog of cases the pandemic has caused.

If we are considering achievements with impact, our Young Healthwatch team continues to deliver great work. Work that has been recognised by Healthwatch England, and used in evidence to the Health and Social Care Select Committee to show the improvements that a well worked project can have on the provision of services. The evidence is being used to ensure that Healthwatch nationally continues to be recognised as your health and social care champion.

I can hear our mature volunteers saying "but we need to be better involved". It is difficult during a time of limited public freedoms to keep everyone involved and on board and yes I accept we can do better. I have given a personal commitment to meet our volunteers personally, and everyone will have the staff, board members and my support to see if we can get the old spirit back into volunteering with Healthwatch.

We need to acknowledge our partner organisations across the whole community; a long but non-exhaustive list is reproduced on pages 14 and 15. There is only so much you can do on your own, but with the help of partners and volunteers you can do so much more. We are particularly conscious of partners, who we work with closely, whose place of work is subject to national change.

All at Healthwatch wish you well during this period of change and hopefully manageable uncertainty. We hope we will be able to maintain the working relationships that have been so mutually beneficial for the people of South Tyneside. In particular we wish the team at the Clinical Commissioning Group, who are directly affected by the changes, well for the future.

We hope we will see previous colleagues providing their diligence and expertise within the new organisation for the North East and North Cumbria, which will be charged with improving people's lives. Moreover we intend, as a group of Healthwatch, representing the 3.2m people across this vast urban and rural area, to work together so that we can support the leadership of the new structure to hear clearly the voice of the local populations we serve.

We have not let the pandemic stop us from making good progress against most of the priorities we set for ourselves in last year's annual report. There have been successes even in this most difficult time. As stated earlier, Young Healthwatch have produced a nationally recognised report on young people's sexual health services.

The completion of the work to provide a new Palliative and End-of-Life Care Service is to be announced. We have been actively involved in the development of the new service since the untimely closure of the much loved St Clare's Hospice in Jarrow, and we will keep a watchful eye to see that the new service delivers what has been promised and continues to develop.

Not all benefits are achievable in the short term so the commitment to follow through

is another aspect of the way we work. Not everything goes your way. There continues to be disappointment about the level of public involvement we have managed to achieve, together with the support of our colleagues in Sunderland and Durham, in the redesign of hospital services being developed as a consequence of the Path to Excellence project.

We are hopeful, however, given the expressed wish in the new statutory body's guidance, that there will be a change in policy towards lay involvement in this major rearrangement of hospital services.

I would like to finish on a personal note. We were delighted to support our Young Healthwatch Co-ordinator, Tara, who has been put forward for the Queens Award for Covid-19 related work. As well as being supported by us, Tara was also endorsed by the Leader of South Tyneside Council. It shows how self effacing Tara is, for in answer to an email about clarification Tara added: "I did win The North East Business Awards last week in the social impact category."

It is a double year to celebrate individual contributions to the people of South Tyneside. Shobha, our longest serving board member, is retiring from our board this summer. Shobha is a true pillar of the community, having been at the heart of health services, both as a professional and volunteer for many years, and a board member of Healthwatch from the start. We will not say goodbye but au revoir. Shobha will always get an emeritus welcome from the Healthwatch team.

**Peter Bower**  
**Chair**





# About us

## Here to make health and care better

We are the independent champion for people who use health and social care services in South Tyneside. We're here to find out what matters to people and help make sure your views shape the support you need, by sharing these views with those who have the power to make change happen.

## Helping you to find the information you need

We help people find the information they need about services in their area. This has been vital during the pandemic with the ever-changing environment and restrictions limiting people's access to health and social care services.

# Our goals

## Supporting you to have your say

We want more people to get the information they need to take control of their health and care, make informed decisions and shape the services that support them.

## Providing a high quality service

We want everyone who shares their experience or seeks advice from us to get a high quality service and to understand the difference their views make.

## Ensuring your views help improve health & care

We want more services to use your views to shape the health and care support you need today and in the future.



“Local Healthwatch have done fantastic work throughout the country during the COVID-19 pandemic, but there is more work ahead to ensure that everyone's views are heard. COVID-19 has highlighted inequalities and to tackle these unfair health differences we will need those in power to listen, to hear the experiences of those facing inequality and understand the steps that could improve people's lives.”

