

HEALTHWATCH HILLINGDON UPDATE

Relevant Board Member(s)	Stephen Otter, Acting Chair
Organisation	Healthwatch Hillingdon
Report author	Graham Hawkes, Chief Executive Officer, Healthwatch Hillingdon
Papers with report	None.

HEADLINE INFORMATION

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

- 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>).

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.

Recognition

One area which has been particularly pleasing for the whole Healthwatch team has been the recognition we have received from Healthwatch England (HWE) for our delivery of the Local Healthwatch model.

This quarter they recommended us to Dulwich Hamlets Council and the Department of Health as a best practice model and we hosted both organisations on extended visits to look at our governance and operation.

As a result of our work on Children and Young People's Mental Health and Emotional Wellbeing and our presentations to The Mental Health Foundation and The Change Programme National Conference, we have now been invited to participate in a strategic programme with NHS England.

Safeguarding Boards

Another positive outcome for us during the quarter was the successful advertising campaign we carried out, on behalf of both the Children's and Adults' Safeguarding Boards, for new lay members. There had previously been some difficulty in attracting applicants but, following our involvement, the good response led to the Council being able to recruit to all available positions.

3.1 **Information, Advice and Support**

During this quarter, we recorded a total of 227 enquiries relevant to our function. 170 of these were from residents in receipt of our signposting service.

Table A gives a breakdown of the number and type of enquiry we have received.

Type of enquiry	Number	% of enquiries
Refer to a health or care service	50	29
Refer to a voluntary sector service	27	16
Requesting information /advice	44	26
Requesting help / assistance	3	2
General enquiry	46	27

Table A

Table B shows the source of these enquiries.

Source of enquires	Number	% of source
Shopper	91	62
Engagement and outreach activity	0	0
Promotional / Advert	3	2
Voluntary or health sector referral	21	14
Website	5	3
Known/existing clients	20	14
Other / Unknown	7	5

Table B

For the 4th quarter, direct access via the shop was recorded as the main point of contact for our information, advice and support service. It was, however, pleasing to note that returning customers and referrals were jointly the source of over 25% of enquiries for the 2nd month running.

By the nature of the service, reasons for contact remain widely spread across health and social care. We have seen a slight rise in referrals to Hillingdon Carers this quarter, having identified a number of residents who care full time. The most popular leaflet taken by residents from the shop has been for CNWL NHS Talking Therapies, which provides an adult counselling service that people can self-refer.

We have also been working very closely with an NHS organisation this quarter to sensitively safeguard a very vulnerable person with complex needs who visited the shop on a number of occasions. There have been a number of learning points reflected upon during this time and some new staff processes introduced.

Concerns and complaints

Healthwatch Hillingdon recorded 57 experiences, concerns and complaints in this quarter. The areas by organisational function are broken down in Table C.

Concern/complaint Category	Number	% of recorded
CCG	2	4
Primary care: GP	10	18
Primary care: Pharmacy	0	0
Primary care: Optician	1	2
Primary care: Dental	4	7
Hospitals	21	37
Mental Health Services	4	7
Community Health	2	4
Social Care	4	7
Care Agency	2	4
Care Home	1	2
Patient Transport	3	5
Community Wheel Chair Service	3	5

Table C

Referring to Advocacy

7 referrals were made during this period to support residents. 3 to VoiceAbility (independent NHS Complaints Advocacy), 2 to CNWL Perinatal Service and 1 each to LBH Safeguarding and NHS England.

Overview

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

Dental

Although low in number, complaints have been similar about dental services. Patients reported they have been advised the dentist no longer carries out NHS services and that all future treatment would have to be private. We have escalated each case to NHS England. This has resulted in some dentists reinstating NHS charging. Evidence collated by Healthwatch England would suggest this practice is a trend which has been increasing nationally over the last year.

GP Registration

As we have previously reported, we have been working to assist residents who are refused registration at a GP practice. We have had a number of people contact us from the Heathrow Villages who have been having particular problems registering because they fall outside of any GP catchment area. Each resident has been registered and we are working very closely with Hillingdon CCG and NHS England to find a permanent solution.

