

Healthwatch Hillingdon Q2 Report to the Hillingdon Health & Wellbeing Board

Period: Quarter 2, July 2014 -September 2014

Date: 21st November 2014

1. INTRODUCTION

- 1.1. Healthwatch Hillingdon is contracted by the London Borough of Hillingdon, under the terms of the grant in aid funding agreement, to deliver the functions of a local Healthwatch, as defined in the Health and Social Care Act 2012.
- 1.2. Healthwatch Hillingdon is required under the terms of the grant aid funding agreement to report to the London Borough of Hillingdon on its activities, achievements and finances on a quarterly basis throughout the duration of the agreement.

2. SUMMARY

- 2.1. The body of this report to The London Borough of Hillingdon's Health and Wellbeing Board summarises the outcomes, impacts and progress made by Healthwatch Hillingdon in the delivery of its functions and activities for this period. It should be noted that a comprehensive report is presented by the Chief Executive Officer to the Directors/Trustees at the Healthwatch Hillingdon Board Meetings and is available to view on our website: (<http://healthwatchhillington.org.uk/index.php/publications/>)
- 2.2. In August 2014 Healthwatch Hillingdon moved premises. We are still within the Pavilions Shopping Centre, Uxbridge, but now located within Chequers Square. We have secured a 12 month lease on favourable terms. Of the 152 local Healthwatch in England, we remain one of two, who have a shop in a prime location, giving members of the public direct access to our services.
- 2.3. We have recruited a Children's and Young Peoples Engagement Officer, to concentrate our efforts on building a greater understanding of the experience of children and their families. Their main attention will be on expanding our work on Children and Adolescent Mental Health Services (CAMHS) and working with the local authority to carry out engagement in Children's Social Services.

3. OUTCOMES

Healthwatch Hillingdon would wish to draw the Health and Wellbeing Board's attention to some of the outcomes highlighted by its work during the second quarter.

3.1. Individual Funding Request (IFR) and Planned Procedures With A Threshold (PPwT)

Through our seat on the NWL Policy Development Group (PDG) we continue to challenge the equity of the thresholds laid down by the 8 NWL CCGs which determines which patients receive certain procedures.

In July 2014 we brought to the attention of the PDG a report published by the Royal College of Surgeons which highlighted unsafe referral criteria for hernias of the groin. The PDG agreed to

our recommendation to review the policy and agreed to recommend the removal of the unsafe hernia referral criteria.

We have recommended to the PDG that the In Vitro Fertilisation (IVF) policy requires a thorough review even though it was recently approved by the 8 NWL CCGs. It does not meet current NICE guidelines and generates a postcode lottery in IVF treatment. The PDG has now accepted our recommendation to review the IVF policy as a priority.

As previously documented our recommendation for the removal of weight limits for knee operations was accepted by the PDG and this was presented to the 8 NWL CCGs Collaborative for ratification. Further clarification has been sought by the CCG's on the financial implications this policy change will have and it is due for resubmission soon.

This work will continue throughout the year, as we look to ensure these and other PPWT's are equitable and meet current NICE guidelines, so that the residents of Hillingdon receive fair and appropriate access to procedures.

We are pleased that this work is also being highlighted by Healthwatch England to other local Healthwatch who are also starting to challenge their CCG's on the PPWT policies in their area.

3.2. Discharge from Hospital

We have supported a number of people this quarter through varying elements of discharge from hospital. These experiences emphasise how all organisations have a role to play in the discharge process and really highlights the importance of the appropriate packages of care being in place when a person is discharged. This is such a key element for the success of initiatives such as, Shaping A Healthier Future, Whole Systems integration and the Better Care Fund.

