# HEALTHWATCH HILLINGDON UPDATE

Relevant Board Member(s)	Stephen Otter, Chair
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 & 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 guarter of 2017-18.

## 3.1. GP "extended hours appointments" survey

We would inform the Board that Healthwatch Hillingdon are currently gathering the views of residents on the 'extended hours appointments' being provided in primary care, every weekday evening from 6:30pm to 8pm and at weekends between 8am and 8pm, Saturday and Sunday. The survey runs until 12 January 2018 and we will be reporting the results to the Board in early 2018.

#### 3.2. New Perinatal Mental Health Service

The evidence from both the children's mental health report and our recent maternity reports outlined the need for a comprehensive perinatal mental health service for Hillingdon's women. Following our children's mental health report, a small service was commissioned, which has since been built upon; but as our maternity report outlined, the service was not meeting demand.

In June 2017, the NWL Clinical Commissioning Group Collaboration launched a new comprehensive perinatal mental health service to support women who develop a mental health illness during pregnancy, or in the first year following birth. This also offers preconception advice to women who already have a mental health condition.

It is again pleasing to see the part our work is playing in influencing change and improving services. <a href="http://bit.ly/2vICnEL">http://bit.ly/2vICnEL</a>

#### 3.3. Mental Health, Wellbeing & Life Skills programme

We are pleased to be able to advise the Board that we have been awarded funding by Hillingdon Community Trust to deliver our Mental Health, Wellbeing & Life Skills programme, as a pilot project at Barnhill Community High School. In the 16 week programme, which started in November, we will be working to empower year 12 and 13 students to raise awareness of mental health and wellbeing across the school setting.

#### 3.4. Young Healthwatch Hillingdon

We are also pleased to inform the Board that we were successful in our application to Awards for All for funding to develop and deliver the first year of Young Healthwatch Hillingdon; a bespoke volunteering framework to enable young people aged 11 to 25, who live, work or study in Hillingdon, to engage with health services and issues which affect them.

We have developed a structured framework for Young Healthwatch Hillingdon, are in the process of recruiting applicants for interview in January 2018 and seeking accreditation with the Council's Hillingdon Young Volunteer Awards initiative.

## 3.5. Young Volunteers Step-up to The Challenge

Healthwatch Hillingdon strives to engage with as many Hillingdon residents as possible. In August, we had some help to do this from a group of National Citizenship Service young volunteers.

The National Citizenship Service programme is run by The Challenge; the UK's leading charity for building a more integrated society. The programme gives young people the opportunity to build skills for work and life, take on new challenges and to volunteer in the local community.

As part of the programme, participants carry out a Volunteering Day on behalf of an organisation in their local area and on Thursday 3 August, the Hillingdon group volunteered their time for us!

Wearing their Healthwatch Hillingdon T-shirts, they took to Uxbridge Town Centre to find out what health issues are important to the young people of Hillingdon, and whether they thought having a Young Healthwatch Hillingdon, would be a good idea.

Our young volunteers – all Hillingdon residents aged 15 to 17 - completed almost 100 surveys and provided valuable feedback to inform our bid, secure funding and shape how Young Healthwatch Hillingdon will be set up.

We would like to say a big thank you to all the young people who were involved. They represented themselves, Healthwatch Hillingdon and 'The Challenge' fantastically well and we wish them all the best in the future.

# 3.6. Signposting Service

During this quarter we recorded a total of 156 enquiries from residents into our information, advice and signposting service. This was over 50% up on the first quarter but only slightly more than 2016.

As the tables below summarise, almost three quarters of our enquiries were made through the shop, with the majority of people contacting us for the first time. 55% of enquirers were signposted to a health or voluntary sector service. This quarter the top 5 categories include other voluntary sector organisations (outside of H4AII) – such as national charity helplines and local organisations, like Community Cancer Care, and services provided by the Ccouncil – including libraries, Healthy Walks, housing and children's centres.

