

## HEALTHWATCH HILLINGDON UPDATE

<b>Relevant Board Member(s)</b>	Lynn Hill, Chair of Healthwatch Hillingdon
<b>Organisation</b>	Healthwatch Hillingdon
<b>Report author</b>	Daniel West, Managing Director, Healthwatch Hillingdon
<b>Papers with report</b>	N/A

### HEADLINE INFORMATION

<b>Summary</b>	To receive a report from Healthwatch Hillingdon on the delivery of its statutory functions for this period.
<b>Contribution to plans and strategies</b>	Joint Health and Wellbeing Strategy
<b>Financial Cost</b>	None
<b>Relevant Policy Overview &amp; Scrutiny Committee</b>	External Services Select Committee
<b>Ward(s) affected</b>	N/A

### RECOMMENDATION

**That the Health and Wellbeing Board notes the report received.**

#### 1. INFORMATION

- 1.1 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.
- 1.2 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 the website:

(<http://healthwatchhillington.org.uk/index.php/publications>).

### 3. **GOVERNANCE**

#### 3.1. **Signposting and Insight Coordinator**

From January 2020, Healthwatch Hillingdon (HwH) appointed a second temporary Signposting and Insight Coordinator, Vinaya Kulkarni. As of Q1, the position has been extended until September 2020.

### 4. **OUTCOMES**

Healthwatch Hillingdon wishes to draw the Health and Wellbeing Board's attention to some of the outcomes highlighted by its work during Q1 of 2020-21.

#### 4.1. **Review of Integrated Sexual & Reproductive Health Services in Hillingdon**

*NB: Research for this report was completed prior to the COVID-19 outbreak.*

Following Young Healthwatch Hillingdon's (YHwH) sexual health services report earlier in the year, Healthwatch Hillingdon was approached by Public Health Hillingdon to carry out a review of these services in the London Borough of Hillingdon for adults (over the age of 25). Using a mystery shopping approach to obtain a snapshot of the current provision, the aim was to establish whether Hillingdon residents were being offered a service that was accessible and met their sexual and reproductive health needs.

Using a mystery shopper method, HwH made phone calls to the central booking service, visits to the sexual and contraception clinics at the HESA Centre (Hayes) and Oakland Medical Centre (Hillingdon) and reviewed the London North West Healthcare Trust (LNWH) website. This was followed by a focus group hosted by HwH with the mystery shoppers to explore their findings and agree recommendations.

The review found that online services differed widely by provider, with London North West Healthcare Trust website shown to be difficult to navigate, and inconsistent information regarding services. The SH24 (<https://sh24.org.uk/>) website proved more user friendly, with ease of use and assurance of confidentiality being noted as positives. Telephone services were deemed 'off putting' due to the number of attempts to book or cancel appointments, with one mystery shopper attempting to cancel an appointment unsuccessfully after over 80 calls. When able to speak to an operator, they were found to be helpful however.

In the site visits, similar issues from the YHwH report were observed such as: signage being unclear or lacking key information; concerns about privacy and confidentiality; and a lack of age appropriate material, or material aimed at black, Asian, minority and ethnic communities. The follow up focus group identified and expanded on these key themes for Healthwatch Hillingdon to distill the feedback into recommendations, with the following key points emerging:

- An initial lack of awareness of services available to the target age group of the report; wider promotion through advertising of these services are needed.
- Telephone services are lacking; improvements to the booking systems in particular

- are needed, with queue times and a callback function suggested.
- Confidentiality, privacy and preservation of dignity were found to be compromised in certain physical settings; gender specific waiting areas, separate receptions, and pre-screening would help this.
- Due to the stigma associated with these services that is prevalent among certain age groups and communities, the lack of inclusive material was obvious; a better range of information to cater for all demographics, as well as appropriate training for all staff in order to ensure cultural and social needs are observed.

The report can be accessed here:

<https://healthwatchhillington.org.uk/AdultSexualHealthMysteryShop>

#### 4.2. Healthwatch Hillingdon Coronavirus (COVID-19) Response (Q4)

With the outbreak of COVID-19 and the national lockdown on 23 March 2020, below is a summary of the actions taken by HwH in the lead up to and during Quarter 1 of 2020-21:

