

HEALTHWATCH HILLINGDON UPDATE

Relevant Board Member(s)	Jeff Maslen
Organisation	Healthwatch Hillingdon
Report author	Graham Hawkes, Chief Executive Officer, Healthwatch Hillingdon
Papers with report	Appendix 1

HEADLINE INFORMATION

Summary	To receive an update report from Healthwatch Hillingdon, following their establishment on 1 April 2013, replacing the Hillingdon Local Involvement Network.
Contribution to plans and strategies	Joint Health & Wellbeing Strategy
Financial Cost	None.
Relevant Policy Overview & Scrutiny Committee	N/A
Ward(s) affected	N/A

RECOMMENDATION

That the Health and Wellbeing Board note the report received.

1. INFORMATION

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.

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

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://healthwatchhillingdon.org.uk/index.php/publications/>)

2.1 Annual Report 2014-15

In addition to reporting on quarter four this report also outlines Healthwatch Hillingdon's annual performance against its key performance indicators for 2014-15.

We also appendix our Annual Report for submission to the Health and Wellbeing Board which encapsulates the key elements of our activities and financial position for 2014-15.

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 fourth quarter.

3.1 Enquiries

This period we received 98 enquiries through the shop and at engagement events. There have been a number of issues and areas which we have covered, which have produced some very positive outcomes for Hillingdon residents.

These include a number of residents in receipt of domiciliary care services. There are capacity issues within the service which have led to carers not turning up, or arriving very late. We have been able to work closely with LBH and the new care providers to monitor service provision and overcome many issues positively for residents.

We would also highlight the case of a 75 year-old mother whose daughter (51 years old) has Multiple Sclerosis (MS) and is currently in a nursing home. The initial placement in nursing home was meant to be a short-term (3 month) temporary placement, however, her daughter has been in the nursing home for 3 years. We were also surprised to discover that no one had requested a NHS Continuing Health Care (CHC) eligibility assessment.

Healthwatch Hillingdon requested an NHS CHC checklist assessment on behalf of the family. Initial indications is that the daughter will qualify for NHS CHC funding, be provided with a Personal Health Budget, which will give the family the option to consider a more suitable MS-appropriate setting for the ongoing care needs of the daughter.

During our investigations into the issues surrounding this individual case, and another case brought to our attention by a family who did not agree with the assessment carried out on their mother, it became clear to us that there was a gap in provision of NHS CHC advocacy support. As there may be significant financial consequences for individuals and their families if they are found not eligible for NHS CHC, we felt it to be vital that people are adequately supported with robust and appropriately trained CHC advocates.

We brought this to the attention of NHS England and escalated it to Healthwatch England to challenge this on a national level. In response to the issues we raised, Healthwatch England have informed us that NHS England have initiated a pilot CHC advocacy support solution in Hertfordshire, which could be rolled out nationally.

We are continuing to press NHS England (supported by Healthwatch England) for more rapid national rollout of the CHC advocacy support offer to address this unmet need as a matter of urgency.

3.2 Strategic Involvement

Through reports, direct feedback and 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.

3.3 Children's and Adolescent Mental Health Services (CAMHS)

The publication of 'Listen to Me!' our first report on children's mental health in Hillingdon, which was presented the Health and Wellbeing Board in December 2014, has been a catalyst for marked change.

We are encouraged to see a renewed commitment to improve services for children experiencing mental health problems. A Children and Young People's Mental Health and Wellbeing multi-stake holder group has been formed by commissioners to oversee improvements to services, at which we have a seat. The first milestone of this group was informing the new Joint Social, Emotional Wellbeing and Mental Health Strategy 2015-2018 that has been developed by Hillingdon Clinical Commissioning Group and the London Borough of Hillingdon. This incorporates a number of the recommendations made in our 'Listen to Me!' report.

A second phase of in-depth engagement and evidence gathering has been undertaken since the December report and the findings from this work will be published in our second CAMHS report (due for publication in July 2015). This report will give insight into the experiences of children, young people and their families which we hope will influence and inform how future services are developed and designed.

We look forward to working together with all partners to implement the new strategy and improve the outcomes for the children and young people of Hillingdon.

3.4 Care Quality Commission (CQC) Report on the Inspection of The Hillingdon Hospitals NHS Foundation Trust (THH).

The inspection report on THH published by the CQC in early February rated the Trust as 'requires improvement'. The CQC issued the Trust with a number of improvement notices and an action plan was put in place to address those issues raised by the CQC.

We have met with the CEO, Chair and Director of Patient Experience & Nursing to seek assurances from the Trust. A number of the issues raised by the CQC, such as cleanliness and long delays in sending results of outpatient appointment to GPs, are areas in which Healthwatch had already informed the Trust either directly or through the meetings we attend at the hospitals. Part of the conversation we have had with the executive team is how the information provided by Healthwatch is considered within the Trust. We are working with them to look at the different methods that could be implemented to ensure the information we provide is most effective.