How did we assist?	Qty	%
Signpost to a health or care service	50	32%
Signpost to voluntary sector service	36	23%
Requesting information / advice	46	29%
Requesting help / assistance	6	4%
General Enquiry	16	10%
Unknown	2	1%
Total	156	

Signposted to?	Qty	%
Voluntary - other	26	17%
GP	18	12%
LBH - Other	18	12%
Citizens Advice	10	7%
LBH - Social Services	8	5%

## 3.7. Concerns and complaints

Healthwatch Hillingdon recorded 130 experiences, concerns and complaints in this quarter. Nearly half of these were feedback received about Primary Care Services. The large majority from people reflecting on their experience and dissatisfaction with their GP practice. The top 3 concerns being; access to appointments, staff attitude and the quality of treatment.

For hospital services, there was a wide range of feedback, which spread across all specialities. One area in which we have seen a slight increase is waiting for follow-up appointments and the increase in the interval between periodic check-ups for patients with long term conditions.

The number of experiences recorded for Social Services is relatively low and featured mainly home care, nursing homes and children's services.

Category	Count	
Primary Care Services	63	48%
Hospital Services	38	29%
Social Services	19	15%
Not known	10	8%
Total	130	

Satisfaction	Primary Care	Hospital service	Social Service
1 Excellent	4	6	0
2 Good	5	3	0
3 OK	2	2	5
4 Poor	24	9	7
5 Unacceptable	25	15	6
No return	3	3	1
Total	63	38	19

# 3.8. Referring to Advocacy

Advocacy Referrals			
AvMA	1		
Safeguarding	6		
NHS	0		
Wellbeing Service (H4All)	0		
POhWER	15		
DASH	1		
Total	23		

We have seen a rise in people requiring advocacy to either make a complaint or question the complaint response they had received from the NHS. We continue to work closely with POhWER to support these individuals.

### 3.9. Overview from experience data

### **Outpatient Appointments**

We have been hearing from patients who are concerned by the length of time they are now waiting for follow up treatment, or for periodic appointments to check and monitor their condition.

We heard from a patient with Parkinson's disease who should be reviewed by their consultant every 6 months. Patient saw his neurologist in Nov 2016 and was given an appointment to see them again in May 2017. The hospital cancelled the appointment 2 weeks before it was due and rescheduled for Dec 2017. Patient spoke to his Parkinson's nurse who intervened to arrange the appointment for August 2017. The hospital then, much to the patient's distress, cancelled the August 2017 appointment and give him an appointment for March 2018.

Another patient who was undergoing 6 months chemotherapy complained that the hospital keeps changing his chemotherapy dates. The patient is now very upset with all the cancellations and no longer wishes to continue the chemotherapy.

With the current concentration by hospitals to meet their mandated 18-week Referral-To-Treatment target, experiences like these may be as a result of preference being given to new referrals. This is something we will continue to closely observe.

#### **GP Practices**

#### Patient's Rights

We have also seen a rise in GP Surgeries refusing to register patients who want to change their practice. One resident was told "Currently we are only registering new patients that don't have a GP and there is a waiting list. Since you are already registered with a GP then you can't register at this practice."

In refusing to register a patient, one practice said, "oh, we don't poach patients from other GPs."

We continue to work with the Clinical Commissioning Croup and NHS England to ensure that patient's rights are upheld, and patients can register at a GP surgery of their choice.

#### "too expensive for the NHS"

We were approached by a family who wished to complain about their GP. Their elderly father has Lewy Body dementia and was losing weight as he struggled to eat. The GP prescribed a nutritional supplement drink which managed father's weight. 2 years ago the GP stopped prescribing the supplement, stating "it was too expensive for the NHS" and they would have to buy it themselves.

The family continued to buy the supplement, but came to us for advice when a pharmacist asked why they were buying it when it was available on the NHS.

As a result of our advice and a referral to POhWER Advocacy support, the GP has referred the father for a dietician review and has started to prescribe the supplement drink.

# **Supporting residents**

# Primary Lymphoedema

We were very happy to be able to help a patient with multiple complex healthcare needs, who, being almost housebound, was feeling lonely and isolated. Being paralysed down their right side following a stroke, the patient was struggling to get help and support for their cardiovascular related lymphoedema condition - which was causing extreme swelling to their legs.

After assessing their needs, we referred the patient to the Harlington Hospice Primary Lymphoedema service and the H4All Wellbeing service, which are helping them to manage their condition and ease their loneliness.