Sir Robert Francis QC, Chair of Healthwatch England

# Highlights from our year

Find out about our resources and how we have engaged and supported people in 2020-21.



## Reaching out

We attended 67 meetings of other organisations - both virtually and in person. We heard from 165 young people aged between 13 and 25 about their experiences using the sexual health service. Our website had 9,720 unique page visits and our Facebook posts reached 34,400 people - a 33 per cent increase on the previous year. Healthwatch also helped people who contacted us by email, telephone, via our website or by referral with a range of health and social care issues during the year.



## Making a difference to care

We have published reports on sexual health services for young people, encouraging hard to reach groups to get into volunteering, about our role representing Healthwatch England on the National Audit of Care at the End of Life (NACEL) Advisory Group, and on Enter and View visits to two wards at South Tyneside District Hospital prior to the first national lockdown in 2020. The ten recommendations we made in the 'Let's talk sex and your health' report have led to a number of service improvements called for by the young people we surveyed.



## Responding to the pandemic

A number of people contacted Healthwatch after experiencing difficulties booking Covid vaccination appointments. In some cases we were able to arrange an appointment direct with the patient's GP practice, but in others we needed to raise their concern with South Tyneside Clinical Commissioning Group to secure a resolution. We have also heard the views of more than 130 people about their own experience of the Covid vaccination in the borough via a monthly online survey with Healthwatch Sunderland launched in March 2021. An overwhelming 96 per cent rated their experience as either very good or good.



## Health and care that works for you

- Seventeen volunteers, including seven of our eight board members, helped us to carry out our work, contributing 33 days during the year
- We employ four members of staff
- We received £103,809 in funding from our local authority in 2020-21.



New end-of-life and palliative care services are provided at Haven Court in South Shields

# Impact, follow through, initiative and learning

## Our work with partners on palliative and end-of-life care

Following a Care Quality Commission (CQC) inspection in September 2018 the much loved local hospice St Clare's Hospice in Jarrow temporarily ceased operations. To the shock of local people it then closed suddenly in January 2019, having provided care to the terminally ill for three decades.

We met with the then Chief Executive of the Clinical Commissioning Group (CCG) in October 2018 to stress that we could not ignore the temporary closure, needed to be assured that proper arrangements were in place to meet the needs of local residents, and to offer to work with the CCG on the re-provision of a local service.

We were assured that residents' needs would be met and the offer of support was welcomed. Because of the way St Clare's closed the following email was sent on January 31st 2019: "Does the CCG have a strategy and/or a strategic plan for palliative care in South Tyneside?"

After a couple of meetings it was agreed that a strategy should be written which the CCG would act as custodian of across South Tyneside and a process of co-design would be commissioned to provide a basis for a new model of care.

The CCG duly found the expertise to undertake the co-design process and we joined a large gathering of lay and professionals, in the field, to decide on a new model. The sessions were expertly run over three weeks in June 2019. It was a thorough, enjoyable and shared process. It was also real because the participants were given during a shortlisting process the constraints the CCG would have to work within.

It should not be forgotten that the funding of hospices is an extraordinary process, with most hospices relying on the generosity of mainly local donors for 60 per cent of their income. Often the remainder of the funding is made up by the CCG, which was the case in South Tyneside.





The second challenge was that it is not the responsibility of NHS trusts to provide hospice services.

At the end of the process a shortlist of options was written up and received by the CCG and partners in a 175 page report; we hold it in our archive as a key document. The CCG and Healthwatch were determined to see it as a working document and not one for the shelf.

Through a series of sometimes tough meetings the strategy and new model evolved. Along the way, due to our interest in this vital area of care, Healthwatch South Tyneside became a member of the Palliative and End-of-Life Care Leaders Group and the representative for Healthwatch England on the National Audit for Care at the End of Life Advisory Panel.

These things take time and you have to keep at it and we are very pleased to say that the CCG will report formally very soon that the new model is up and running. The strategy has been signed off by the Strategic Alliance Executive, which has members from the NHS, the local authority and lay membership of which Healthwatch South Tyneside is a part.

We are not saying we did this but we are saying we did see it as a priority and acted quickly, we did help initiate the required action, we did follow it through, it has had positive spin-off and we are a proactive partner and very pleased to see a positive outcome.

The new model will never be a St Clare's, but it was never meant to be and you can't replace a cherished service like St Clare's. However, the provision of local palliative and end-of-life care has been secured for local residents at new facility Haven Court and with the strategy, a further sudden closure will not happen again.