Mr D reported that a "great deal of pressure was being applied to his wife over recent years to be released from hospital before she is actually properly fit and well and fully rehabilitated". The net result is that this has caused major impacts, to not only Mrs D health causing relapses of ill health, but also to Mr D as her primary care (both Mr & Mrs D are elderly (80s)). Mrs D is due to have another operation at Mount Vernon, and both are extremely concerned that Mrs D will again be forced to be discharged too early. Healthwatch Hillingdon raised this case (with client's permission) with the Director of Nursing at THH. We have received assurances that the matron and assistant director of nursing for surgery have been advised of the situation. It is planned that discussions will start immediately Mrs D is admitted and a full assessment of need and an appropriate care plan put in place as part of the discharge process.

A carer contacted Healthwatch Hillingdon (HWH) to share her experience of her elderly, frail mother's discharge from Hillingdon Hospital. The Mother was discharged from THH without assessing her mother's care needs and THH assumed that the family would care for her. However, following discharge, the Mother was readmitted to THH and again discharged 4-5 days later without an assessment of her care needs. The family informed HWH that they were struggling to provide adequate care for their ill mother at home. HWH contacted LBH ASS and requested that they visit the family to assess her mother's care needs. LBH agreed to do this. HWH checked with the family and they confirmed that they were now getting appropriate help from LBH to care for their mother at home and thanked us for helping them. They did not know how they could have got this help without our intervention.

We were contacted by a family whose mother had been an inpatient at Hillingdon Hospital for several months following a stroke. There were a number of complexities around the discharge process which needed to be addressed by both Hillingdon Hospital and LBH Social Services. This included a Best Interest Meeting set up to determine the appropriate care to be put in place to enable discharge. We supported the family at this meeting which helped to overcome some of the complexities and ensured that the patient could be discharged to the appropriate setting with the right package of care in place.

From the evidence we gather, Healthwatch have a significant level of concern about discharge from both acute hospital and mental health settings. The examples of patient experience outlined above are symptomatic of a wider problem of unsafe discharge and issues of supporting people in their homes, which is seeing readmissions to hospital and pressure being brought upon urgent care services.

3.3. Children and Adolescent Mental Health Services (CAMHS) and Learning Difficulties Children and Adolescent Mental Health Services (LD CAMHS)

CAMHS and LD CAMHS remains a big focus for Healthwatch and we have continued to raise these concerns with both commissioners and providers. We have major concerns about the current services within the Borough, this is due to the identified gaps in service provision, long delays in accessing treatment and a number of posts within children's learning disability services in Hillingdon remaining vacant. In CAMHS the current waiting list to treatment for some children is now almost 12 months and in LD CAMHS there are a large cohort of children, especially those with Autistic Spectrum Disorder, who are receiving little or no service. Both LBH and the CCG have recently approved business plans to look to address some of the issues in LD CAMHS but to date posts remain vacant.

This quarter we have been engaging with children, young people and their families and a report of our initial findings will be published before the Health and Well Being Board sits.

During this engagement we were approached by a family who told us their story about their child. We felt that this was a story which needed to be shared with commissioners. The family were happy to do this as they wanted to highlight the issues families currently face in the borough and the effect their child's condition has on all family members. We accompanied them as they told their story to senior commissioners of Hillingdon CCG and London Borough of Hillingdon.

Between now and the end of March 2015 we will be carrying out an enhanced engagement programme which will look at how we can improve the mental wellbeing of Hillingdon's children through giving them a platform to influence service change.

3.4. Working with VoiceAbility

We have strengthened our relationship with VoiceAbility and in addition to referring people to their service, we are now in regular communication with advocates and managers. This is allowing us to discuss emerging themes and trends and look to how we can challenge and improve services through a joint approach.

This quarter we have made 14 referrals to VoiceAbility. One case being where a lady, whose mother had unfortunately passed away recently in a nursing home, had raised some major

concerns with us about her mother's care. VoiceAbility are now supporting the lady with 3 complaints against NHS organisations in this matter.