Hospital Discharge

We were informed of 2 separate cases where residents were discharged without appropriate care being in place at home. Hillingdon Hospital has been made aware of these incidents. Discharge was also raised by residents at the recent Older People's Forum when it was asked whether something could be done about the elderly being discharged to an empty house, without the heating being on and essentials such as bread and milk not being available. This is certainly an area we will be investigating as part of our hospital discharge project.

Outpatient appointments for people with sensory impairment

We had a case of a man who was sent an appointment for an eye clinic who came into Healthwatch very stressed because he wanted to change the appointment but did not know how to. Both he and his wife were deaf and mute and did not have another person who could help them. The only method shown on the hospital letter was the telephone. We contacted outpatient appointments on the gentleman's behalf and rescheduled the appointment.

With new Accessibility Standards in health and social care to become law in July 2016, we have raised a number of points with the hospital around sensory impairment and are working with them to look at communication, BSL interpretation, the appointment making processes and how a person's hospital record can be flagged to ensure that methods of communication can be appropriate to their disability.

In addition to this, we have liaised with the Council's Engagement Team to change the June Disability Forum to focus solely on accessibility. The Council will be informing delegates on how they are preparing for the changes and Hillingdon Hospital will be holding a workshop to give attendees the opportunity to influence how changes are implemented at the Trust.

3.2 Strategic Working

CCG Conflict of Interest Guidance

Over the past 12 months Healthwatch Hillingdon has been working closely with Healthwatch England and NHS England to review the CCG Conflict of Interest Guidance. This work has now led to the publication of strengthened national guidance on the Conflict of Interest by NHS England. We are pleased with the content of the guidance and that many of our concerns were appropriately addressed. With our presence on the Hillingdon CCG's Governing Body and Conflict of Interest Panels, we will continue to evaluate the implementation and effectiveness of the new guidance as primary care co-commissioning is further developed.

NHS Continuing Health Care (CHC)

Healthwatch Hillingdon continues to support a number of individuals to navigate the CHC process, which is both complex and lengthy. As part of this work, we have highlighted the lack of independent advocacy support and accessible information for people to be able to make informed choices as they are assessed for CHC.

We are working with Healthwatch England and NHS England CHC National Lead on a strategy to develop a long term solution. Our involvement is ensuring that the needs and experience of people are central to the outcome.

We are also working closely with the Brent, Harrow and Hillingdon CCGs to explore how this national vision for independent CHC support can be developed locally. Until national guidance is produced, this is also likely to be a long term work-stream. However, we would like to see an interim solution put in place that benefits residents in the short term.

Shaping a Healthier Future Programme (SaHF)

Response to the recommendations we had made to the SaHF Clinical Board following the transfer of maternity services from Ealing have been positive. A commitment has been made to improve the consultant presence on maternity wards, to meet the Royal Colleges standards. This will result in helping to ensure that the clinical outcomes for mothers and new born babies will be improved for 29,000 mothers per year across NWL. Healthwatch Hillingdon will continue to monitor the delivery of these commitments.

3.3 Engagement Overview

As expected, with a new Volunteer and Outreach Officer, in post we saw a rise in engagement figures. In total, 354 people were directly engaged during this period. Indirect engagement remains strong. We recorded nearly a million hits to our website from over 150,000 visits by year end. Promotional materials are spread widely across the Borough and media publicity is high.

Events

15 engagement events were attended during the 4th quarter of the year. These events provided an opportunity to promote Healthwatch, network with external organisations and meet and engage with local residents.

As a result of participating in these events, 29 residents expressed an interest in volunteering with Healthwatch Hillingdon (of which 15 have been placed) and 2 local residents shared their experiences of using local NHS services.