Is there more to come? Yes. We have just started working with the Leaders' Group on using the performance report as information for action. We will also be writing to Healthwatch England (HWE) and asking their senior team to take up at least safety net funding for hospices with the National Health Service Executive (NHSE), because one of the impacts of Covid has been to reduce significantly charitable giving across all sectors of society.

## Our work to gain appropriate participation in the Path to Excellence Programme of our local Trust's redistribution of services



**There have been some disappointments but we keep on trying to achieve public involvement.**

Local Healthwatch have a clear statutory role under the Public Involvement in Health Act 2007 and the 2012 Health and Social Care Act for:

**“promoting and supporting the involvement of local people in the commissioning, the provision and security of local care services”**

The Path to Excellence programme began in 2016 and was established by the former South Tyneside NHS Foundation Trust and City Hospitals Sunderland NHS Foundation Trust in response to unprecedented service demand and financial challenges facing the NHS.

The aim of the clinically-led service review programme is to ensure effective and efficient services are sustainable across the communities served by the local hospitals. Public consultation commenced on the proposals for Phase 1 of the programme in 2017, the Trusts merged in April 2019 and the Phase 1 proposals were implemented in August of the same year. Phase 2 of the programme commenced in late 2017, however was paused during the Covid-19 pandemic with work re-commencing recently.

The significant redistribution of services caused much consternation in South Tyneside and an active campaign group was formed. It is acknowledged that Healthwatch are represented on the Path to Excellence Stakeholder Group, however, the role and scope of the group is prescribed by its terms of reference.

It was agreed to open a dialogue between the three Healthwatches about participation in the core re-design process, therefore Healthwatch South Tyneside hosted a board meeting for all three Healthwatches whose residents use the Trust's services. Following that meeting a first letter was sent, on behalf of the three Healthwatch chairs, to the

Clinical Commissioning Group's Accountable Officer requesting contributing observation status on the re-design group.

This was refused on the basis that the statutory consultation with the public about the changes had been found to be exemplar by the Consultation Institute, therefore there was no need to change the process of engagement with local people.

It was pointed out that no matter how good the consultation was it did not amount to being fully involved in the programme; many academic articles, using Arnstein's Ladder of citizen participation, point out the subordinate position of consultation to participation in community involvement.

Following the refusal, the Healthwatch chairs decided to write again, this time using an argument supported by international research evidence, that involving the public directly or by proxy, had led to health improvement outcomes in similar transformations. Again, the request was refused, on principle, without any supporting rationale.

The letter was discussed with local partners and it was decided to write back but on this occasion not to request involvement but asking why, on the basis of objective evidence, participation was unreasonable.

While drafting the correspondence for this approach the Integrated Care System - design framework was released by NHS England and Improvement. The guidance is wide ranging and clear about working with people and communities on major changes in services:

**“Arrangements in a system or place should not just provide mechanism for commentary on services but should be a source of genuine co-production.”**

*Page 35 of the Integrated Care System - design framework.*

It is hoped the new and existing statutory bodies will see the Healthwatch request more positively.

## What did we learn from coping with the pandemic?

We had significantly reduced capacity. Not only were we working from home without access to essential technology and the information it contained to enable us to do our daily business, but one of our staff had to shield and we were starting to get concerned that our ability to engage appeared to be limited and our work plan was left in the doldrums.

But we did have savings, and we were prepared to try new ways of working, at least for us, so with the support of the board we decided to commission work. Incidentally, this was an idea passed on by a non-executive director at our local trust - the spin offs of partnership working eh!

We took on board the non-executive's suggestion and contacted two community research companies and asked them to quote for the work. They were then invited to pitch their work to a team of board members and staff. We found them both very professional and so focused on our needs so that we could not decide between them. Therefore, we decided to award them a project each and see what they delivered; the proof would be in the pudding so to speak.

Next came refining the scope of the work and drawing up the questionnaires. Again this was a co-design process involving a board and staff member team and, to help us get it right, the research team at Healthwatch England.

The final questionnaires were far different to the initial drafts provided by the firms. We found they knew their business and we knew ours but not necessarily vice versa, but between both groups we got user friendly but focused online documents.

