



**healthwatch**  
Darlington

# Healthwatch Darlington

Annual report  
2017/18



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# Message from our Chief Executive

The significant reduction in Healthwatch Darlington's (HWD) statutory budget from Darlington Borough Council, in 2017/18 from £131,000 to £78,000 for 2017/18 and a further reduction from £78,000 to £73,000 for 2018/19, 2019/20, 2020/21 has had a substantial impact on our capacity and effectiveness during 2017/18.

Initially, with only two part-time members of staff, we found it very difficult to reach out to our 107,000 population and to listen to what is important to people using services in Darlington including how effective the current services are.

However, we rose to the challenge and have managed to find new and innovative methods to ensure we remain a strong independent community champion giving local people a voice that improves and enhances health and social care provision.

We moved offices which has proven to be the best thing we ever did and was purely being in the right place at the right time! Being situated on a corner ground floor position with good street footfall we have windows acting as readymade notice boards and this has created more people visiting us and recognising our name and branding.

“We a very small dedicated team, passionate about our vision and more importantly our residents.”



We have also been successful in our income generation via a number of outside commissioners and providers and although this cannot be used to replace or subsidise the DBC statutory funding, we have been able to enhance our reputation and resilience in very challenging times.

We were delighted in being able to add two more members to our team. We might all be part-time but we use our statutory and project time well and have attracted not just local and regional but national recognition for our quality engagement work.

I would like to thank everyone for your unwavering support over the last year and look forward to an exciting and innovative year ahead.

**Michelle Thompson BEM**

# Highlights from our year



This year we've reached **448,275** people on social media



Our volunteers help us with everything from **Community Outreach & Report Writing** to **Enter and View & Research!**



We've visited **10** local services



Our reports have tackled issues ranging from **Care Homes** to **Maternity Services**



We've spoken to **87** Young People on **Sexual Health and Contraception**

We've given **1000's** of people information and signposting



# Who we are



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.

## 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.

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.

## Our vision

Healthwatch Darlington Ltd (HWD) is a strong independent community champion giving local people a voice that improves and enhances health and social care provision on behalf of the people of Darlington. HWD believe that no matter who you are, where you live or what age you are, you do have a voice and you have the right for that voice to be heard.

## 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



**Liz McAllister**  
Chairperson



**Robert Upshall**  
Vice Chairperson



**Bill Ross**  
Board Member



**Graham Teasdale**  
Board Member



**Janet Robson**  
Board Member



**Michelle Thompson BEM**  
Chief Executive Officer



**Diane Lax**  
Operations Manager



**Jemma Austin**  
Volunteer & Outreach  
Co-coordinator

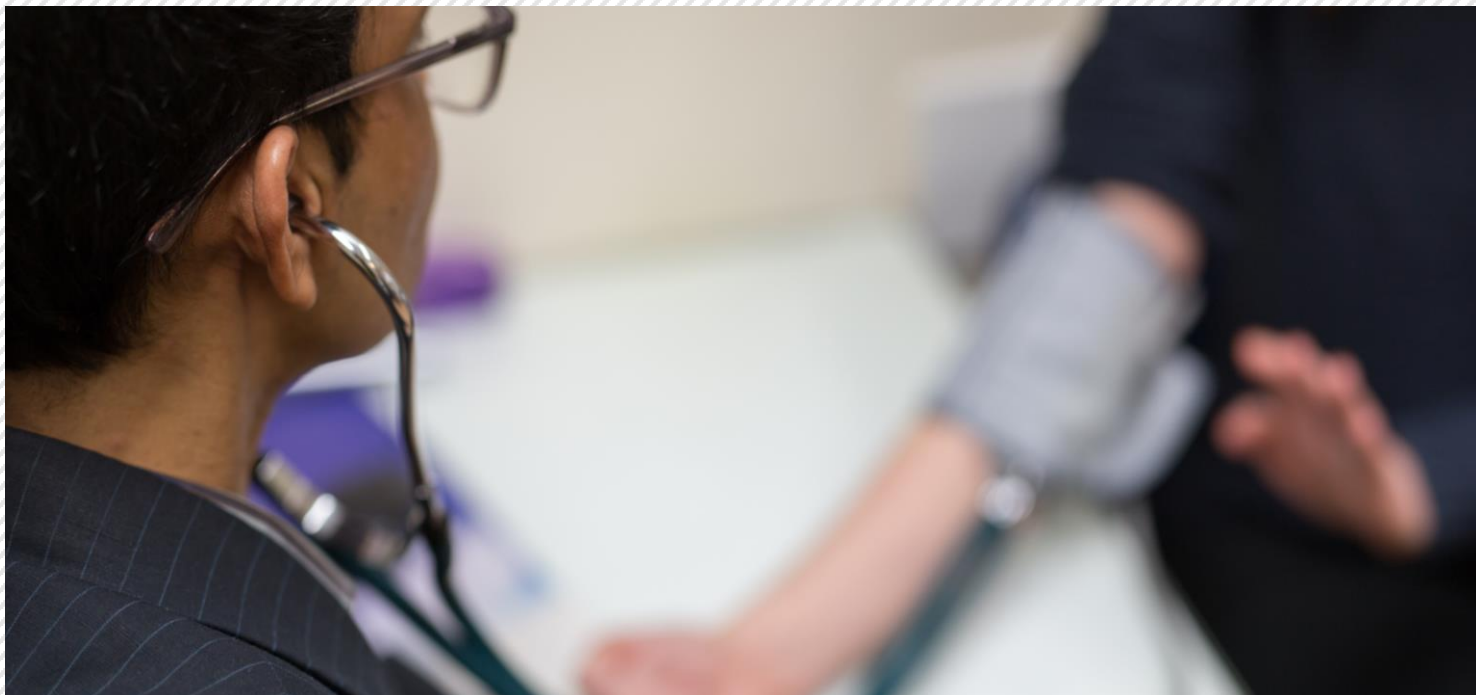


**Rachel McCabe**  
Project Officer

# Your views on health and care





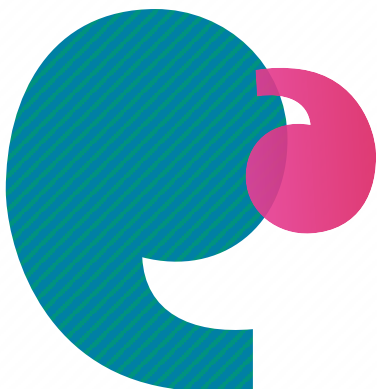


## Listening to people's views

- + **Surveys** - Healthwatch Darlington have held a number of surveys including:
  - **How did go things for you?** - We sent this generic survey far and wide and responses during the year included care homes, dentists, GP's, hospital services, mental health, children and young people, elderly, social care, drug and alcohol and raising awareness of services. Many responses were negative including attitudes, staff ratio, quality of care, cleanliness and communications. Positive responses included overall satisfaction with care and communications especially in hospital services. All comments received were recorded on our Customer Relationship Management (CRM) system and monitored for trends as well as being immediately logged on Healthwatch England's system.
  - **What's important to you?** - this survey was directed at organisations as well as individuals to encourage more collaborative working on issues and concerns that are affecting particular groups of people. We received responses regarding substance misuse, social isolation, respiratory conditions, mental health including adults and children and young people, continuing health care, cancer services and hospital discharge. All issues raised will form the basis of our action plan for 2018/19.
  - **Autism** - We gathered information regarding the transition from child to adult services for the Darlington Borough Council Adult and Housing Scrutiny Committee. All responses were forward onto the committee and included a lack of care plans and communications when transitioning services. The information is being used to better inform services of the needs of young people.
  - **Sexual Health Survey** - This was for Darlington Borough Council in December to support an external piece of consultancy regarding the re-procurement of services.
  - **360 Degree Survey** - We published our 360 Degree Survey and shared with our commissioners. On the whole it was positive, with an understanding of who we are and what we do and how funding cuts may have an impact on our capacity in the future. Negative comments were very few and regarded lack of focus on particular conditions, membership and social care issues.
- + **Telephone** - comments and experience is gathered via our landline and mobile telephone numbers on a daily basis with conversations lasting from 5 minutes to an hour depending on the issues or information needed.



