

HEALTHWATCH HILLINGDON UPDATE

Relevant Board Member(s)	Stephen Otter
Organisation	Healthwatch Hillingdon
Report author	Graham Hawkes, Chief Executive Officer, Healthwatch Hillingdon
Papers with report	Appendix A - Safely 'Home' to the Right Care

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 & 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://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 first quarter.

Discharge from Hillingdon Hospital Project

On Thursday 23rd February 2017 we published a new report – Safely 'Home' to the Right Care – outlining the personal experiences of older people who have recently been discharged from Hillingdon Hospital.

We formally submit the report to the Health and Wellbeing Board as Appendix A.

The report is the culmination of a 6 month engagement programme which saw us engage with 172 inpatients at Hillingdon Hospital, 52 patients post discharge and the professionals and staff from over 20 organisations.

The intelligence we have collected during our research has provided us with a valuable insight into older people's experiences of being discharged from Hillingdon Hospital, and the care and support provided to them in the community. Evidence suggests that by providing uniform processes, better information for people and improving communication between patients, care staff and the component organisations, will be key to the discharge pathway being improved.

We have seen a positive response to the report from commissioners and providers. There has been an acknowledgment that improvement is needed and a number of recommendations outlined in the report have already been implemented.

Our evidence has also informed the Better Care Fund and additional actions have been added to the delivery plan, which is monitored by the Health and Wellbeing Board.

We will also look to monitor progress against our recommendations with all partners through the Older People's Services Delivery Group.

Healthwatch Hillingdon have produced a short film of patient's lived experiences to accompany this report. This can be viewed at:

<https://m.youtube.com/watch?v=5mgLI37uPzE>

Lymphoedema Service

Our last Report highlighted the lack of appropriate primary (non-cancer related) Lymphoedema service in London Borough of Hillingdon. We are pleased to confirm that the NHS Hillingdon CCG have now launched a new Lymphoedema service that will provide access to all Hillingdon patients with a need for Lymphoedema care and support. This is very welcomed news, and we applaud the NHS Hillingdon CCG for investing in this new service for the benefit of our local residents. The new service means that secondary Lymphoedema patients (cancer-related) will be under the care of the Mount Vernon Cancer Centre; whereas patients with secondary Lymphoedema will be able to access care from Harlington Hospice.

Information, Advice and Support

During this quarter we recorded a total of 173 enquires relevant to our function.

108 of these were from residents in receipt of our signposting service.

74% of residents accessed our service through the shop, which remains the main point of contact for our information, advice and support service.

N.B. We would advise the Health and Wellbeing Board that with the imminent opening of the new retail store in the Pavilions, it is very likely that we will be given notice on the shop lease. We have been actively looking at alternative premises. This is unlikely to be of a comparable size, or in a high street location.

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	30	28
Refer to a voluntary sector service	6	6
Requesting information / advice	20	19
Requesting help / assistance	12	11
General Enquiry	40	37

Table A

Table B shows the source of these enquiries.

Source of enquires	Number	% of source
shopper	80	74
event	1	1
referral	7	6
promo	2	2
advert	0	0
website	0	0
known	8	7
other	2	2
unknown	8	7

Table B

Armed Forces ex-serviceman

Mr D (mid 30s) was medically discharged due to injuries sustained whilst serving in the Armed Forces. Mr D is struggling to come to terms with his injuries, both emotionally and physically, as well as the constant pain. Mr D feels that he has been shunted from one part of the NHS to another since his discharge from the army and feels that he has not been supported by anyone, including the Royal British Legion. Healthwatch Hillingdon contacted the Royal British Legion and requested additional support for Mr D. Healthwatch Hillingdon also contacted London Borough of Hillingdon social services to request an assessment of Mr D's needs.

Clinical Waste Disposal

We heard from a resident of one supported accommodation complex that due to large number of residents with increasing care needs, that the communal household-waste-only

bin has an extremely pungent odour due to the disposal of human waste/soiled pads etc. “The smell and flies are just too much”. It is claimed that most of the human waste is disposed of by domiciliary agency care staff. The individual has made a complaint to the London Borough of Hillingdon Environmental Health Department but were informed that they are unable to take any action to address the waste/odour issues. The disposal of human waste material is a complex legal area and falls outside the remit of Healthwatch Hillingdon. However, it would be considered good practice for all domiciliary care agency staff to be reminded (as part of their regularly training) that human waste should be either taken away by the agency for appropriate disposal or sealed in appropriate bags prior to disposal in domestic waste bins. The environmental disposal rules covering supported accommodation is the same as a domestic setting (covering clinical as well as human waste) whereas the rules governing nursing homes are stricter. This is an area that may require further consideration as more elderly residents are accommodated in supported housing schemes. Each supported accommodation site make require a different waste assessment to ensure residents are housed in dignified settings.