### Unanswered questions

We were contacted by a resident whose husband had died in hospital during late night ward move. His death had been investigated as a serious incident by the hospital, but the wife still felt that there were questions that remained unanswered.

We put the resident in contact with POhWER to support her with the NHS complaint and referred them to the Harlington Hospice for bereavement counselling.

# Safeguarding

Without sharing the details, we would advise that we raised a number of safeguarding incidents this quarter. One in particular was for domestic violence and we were pleased to be able to support the victim through the Pukaar domestic violence counselling service that is provided at the Healthwatch premises.

### Complex Discharge

This period, we were able to support the family of a 2 year old child, with limited life expectancy, who had been an inpatient at Great Ormond Street Hospital almost since birth. Due to its complex nature, the discharge had taken over 2 months to arrange and was being further delayed as the family felt the package of care being offered did not meet the needs of the child.

Healthwatch Hillingdon wrote to both NHS Hillingdon CCG and London Borough of Hillingdon social services to escalate this case and referred the family to the General Community Advocacy Service at POhWER to ensure the family were supported at this difficult time.

## 4. STRATEGIC WORKING

#### 4.1. Hillingdon Clinical Commissioning Group (CCG) Constitution

Following the decision of the Hillingdon CCG Members to vote in favour of Primary Care Delegation (Level 3), the CCG has undergone a review of its Constitution. As part of this

process, Healthwatch Hillingdon was asked by the CCG to revise Appendix J of the constitution - the 'Statement of Principles in relation to Patient and Public Involvement' - to align them with new NHS England guidance published in April 2017 - <a href="http://bit.ly/2vI7PDI">http://bit.ly/2vI7PDI</a>.

In line with the CCG's Constitution, all member practice representatives were invited to vote on the changes at the Hillingdon CCG AGM on 20 September 2017. Healthwatch Hillingdon oversaw the voting process and verified the count. As the turnout of Practices voting was less than the 75% required for a quorum, there will be a second vote of all Member Practices, which we will again oversee.

#### 4.2. Wider Influence

### National Audit Office (NAO)

NW London has been chosen to be one of 6 STP areas that the NAO are reviewing as part of their annual assessment of NHS sustainability. In July, Healthwatch Hillingdon was invited to give evidence to the NAO on its involvement in the STP process.

### Local Government Association (LGA)

We have been working with the LGA to submit a contribution to their publication on "local leadership and accountability for Children's Mental Health Services". Our article promotes the multi-partner approach in Hillingdon and how Healthwatch has worked, as a member of the Health and Wellbeing Board, on the Local Transformation Plan.

# Maternity Voice Partnership

As a result of our maternity report, we were invited in September to the London Maternity Voice Partnership Development Day, at the Oval Cricket Ground, to present our report and share our experience and methodology of engaging with women using maternity services.

#### Care Quality Commission (CQC) Thematic Review

The CQC has been instructed by the Prime Minister to carry out a thematic review into Children and Young People's Mental Health Services. With our experience, Healthwatch Hillingdon has been invited to sit on the CQC Expert Advisory Group and we were also commissioned to carry out direct engagement with current users of Children's and Adolescent Mental Health Services.

#### 5. ENGAGEMENT OVERVIEW

This quarter, we directly engaged with 675 people at public events. The wide variety of events we attended enabled us to speak to residents of different ages, backgrounds and from different parts of the Borough.

- Play Day we were able to speak to over 80 mums and young children and hand out almost 100 leaflets during the course of the day.
- Stall at Pavilions Shopping Centre our stall was located close to the main entrance to the shopping centre and attracted lots of interest from shoppers. During the event, we collected feedback and comments about dentists, GP's and Hillingdon Hospital, distributed leaflets and signposted people to other services where it was appropriate.

- Hesa Centre Over 2 visits, we spoke to almost 40 patients registered with the Orchard Practice in Hayes. Those who were willing to leave their comments told us that the reception staff were friendly and helpful and that Dr Mohammed Adem was one of the best doctors at the practice. The negative comments included long waiting times for appointments and not being able to get through to the surgery on the phone when making an appointment.
- Botwell Green Library Coffee Morning We were invited to guest speak at one of their weekly coffee mornings. Our audience for this event were the over 50's and, as anticipated, the majority of feedback collected centred on GP access.
- National Citizenship Service young volunteers. completed almost 100 surveys and provided valuable feedback that will help us shape future engagements with young people.

