HEALTHWATCH HILLINGDON UPDATE

Relevant Board Member(s)	Jeff Maslen
Organisation	Healthwatch Hillingdon
Report author	Graham Hawkes, Chief Executive Officer, Healthwatch Hillingdon
Papers with report	None
HEADLINE INFORMAT	<u>'ION</u>
Summary	To receive a report from Healthwatch Hillingdon on the delivery of its statutory functions for this period.
Contribution to plans and strategies	Joint Health and Wellbeing Strategy.
Financial Cost	None.
Relevant Policy Overview & Scrutiny Committee	N/A
Ward(s) affected	N/A

RECOMMENDATION

That the Health and Wellbeing Board notes 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 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

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 Information, Advice and Support

We continue to see a rise in the number of residents that contact our service. During this quarter, we received 307 enquires relevant to our function.

Table A, gives a breakdown of the type of enquiry we have received and how we have helped residents. Reasons remain varied, from advice on how to complain to living a healthy life. We have signposted nearly 120 people. Largely, these have been to the voluntary sector. We have noted a small rise in people seeking bereavement counselling and, in addition to voluntary organisations, we have directed these to the Talking Therapies Services.

A high number of those requesting information were residents who had been in receipt of a letter explaining changes to the Wheelchair Service in Hillingdon. The majority of these being where people had returned their wheelchair, or wanted to return it. We were also contacted by family members of people who were deceased. An error had occurred due to an out of date database and the CEO of CNWL issued a public apology to these relatives.

Type of enquiry	Number	% of enquiries
Refer to a health or care service	32	10%
Refer to a voluntary sector service	87	28%
Requesting information /advice	112	36%
Requesting help / assistance	21	7%
General enquiry	55	18%

Table A

Table B shows the source of our enquiries. It again shows the value of our prime shopping centre location. Due to the volume of enquiries coming through the shop on weekdays, we are currently looking at the possibility of having an open day on a Saturday during the busy run up to Christmas to attract more residents and inform them about Healthwatch.

Source of enquires	Number	% of source
Shopper	168	55%
Engagement and outreach activity	61	20%
Promotional / Advert	8	3%
Voluntary or health sector referral	33	11%
Website	2	1%
Known/existing clients	10	3%
Other / Unknown	25	8%

Table B

Concerns and complaints

Healthwatch Hillingdon recorded 95 experiences, concerns and complaints in this quarter. 66 named specific organisations and these are broken down in Table C.

Concern/complaint Category	Number	% of recorded
Primary care: GP	24	36%
Hospitals	8	12%
Social Care	5	8%
Urgent Care Centre	2	3%
Mental Health Services	10	15%
Patient Transport	3	5%
Voluntary Sector	2	3%
Dentists	6	9%
Community Wheel Chair Service	6	9%

Table C

During this period, to help residents raise their complaints, 12 referrals were made to VoiceAbility (independent NHS Complaints Advocacy) and 2 to Action against Medical Accidents (AVMA).

Overview

The following is to note from the analysis of the recorded data this quarter.

Primary Care

In our last report to the Health and Wellbeing Board, we reported issues for residents being refused registration at GP practices due to some confusion by staff on the legal requirements for patient registration.

This remained a problem early in the quarter but, following Healthwatch intervention, NHS England wrote to all practices to reaffirm the legal position and reissue guidance to the practices. Further work has progressed, with the Hillingdon CCG setting up a Primary Care Access Group, of which Healthwatch is a member and NHS England attends. One of the early results of this is that a new flow chart will be issued to all GP practices outlining registration procedures and training will be given to front line staff.

This group is also giving us an opportunity to directly feedback the information we receive from residents. Particularly those in the West Drayton area who are particularly seeing long waits for appointments and Longford where NHS England intervention is often needed to register a very transient population.

CNWL

During July, we received 3 separate calls directly from patients on Crane Ward in the Riverside Centre expressing concerns. We contacted CNWL and worked closely with the Borough Director and their team. A meeting was arranged on the Ward with all patients present to ascertain their concerns and look to address the problems. The Matron also met individually with those patients who wanted to talk privately.

As a result of the meeting, four main areas were highlighted: access to the garden; visibility of staff on the Ward; staff attitude; and agency staff not being fully informed about vulnerable patients. CNWL put actions in place to address the issues raised and confirmed these in writing to all patients and Healthwatch.