Volunteers placed with Healthwatch are involved in a variety of areas of work including data entry, administration and assisting us with the distribution of our marketing materials to local GP surgeries, libraries and voluntary and community groups. With the assistance of our office based volunteers, we have now updated the experience database which previously had an entry backlog. Our volunteers are also helping to update the Health, Wellbeing and Social Care Directory on our website.

As part of our project work on maternity care and hospital discharge, we have recruited volunteers who will support our projects by gathering patient experiences at Children Centres and on the wards of Hillingdon Hospital.

Use of Media

The successful focus on volunteer recruitment has enabled us to look at the ways in which we raise awareness of Healthwatch Hillingdon and how we invite residents to inform us of their experiences of care.

The coordinated use of media has been one way in which we have been able to achieve this. During February, we had a number of articles published in the local paper on specific issues, asking residents to come forward with their experiences. We enhanced these with the publication of a number of corresponding infographics via social media and direct e-mailings. This led to receiving some very rich feedback, especially on women's experiences of fertility treatment.

4 PROJECT UPDATES

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

Healthwatch Hillingdon continues to monitor the delivery of the transformation plan through our seat on the Children and Young People's Emotional Health and Wellbeing Steering Group.

We acknowledge that progress on a number of initiatives has been made, but we are increasingly frustrated by the speed at which this progress is being achieved and find it disappointing that currently almost all of the work-streams within the plan are RAG rated as amber.

We understand the challenges involved and appreciate the efforts being taken to reduce the waiting lists in Tier 3 CAMHS, but until we see the implementation of initiatives to offer early help and prevention, system pressures will remain and those young people who do not meet Tier 3 thresholds will struggle to find support.

Following our presentation to the Change Programme National Conference on CAMHS, we met with NHS England's CYP Mental Health programme lead. Subsequently we have been invited to sit alongside them on the CYP Mental Health Coalition Steering Group. This Group has been tasked with monitoring the implementation of Transformation Plans across England and we have been asked to report directly to NHS England and Healthwatch England on the progress of the Hillingdon Transformation Plan at the meeting being held in July 2016.

4.2 Maternity Care and Hospital Discharge

In March, we decided to recruit dedicated coordinators to lead on, and deliver each project. The Healthwatch Board agreed to a new approach and we advertised for expressions of interest from skilled freelance people to deliver time limited projects during 2016-17. We received a number of applicants and, after a difficult selection process, have appointed 2 people who both started their roles in the first quarter of 2016-17.

Volunteers have been recruited to help carry out the engagement programs for both projects. The first training sessions have been completed and individual's DBS Checks are being undertaken, prior to the role out of the programs.

5 ENTER AND VIEW ACTIVITY

Hillingdon Hospitals Trust

During January and March, 9 Assessors committed to over 200 hours of volunteering to complete 7 full day assessments at both Hillingdon and Mount Vernon hospitals.

6 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 2015/16

*Targets are not set for these KPIs as measure is determined by reactive factors.

KPI no.	Description	Q1		Q2		Q3		Q4		Accumulative Totals		Impact this quarter	Relevant Strategic Priority
		Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual		
1	Hours contributed by volunteers	525	550	525	625	525	462	525	729	2100	2366	•	SP4
2	People directly engaged	300	354	300	333	300	250	300	354	1200	1291	•	SP1, SP4
3	New enquiries from the public	125	232	125	402	125	241	125	227	500	1102	•	SP1, SP5
4	Referrals to complaints or advocacy services	N/A*	9	N/A*	14	N/A*	7	N/A*	7	N/A*	37	•	SP5
5	Commissioner / Provider meetings	50	49	50	60	50	54	50	72	200	235	•	SP3, SP4, SP5, SP7
6	Consumer group meetings	25	22	25	25	25	10	25	22	100	79	•	SP1, SP7
7	Statutory reviews of service providers	N/A*	0	N/A*	0	N/A*	1	N/A*	0	N/A*	1	•	SP5, SP4
8	Non-statutory reviews of service providers	N/A*	7	N/A*	4	N/A*	3	N/A*	7	N/A*	14	•	SP5, SP4