Significant progress has been made on the action plan and we will continue to monitor this directly through our work with the Trust and as member of the Hillingdon CCG Quality Safety Risk Committee.

3.5 Procedures With a Threshold

Healthwatch Hillingdon has continued to act as a strong independent advocate for the implementation of National Institute of Clinical Excellence (NICE) clinical guidelines as a way of improving service quality and ensuring equality of access to NHS treatments.

Our representations at the North West London Policy Development Group has culminated in the eight Clinical Commissioning Groups (CCGs) across North West London agreeing to remove the clinically unjustified weight criteria for knee replacement operations from 2015/16. This is estimated to benefit 156 patients a year across North West London, including around 42 in Hillingdon.

We have also pressed the case for changes to the referral criteria for inguinal hernias, identified by the Royal College of Surgeons (RCS) as clinically unjustified and unsafe. Our intervention led to a recommendation by the North West London Policy Development Group that the referral policy should be changed to reflect the standpoints of the RCS and NICE. This is a major step forward for the safety and quality of care for hernia patients across North West London.

3.6 Engagement and Promotion

During this quarter we have directly engaged with 16,907 people; 12,500 through our website and over 4000 through our other contact including social media and activities.

We continue to 'Walk the Patch' through our volunteers attendance at Children's Centres to gather new mums experience of maternity care. 90% of women said their experience at Hillingdon Hospital was positive, with staff providing good and friendly care. When asked how they would like to see the service improved many highlighted reducing the long waits in antenatal and for appointments to be longer, as they felt rushed and sometimes left anxious. Another theme raised was the impersonal attitude of staff, which some women excused due to a perceived shortage of staff.

We worked with the Urgent Care Centre at Hillingdon Hospital (UCC) during this period to get a better understanding of why residents are attending. One of the areas highlighted was the number of people who had attended because an ambulance they had called had not turned up, or the wait for the ambulance would be too long. We also heard a number of dignity concerns related to waiting in main areas in gowns and no facilities to change babies. Our findings have all been fed back to the UCC and are part of a wider piece of work looking at people accessing primary care services.

We have enhanced the way in which we collect experiences during our monthly presence at Hillingdon Hospital by introducing new comment boards, which are attracting greater feedback. Most feedback remains positive with people telling us of the good care they receive. The most common complaint is poor communication; either not feeling informed, or poor communication skills of staff.

One of the highlights of our engagement was attendance at a wellbeing event for the elderly among the Nepalese Ghurkha community concentrated in the south of the borough.

We discovered that some struggled to access GP services because of language difficulties and problems with obtaining interpreters. We worked with the CRI London Gurkha Settlement Service to produce a bilingual factsheet explaining how to access an interpreter for medical purposes, which was distributed throughout this community.

4. PROJECT UPDATES

4.1. GP Networks

Some of the GP Networks in Hillingdon have merged. As these develop and look to deliver services in a different way, Healthwatch Hillingdon will continue to work with them and Hillingdon CCG to ensure that patients are involved in the decisions taken and that services meet the needs of the local population.

4.2. Shaping a Healthier Future (SaHF) Reconfiguration

Healthwatch Hillingdon is actively engaged in monitoring the SaHF reconfiguration programme.

Our Chairman, Jeff Maslen, and Vice Chairman, Stephen Otter, sit on the Patient Participation Reference Group for SaHF and continue to be sighted on the reconfiguration programme and are able to be informed and challenge proposals.

By the time this report is presented to the Health and Wellbeing Board, Ealing Hospital's maternity department would have been closed and we will anticipate that more women will be presenting at Hillingdon Hospital to give birth. We will be working with Healthwatch Ealing to monitor experience of this change.

4.3. Enter and View – Meal Time Assessments

Working with The Hillingdon Hospitals Trust we have concluded the audit at Hillingdon and Mount Vernon Hospitals to assess the patient experience of mealtime provision and the quality of the food.

There were a number of areas of good practice identified and the quality of the food provided scored quite high. A comprehensive plan has been formulated to help the Trust and the Director of Nursing and Patient Engagement, take the appropriate actions to address those areas judged to require improvement.

5. FUTURE PLANS

March 2015 marked the end of the first 2 years of Healthwatch in Hillingdon. We are taking a time to reflect on this period and review our operations. Drawing on our own experiences and methodologies, we will be looking at how we can be smarter in proactively seeking out the opinions and experiences of people using care services in the borough, particularly from seldom-heard groups. Our focus will also be on how we use this evidence base to challenge care provision in more innovative ways.