3.5. Strategic Involvement

Through the large number of strategic meetings that Healthwatch attend we are able to feedback the information that we gather through our engagement programme, to commissioners and providers. This ensures that the quality of health and social care services in Hillingdon is monitored and challenged through the real experiences of patients and that change programmes can be influenced by Hillingdon's residents.

In Urgent Care patients continue to attend UCC and A&E in high numbers, and bed capacity at Hillingdon Hospital and readmission rates continue to be a challenge. We are able to highlight what patients are telling us to help bring focus to issues, , which enables providers to look at putting right current failures which is relieving pressure on the system.

Under the Shaping a Healthier Future Programme, Hillingdon Hospital is expected to receive additional births when Ealing Hospital's maternity closes in early 2015. As part of this change programme mothers in Ealing will also receive their post natal care from Hillingdon midwives. The information we have received from engaging with new mothers in Hillingdon, which indicates a low satisfaction rate for post natal care in the community, is allowing us to challenge service quality and is driving improvements before this change is implemented. (See also 4.3)

3.6. Engagement

During this quarter we have directly engaged with over 37,000 people through events, website and social media. Through a number of methods our team are continuing to inform the public about services available in Hillingdon and how to access them. Our website in particular has been a focus for the general public to download relevant information.

Our engagement is enabling us to gather lots of evidence on the issues facing Hillingdon's residents and feed these back to decision makers. We have summarised a number of these in this report, and although the other areas of experience described to us are varied, the more frequent ones are, GP services, especially delays in getting appointments, domiciliary care and communication issues, both with patients and between organisations. We have also escalated a number of safeguarding issues to the Local Authority.

We also share our engagement evidence with regulators; having provided information to the Care Quality Commission for the recent inspection of The Hillingdon Hospitals NHS FT and will be doing similar for the inspection of Central north West London NHS FT in early 2015.

One of the highlights of our recent engagement was in September when we entertained 13 young volunteers to carry out a number of different engagement activities as part of their activities on National Citizens Service 'Challenge Day'. The NCS volunteers spent the morning 'Befriending' and organising activities for young carers at the Young Carers Club in Harlington; and in the afternoon, they took to the streets of Hayes Town centre to interview their peers (young people aged 12-24) about their wellbeing. In September we also introduced, chaired and closed the first patient and public day at the 8th Annual Harefield Angioplasty Live Day at Harefield Hospital. In addition to being able to promote Healthwatch to raise our profile, there

was lots of interaction with over 150 patients, public and medical staff, a chance to listen to experiences and see a fascinating insight into 'live' heart surgery.

4. PROJECT UPDATES

4.1. GP Networks

One of the biggest concerns Healthwatch has had around GP Networks has been how the CCG and the Networks will engage with residents to ensure that the needs and aspirations of the public are met. We had not seen any engagement so invited Ceri Jacob the COO of NHS Hillingdon CCG to meet with the Healthwatch Hillingdon Board to discuss the GP Networks and express our concerns.

Following this meeting NHS Hillingdon CCG provided a written response to the questions Healthwatch Hillingdon had posed around the patient involvement for GP Networks and Healthwatch Hillingdon have been provided with further detailed information regarding the GP Networks including incorporation status, funding levels from Prime Minister's Challenge Fund (PMCF) and outline plans of which service areas the individual GP Networks would like to focus on.

We still have our concerns about engagement of the public but have been invited by the CCG to address the GP Networks and influence their public engagement plans at a meeting scheduled for 3rd Dec 2014.

Additionally, Healthwatch Hillingdon have been offered a seat on the Transformation Board which will cover GP Networks.

We will maintain an oversight on how the GP Networks develop in Hillingdon including appropriate governance arrangements and improved outcomes for patients and the public.

4.2. North West London CCG Collaboration Board

The 8 CCGs in North West London have formed a Collaboration Board under new legislation which came into effect in October. We are working closely with the other Healthwatch in NWL to monitor the formation of the board and its governance to ensure that decision making remains transparent and localised.