- + **1 to 1 interviews** - these are used when we are gathering data on a specific topic or condition.
- + **Focus Groups** - these are a popular means of engagement where people with a particular interest or condition meet with us to give us specific feedback.
- + **Online** - people can share their experiences with us via our website or social media presence.
- + **Face to Face** - members of the public share their experiences with us in the office environment and in our community outreach locations.
- + **Health Connectors** - Our wonderful volunteer Health Connectors help us to engage with our communities on a weekly basis either via social media or at our various outreach locations whilst also helping to signpost and share information.
- + **Community Outreach** - We raise awareness of local health and social care services through our information and signposting and we gather feedback from patients, carers and the public about their experiences which influences local decision making. We hold our outreach in various community settings throughout the month to provide a place the public can visit to ask any questions or share their views around any issues they may have. Over the past year we've shared information on many new services, groups and news and have had some great feedback on ongoing services already out there.
- + **Youthwatch** - By listening to the views of our young volunteers we can identify issues and concerns with different services and work towards influencing the way services are delivered.



- + **Events** - Healthwatch Darlington have a wealth of expertise in event and engagement management and enjoy good working relationships with many organisations and individuals across Darlington through our effective 'network of networks'. Working together with organisations we are able to achieve the following aims:
  - Involve service users, patients and the public in planning and developing both new and existing Health and Care Services so that services are provided to meet identified needs in the community that fulfil the stated needs and aspirations of the population.
  - To ensure active listening and feedback to service users, patients and the public to prove that their stated views have made a difference by means of publication via newsletters and local reporting.
  - To ensure that all the views of service users, patients and the public in the area have an equal opportunity to be articulated, including those groups who are often on the margins of society.
  - To ensure that health care is based around need and is sensitive to peoples differing values and preferences.
  - To ensure that service users, patients and the public are fully engaged in the process of information giving and receiving and the design of patient information.

## Making sure services work for you

In 2017/18 we carried out 8 Enter and View visits including 5 Care Homes and 3 visits to Urgent Care Services

### Care Home Experience Enter & View

Healthwatch Darlington carried out a series of visits across premises throughout Darlington to ascertain the quality of life and choices offered to Darlington residents living in a Care Home and how staff and relatives feel about working or having their friend/relative living in a care home.

The visits were conducted by announcing a visit with the Manager who was given 4-week's notice to send out posters and surveys in advance for residents, family/friends and staff to complete at their leisure.

Dates were agreed for each visit where we observed the condition of the premises, and the interaction between the staff and residents.

In addition, we talked with residents, with family/friends and with staff about how they felt about living and working in a care home. This was with the exception of one care home, where surveys were completed and handed to Healthwatch representatives when we arrived.

**“Sometimes there isn't enough staff which means there is no one to call for covering shifts if someone calls in sick or to pick up the extra ones”**

Information gathered varied from care home to care home with some homes just having a few responses from residents and others just a few from staff.

Five care homes were visited, these were chosen at random after a Healthwatch Darlington team member attended a Care Home provider meeting. The option to post surveys was also given by providing freepost envelopes.

**“Staff are fantastic in every way, the home could probably do with a few more staff at times”**

The homes were all very welcoming, with the manager or senior member of staff greeting us and introducing us to the environment, staff, visitors and residents. We were able to look around the communal areas where the majority of notice boards were up to date.

**“I would like to be taken out on more occasions”**

The cleanliness of all homes was very good and in some homes decoration was taking place which enhanced the brightness and welcoming feel of the homes. All the staff were very helpful and friendly in each home we visited, the interaction between residents and staff was very kind and caring.

**“I enjoy my job as an activities coordinator, I like to see my residents happy and I'm always there for relatives and staff”**

Residents seemed content with their surroundings and anything negative was generally related to sharing and would occur in any group setting, for example what to watch on the TV. Staff were committed to caring for the residents and treated everyone as an individual.





The Healthwatch Darlington team of staff and volunteers would like to thank all residents, family, friends and staff for their time in completing the surveys and talking to us. All the homes were very welcoming, open and honest during our visit and is very much appreciated.

#### Healthwatch Darlington recommendations:

- Promote ratio of staff to number of residents so that the staff delivering the service, the residents receiving the service, and relatives of residents visiting understand the requirements set out by the Home regarding the number of staff per number of the residents.
- For staff to spend more time with residents where possible, giving a better 1 to 1 service.
- For residents to be given the opportunity to get out doors in the fresh air more, either in the garden or by trips out.
- For staff to be more mindful of their team listening skills and to act on any perceived communication breakdown.
- Being aware of small housekeeping issues as these can make a big difference to residents if rectified.

We shared our list of recommendations as shown above to all Care Homes involved and forwarded our report to the Care Quality Commission, Darlington Borough Council Commissioning Team, Healthwatch England and the public. We received a very positive response from all the care homes, the commissioners and the Care Quality Commission. We intend to repeat the visits with other Care Homes in Darlington in 2018/19.



#### Urgent Care Enter & View

The Urgent Care Centre moved from Doctor Piper House on King Street in Darlington on December 14th 2016 to be located alongside A&E at Darlington Memorial Hospital. Six months later NHS Darlington Clinical Commissioning Group (CCG) were interested in patient, carer and public views and experience of the urgent care service and it's new location. The CCG approached Healthwatch Darlington for help and support in obtaining those views.

Healthwatch Darlington's staff and Enter and View volunteers spoke to patients over two days (at different times of day) to capture their views of the service.

The aim of the questionnaire's was for the CCG to learn what was liked about the service and what could be improved. 3 visits were completed by Healthwatch Darlington and all surveys were sent to the CCG's North of England Commissioning Support (NECS) team for analysis and to ensure the service is working for the people of Darlington.



# Helping you find the answers





## How we have helped the community get the information they need

We continue to signpost patients by raising awareness of services through engagement events, community outreach and communications such as our weekly e-bulletin and daily social media.

We direct residents to the right services at the right time which means time is saved, there is no duplication amongst services and we help to decrease the pressure on some of these services.

We provide people with information and signposting about local services and help them to navigate the health and care system in order to take more control of their own health and care.

We provide information about access to local services so informed choices can be made, and promote and support the involvement of local people in the commissioning, provision and scrutiny of local health and social care services in the town.

### E-Bulletin

Our increasingly popular E-bulletin is produced weekly and delivered to over 800 email accounts. These are a mixture of stakeholders and the public. Information includes updates on HWD activities as well as community event promotion and information and signposting to other organisations and groups locally, regionally and nationally.

### Healthwatch Signposting Directory

We have published three issues to date which are forwarded to GP practices, social care settings and many other community venues. These directories are praised highly around the town and share vital information with many people around the Borough.

### Livingwell Darlington Directory

This is a new Darlington Borough Council service that provides information and signposting to a wide range of services, activities and organisations across the Borough, to help everyone find the support they need to live healthy independent lives. Healthwatch Darlington is responsible for inputting and updating all voluntary and community sector groups and organisations.