The surveys, in the context of the impact of Covid, in the fields of care home residents, carers and staff and adult mental health, have been collecting data from the public and staff for about a month. The initial numbers answering the surveys looks promising and



we expect the draft reports at the end of June and July. We will then evaluate the process, so watch out Healthwatch England, we'll be back to pick your brains again. Once evaluated, the board will formally consider whether it is worthwhile using this strategy as a permanent string to our bow.

### So, what did we learn:

- how to learn - it is amazing what you don't know but learning is a skill in itself
- how to better specify and scope a project
- how to design and more importantly hone a questionnaire until it is the right instrument for the job
- how to relate more confidently with the commercial sector
- the importance of using knowledgeable third parties to help: Healthwatch England's Research Team
- the importance of constructive criticism - our chair has a saying: if you open your work to comments and then use them, you get a better product, but, as author, you get the credit!

### Future learning:

- how do we evaluate the costs and benefits of this way of working
- assessing whether it is value for money
- assessing whether it was value for money.





# Then and now

## Sexual health services for young people

### Then: Young Healthwatch volunteers call for review after relocation

The volunteers aged 16 to 25 who comprise the Young Healthwatch South Tyneside team highlighted sexual health as a key issue for young people when the group was first formed.

Following the decision in late 2018 to relocate the well-established Sexual Health Service for young people in Stanhope Parade, South Shields, to Palmers Community Hospital in Jarrow, the Young Healthwatch team wanted to find out if the newly located service was meeting the needs of the young people using it.

### Now: Improvements to access and confidentiality agreed

The Sexual Health Service agreed to help the Young Healthwatch team find out more about what the service delivered and to survey service users to obtain feedback and suggestions for further improvements.

Over a five week period prior to the initial national lockdown in Spring 2020, the YHST volunteers visited the sexual health clinics at Palmers Community Hospital in Jarrow and Cleadon Park Primary Care Centre in South Shields to speak to staff and young people using the service.

They also conducted a community drop-in at South Tyneside College and met community groups at Bright Futures, Matrix, minority ethnic Women's Centre Apna Ghar and students at Harton Academy.

In all, 165 young people aged between 13 and 25 were surveyed and asked questions about their awareness of sexual health services and experiences of using them.

As a result of their feedback the following ten recommendations were made to South Tyneside Sexual Health Service:

- A dedicated young person clinic at Palmers Community Hospital and Cleadon Park
- A warmer more welcoming confidential area
- Consider offering later appointments and more drop-in services at the Palmers Community Hospital and Cleadon Park clinics

- Consider increasing outreach sessions in the community
- Review of wait times, to reduce the time a young person waits to prevent walk outs or non-engagement in the service
- Increase awareness of the service across all communications and partnership pathways
- More work to be done in schools and outreach to give more practical information about the sexual health services to help remove stigma
- Improve access to information and barriers in pharmacies
- Consider community locations to enable young people to access condoms, STI and general sexual health information easier
- More outreach work needs to be done improving knowledge of the service and what is available with partners, schools and hard to reach groups - in particular the ethnic minority community.

In January 2021 we published our report 'Let's talk sex and your health' in which South Tyneside Sexual Health Service outlined a series of changes in response to the survey's findings.



### They include:

- An initial telephone consultation for all enquiries
- A convenient face to face appointment slot
- The addition of Stanhope Parade Health Centre Clinic in South Shields
- Evening consultations four days of the week and a dedicated weekly drop-in session
- Improved confidentiality - the young person is always spoken to by the team, even if a parent calls initially
- A dedicated weekly young person's clinic has been launched at Palmers
- Reduced waiting times due to new triage system.

In response to Covid-19 and social distancing requirements, the service has expanded online self-testing, advice and guidance, and an online condom ordering and distribution service has been established.

A number of pharmacies are also involved in the issue of emergency hormonal contraception, advice, sexual health screening and condom distribution.

Pharmacists attend and receive relevant training with the Sexual Health Service and are well equipped to support young people across a range of community locations.

The project was singled out by Healthwatch England as an example of best practice in evidence it put forward in The Government's White Paper proposals for the reform of Health and Social Care (First Report of Session 2021-22) to the House of Commons Health and Social Care Committee.

The full report can be found on the reports page of the Healthwatch South Tyneside website.



# Then and now

## Hard to reach volunteers project

### Then: need to better engage 'hard to reach' groups

In 2019 Healthwatch South Tyneside (HWST) received a grant through the Awards for All (Big Lottery) fund to help us to bring people together and help build stronger relationships across communities in South Tyneside.