- **2 March:** HwH begins actively promoting guidance surrounding COVID-19, utilising materials from the Public Health England resource centre, and reporting relevant news, including a suspected case at Mount Vernon Hospital (<https://healthwatchhillington.org.uk/news/2020-03-02/updated-coronavirus-case-cleared-mount-vernon-cancer-centre>). Signage at the HwH shop in the Pavilions is updated, including the digital signage in the shopfront - digital signage is continually updated remotely over the coming weeks.
- **13 to 16 March:** Due to the increasing number of cases of COVID-19, and an incident with a member of the public at the HwH shop on 13 March (involving a suspected case of COVID-19), on 16 March the decision is made to close the shop to the public, and begin preparations for remote working. A weekly review is held going forward to assess these working arrangements.
- **17 March:** Remote working begins, with email, website communications and phone system being monitored from individual settings. A Coronavirus guidance article is published on the HwH website, drawing over 550 visitors over 2 days. This article is reviewed daily and updated with relevant guidance. (<https://healthwatchhillington.org.uk/advice-and-information/2020-03-17/current-coronavirus-guidance-updated>)
- **20 March:** for the next week, articles are published covering mental health and social distancing. In order to make the information more accessible to the public, a 'Coronavirus Hub' is created to consolidate HwH articles, and external sources of guidance and advice. This is placed at the top of the HwH homepage. (<https://healthwatchhillington.org.uk/COVID-19-Hub>)
- **26 March:** our first blog post is published to give the perspective of our volunteers, starting with YHwH's take on school closures. (<https://healthwatchhillington.org.uk/blog/2020-03-26/young-healthwatch-onschool-closures-and-exam-cancellations>)
- **26 March:** HwH joins the Hillingdon Health and Care Partners' (HHCP) daily COVID-19 briefing calls to stay up to date with developments and offer 3<sup>rd</sup> sector support and advice where possible. **This continues throughout lockdown and beyond.**
- **April:** throughout April, articles are published covering topics such as the Government WhatsApp service (later used as the basis for 'Mythbusting' posts created by YHwH for their Instagram audience), the NHS COVID-19 Status Checker, and 4 blog posts are created by adult volunteers, members of YHwH and staff covering the topics of

isolation, lockdown, life during the pandemic and faith. Further advice and information articles cover guidance around shielding and domestic abuse. All articles can be found on the Coronavirus Hub.

- **6 April:** From this date, the survey 'How has Coronavirus (COVID-19) affected you?' is first promoted, in order to understand the key issues facing residents – the initial run garners 37 responses. The results are collated on 21 April and a mini report presented soon after to the HHCP (attached as Appendix A). The report highlights issues connected to mental health and GP services. The social media campaign reaches over 21,000 people and has over 2,600 engagements.
- **24 April:** Following feedback from our younger volunteers, YHwH launches the 'Coronavirus Hub for young people', including links to reputable sources of information regarding COVID-19, as a key concern raised by young people was the increase in misinformation, especially on social media. Mental health and wellbeing are also a strong focus of the Hub, with links to online services such as Kooth.  
(<https://healthwatchhillington.org.uk/COVID-19-Hub>)
- **May:** Healthwatch hosts the HHCP surveys for residents and workforce feedback, later used to inform commissioners and providers of the impact of service changes to assist in systems recovery. Healthwatch is granted access to the feedback to assist in its own insight into issues facing residents. The two surveys gain nearly 200 responses combined.
- **June:** Healthwatch continues to share updated information and guidance around COVID-19, and publishes articles on how to be removed from the extremely vulnerable list, access dentistry services during COVID-19 and updated guidance on shielding.

#### 4.3. Young Healthwatch Hillingdon (YHwH)

The start of Q1 coincided with the start of digital engagement with YHwH due to the COVID-19 lockdown. All engagement outlined was conducted via Zoom. In Q1, YHwH members completed 71 volunteering hours across the following activities:

- 16 Zoom meetings to keep in touch and discuss and plan work.
- Reviewing the digital mental health and wellbeing support services listed on the YHwH COVID-19 Hub (HwH website).
- Participating in and reviewing the new wellbeing webinars for young people offered by Community Barnet as part of Hillingdon THRIVE.
- Writing articles to include on the YHwH COVID-19 Hub.
- Planning, filming and editing two videos for social media: one to promote the YHwH COVID-19 Hub and one to promote the YHwH High Knees Challenge to encourage young people to participate in physical activity.
- Providing feedback about social media for Hillingdon CCG.
- Providing feedback about wellbeing videos created by the wellbeing social enterprise Centre Myself.
- Participating in a consultation sessions with Hillingdon Hospital representatives about THH redevelopment and with Brook about COVID-19, Sex and Reproductive Health Education and digital engagement.
- Participating in Facilitation Skills Training.
- Planning and facilitating Healthfest2020 sessions.
- Designing and updating posts for YHwH social media.

## **Other engagement activity conducted by CYP Community Engagement Officer**

During Q1, our YHwH representative was in regular contact with many of our partners to discuss and coordinate engagement with YHwH. This contact included phone call check-ins, attending one THRIVE meeting and two meetings with THH representatives.

### **5. ENQUIRIES FROM THE PUBLIC**

Healthwatch Hillingdon recorded 147 enquiries from the public this quarter. This saw 60 people's experiences being logged on our Customer Relationship Management database and 87 residents being the recipients of our information, advice and signposting service.

#### **5.1. Experiences**

##### **Overview**

Most of the feedback received this quarter concerned GP practices, which we would expect due to hospital services being effectively 'suspended' to deal with coronavirus. Nine experiences of GP practices were captured this quarter, eight being negative. The reasons cited for these were: staff attitudes, communication and information providing, booking appointments and access to services. This directly relates to the changes in operation by GP practices in response to COVID-19.