## Working Population

Capturing the views of the local working population enables HWD to unlock the potential of the 'silent majority' who are traditionally not involved in engagement. Through business newsletters, social media and local business directories we have been able to help the public understand how services operate, signpost people to the right services at the right time and develop a deeper relationship with our local community.

## Community Outreach

As well as information gathering within our community, we use various community venues to inform the public about local services, signpost them to the correct help they need and distribute general health and social care information. Examples of conversations had are as follows:

- A person shared concerns about a relative who needed to know who to contact if a family member, who is over the age of consent and receiving care is not sharing information due to their illness. The relative had previously been involved in their care but now no one is telling them what is happening to the family member. HWD suggested contacting the service, which locally is Tees, Esk and Wear Valley NHS Trust and also NHS England for available options and guidance.
- An individual sought help from HWD regarding making a complaint after receiving an injury when given an injection incorrectly. They said when they asked NHS staff what they could do about it, they felt '*fobbed off*' after being dismissed. HWD suggested they contact the hospital Patient Experience Team initially, before seeking advice from the Independent Complaints Advocacy Service (ICAS).
- A person had concerns they may have cancer and due to the experiences of someone they knew wanted to see someone urgently to assess if it was something to worry about. They asked about the walk in centre at Dr Piper House and Healthwatch Darlington told them that Urgent Care is now situated next to A & E at Darlington Memorial Hospital but first and foremost they need to see their GP. The person was still very concerned so were advised to call 111 or their GP to discuss their options before visiting Urgent Care as there may be a very long wait depending on how they are triaged.
- An individual told Healthwatch Darlington that they had tried to apply for a Personal Independent Payment (PIP) on a few occasions

and not been accepted. They suffer with epilepsy and could have a seizure at any moment. They have a new problem and use a walking stick to get about and they have an emergency lifeline cord in their home. They were receiving payments from Darlington Borough Council for personal care but this has now stopped as well. They are getting support from Citizens Advice Bureau from a welfare officer who will be looking into their entitlement for these benefits. The person would like to share their experiences in the future if Healthwatch Darlington were to look into people's experiences of claiming for PIP. We logged their experience and due to a number of concerns raised regarding PIP, will now look at Continuing Health Care (CHC) and PIP for the Healthwatch Darlington action plan in the new financial year.

## Darlington Organisations Together (DOT)

Healthwatch Darlington continue to support this Borough wide network, bringing together and encouraging local Voluntary and Community Sector organisations from all areas of health and wellbeing to join together to discuss current events, news and service updates. It gives smaller organisations a chance to network and to promote and showcase all their work and news. The group focuses on key topics that may arise during discussions and from this appropriate guest speakers may be invited to give presentations or talks. The information and signposting that naturally happens within the meetings has proved to be a valuable information source for not only Healthwatch Darlington but for all attendees of the regular meetings.

Not only do we help and support service users, we also work with other VCS organisations by informing and linking up to each other through regular communications such as e-bulletins, emails and meetings. We have reached out to the smaller organisations and played a significant part in keeping them part of the VCS structure in Darlington. By doing this we can also help link patients and carers to little known services and groups that may be of great support to a person's health and wellbeing.



## Telephone Enquiries

We receive many daily telephone enquiries from individuals and organisations asking for information or more often than not to be signposted to another organisation for help and advice. Some phone calls and text messages only take a few minutes whilst others may take an hour or two or communications may even last a few days whilst we investigate and direct people to the correct service or services that will meet their need. The following case studies are examples of the conversations and support we have given during the last year:

- Distressed carer of family member with several disabilities attending pain clinic** - A distressed elderly carer phoned Healthwatch Darlington about their family member who has several disabilities. They received our number from a local carers group. They are their family member's main carer and they recently attended a hospital pain clinic due to the immense back pain their family member endures. They saw a consultant who said that their family member could have a stimulator put into their spine and this would be done at another hospital. They were pleased that something was being done and were told by the consultant that a letter would be sent to the hospital as soon as possible in order for them to have the procedure done quickly. However, they waited weeks and after contacting the hospital were told that the hospital were not in receipt of the letter although the consultant said they had sent it. The elderly carer is also disabled, suffers high blood pressure and because of the stress of the situation suffered an angina attack the previous night. They were extremely distressed on the phone as their family member was in so much pain they kept collapsing which makes caring for them even more of a challenge. Healthwatch Darlington recommended the family contact their GP's. The carer was at their wits end and going to see their Nurse Practitioner the next day because they also take care of their spouse who is deaf. Healthwatch Darlington felt both the carer and the family member needed more support than both were receiving. Their family member is registered with a GP in a neighbouring town. They couldn't see their GP until the next week and the carer said the surgery won't let their family member speak to any other doctor but their own, so they hit a brick wall. The family member is suffering from mental ill health due to the stress of the pain and the situation they are in, as well as having to deal with PIP assessments which has led to their money being stopped. The carer was

upset as the PIP advisors had recommended their family member go to a food bank which had caused further distress. Healthwatch Darlington contacted the CCG due to not being sure where to signpost them (apart from their GP) as Healthwatch Darlington were worried that they could both end up in hospital due to the stress and pain. With the carer's permission, the CCG contacted the Trust who tracked down the name of the Consultant. The letter was chased up and faxed over again to the department with the family member due to be seen in the clinic within the next week. However the Trust did say that they didn't think this was a quick fix option for this particular patient as the waiting list for implants at the hospital are 6 months to a year at least and an Individual Funding Request (IFR) has to be obtained. In the meantime, Healthwatch Darlington recommended both the carer and the family member see their GP's urgently and if they cannot get an appointment, should call 111 due to the out of hours and weekend appointments that are available in Darlington. Healthwatch Darlington also reassured the carer that there was no shame in accessing food banks as there are lots of people especially families who access on a regular basis - Healthwatch Darlington gave the name of food banks in the area. Healthwatch Darlington also gave the details of the local Citizen's Advice Bureau who would be able to help with PIP assessments as well as other benefits and financial advice. Healthwatch Darlington recommended the carer seek further support from Durham County Carers Support as well as Age UK Darlington who hold a Carers Club every Tuesday. The carer was extremely grateful and relieved with the information and support given. Healthwatch Darlington asked the carer to contact them again if their family member did not receive the appointment within the week. No further contact has been made since.



- **Enquiry regarding Epilepsy Support Services**

Healthwatch Darlington received a phone call from a carer whose family member has epilepsy. They live in County Durham and they are registered with a GP in County Durham. They are desperate for someone to listen to their family as they feel they have been abandoned by the neurologists and other professionals who have been treating their family member for epilepsy. The NHS doctors have been changing their drugs over the years with some working and some not. The family are sick of telling the doctors when they feel drugs are not working but the professionals will not wean their family member off the drugs, they just give alternatives on top of alternatives. The carer is worried as their family member is now a young adult and the amount of drugs they are taking will start to damage their body. They said a drug addict would have had more help than they are getting. They are very worried and at their wits end as no one is listening. They find it hard to be succinct and find it emotional to talk about their family member because they have been putting up with this for so long. Social services were called in recently and they hoped that they would help but they haven't. They have visited Darlington Memorial Hospital a few times when their family member has been rushed to A & E. They don't want to complain about the NHS but they have nowhere to turn and are desperate for someone somewhere to help. Healthwatch Darlington got in touch with Healthwatch County Durham to enable both Local Healthwatch to work together across both areas. We put them in touch with Epilepsy Action in order to start receiving the correct support and guidance. We also signposted them to NEUROKEY a local neurological charity who will hopefully be able to discuss patient and carer rights whilst also accessing local support. We also recommended they contact the Independent Complaints Advocacy to discuss their options for either considering a complaint or at least raising awareness within services of their concerns. They were very grateful for the help received.