Specific aims included involving more 'hard to reach' people in our work, and listening to the often unheard residents' voice about health and social care services and using their feedback to influence service provision.

### Now: joined up partnership working and strong community links

The main aims of the Big Lottery funded project were: to seek out and encourage more people from 'hard to reach groups' to volunteer and improve their quality of life; produce a film about the benefits of volunteering; and extend the existing reach of Healthwatch South Tyneside.

The groups we sought to take part in the programme included young people and ethnic minority communities, individuals with physical or mental health conditions or disabilities and long term conditions, the homeless, those with a history of substance misuse, current or ex-offenders, and individuals living in disadvantaged areas, i.e. high deprivation.

Enhanced working with the following organisations as a result of the project have enabled us to access more easily 'hard to reach' people in response to local health and social care issues which affect their lives. This has been particularly effective during the Covid pandemic and lockdowns:

**Apna Ghar** - the first generic training session has already taken place and a new session is under discussion. Keen to work around sexual health concerns for young people.

**Autism Able** - two training sessions have taken place and HWST staff have also

organised a meeting to liaise with Autism Able staff to design new forms.

**Action Stations** - HWST has now been invited to three mental health groups to give clients a voice.

**ACTS** - there are at least three possible projects going forward, including one which will enable staff and volunteers from Age Concern to provide HWST with feedback from individuals in future months, which could reach hundreds of previously unknown participants.

**Alzheimer's Society** - a number of carers groups have expressed an interest in using the individual report forms and discussion group forms, and are also keen to link into future projects with the deaf community.

**Bliss=Ability** - we have been invited to take part in a Development Day and we are also currently looking to fund a project for the hard of hearing, which will involve volunteers learning basic signing techniques which will help volunteers liaise with Deaf Services.

**Carers Association** - we have attended groups including young and elderly carers and addiction recovery to discuss how carers can feed back to us.



**FACT (Fighting All Cancers Together)** - we have been invited to attend groups which discuss issues around cancer and bereavement care.

**Inspire** - we are working with Inspire and the volunteer co-ordinators.

**Mental Health Concern** - agreed to hold regular focus discussions for HWST, and we have been invited to attend groups regularly.

**Moving Forward** - we have been invited to all future groups that are convenient for both parties to attend and gain views or aid discussion.

**Northern Sign** - agreed to give help where necessary to hearing impairment groups.

**STREF (South Tyneside Regional Equality Forum)** - we will continue to attend meetings, forging new contacts and holding discussions with regional groups e.g. minority groups and the travelling community.

**WHIST (Women's Health in South Tyneside)** - we can now attend any women only group that WHIST is holding.

**Your Voice Counts** - we now have joint individual feedback and focus groups which give valuable feedback on how individuals cope and suggestions for making improvements to their health and wellbeing.

As a result of the new links forged, Healthwatch has been able during lockdown to attend community health and wellbeing meetings with key partners and members of the public virtually and undertake research with hard to reach groups, eg about their experiences during Covid.

Improved partnership working also enabled Healthwatch to bring together SEND leads and ethnic minority support group New Hope North East to discuss the barriers some parents of children with disabilities were facing during lockdown, to find individual solutions and identify wider service improvements.



# Encouraging women from ethnic minorities to have the Covid vaccination

Healthwatch board member Dr Shobha Srivastava MBE has used her extensive experience as a retired hospital consultant and excellent community links to run a successful campaign to encourage women from ethnic minority communities to have the Covid jab.

Dr Srivastava, also Chair of Apna Ghar Women's Centre, recorded a short campaign film and helped arrange a special vaccination day at Flagg Court Health Centre in South Shields which proved a huge success.

She said: "I was asked by South Tyneside Council to become a 'Covid champion' and produce a film to address vaccine hesitancy in BME communities.

"I did the video and sent it to everyone, and had it translated into Bengali and Arabic. Apna Ghar did a great job, getting a lot of women to watch the film, convincing them to have the jab.

"I also spoke to a lot of people who were reluctant, many because of concerns over potential side effects. There isn't a single medicine on earth that would not cause a reaction to someone, but all the Covid vaccines have been thoroughly tested and approved by the authorities as safe.

"The numbers were great at the special clinic; it was a very good turnout. My video has had a tremendous impact."