We recognise that there are significant challenges ahead of us to make sure that the residents of Hillingdon have a voice, in what will be a changing health and social care environment, where care will be delivered in new ways and different locations, through programmes such as:

- Shaping a Healthier Future
- Primary care Co-commissioning
- GP Networks
- Out of Hospital Services
- The Better Care Fund
- Whole Systems Integration
- Care Act

These programmes will potentially have far reaching impact upon Hillingdon's residents. Our intention will be to work strategically to hold commissioners and providers to account during these changes; To firstly ensure that they carry out robust engagement with the public to allow residents to influence and shape future care services; and secondly, that the quality of care is not negatively affected.

6. 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://healthwatchhillingdon.org.uk/wp-content/uploads/downloads/2014/07/HWH-Work-Plan-2014-2015-FINAL1.pdf>

Key Performance Indicators

KPI no.	Description	2014/15 Quarter 4				Impact this quarter	Relevant Strategic Priority
		Jan	Feb	Mar	Q4 Totals		
1	Hours contributed by volunteers	198	195	244	637	<ul style="list-style-type: none"> 'Walking the Patch' maternity survey Children's Centres Meal Audits Hillingdon Hospitals Trust 	SP4
2	People directly engaged	4695	5803	6409	16907	<ul style="list-style-type: none"> Directly engaged with 16,907 people; 12,500 through our website and over 4000 through social media and other activities Engaged with residents of Gurkha community to improve their access to primary care 	SP1, SP4
3	New enquiries from the public	32	37	29	98	<ul style="list-style-type: none"> Received serious complaints about a provider which have been escalated to commissioners Increased volume of experiences recorded that have involved domiciliary care. Reported to LBH as newly commissioned providers of service Number of issues of new residents unable to register at a GP. All patients registered with our assistance 	SP1, SP5
4	Referrals to complaints or advocacy services	5	4	3	12	<ul style="list-style-type: none"> 2 Referral to the GMC (General Medical Council). 6 Referrals made to NHS Complaints Advocacy Service, VoiceAbility. 1 Referral to Middlesex Deaf Association advocacy service – for visually impaired lady looking for someone to take her to her Central London Hospital appointments. 	SP5

						<ul style="list-style-type: none"> • 2 Referrals to Age UK Falls service. • 1 Referral to Hillingdon Carers. 	
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"> • Positively impacting on the experiences of residents in receipt of domiciliary care services • Family of 51 years old lady with Multiple Sclerosis (MS), currently in a nursing home helped through NHS Continuing Health Care (CHC) eligibility assessment to obtain more appropriate care. 	SP3, SP6
6	Commissioner / Provider meetings	23	39	25	97	<ul style="list-style-type: none"> • Monitoring improvements in service provision at Hillingdon Hospitals Trust following Care Quality Commission inspection. • Changed CCG commissioning policy for knee operations increasing number of residents eligibility to care. 	SP3, SP4, SP5, SP7
7	Consumer group meetings	14	17	11	42	<ul style="list-style-type: none"> • Worked with Hillingdon Carers, schools, police and other stakeholders to engage residents for CAMHS report • Attendance at wellbeing event for residents of Gurkha community improving GP access 	SP1, SP7
8	Statutory reviews of service providers	0	0	0	0	<ul style="list-style-type: none"> • None 	SP5, SP4
9	Non-statutory reviews of service providers	0	1	3	3	<ul style="list-style-type: none"> • Members of our Enter & view team joined staff from the Trust to carry out 12 unannounced visits at Hillingdon Hospital to audit mealtime provision. 	SP5, SP4

KPI Dash Board 2014-2015

KPI	Description	S P S	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	159	243	181	198	195	244	1875	2644
2	People directly engaged	SP1 SP4	6876	7601	6715	14979	11691	10445	4257	4232	5569	4695	5803	6409	56250	89272
3	New enquiries from the public	SP1 SP5	31	42	51	31	55	40	38	30	28	32	37	29	300	444
4	Referrals to complaints or advocacy services	SP5	7	4	8	5	6	3	6	8	4	5	4	3	N/A*	63
5	Patient experience feedback and recommendations made to health and social care providers and commissioners	SP3 SP6	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 Evidenced by Reports to Board and the Annual Report													
6	Commissioner / Provider meetings	SP3 SP4 SP5 SP7	27	21	20	20	19	29	23	39	25	43	40	29	198	335
7	Consumer group meetings	SP1 SP7	26	18	18	15	16	17	14	17	11	33	29	27	132	152
8	Statutory reviews of service providers	SP5 SP4	0	0	0	0	0	0	0	0	0	0	0	0	N/A*	0
9	Non-statutory reviews of service providers	SP5 SP4	0	5	0	0	0	2	0	1	3	0	0	2	N/A*	13

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