Dental Services

During this quarter, we also noted an increase in the number of residents contacting us with regards to NHS dental services. Most of the comments were to inform us that NHS dentists have claimed that they are no longer accepting NHS patients, or informing them treatment could only be provided privately rather than on the NHS. In some of these incidents, we have interceded for these residents through NHS England and reinstated NHS treatment. We have shared these experiences with Healthwatch England and have contacted the Federation of London Local Dental Committees to gain a better understanding of this issue. We do know, from a preliminary look at the national NHS Dental data (Health & Social Care Information Service), that London as a whole appears to have lower Courses of NHS Treatment (CoT) per 100,000 population than other regions in England (2014/2015 Figures).

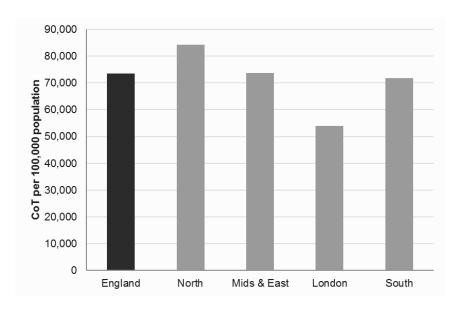


Figure 1d: CoT per 100,000 population, by NHS Commissioning Region, 2014/15. Copyright © 2015, Health and Social Care Information Centre, Primary Care Domain.

3.2 Engagement Overview

This quarter, we attended 10 events, indirectly engaged 3,500 attendees and directly engaged with 285 residents. Of these, 29 people gave us information on their experiences of care and we advised or signposted 61 people and signed up a volunteer.

Our website continues to be accessed regularly with over 14,000 different addresses visiting the site 38,000 times this quarter. Nearly 11,000 information documents have been downloaded from the site during this time.

Our social media coverage also remains on the increase with over 800 people now following us on Twitter.

Press coverage has been good this quarter with a number of articles and letters being published in the local papers, including front page coverage of our CAMHS work.

In September, CAMHS in Hillingdon also received a national focus as Healthwatch England featured our work as the main story in their news bulletin and published an extensive article on their website. http://www.healthwatch.co.uk/news/young-people-tell-their-local-healthwatch-what-needs-change-about-mental-health-services

We have also followed up the issues raised about non-emergency patient transport by carrying out a survey in conjunction with Hillingdon CCG and Hillingdon Hospital. The results showed that 91.5% of the 48 people who completed the survey would recommend the service. There was also a similar result at the last Disability Assembly, where similar percentages of the 80 attendees where happy with the service in the Borough. A full report of the results of the survey and Disability Assembly feedback will be made available on our website soon.

4. WORKPLAN PROJECT UPDATES

The Healthwatch Hillingdon Work Plan 2015-17 sets out the organisations Operational Priorities for the next two years. The focus of our work for 2015-17 has been aligned with our Strategic Priorities and selected to reflect our statutory requirements, and the findings from in-depth analysis of data and intelligence gathered from our residents. The 2015-17 work plan is available to view at: http://bit.ly/20QJAcy

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

As the Health and Wellbeing Board is aware, Healthwatch Hillingdon has had a pivotal role in the formulation of Hillingdon's Children and Young People's Mental Health and Wellbeing Transformation Plan during this quarter. The insight provided by our 'Seen & Heard – Why not now?' report, has been an important reference, into the experiences of our children, young people and their families and has framed much of the contents of the plan.

The information in our reports has been sourced in the completion of the Children's Mental Health Needs Assessment completed by Hillingdon's Public Health team. It is also pleasing to note that Hillingdon is the only Borough in North West London to complete a needs assessment to inform their transformation plan and this is directly as a result of Healthwatch Hillingdon's request in our Listen to Me! report for this to be commissioned.

Our CAMHS work has also been promoted as an area of best practice by Like Minded, the programme which is looking to transform mental health and wellbeing services across North West London.

As part of the Children and Young People Mental Health and Well-being Board we continue to work with and challenge partners on the delivery of the plan. Although the result of submitting the plan to NHS England will not be disclosed until November 2015, Healthwatch has asked the Hillingdon CCG Governing Body to consider funding the recruitment of staff in advance of the announcement. We are conscious that every region across the country will be looking to recruit specialist CAMHS staff and, by agreeing to this request, it will allow Hillingdon to be ahead of other adjoining areas.