Concerns and complaints

Healthwatch Hillingdon recorded 65 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	1	2
Primary care: GP	15	23
Primary care: Pharmacy	3	5
Primary care: Optician	1	2
Primary care: Dental	3	5
Hospitals	24	37
Mental Health Services	3	5
Community Health	3	5
Social Care	8	12
Care Agency	0	0
Care Home	1	2
Patient Transport	0	0
Community Wheel Chair Service	2	3
3rd sector service	0	0

Table C

Referring to Advocacy

1 referral was made to VoiceAbility (independent NHS Complaints Advocacy) during this period.

Overview

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

Prescription difficulties

Mother of young daughter with special needs moved to Hillingdon recently. Since 2012 daughter has been prescribed certain medication for her seizures by Great Ormond Street Hospital (GOSH) & The Hillingdon Hospital (THH). Prior to their move to the London Borough of Hillingdon, their previous GP was able to provide regular prescriptions for the specialist medication. However, their GP informed the mother that they were not comfortable or confident to prescribe this medication or provide repeat prescriptions (this can occur where certain specialist prescribed medications have to be closely monitored etc.). Both GOSH and THH consultants have written to the GP stating that this is the most suitable medication for her daughter, but still the GP is unable to write the prescription. On one occasion mother was unable to get the medication from GOSH/THH in time and this resulted in her daughter suffering a seizure. Mother is finding getting access to the medication really difficult and hugely stressful. This case has been referred to VoiceAbility as the family wish to make a formal complaint. However, as this particular case raises a number of important issues for people requiring special/specific prescriptions from specialist Hospitals, we are in the process of liaising with the NHS Hillingdon CCG with the aim of developing and establishing agreed protocols/pathways to cover these types of situations.

Strategic Working

Accountable Care Partnership (ACP)

We are pleased to advise that Hillingdon Health and Care Partners have invited Healthwatch Hillingdon to join the Provider Board in a non-voting lay capacity to take an active part in the governance and development of the ACP.

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 & Young Peoples Emotional Health & Wellbeing Steering Group.

We have expressed some concerns at the speed of progress currently being made on the development of the new pathway. With newly commissioned services embedding we do not want the impetus to slow down. Especially when we are starting to see the positive outcomes of this work stream. It was specifically pleasing to see a recent story published by CNWL, about how the new Community eating disorder service had changed the life of Leah and her family. It is very encouraging to know that all our efforts are making a tangible difference. <http://bit.ly/2kQyDfg>

Engagement Overview

Direct Engagement

This quarter we recorded direct engagement with 634 members of the public. 413 were engaged through our discharge and maternity projects. A further 221 residents through 13 community engagement events. Some of the events attended this quarter include the Older People's Assembly, the Disability Assembly and Brunel universities Volunteers' Fair. As always, these large-scale events provided an excellent opportunity to promote the work of Healthwatch.

During this quarter, we also spoke at coffee mornings held by organisations such as the Salvation Army, Hillingdon Carers, Parkinson's UK and the Alzheimer's Society. As we

anticipated, the number of attendees at these events were relatively small (on average 15-20 people) however this allowed for group discussions and more comprehensive feedback.

The key concerns highlighted by residents who attended the coffee morning events included access to GP appointments, not seeing the same GP at appointments (lack of continuity), repeat prescriptions and dental charges. The individual comments collected varied from individual to individual.

At the Oak Farm library coffee morning, an elderly lady informed me of her late husband's frustration of having his haematology appointment cancelled 11 consecutive times at the Hillingdon Hospital. She also expressed her own frustration at having had her hospital appointment cancelled on several occasions.

The coffee mornings have overall proved to be a very effective way of gathering targeted feedback and we will continue to incorporate them as part of our future engagement activities.