4.3. Shaping a Healthier Future (SaHF) Reconfiguration

Healthwatch Hillingdon is actively engaged monitoring SaHF reconfiguration programme as a member of the Patient & Public Representative Group (PPRG). We are ensuring the best interests of Hillingdon residents and ensuring the evidence we gather is influencing the programme.

The effect of the closures of Central Middlesex and Hammersmith emergency departments on Hillingdon Hospital is still being evaluated. One point to note is that although there was an extensive publicity campaign by the SaHF team, there was a significant shift in activity from the Urgent Care Centres at these hospitals following the closures, with 30% of patients going to Northwick Park Hospital UCC instead of Central Middlesex. We want to make sure this learning

is taken into consideration when Ealing's emergency department closes to ensure Hillingdon's UCC and A&E are not put under unnecessary pressure.

As previously stated in this report (see 3.5) we are also closely monitoring the changes in maternity services and the introduction of a North West London booking system. We are working to ensure Hillingdon's women are not disadvantaged by this system which is being implemented to share the births displaced from Ealing across the maternity units of NWL.

4.4 Domiciliary Care

We are working with Hillingdon Carers and Age UK to monitor the implementation of the new domiciliary care services in Hillingdon which starts in early November. We have agreed a process which will include the gathering of patient experience and liaising and signposting to each other to ensure residents are supported during this period of change.

We are also closely working with the London Borough of Hillingdon and will be meeting in December to discuss an engagement programme with users of the service to gain an early indication of their experiences of the newly commissioned service.

4.5 Children Social Care Services

In September the Healthwatch Board wrote to the London Borough Of Hillingdon to express our desire to work in partnership with the Council to engage with children, young people and their families who were in receipt of children's social services. We received a positive response to this request and have initiated meetings and dialogue as to how this can be achieved and where Healthwatch can contribute towards improvements in the service.

This engagement has also been discussed at the Children and Families Trust Board and Children's Safeguarding Board and further exploration will also be made as to how the engagement could also meet the needs of these Boards.

5. Key Performance Indicators (KPIs)

Nine Key Performance Indicators (KPIs) have been set to enable measurement of Healthwatch Hillingdon's organisational performance, in relation to the strategic priorities and objectives as set out in Healthwatch Hillingdon's Operational Work Plan 2014-15¹. This document reports on Healthwatch Hillingdon's performance against these KPI's and progress on the project based Operational Priorities set within the work plan.

¹ <http://healthwatchhillington.org.uk/wp-content/uploads/downloads/2014/07/HWH-Work-Plan-2014-2015-FINAL1.pdf>

Key Performance Indicators

KPI no.	Description	2014/15 Quarter 2					Impact this quarter	Relevant Strategic Priority
		July	Aug	Sept	Q2 Totals	Q2 Target		
1	Hours contributed by volunteers	285	151	296	732	625	<ul style="list-style-type: none"> 7 enter and view volunteers are undergoing a programme of equalities, safeguarding and confidentiality training which started in September and will be concluded in October In September 13 young volunteers carried out a number of different engagement activities as part of the National Citizens Service (NCS) 'Challenge Day' 	SP4
2	People directly engaged	14979	11691	10445	37115	18750	<ul style="list-style-type: none"> Over 37,000 people directly engaged. Evidence and insight gathered for a number of operational priority areas. 2 articles published in Hillingdon People Chaired the first patient and public day at the 8th Annual Harefield Angioplasty Live Day at Harefield Hospital. Broadcast on Hayes FM 	SP1, SP4
3	New enquiries from the public	31	55	40	126	100	<ul style="list-style-type: none"> A lady concerned about care at a nursing home was accompanied to a safeguarding meeting attended at LBH. Referred to VoiceAbility to deal with the complaint and another resident has now stepped forward about the same home. A man with a hearing impairment contacted us requesting our help in getting a BSL sign language interpreter. Uxbridge Health Centre had up until this point declined his requests stating he was not entitled to one. Our intervention ensured he had an interpreter at his next 	SP1, SP5