NHS England released funds in July 2015 for the development of a pan North West London Eating Disorder Service. We have also raised with the Hillingdon CCG Governing Body our concern that there seems to be little progress in the development of the service. We have asked for firm timelines to be set in delivering this new service.

4.2 Maternity Care in Hillingdon

Maternity Care in North West London is being reconfigured under the Shaping a Healthier Future programme. Currently, 4,000 births take place at Hillingdon Hospital per annum and this is predicted to rise to 6000 by 2017-18. Ealing Hospital's Maternity Unit closed in July 2015 and it is expected that an additional 600 women from Ealing will give birth at Hillingdon Hospital's Maternity Unit in the coming year.

The objective of the project is to monitor and evaluate the maternity services in Hillingdon, following the closure of the maternity unit at Ealing Hospital; to ensure that women have access, choice and continuity of high quality care, in their local area. We will periodically gather the views and experiences of women using maternity services in Hillingdon. This information will be used to:

- Determine to what extent the closure of Ealing Maternity Unit has impacted on the experience of women giving birth at Hillingdon Hospital.
- Identify any potential inequalities that may have arisen following the maternity service reconfiguration.
- Obtain a greater understanding about the barriers and enablers that shape maternity services.
- Provide commissioners and providers with evidence based data which evaluates current maternity provision and informs future delivery.

The progress of this programme will be periodically reported to the Health and Wellbeing Board.

4.3 Discharge from Hillingdon Hospital

This project will identify and engage Hillingdon residents who have recently gone through the discharge process at Hillingdon Hospital. Through their experiences, we will gain a greater understanding of being discharged from hospital, ascertaining what works well and where improvements may be required. Healthwatch Hillingdon will seek to work in partnership with Hillingdon Hospital, Social Services, Age UK (Hillingdon) and Hillingdon Carers to deliver some parts of this project.

Focusing on adults over the age of 65 with complex needs or long term conditions, who have been recently discharged from Hillingdon Hospital to home, or another care facility, our objective is to provide data, evidence and offer solutions to commissioners and providers that would enable improvements in services, designed to improve the quality of discharge and support in the community.

4.4 Care Homes

One of our work-plan priorities scheduled for 2016-2017 is Care Homes. In preparation for this project, Healthwatch Hillingdon is liaising with the Adult Social Care Safeguarding & Quality Assurance Team to look at ways in which we can work together and increase capacity, by incorporating our Enter and View team into the assurance programme. Initial conversations have been very productive. We are already seeing efficiencies having obtained agreement from the Care Quality Commission to amalgamate our individual meetings into a tripartite meeting.

5 KEY PERFORMANCE INDICATORS (KPIs)

To enable Healthwatch Hillingdon to measure organisational performance, 8 quantifiable Key Performance Indicators (KPIs), aligned to Healthwatch Hillingdon's strategic priorities and objectives, have been set for 2015-2017. The following table provides a summary of our performance against these targets:

Key Performance Indicators

KPI no.	Description	2015/16						Relevant
		Q1	Q2	Q3	Q4	Annual Totals	Impact this quarter	Strategic Priority
1	Hours contributed by volunteers	550	625			1175	5 younger volunteers, ages ranging from 16 to 25, completed 176 hours of office based administration	SP4
2	People directly engaged	354	333			687	Signposted 120 people to appropriate services and recorded 95 service issues/ negative experiences	SP1, SP4
3	New enquiries from the public	232	402			632	Enabled patients to receive NHS dental treatment who had been previously refused.	SP1, SP5
4	Referrals to complaints or advocacy services	9	14			23	2 residents will receive advocacy and assistance from Action against Medical Accidents (AVMA) following allegations of medical negligence.	
5	Commissioner / Provider meetings	49	60			109	 Continued to champion for children in the improvement of CAMHS and mental wellbeing services Strategic oversight of maternity transfer after closure of Ealing Maternity Department 	SP3, SP4, SP5, SP7
6	Consumer group meetings	22	25			47	Non-emergency transport to be reviewed and service specifications influenced	SP1, SP7
7	Statutory reviews of service providers	0	0			0	• None	SP5, SP4
8	Non-statutory reviews of service providers	7	4			11	10 members of our Enter & view team joined staff from Hillingdon Hospitals Trust to carry out 4 PLACE Lite assessments in September 2015	SP5, SP4