During 2017 we also plan to resume our presence at The Hillingdon Hospital by holding a stand at the main entrance. We will also reach out to Hillingdon's faith groups including mosques, churches and temples and youth organisations to capture the views and experiences of those who are seldom heard.

Volunteering

In November 2016 a production company volunteered to help us make a film to accompany our discharge project report. With the help of volunteer actors, the film was shot over a Friday afternoon. We are extremely grateful for everybody's time and efforts over a total of 60 hours.

We have recruited a new volunteer who will be assisting us with the redesign of our website. She joined the Healthwatch team in January and we hope she will bring with her some new and fresh ideas on how we can make our site more user friendly.

Retention amongst existing volunteers remains high. We currently have 7 active volunteers assisting us with our social media, data entry, newsletter and engagement activities, however, due to the introduction of the CRM database to Healthwatch Hillingdon which is unsuitable for volunteers to use, we may need to reconsider the roles of office based volunteers. These volunteers have undertaken 126 hours of volunteering for this quarter.

Volunteer Development

By partnering with the training provider 'The Skills Network', we offered our volunteers the opportunity to gain a level 2 qualification in a range of subjects. Currently 8 Healthwatch volunteers are undertaking level 2 courses. Subjects studied include: Autism, Business Administration, Customer Service, Information Advice & Guidance, and Dementia Awareness. On completion of their course and a combined study of over 250 hours, volunteers will receive a level 2 NCFE certificate.

Social Media

We continue to maintain a healthy online presence on Facebook and Twitter by regularly posting news stories, information & events on health and social care and encouraging our online communities to converse with us and share their views. The number of Twitter followers has exceeded 1000 this quarter.

Our most popular tweets and posts this quarter includes '#Movember', our attendance at the International Volunteering Conference in December and our extended Christmas opening hours.

On Instagram, we are approaching 60 followers and are gaining on average 7-8 new followers each month – slow but steady progress. We use it to regularly post images of our outreach and engagement activities and followers engage with us by commenting on or liking our posts. There are currently over 400 million active users on Instagram worldwide it therefore has the potential to become a very powerful visual marketing tool.

Our website has received visits from nearly 20,000 individual IP addresses between October and December 2016. They visited 47,000 times and looked at 150,000 pages.

3. PROJECT UPDATES

Maternity Care

The engagement programme for the project has now been completed. We have spoken to over 250 women. The data collected has been analysed and an initial evidence document produced for stakeholders on the experience of women of the maternity service in Hillingdon.

Following response from The Hillingdon Hospital NHS FT, Hillingdon CCG and Hillingdon Council's Children Centres we will be formulating the final report which will be published in March 2017 and formally presented to the next Health and Wellbeing Board.

4. ENTER AND VIEW ACTIVITY

PLACE Assessments

8 assessors carried out 2 PLACE assessments in October and November 2017 at Mount Vernon and Hillingdon Hospital respectively.

One of our most experienced assessors is now attending the hospital PLACE steering group for Healthwatch. This group monitors the delivery of the improvement plan.

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 2016/17

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

KPI no.	Description	Relevant Strategic Priority	Monthly Target 2016-17	Q1			Q2			Q3			Accumulative Totals	
				2014-2015	2015-2016	2016-2017	2014-2015	2015-2016	2016-2017	2014-2015	2015-2016	2016-2017	Target	Actual
1	Hours contributed by volunteers	SP4	525	692	550	637	732	625	522	583	462	491	1575	1650
2	People directly engaged	SP1 SP4	300		354	434		333	270		250	634	900	1338
3	New enquiries from the public	SP1 SP5	125	124	232	177	126	402	296	96	241	173	375	646
4	Referrals to complaints or advocacy services	SP5	N/A*	19	9	12	15	14	8	18	7	1	N/A*	21
5	Commissioner / Provider meetings	SP3 SP4 SP5 SP7	50	68	49	93	68	60	69	87	54	69	150	231
6	Consumer group meetings / events	SP1 SP7	10	62	22	16	48	25	15	42	10	15	30	31
7	Statutory reviews of service providers	SP5 SP4	N/A*	0	0	0	0	0	0	0	1	0	N/A*	0
8	Non-statutory reviews of service providers	SP5 SP4	N/A*	5	7	3	2	4	3	4	3	2	N/A*	8