- **GP Surgery Complaint**

- An individual telephoned Healthwatch Darlington to make a complaint about their GP surgery. They had had an infection removed from their back which required daily changes to the dressings. They originally attended the Urgent Care centre based at Darlington Memorial Hospital to have the dressing changed but after one appointment they were told they needed to go to their regular GP on a daily basis to have this done. The individual called their regular GP to make an appointment but was told they would need to wait a week. They explained this would not be possible as it needs to be done once a day and so felt there was no alternative but to return to Urgent Care who eventually assisted the individual in obtaining an appointment at their regular GP's. They arrived for their 1pm appointment at 12:50pm but had difficulty explaining their name spelling to the receptionist due to a language barrier. It took quite a while and they were eventually directed to the treatment room in another building. By the time they arrived they were late and were refused treatment even though they explained it was not their fault. They were told to go home and return the next day. This was very upsetting for the individual so much so that they did not want to return to that particular GP practice anymore. Consequently they have tried to register at another Surgery which they claim is 2 streets away from their home address but the 2<sup>nd</sup> GP practice said they can't register them because they are still registered with the other GP. They approached their regular GP to ask to be removed but allegedly they refused to do this and the 2<sup>nd</sup> GP Surgery is also still refusing to register them. Healthwatch Darlington contacted the two surgeries in question to discuss this further. The surgeries liaised with Healthwatch Darlington to resolve this issue on the individual's behalf and they are now registered with the 2<sup>nd</sup> GP Surgery and receiving daily treatment.



# Making a difference together



## How your experiences are helping to influence change

Healthwatch Darlington use reports and recommendations to suggest how people's health and care services might be improved. An example is given below regarding the Maternity Services at Darlington Memorial Hospital:



### Maternity Services

Healthwatch Darlington carried out a short survey to achieve a better understanding of what patients and their families thought about the maternity care they had received at Darlington Memorial Hospital in the last year.

This was due to worrying feedback received regarding staff attitudes, despite earlier reassurances from the NHS County Durham and Darlington Foundation Trust (CDDFT) that measures put in place to address the long history of a troubled working environment and the poor behaviour of staff, were actually having a positive outcome.

We were pleasantly surprised at the snapshot of experiences we received where the majority of women told us about a dedicated workforce who

are committed to providing them, their babies and their families with good quality care and compassion.

There were areas of improvement we wanted to see such as the discharge procedures and closer monitoring of nursing and midwifery staff by line managers so that issues of negative attitude were directly challenged and corrected.

We sought reassurances that women, babies and their families receive the midwifery care they need, regardless of the time of the day or the day of the week.

We also felt that rumoured changes to maternity services must have an effect on staff morale so we sought reassurances that staff were fully supported by their managers, experience good team working and have their issues and concerns heard.





Healthwatch Darlington recommended the following be taken into account by the NHS County Durham and Darlington Foundation Trust's Maternity Service:

- A review of discharge procedures to speed up the process, thus reducing the likelihood of stress for newborn and parents.
- Closer monitoring of nursing and midwifery staff by line managers and issues of negative attitude directly challenged and corrected.
- Patient first should be real and not simply a strapline. There appears to be a culture where established routines take precedence over patient expressed needs.
- CDDFT need to be aware that any change to local maternity services whether that be rumoured or planned is bound to have an effect on staff morale.
- CDDFT must ensure women, babies and their families receive the midwifery care they need, regardless of the time of the day or the day of the week.

CDDFT received the report positively and Healthwatch Darlington received reassurances during a Darlington Borough Council Health and Partnership Scrutiny Committee meeting attended by members of the CDDFT team that the recommendations would be taken on board.

Healthwatch Darlington continue to monitor the services and work closely with local maternity and parent groups. We would like to thank everyone who took part in our maternity services survey during July 2017. The views and experiences expressed enabled us to have a clearer understanding of local maternity services and this will hopefully make a difference not only to future care, but staff morale, staff attitudes and the maternity services working environment as a whole.

Last but not least, we would like to say thank you to a dedicated workforce within the hospital and across the community who are committed to providing women, their babies and their families with high quality care and kindness.



## Working with other organisations

### Darlington Clinical Commissioning Group (DCCG).

Healthwatch Darlington continue to work closely with the DCCG to ensure meaningful engagement for patients, carers and the public. Healthwatch Darlington are members of the DCCG Community Council alongside patient representatives with a Community champion role. The Chair of Healthwatch Darlington is also the DCCG Lay Member for Patient and Public Involvement as well as being a member of the Governing Body and sits on various CCG Committees. Healthwatch Darlington have built a good working relationship with the CCG and look forward to continuing to work with them as they continue to commission services for Darlington.

### Health and Wellbeing Board (HWBB)

Healthwatch Darlington have a statutory seat on the Health and Wellbeing Board. The Board is well established in Darlington and has representation from the Local Authority, the NHS Foundation Trusts, Police, Probation service, Teesside University, NHS Area Team, Housing, DCCG and the Community and Voluntary sector. Healthwatch Darlington enjoy active participation and has a standing agenda item for the Board to receive updates on our quarterly activities.

### Health Partnerships Scrutiny Committee

Healthwatch Darlington has good relationships with the Darlington Borough Council Health Partnerships Scrutiny Committee at Darlington Borough Council and have had the pleasure of working alongside them on numerous work streams.

### Healthwatch England (HWE)

Regional meetings are held for all Local Healthwatch to share good practice and look at ways of working together and supporting each other. HWE have produced a hub which enables local Healthwatch organisations to share information and look at trends that may cross boundaries.

### Tees Esk and Wear Valley (TEWV) NHS Trust

Healthwatch Darlington attend quarterly meetings with Tees Esk and Wear Valley (TEWV) NHS Trust staff. Staff from the trust and all Local Healthwatch organisations across the TEWV area update each other on what is going on in their area/organisation. The meetings are very useful and often mean a rapid response to queries raised by Healthwatch volunteers.

### Care Quality Commission

Healthwatch Darlington hold regular meetings with CQC especially with “Enter and View” work plans to establish good practice and ensure there is no duplication across Darlington. We have a close working relationship with the Adult Social Care Lead Officer in Darlington sharing information on intelligence gathered.

### NHS County Durham and Darlington Foundation Trust (CDDFT)

Healthwatch Darlington often meet with NHS County Durham and Darlington and contribute to consultation documents where appropriate. We are heavily involved in the Trusts Quality Accounts. Members of the staff team also attend Trust meetings regarding Patient Experience and we have a Board Member who sits on CDDFT’s Governing Council sharing the role with Healthwatch County Durham.

### Local Healthwatch

Healthwatch Lead Officers from across the region meet to discuss Healthwatch activity in their areas, share good practice and look into opportunities for cross boundary working.

We quite often work closely with our neighbouring local Healthwatch in the Tees Valley and County Durham areas due to our residents accessing services in different areas of our region.

In 2017 Healthwatch Darlington led a piece of work across the North East and North Cumbria which was a perfect example of how cross boundary working can be successful. The project included working in partnership with all our 13 local Healthwatch organisations across the region. The case study on the next page explains how it was achieved.

### Connected Health Cities

Connected Health Cities (CHC) unites local health data and advanced technology to improve health services for patients across the North of England. Healthwatch Darlington worked closely with them in 2017 on the Great North Care Record which is explained in the following case study.