The campaign film can be seen at:  
[healthwatchesouthtyneside.co.uk/film-encourages-women-from-ethnic-minorities-to-have-the-covid-vaccination](https://healthwatchesouthtyneside.co.uk/film-encourages-women-from-ethnic-minorities-to-have-the-covid-vaccination)





Dr Shobha Srivastava MBE





# Responding to COVID-19

Healthwatch plays an important role in helping people to get the information they need, especially through the pandemic. The insight we collect is shared with both Healthwatch England and local partners to ensure services are operating as best as possible during the pandemic.

Given we could not go out into the community as normal during periods of lockdown and social distancing restrictions, attending face to face meetings, events and drop-ins, we significantly increased our online communications output during 2020-21.

This work was carried out to support the key messages from the NHS, Public Health England and local authority partners to ensure people in South Tyneside were kept informed.

During the year we published 115 news items on our website (both Covid related and non-Covid related articles) - a 50% increase on 2019-20. The site had 9,720 unique page visits, with more than 2,000 on the news pages.

We published 266 posts on our Facebook page - a 175% increase on last year - and the total reach of Facebook posts was up 33% to 34,400 people. These posts ranged from national

public information films to announcements about local health and care services during lockdown.

During the periods between October 2020 and March 2021 with less social distancing restrictions, we attended a number of local groups for our 'Your Views Count' project to talk about the work we do and the support we can offer.

We also wanted to help with any issues that individuals or groups were facing within health and social care, to raise problems to get them resolved or signpost to a service which could help.

We attended meetings of the following groups: Alzheimer's Society; Apna Ghar; New Hope North East (ethnic minority support group); Special Educational Needs and Disability Information, Advice and Support (SENDIASS) Parent Group; South Tyneside Arthritis Support Group; Woman's Health in



South Tyneside; Your Voice Counts.

Issues raised, which will be detailed in the Your Views Count report, included:

- Information about Covid is sometimes difficult to find
- Obtaining SEND support during Covid has been difficult, with many young people not being supported in education, and access to respite support has not been available with no alternative offered
- GP access has been difficult in most areas, with appointment waiting times taking up to several weeks in some cases
- Some patients did have initial difficulty booking their Covid 19 vaccine, with venues too far away
- Cancer treatment delayed and some cases of terminal diagnosis given over the telephone
- Mental health community support has been good virtually, but there are concerns

around those most vulnerable who are not online

- Getting crisis support has been a challenge for those working with vulnerable groups or those in need of mental health and social care crisis help.

Positive comments included praise for the ease and efficiency of the Covid vaccination service, and the use of video and telephone consultations with GPs being seen as a positive addition if patients are happy not to have a face-to-face appointment.

We referred patients to services that can support them such as NHS Independent Complaints Advocacy and highlighted issues with NHS, CCG and social care partners to ensure improvements are made. Local feedback was also shared with Healthwatch England.

Throughout the year we also continued to answer queries by email, telephone and online. The top four areas asked about were GP access, Covid vaccination, SEND service support and signposting to other services.

## Example case study

Here is a message of thanks from just one person that Healthwatch South Tyneside helped during the year:

*'Can I just take this opportunity to thank the Healthwatch manager for her help in ascertaining information for me about the Covid vaccine rollout in South Tyneside on behalf of my aunt. It was really helpful to have someone to rely on to give me up-to-date information at a time when there was some confusion about the rollout. My aunt had her first vaccination on Sunday 17th January at Cleadon Park Primary Care Centre and it was such a relief for us all. Thank you once again.'*



## Contact us to get the information you need

If you have a query about a health and social care service, or need help with where you can go to access further support, get in touch. Don't struggle alone. Healthwatch is here for you.

[healthwatchsouthtyneside.co.uk](https://healthwatchsouthtyneside.co.uk)

0191 489 7952

[info@healthwatchsouthtyneside.co.uk](mailto:info@healthwatchsouthtyneside.co.uk)

# Volunteers

At Healthwatch South Tyneside we are supported by 17 volunteers to help us find out what people think is working, and what improvements people would like to make to services.

This year our volunteers:

- Carried out a research project on sexual health services for young people and helped us draw up a list of recommendations in our report which have led to a number of service improvements.
- Took part in virtual coffee mornings and other online events and meetings to find out how Covid was impacting on access to services and on mental health.
- Oversaw and supported staff with their portfolios of work and co-produced key documents including our Operational Plan that informs how the board takes decisions about what we do to champion the health and social care of local people.