							<p>appointment.</p> <ul style="list-style-type: none"> Brain Tumour Group came to us with a number of concerns and issues including delays in diagnosis and numerous pathway issues. A meeting was set with NHS England. Brunel University student approached our stall at THH as he had been waiting for over 18 weeks for an urgent kidney stone operation. Following our enquiries with THH he was sent a letter offering an operation date. 	
4	Referrals to complaints or advocacy services	5	6	3	14	N/A	<ul style="list-style-type: none"> VoiceAbility Referrals during this period included support for a young mother that experienced poor maternity care; support for a family whose mother allegedly experienced appalling care & neglect at a nursing home; a case of potential mis-diagnosis and non-referral by a GP leading to hospitalisation. 	SP5
5	Patient experience feedback and recommendations made to health and social care providers and commissioner	KPI not yet fully defined. Further work will need to be undertaken to explore how we can report on this KPI in a meaningful manner.					<ul style="list-style-type: none"> See also KPI-3, KPI-6 and KPI-7. Influencing Shaping a Healthier Future Maternity Changes through engaging with young mothers. Fed back issues to all stakeholders involved in patient discharge from hospital. Sharing family's experience of CAMHS with commissioners at CCG and LBH. A number of safeguarding concerns were sent to LBH 	SP3, SP6
6	Commissioner / Provider meetings	20	19	29	68	44	<ul style="list-style-type: none"> We have ensured CAMHS remained red risked on the CCG Board Assurance Framework during this period. Issues raised around gaps in perinatal mental healthcare in maternity to the Quality Safety and Risk Committee. Several issues raised with Hillingdon Hospital following patient feedback on elements of in-patient care and discharge. Opportunity to feedback patient experience data and 	SP3, SP4, SP5, SP7

							influence service change and delivery.	
7	Consumer group meetings	15	16	17	48	44	<ul style="list-style-type: none"> Working with Hillingdon Carers and Age UK to monitor the implementation of the new domiciliary care services in Hillingdon which start in early November. 	SP1, SP7
8	Statutory reviews of service providers	0	0	0	0	N/A	<ul style="list-style-type: none"> The Hillingdon Healthwatch Board deemed there was no necessity during quarter 2 to invoke its statutory enter and view powers. 	SP5, SP4
9	Non-statutory reviews of service providers	0	0	2	2	N/A	<ul style="list-style-type: none"> Mealtime audits being organised for September 2014 at Hillingdon and Mount Vernon Hospitals have been delayed until November due to the hospitals CQC visit. 2 Patient Led Assessments carried out at Hillingdon Hospital 	SP5, SP4

KPI Dash Board 2014-2015

KPI	Description	SPs	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD Target	YTD Totals
1	Hours contributed by volunteers	SP4	165	315	212	285	151	296							1250	1424
2	People directly engaged	SP1 SP4	6876	7601	6715	14979	11691	10445							37500	58307
3	New enquiries from the public	SP1 SP5	31	42	51	31	55	40							200	250
4	Referrals to complaints or advocacy services	SP5	7	4	8	5	6	3							N/A*	33
5	Patient experience feedback and recommendations made to health and social care providers and commissioner	SP3 SP6	KPI not yet fully defined. Further work will need to be undertaken to explore how we can report on this KPI in a meaningful manner. See also KPI-3 , KPI-6, KPI-7													
6	Commissioner / Provider meetings	SP3 SP4 SP5 SP7	27	21	20	20	19	29							88	136
7	Consumer group meetings	SP1 SP7	26	18	18	15	16	17							88	110
8	Statutory reviews of service providers	SP5 SP4	0	0	0	0	0	0							N/A*	0
9	Non-statutory reviews of service providers	SP5 SP4	0	5	0	0	0	2							N/A*	7

*Targets for these KPI's as not set as they are reactive to determining factors. They are included for measurement only.