In addition to attending these events we have also established links with the Tamil community, through the Tamil Community Centre in Hayes. Following a short presentation to the group, we have been invited back to carry out a piece of engagement work with them. We hope this will take place later in the year.

#### 5.1. Outreach

Men account for as little as 30% of experiences we gather and so, in order to encourage more men to share their experiences of health and social care services, we produced a poster targeted at men and distributed them to barber shops throughout the Borough. During the next quarter, we also plan to target working men's clubs, pubs and any other venues frequently attended by men. There is also a plan to recruit more male volunteers to assist us with our engagement.

# 5.2 Volunteering

This quarter, with the volunteering undertaken by young people from The Challenge, our volunteers collectively logged over 500 hours.

We have recruited 2 new volunteers to assist us with the CRM database; they joined our team in late September and we supported 3 work experience students who assisted us with our engagement and helped to conduct surveys as part of our consultation for Young Healthwatch.

### 5.3 Social Media Engagement

We continue to use Twitter, Facebook and Instagram to engage with our online audiences, with Twitter being our preferred platform for engagement as reflected in our metrics below.

Our Instagram account has shown consistent growth over the last few months as we aim to visually show the public some of the work that we do with residents and organisations. There is of course more to Instagram than posting photos as you can also post videos and engage in conversations. We therefore aim to utilise its many other functions by using it as a marketing tool for our forthcoming project work.

	July 2017	August 2017	September 2017
Twitter Followers	1135	1154	1161
Tweets Impressions (in 1,000's)	17.3k	12k	14.3k
Profile Visit	844	543	510
Facebook Likes	3	2	2
Facebook Post Reach	22	1	137
Facebook Post Engagement	26	5	7
Page Views	8	4	3

#### 6. ENTER AND VIEW ACTIVITY

Patient Led Assessments of Care Environments (PLACE)

Healthwatch Hillingdon assessors continued to support The Hillingdon Hospitals NHS Foundation Trust by assisting in PLACE at both Hillingdon and Mount Vernon Hospitals during this quarter.

## 7. FINANCIAL STATEMENT

To end of Quarter 2 - 2017-2018:

Income	£
Funding received from local authority to deliver local Healthwatch statutory activities	83,124
Bought forward 2016/2017	6,531
Additional income	0
Total income	89,655
Expenditure	
Operational costs	3,736
Staffing costs	67,087
Office costs*	9,758
Total expenditure	80,581
Surplus to c/f	9,074

<sup>\*</sup>Rates and Insurance paid in month 1 for whole year.

## 8. <u>KEY PERFORMANCE INDICATORS</u>

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 2017-2019.

The following table provides a summary of our performance against these targets:

	Description	scription Relevant Targ	Quarter				Q2					
KPI no.			Strategic   Target	2014- 2015	2015- 2016	2016- 2017	2017- 2018	2014- 2015	2015- 2016	2016- 2017	2017- 2018	Year to date
1	Hours contributed by volunteers	SP4	525	692	550	637	540	732	625	522	504	1044
2	People directly engaged	SP1 SP4	375		354	434	220		333	270	675	895
3	New enquiries from the public	SP1 SP5	175	124	232	177	208	126	402	296	286	494
4	Referrals to complaints or advocacy services	SP5	N/A*	19	9	12	24	15	14	8		
5	Commissioner / Provider meetings	SP3 SP4 SP5 SP7	50	68	49	93	62	68	60	69	70	132
6	Consumer group meetings / events	SP1 SP7	15	62	22	16	26	48	25	15	23	49
7	Statutory reviews of service providers	SP5 SP4	N/A*	0	0	0	0	0	0	0	0	
8	Non-statutory reviews of service providers	SP5 SP4	N/A*	5	7	3	5	2	4	3	2	

<sup>\*</sup>Targets are not set for these KPIs as measure is determined by reactive factors.