Our volunteers have been vital in supporting our new ways of working during the pandemic and we could not have achieved all we have without them. From producing self-care advice videos to supporting our 'Your views' virtual work, their support has been key in ensuring Healthwatch South Tyneside's work continued.

The sexual health work that was conducted by our Young Healthwatch team has demonstrated the importance of reviewing changes to services that impact young people and how having effective partnership relationships can really have an impact on service improvements.

## Would you like to be a Healthwatch volunteer?

If you are interested in improving health and social care services and want to find out more about volunteering opportunities with Healthwatch, contact us at [info@healthwatchsouthtyneside.co.uk](mailto:info@healthwatchsouthtyneside.co.uk) or call 0191 489 7952.



# Board member and volunteer

Arthur McKean has been volunteering with Healthwatch South Tyneside since its launch in 2013.

The former bus driver, who had to find a new career after being diagnosed with Ménière's disease in his early 40s, joined to bring an experienced care worker's perspective.

Since then he has carried out a variety of roles, including taking part in Enter and View visits, attending community events and conducting interviews with patients for surveys.

In 2018 he represented Healthwatch at a national celebration of the NHS's 70th birthday at York Minster. Last year he joined the Healthwatch South Tyneside board.

Describing himself as '69 years young', Arthur is a semi-retired domiciliary carer with more than 30 years' experience including work in nursing homes and dementia care.

Away from work, the grandfather-of-four enjoys regular swimming, attends a

fortnightly model railway club, and visits his wife's native Poland every year.

He said: "Being part of Healthwatch is about improving services and if I can help to do this in any way, no matter how small, I am happy to be part of a great team."



"I have the privilege to work with colleagues with such diverse experience. During my time with Healthwatch I feel my knowledge has been enriched and my understanding of the way the health service works and problems it faces. It's reassuring to me that the agencies Healthwatch works with do their best to improve overall healthcare."

# Young Healthwatch volunteer

James Moyle is one of our Young Healthwatch volunteers.

During the past year the Newcastle University biochemistry student led on designing the questions for the sexual health service survey and attended several drop-in clinics to speak to young people using the service.

He has also taken part in our 'Your Views' virtual coffee mornings, and assisted us in the design and content of the Young Healthwatch area of the website.

James, 21, from South Shields, said: "I volunteered so that I could improve on some of my core skills, such as communication and team working, to improve my applications to university and jobs."

"I think the biggest issue regarding healthcare is the spread of information and that, in many cases, the support is available to young people but people have not been made aware of how to access and use this support."



"The best way to engage with young people is through schools and colleges as well as through promotional material available at local GP practices and pharmacies."

# Our finances

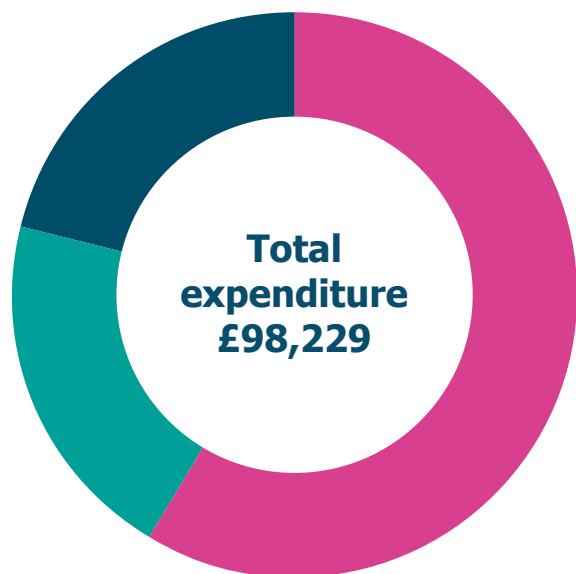
To help us carry out our work we receive funding from our local authority under the Health and Social Care Act 2012.



## Income

- Funding received from local authority **£103,809**
- Additional funding **£NIL**

**Total income £103,809**



## Expenditure

- Staff costs **£57,665**
- Operational costs **£19,866**
- Support & admin **£20,698**

**Total expenditure £98,229**





# Next steps & thank you

## Top three priorities for 2021-22

- The recovery of health and social care services following the build-up in work and changes to priorities caused by managing Covid
- Finding out what people want and need to help them with the physical and mental health issues left by the pandemic
- Identifying health and social care inequalities which affect the lives of people less well placed to cope with them.