### Teesside University

Due to the Great North Care Record Project, Healthwatch Darlington formed a good working relationship with the Teesside University research team who were working alongside Connected Health Cities initially in Darlington and then across the North East and North Cumbria.





## The Great North Care Record Public Engagement Project

The Great North Care Record (GNCR) is a regional Integrated Digital Care Record programme for the people of the North East and North Cumbria (NENC), covering a population of 3.6 million people. The GNCR aims to produce a platform to join up records in front line care with an analytics platform to be shared by the NHS, Local Authorities, Universities and other health and care related organisations. The improved access to information for care will help make the North East and North Cumbria the safest place in the world to get care and the best place in the world to do research.

Between January 2017 and April 2017, Connected Health Cities (CHC) were keen to pilot three focus groups in Darlington in partnership with Teesside University and Healthwatch Darlington (HWD) in order to explore the following:

- Understand the views on current and future models of consent for use of information.
- Provide information on the constraints of current practice with regard to information sharing at the point of care, planning and research, and the potential issues caused.
- Gain feedback on people's views and "tolerance levels" of how information sharing may develop going forward.

HWD were asked to identify, contact and facilitate three focus groups using local engagement structures with a diversity of groups including Black, Minority and Ethnic (BME) communities, older people and families. We used existing channels to ensure that the views of patients, carers and the public in the local area had an equal opportunity to voice their opinions.

We assisted in the design of a presentation and a questionnaire for Teesside University and the CHC team to trial with our focus groups. Teesside University also had to ensure their ethics process was approved before the focus groups could take place.



The focus groups were launched in May 2017 and provided a snapshot of discussions to inform the ongoing CHC programme and the future development of the GNCR across the region. Participants were provided with information packs to use for guidance during the focus groups and to explore whether they understood the concept being presented to them and the questions being asked.

An evaluation report was published by HWD for the CHC team and due to the success of the pilot focus groups in Darlington, CHC asked HWD to lead on a consent model engagement project with the other 12 local Healthwatch (LHW) who cover the NENC area, to obtain a wide and diverse range of views.

HWD liaised with all 12 LHW who covered the NENC area including:

County Durham, Cumbria, Gateshead, Hartlepool, Middlesbrough, Newcastle, North Tyneside, Northumberland, Redcar & Cleveland, South Tyneside, Stockton on Tees and Sunderland

All LHW agreed to the proposal put forward for the next phase of engagement which was led by HWD and included a Memorandum of Understanding. HWD supported all LHW in ensuring the project had clear aims and objectives and was completed on time and within budget. Resources were provided by the CHC team, Teesside University and HWD.

The objectives and public agenda were as follows:

- We learn about the Great North Care Record and what it means for us.
- We discover what is meant by a "model of consent" for information sharing.
- We understand the current limitations of information sharing at the point of care, planning and research and the potential issues.
- We give our views and "tolerance levels" of how information sharing may develop going forward.
- We have our say by working together.
- We understand more about how individuals can use their voice to influence change.

All partners used the information provided to publicise engagement opportunities through their networks. HWD ensured that all partners received regular information and updates throughout the project including from CHC and Teesside University.

21 events were planned with 20 taking place. The last planned event in Cumbria had to be cancelled due to inclement weather. Each event had the same agenda with the same objectives and a total of 340 people attended across the region.

### Evaluation of the Project

HWD really enjoyed co-ordinating this project and thanked all LHW in the North East and North Cumbria for their work, patience and understanding when planning and facilitating the 21 focus groups. Whatever part each member of the LHW team played along the way, each focus group ran like clockwork for the CHC and Teesside University team who were thrilled with each event. LHW made CHC's role and HWD's role so much easier than they could ever have imagined.

### Feedback

#### Connecting Health Cities - Mark Walsh - Operations Director:

*"The Connected Health Cities (CHC) team approached Healthwatch Darlington (HWD) with a view to holding a series of public engagement sessions across the North East and North Cumbria (NENC) in 2017. The consultation was on data and information sharing for use in healthcare, including for planning and research purposes, and hence was a sensitive and (potentially) complex topic. HWD worked closely with us to scope how this could be done, culminating initially in three sessions in Darlington to trial the format and materials developed. This included HWD 'coaching' us on the audiences, their varying needs and how we had to adapt our language and materials appropriately.*

*Following the initial three 'trial' sessions we asked HWD to coordinate consultation meetings in*

*each of the further 12 CCGs across the NENC, at least one in each area with a maximum of 40 participants per session. Our timescale was quite challenging (September to mid-December 2017) but HWD managed to achieve this, and we totalled 21 sessions in total to about 340 participants from a variety of backgrounds. Despite the logistical challenges (participant packs bespoke to each locality, facilitated discussions, equipment for audio, video and presentation material) we couldn't have envisaged the sessions going any better, and the level of participation and feedback received was invaluable in shaping our onward programme. To turn-up to each session with everything ready and the public participants fully informed was way beyond our expectations!*


*At all times HWD were very professional, extremely well organised and had great knowledge of the needs and expectations of the people we wanted to engage with, and how to do this successfully. We look forward to collaborating with HWD and the wider Healthwatch network going forward."*

### Next Steps


- HWD ensured that the CHC team produced a thank you letter for all attendees of the LHW focus groups and events to ensure participants felt appreciated, and to acknowledge their involvement in shaping the Great North Care Record concept. This was cascaded to all LHW in March 2018.
- Discussions are planned in April 2018 regarding the ongoing engagement of the public with the GNCR project.
- The results of the regional engagement and how this is being used in shaping the GNCR and influencing the decision making process, is due to be published by the CHC and Teesside University team in April 2018. This will be cascaded to all LHW and focus group participants.








*“We enjoyed the sessions and giving people the chance to share their views”*




*“ I wouldn't have been so confident running such a successful event were it not for HWD support  
THANK YOU”*



*“Information, support, advice, guidance and patience from HWD was brilliant thank you”*



*“HWD communicated clearly and effectively and were there to answer queries”*



*“Certainly, very much the way we need to work in the future to have greatest involvement for the public benefit”*



HWD try to attend as many meetings as we can to influence decision makers and providers and remind them of the need for meaningful engagement, as well as ensuring we are as informed as possible with who provides services, where and when. This ensures we have the most up to date information for informing and signposting Darlington residents.

The following is a snapshot of meetings attended by the team:

- **Adult and Housing Scrutiny Committee** - update and information sharing of mutual activities.
- **AGE UK Veteran's Service** - awareness raising and referral mechanisms between our organisations,
- **BME Equalities** - ensuring the voice of easily overlooked groups are listened to and understood
- **Carers Strategy Meeting** - updates and awareness raising.
- **CCG Community Council** - update on CCG work as well as HWD update for information to members
- **CQC - local rep** - discussed care home project and enter and views
- **DAD Hate Crime** - received update and posters to distribute on work of new service
- **Darlington Integration Board** - looking at the Health and Wellbeing Board strategy and how all partners work together
- **Darlington Partnership** - ensuring the community is involved with the work of the Partnership including VCS initiatives and other health and wellbeing issues and initiatives
- **Darlington Partnership Executive Committee** - discussion regarding agenda items and future work in Darlington
- **Darlington Aging Well Network (DAWN)** - discussions around how these meetings will proceed - feedback was good but attendance is low
- **Dementia Alliance** - update on Dementia Friendly communications in the Cockerton area & HWD update.
- **Darlington Safeguarding Adults Partnership Board** - Partnership updates on safeguarding activities - information gathering
- **General Medical Council** - overview of service activities and how we can work more closely with them. Gained a mutual understanding of how we can work together.
- **Healthwatch England Conference** - information sharing, good practice, contract management and statutory duties discussions.
- **Independent Complaints Advocacy Meeting** - exploring ways in which patients are signposted correctly and effectively. Promoting each other.
- **Learning Impairment Network** - updates from providers and service users including HWD - information sharing and influencing where needed regarding service users and their right to be involved in local decision making.
- **Local Accident Delivery Board** - updates on local A & E plans and how they will affect patients.
- **Mental Health Network** - updates from providers and service users including HWD - information sharing and influencing where needed regarding service users and their right to be involved in local decision making.
- **Northern Cancer Voices** - looking at how organisations can work together to feed into the Northern Cancer Alliance
- **North East Ambulance Service** - information on strategies in place ensuring patients are better informed and aware.
- **North East and Cumbria Digital Programme Board** - meeting regarding digital plans across the North East and Cumbria
- **Residential and Nursing Home Forum** - update on the visits completed by HWD including reports and asked for other Care Homes to participate.
- **Sexual Health Consultation Meeting** - Discussions to provide any feedback we have received
- **Tees, Esk and Wear Valley** - Regional updates on mental health services and how patients can be better informed and involved
- **Tees, Esk and Wear Valley Quality Accounts Stakeholder Workshop** - overview of quality markers and achievements to date update on priorities for the coming year



## How we've worked with our community



Healthwatch Darlington has many ways of involving local people in our work. Our Board and staff are primarily local residents. Local people make up our networks and our task and finish groups including our wonderful volunteer Health Connectors who help with events and community outreach, administration, information and signposting, research and report writing.

We hold events and focus groups at local community venues for people to attend and discuss a whole range of different topics which feed into consultations and help commissioners and service providers make decisions to improve local services for the people of the Borough.

Due to our reduced budget in 2017/18 and left with only 2 part time staff, we had to think long and hard about the best way we could use our statutory funding to the most effect. We knew

the answer would lie in our community but in order to reach out we needed a dedicated Volunteer and Outreach Co-ordinator who could afford the time needed to recruit and nurture volunteers to help us deliver our statutory duties.

We employed a Volunteer and Outreach Co-ordinator in January 2018. and although part-time their dedication and commitment to our Community Outreach and volunteer Health Connectors is fantastic!

### Community Outreach

**January:** We visited 2 x venues, Darlington College and Queens Street Shopping Centre to attend a Health & Wellbeing event and engaged with members of the public for **8** hours.

**February:** We visited 7 x venues - The Dolphin Centre Volunteer Fayre, Firthmoor Community Centre, Café JJ, St Andrews Foodbank, Kings Church Foodbank, Crown Street Library and The Dolphin Centre a second time and engaged with members of the public for **17** hours.

**March:** We visited 9 x venues, The Dolphin Centre, Firthmoor Community Centre, Darlington Memorial Hospital, Queen Elizabeth Sixth Form College - Make a Difference event, Café JJ, St Andrews Foodbank, Crown Street Library, Redhall Community Centre, Kings Church Foodbank and we engaged with members of the public for **23** hours.

All community outreach venues were attended by volunteers to help us speak to members of the public to gather views and give information and signposting where needed.

Examples of conversations had on during the quarter consisted of ten different families asking where they can go for support for their child who is waiting for a CAHMS assessment and diagnosis. Healthwatch Darlington have been signposting to Relax Kids and Space, but recognise this appears to be a problem due to the amount of conversations on the same issue and will be looking at it in more detail in the 2018/19 action plan.

## Health Connectors

Our volunteer Health Connector programme between 2nd January 2018 - 31st March 2018 has consisted of:

- Volunteer Strategy developed
- Volunteer & Outreach Action Plan developed
- Volunteer Recruitment pack created
- Volunteer recognition scheme created
- Health Connector logo established.
- Volunteer training programme created.

Our Website development has included;

- Meet the Health Connectors team page
- Testimonials and feedback section
- Recruitment pack and roles section
- Volunteer of the month recognition

Our participant list has always been larger than the active number of volunteers because people like to dip in and dip out depending on what topics we are covering, but we have gone from **5** regular ACTIVE volunteers to **9** regular ACTIVE volunteers during this period. Volunteer hours for this period was **185** hours with another 60 hours for Board members taking this to a total of **245** hours!

## Health Connectors activity:

- Our volunteers are currently undertaking various training courses including Safeguarding Children, Safeguarding Adults, and Dementia Friends training, the latter with the intention of following this up with Alzheimer's Society in the near future.
- 'What's Important to you?' Survey: During the last quarter our volunteers have been asking the public to take part in our Survey to find out exactly what the public want Healthwatch Darlington to look at in the next year. Our Health Connectors gathered a staggering **171** responses. They were told by 45 % of survey users that we should prioritise Mental Health services. With this in mind mental health services will be their first project across the summer months in 2018. Our volunteer Health Connectors will continue to develop an understanding of Mental Health services and produce a report for the commissioners and providers of these services in an effort to

improve upon recommendations received from service users and the community.

- Enter & View: Some of our volunteering team have been busy conducting authorised Enter & View visits into local care homes across Darlington and helping to compile the reports for forwarding to CQC and Darlington Borough Council.
- Volunteer of the Month for March 2018 was Jamie Odgers. We select one volunteer every 3 months to receive a recognition certificate for their enthusiasm and personal development as a Health Connector volunteer. We publish an interview with our volunteer of the month on our website.



## Black Minority and Ethnic (BME) Project

Due to our reduced capacity Healthwatch Darlington were no longer able to give the time needed to our BME Project 2017/18. However, we wanted to acknowledge just how successful our BME Health Connectors had been in our community. We saw the opportunity to nominate them for an event held to mark 150 years since Queen Victoria granted Darlington a Charter of Incorporation. Tea with the Mayor was held to honour those individuals in Darlington who selflessly contribute their time and energy to the town and its people, or have done so in the past. We were delighted when our BME Health Connectors were chosen and two of our volunteers, on behalf of the group, were invited to take tea with Councillor Jan Taylor where they were presented with a certificate of recognition for volunteering in Darlington.



it starts with  
**YOU**



“If only they’d communicated it properly at the start and provided simple and understandable information, we wouldn’t have jumped to such conclusions!”

### #ItStartsWithYou

Healthwatch England’s national campaign #ItStartsWithYou aims to support local Healthwatch to communicate our impact and help more people to understand our role.

We would like to showcase the following case study which highlights the importance of well-timed and understandable communication from commissioners and providers to the public.