### Next steps

As we hopefully move away from national social distancing restrictions soon, we are looking forward to resuming normal Healthwatch activities, getting back out into our communities.

We have developed lots of new links across a number of organisations through our Hard to Reach Volunteers project, and we will be attending a wider range of meetings and events as we continue our work to access hard to reach communities and individuals.

Ongoing work includes monthly surveys on the Covid vaccination scheme, a research project on the impact of Covid on mental health, and a survey of care home staff, residents and relatives.

We will also be carrying out a project looking at home care services and continuing our work with our Young Healthwatch team identifying the key issues for young people with mental health, sexual health, alcohol and drugs, and other health and care services.

### The way we work

Our Healthwatch board consists of seven members who work on a voluntary basis to provide direction, oversight and scrutiny to our activities and a Chair who receives remuneration. Our board ensures that decisions about priority areas of work reflect the concerns and interests of our diverse local community.

Through 2020/21 the board met six times (including the Annual General Meeting) and made decisions on matters such as improving access to health and social care information and advice by adding the Recite Me accessible toolbar to the website, and undertaking a research project on the impact of Covid on care home staff, residents and their families.

We ensure wider public involvement in deciding our work priorities. The board considers what the key issues are being raised by members of the public via health and care groups and organisations we work with and directly through comments and feedback via our website, social media channels and email/phone.

Our volunteers also play a key role in the development of our work programme - a good example being the young people's sexual health services report where our Young Healthwatch group highlighted the importance of the issue to their age group and this led to a research project which has resulted in a number of service improvements.

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

**We use a wide range of approaches to ensure that as many people as possible have the opportunity to provide us with insight about their experience of health and care services.**

During 2020/21 we have been contactable by phone, by email, via our website, attended virtually and in person meetings of community groups and forums, provided our own virtual activities and engaged with the public through social media.

We are committed to taking additional steps to ensure we obtain the views of people from diverse backgrounds who are often not heard by health and care decision makers.

This year we have done this by, for example, via our Hard to Reach Volunteers project which has significantly improved our community links by working with organisations including Apna Ghar, Autism Able, Bliss=Ability, Carers Association, Inspire,

Mental Health Concern and Northern Sign.

We launched a new website in May 2020 which has a large area dedicated to young people, with information and advice on services and support on alcohol and drugs, mental health and sexual health.

In October 2020 we added the Recite Me accessible toolbar, which includes a screen reader, ruler, screen mask, magnifier, margins, dictionary and a function which translates all web content into over 100 languages, including 35 text to speech voices.

We will ensure that this annual report is made available to as many members of the public and partner organisations as possible. We will publish it on our website, send to our partner database (which lists dozens of local health and care groups), share via our social media channels and send to all statutory leads. We also offer to produce it in different formats on request.







# About us

South Tyneside Healthwatch Community Interest Company is registered at Companies House as a CIC. Registered office: Hebburn Central, Glen Street, Hebburn, NE31 1AB. Company no: 10083989.

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

## Representation on local committees

Healthwatch South Tyneside is a member of the South Tyneside Health and Wellbeing Board which our Chair attends, alongside meetings with chairs from Sunderland and Durham Healthwatches and the Chair, Chief and Accountable Officers of South Tyneside Clinical Commissioning Group. We also go to the following meetings:

- Adult and Children's Safeguarding Board
- Alliance Executive Committee
- Change 4 Life Health and Wellbeing
- HealthNet
- Live Events held by the Integrated Care Partnership
- Local Emergency Department Delivery Board
- Local Healthwatch Lead Officers Meeting
- National Audit of Care at the End of Life
- North East and North Cumbria Overview and Scrutiny Committee
- Palliative and End of Life Leader Group
- Path to Excellence Communications Task and Finish Group (South Tyneside and Sunderland NHS Foundation Trust)
- Path to Excellence Stakeholder Advisory Group (South Tyneside and Sunderland NHS Foundation Trust)
- Patient, Carer and Public Experience Committee
- Patient Reference Group
- Primary Care Commissioning Committee
- Quality Account Stakeholder Group for the Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust
- South Tyneside and Sunderland Joint Health Overview and Scrutiny
- South Tyneside Service User and Carer Reference Group.





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