#### Case Study Clinical Assessment and Peer Review (CASPeR)

A local newspaper report in July 2017 highlighted a pilot programme being introduced in Darlington regarding the way GP referrals are assessed using additional specialist clinical opinion. The article said:

- *NHS bosses are set to block treatment referrals from North-East GPs until they are approved by an assessor, The Northern Echo can reveal. Doctors and politicians have branded the pilot scheme being rolled out across Darlington and parts of Teesside this week as "extraordinary" and "healthcare rationing by the back door" and believe it could delay treatment and compromise patient safety. The majority of referrals from GPs in Darlington, Stockton and Hartlepool will be submitted for a decision by an assessor before either being sent back to GPs with alternative suggestions or passed on to hospitals or specialists".*

Healthwatch Darlington were not aware of the pilot until members of the public contacted us to express their concerns after reading the newspaper article. The following is a snapshot of conversations

had via email and telephone:

- *“When we visit a GP, he or she should be allowed to continue to use their judgement as to whether a referral to hospital is needed. Do they have to go through this new layer of bureaucracy, or can they refer patients as normal? I am suspicious that the powers that be will not say how much the scheme is costing. I thought The NHS was funded by the government from our taxes, so we have the right to know the costs involved”*
- *“I consider its implementation a breach of data protection and a disingenuous way of rationing underfunded NHS resources. Sick and vulnerable patient’s treatment decided by a faceless arbiter that may turn out to be a tick box computer app. I am shocked and appalled.”*
- *“There does not appear to be any consultation with patients on the pilot. I would submit that Darlington CCG should have consulted patients on this change in the delivery of NHS services to them. The consultation should have been publicised in the Northern Echo and letters sent to patients from the GP Practices in Darlington inviting comments to a central point of contact. The leaflet ends with the statement 'how can I find out more' and then refers patients to their GP for more information. GPs are very busy. Surely the CCG should be handling queries about the pilot which they are setting up and not GPs? The target of two weeks to come to a decision may be aspirational given the number of patients in the combined population of these towns. The clinician who is tasked with carrying out the assessment will not know the patient as a GP does and this will be a major drawback of the scheme”*



Healthwatch Darlington were particularly concerned about the lack of communications to us from Darlington CCG and Primary Healthcare Darlington who are the GP Federation for Darlington, regarding the pilot programme. We cannot inform the public, or give an informed response to people who contact us, if we are not aware of the information beforehand.

Healthwatch Darlington listed all the public questions and concerns as follows and contacted the Darlington CCG for answers:

- Who has made this decision?
- Why weren't the public told about this before it was rolled out?
- It undermines the GP.
- How can someone make a decision about a patient without even seeing them?
- Who is the assessor? Where are they from? Who pays them?
- Is this just not delaying people's prognosis?

The CCG responded immediately and said they would be submitting a press release to the local newspaper due to our questions being very similar to those asked by the newspaper and members of the public.

Their public response was as follows:

- **How much does the service cost to set up, what are the required staffing levels and wages?**  
This level of information would be deemed to be commercial in confidence so we are unable to share this. The service is being commissioned out of existing NHS resources which have been assessed and allocated accordingly, taking into consideration the qualitative and quantitative benefits expected to be realised from the pilot scheme.
- **How it is funded?**  
The CCG has commissioned the local GP Federation, Hartlepool and Stockton-on-Tees Health to deliver the service on a pilot scheme basis, engaging with Primary Healthcare Darlington as part of the process.
- **Will it affect access to specialist services?**  
The process aims to ensure that patients are

treated in the most appropriate place, first time. It may be that a patient could be seen in the community rather than in a hospital to get the advice or support the GP has requested. All referrals are triaged against an agreed set of clinical criteria based on best practice guidance such as NICE guidance etc and have been developed with local GP's.

- **Are all 11 GP practices in Darlington taking part in the pilot?**  
The pilot scheme is available across all practices within Darlington and all will be expected to utilise the system available.
- **Will those assessing the referrals be specialists or consultants, what is the required level of expertise?**  
The provider commissioned to deliver the service has assessed the pathways in place and has appointed relevant clinicians to undertake any clinical triage required. We expect that they will mainly utilise the expertise of local GPs but they have links to local consultants should further discussion need to take place. Secondary care providers also have requirements to offer advice and guidance to GPs and all local practices are being encouraged to utilise this where required, supporting decision making regarding patient referrals.
- **Will H&SH have access to patient notes or just the letter of referral?**  
The provider of the service will have access to the referral information sent to them by the patient's GP, in the same way secondary care would have access to a referral letter when a patient is referred to them. The provider will also be able to call and speak to the referrer should further discussion need to take place to support ensuring the patient being seen in the right place, first time.
- **Have GPs in Darlington been consulted on this and given a say?**  
The CCG has undertaken a number of events to consult with practices across Darlington on their plans, including this Clinical Assessment and Peer Review System. Local GP's have also been involved in developing the guidelines.

Darlington CCG also produced posters and leaflets for the public which included an explanation of the new scheme with details of who to contact for further information:

- *A pilot programme named the Clinical Assessment and Peer Review (CASPeR) is being rolled out across Darlington, Stockton-on-Tees and Hartlepool. It is an additional specialist clinical opinion available to support GPs to make decisions about what the most appropriate treatment plan should be for a patient.*
- *Utilising a set of agreed clinical criteria, referrals will be assessed quickly and a decision made as to whether the referral should be processed in the usual way, or if it is felt that alternative services should be explored first, the referral will be returned for the patient's GP to action this.*
- *GPs have responsibility to make best use of NHS resources and need up to date evidence and advice to be able to treat patients in practice or refer on appropriately. From now on, they will be able to seek the opinion of the CASPeR system.*
- *Unnecessary outpatient appointments are a large cost to the NHS. CASPeR is being put in place to make sure practices follow clinical guidelines which have been agreed locally with GPs, hospital consultants and many other relevant practitioners. This will improve referral quality and ensure that all referrals follow the most recent clinical guidelines. This will also ensure that patients are treated in the most appropriate way, first time.*

Healthwatch Darlington forwarded all correspondence, posters and leaflets to everyone who had contacted us as well as publishing the information on our e-bulletin and website. We personally contacted the people who had been concerned and once the scheme was explained properly, the clarification was received positively.

Healthwatch Darlington were pleased that the commissioners and providers listened to our concerns and acted immediately to cascade the information that was needed to allay the fears and concerns expressed by our residents.

Darlington CCG and Primary Healthcare Darlington reassured us that future changes to services or new services being implemented would be communicated to Healthwatch Darlington in the first instance to avoid such a communication breakdown with the public.

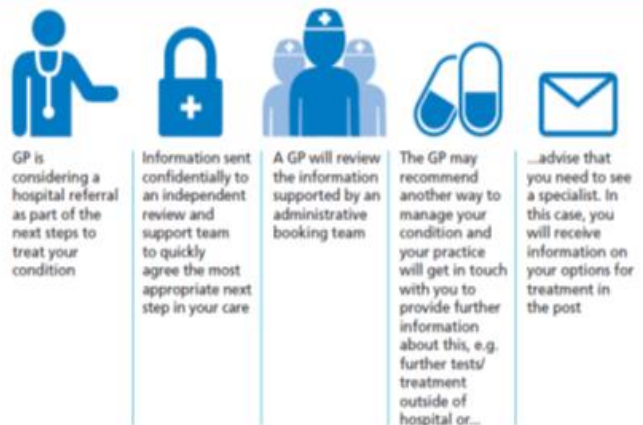


## Your hospital referral

What happens if your GP thinks that you may need to see a specialist?

The specialist areas are:

- Ophthalmology (eyes)
- ENT (ear, nose and throat)
- Gynaecology (conditions specific to women)
- Dermatology (skin)
- Cardiology (heart)
- Gastroenterology (digestive system)
- Rheumatology (joints, muscles, ligaments, soft tissues)
- Urology (urinary system)
- General surgery
- Respiratory (breathing)
- Elderly medicine
- Neurology (nervous system)



To find out more visit: [www.darlingtonccg.nhs.uk](http://www.darlingtonccg.nhs.uk)



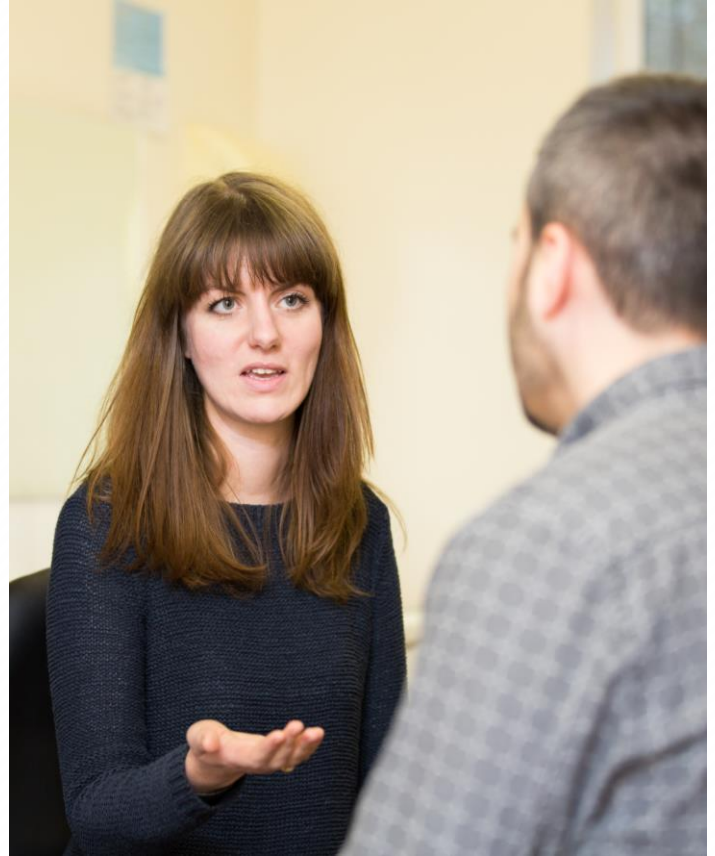
# Our plans for next year



## What next?

### What we are going to do:

- Make effective and co-ordinated use of local intelligence, including issues raised by the voluntary and community sector organisations
- Give marginalised people a voice in improving their experience of health and social care services.
- Enhance our Volunteer Management Strategy and Policy and Procedures to promote more direct involvement
- Build on our bank of online information and contacts about health and social care services to enable information and signposting to be effectively offered when appropriate.
- Improve accessibility policies and procedures
- Continue to identify effective methods of engagement within the community such as outreach, public events and smaller community groups
- Influence others to ensure that listening to people's voices is built into every stage of their design, delivery and review of services
- Further enhance collaborative relationships with key local decision makers, through regular formal and informal meetings where HWD role as a critical friend, is understood.
- Collate and disseminate shared information about good practice identified in social care and health services.
- Distribute information to collaborators using existing communication channels in addition to the Healthwatch e-bulletins.
- Continue to nurture closer connections within our community through council departments, schools, other public sector bodies, faith groups, businesses, informal clubs, self-help, community and voluntary groups.
- Encourage stronger, resilient and active communities connecting with local groups.
- Encourage self-management, increased independence and enhanced sense of wellbeing within our local community.



### Our top priorities for next year

1. Mental Health - Substance Misuse
2. Mental Health - Children & Young People
3. Cancer Services
4. Continuing Health Care and PIP
5. Social Isolation





# Our people





## Decision making

Healthwatch Darlington is an independent charitable company limited by guarantee. This means that our volunteer Board are Directors and Trustees of our organisation. Decisions relating to Healthwatch Darlington's priorities are made based on what the public of Darlington tell us, along with national and local health agendas. Our Board ultimately make business decisions and policy and finance recommendations are taken to our committees before any final decisions are made.

## How we involve the public and volunteers

Lay members of the public are involved in our policy group, our finance committee, our task and finish groups, our public networks, and our volunteer meetings.

We involve the public in our decision making by taking into account their feedback at events, via our website, social media, survey results and face to face consultation. We regularly advertise for new volunteers and involvement opportunities in our regular e-bulletins and in social media. Volunteers with particular interests and skills sets are encouraged to become Health Connectors or members of our Finance Committee and Policy Committee.

**The Finance Committee** meets bi-monthly to receive the Treasurer's Report, to examine the financial implications of any staffing proposals and to explore how the business plan and budget plan fit together. The Committee examines all issues carefully and makes its recommendations to the Board for consideration and decision making.

**The Policy Committee** meets bi-monthly to carry out a systematic review of all policies and to consider new policies drafted by staff and/or the Governance Director (currently the Chair). Recommendations by this Committee are put to the Board for consideration, and ratification as appropriate. The purpose of the Policy Group is to contribute to a review of all Healthwatch Darlington Policies and Procedures, and to support better and smarter regulation through regulatory policy making. Healthwatch Darlington Policy Group:

- Has a shared understanding and grasp of HWD policies and procedures
- Provides expert and impartial advice to the HWD Board on the governance of the company.
- Ensure that good governance is in place to help with the influencing of commissioners, providers, regulators and Healthwatch England.

## HWD Policy Mission

- Healthwatch Darlington Limited policy group's mission is to successfully review all policies within a year's time scale. Reviews will take place quarterly over each year, with policies circulated one month prior to the quarterly meeting.
- To work effectively as a social enterprise, incorporating the work of the Policy Group.

## Intended outcomes

- To have all policies reviewed and updated as appropriate.
- To have the policy review completed within a 1 year time scale, on a rolling annual program.

## Conflicts of Interest

- All committee meeting and Board meeting members should declare any conflict of interest and should leave the room, thereby playing no part in the discussion for that agenda item. However it will be for the Chair to determine if it is acceptable for an individual who has declared an interest to remain in the meeting, but in any case the individual **MUST** take no part in any decision making on the item for which the interest has been.
- In the event that a conflict of interest is declared by the Chair of the meeting, then they shall absent themselves from that item, with a replacement Chair being agreed by those present.



## Volunteer Training

Volunteers must undertake Induction training provided by a senior staff member.

They are also required to undertake specific training:

- Enter and View
- Induction
- Safeguarding (Adults)
- Confidentiality •
- Equality and Diversity
- Research and Reporting Skills
- Safeguarding Children
- Disclosure and Barring (DBS) - where appropriate

Volunteers are provided with access to all policies and procedures with specific reference to those

which directly affect their roles as volunteers. They are required to sign our Confidentiality Policy and to adhere to all HWD policies and procedures as well as completing a Declaration of Interests to add to our Register of Interests. Accountabilities are clearly defined within these policies and made explicit as part of our induction.



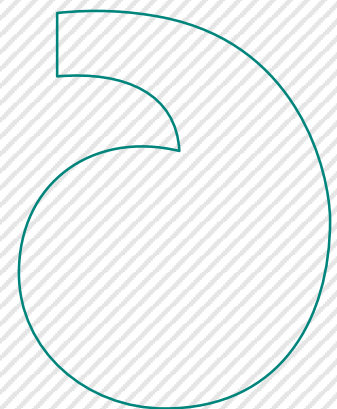


# Our finances





<b>Income</b>	<b>£</b>
Funding received from local authority to deliver local Healthwatch statutory activities	78,000
Additional income	9,898
<b>Total income</b>	<b>87,898</b>
<b>Expenditure</b>	<b>£</b>
Operational costs	3,204
Staffing costs	69,413
Office costs	10,906
<b>Total expenditure</b>	<b>83,523</b>
Surplus of income over expenditure for 2017/18	4,375





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

**Mike Smith**  
Healthwatch Volunteer





# Contact us

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**Facebook:** [www.facebook.com/HealthwatchDarlington](http://www.facebook.com/HealthwatchDarlington)

**Twitter:** [www.twitter.com/healthwatchdton](http://www.twitter.com/healthwatchdton)

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/s, Overview and Scrutiny Committee/s, and our local authority.

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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