In terms of hospital services, several members of the public contacted us with concerns about not being given information on the situation regarding relatives who had been admitted to hospital with suspected COVID-19. Championed by Healthwatch Hillingdon's chair in both the HHCP briefings and directly with Hillingdon Hospital trust, Healthwatch was able to underline the importance of communication with the loved ones of patients during the pandemic, and was subsequently included in the production of the Loved Ones initiative, and it's scrutiny thereafter.

#### **5.2 Healthwatch Support**

This quarter presented Healthwatch Hillingdon with completely different challenges to our usual way of operating. By the start of the quarter, HwH staff had already begun remote working. Due to the HwH premises closing, we did not have the usual face to face feedback. Also, a severe drop in regular primary and secondary care access by residents resulted in fewer instances of feedback. As such, contact from the public during this time was much less than is usual, as was also experienced by other Healthwatch.

We used our website and social media as a means of getting information across to the public, posting regular updates and guidance. During one of our daily team meetings, it was noted that there was a disparity in the information patients were receiving from their GP practices regarding a change in the way services were being delivered during the pandemic. While some GPs were very quick and efficient in contacting patients either by text, or via information on their website to let people know that, in the first instance, telephone consultations would be held, other members of the public had not received any communication at all, with several complaining that they were unable to get through on the phone to their GP. We did some research around this and were pleased to be able to report that most practices responded very quickly to the crisis, either by texting patients or

displaying information on their surgery websites.

However, we acknowledge that for those people who are not equipped to use digital technology, this presents a problem. We are currently working on an engagement strategy to overcome this and see how such people can be reached out to.

For people living alone, there were concerns about being able to get out to get shopping and prescriptions. Loneliness and isolation were a recurring theme, with residents either worried about themselves or their friends and relatives, particularly the elderly and vulnerable. Healthwatch Hillingdon worked with H4All to inform residents of the assistance they could get with these issues.

Another issue we received phone calls from residents about was being unsure as to whether they should be included on the list of shielded patients. It became apparent that some people felt they had been 'missed off the list'. When the NHS volunteer responder scheme was initiated, Healthwatch was consequently added to the list of officially recognised referrers.

### 5.3 Signposting Service

During this quarter, we recorded a total of 87 enquiries from residents which resulted in us providing information, advice, signposting or referral. 78 of these we would categorise as universal and 9 as a result of advising individuals following a complaint, or concern.

We signpost individuals to a wide range of statutory and voluntary organisations across health and social care. The following table illustrates the reasons for people contacting our service and the ways in which we can help them through signposting to appropriate organisations.

How did we assist?	Qty	% of total
Signpost to a health or care service	31	36%
Signpost to voluntary sector service	44	50%
To other (CAB, Social services, LBH other)	12	14%
<b>Total</b>	<b>87</b>	

## 6. REFERRING TO ADVOCACY

We continue to provide people with the information they need to make complaints about the services they have received, including signposting them to POhWER and AVMA for advocacy support (see table below). Safeguarding concerns are referred to the London Borough of Hillingdon's safeguarding team.

Advocacy Referrals	Qty
POhWER	10
AVMA	0
<b>Total</b>	<b>10</b>

## 7. **ENGAGEMENT**

### 7.1. **Overview of engagement activity**

Due to the current coronavirus pandemic and the suspension of face-to-face engagement, we have had to change the way in which we interact and reach out to the general public. Like many other local Healthwatch across the network we have had to increase our presence on social media in order to grow our online audiences to capture those now reliant on digital communication. We have also introduced video conferencing tools such as Zoom and Microsoft Teams to stay connected with our volunteers, colleagues, and partner organisations.

### 7.2. **Highlights**

#### **Mystery Shopping Report - adult sexual and reproductive health services**

Our report on adult sexual and reproductive health services in Hillingdon has now been finalised. We'd like to give credit to our volunteer mystery shoppers for their contribution to this report.

#### **Engaging with BAME communities in Hillingdon during COVID-19 and lockdown**

At the height of the pandemic, it was reported that people from Black, Asian and Minority Ethnic (BAME) backgrounds were disproportionately impacted by COVID-19 and were more likely to suffer serious illness or die from the disease. As a result, we felt it was important for us to understand how COVID-19 has affected these communities locally. To do this, we have begun engaging with residents from BAME groups and, where possible, key representatives of local community groups so that we can gather their feedback and experiences of the coronavirus and lockdown and feed this back to the NHS and commissioners.

We have already conducted our first interview with a representative of Hillingdon's Somali community and we will be reaching out to the Nepalese and Sikh communities over the coming weeks. Depending on the level of engagement and feedback we receive, the information will be published in either a standalone format, or as part of the larger COVID-19 response from Healthwatch Hillingdon.

#### **Healthwatch Hillingdon Newsletter**

We produced the Spring 2020 issues of our quarterly newsletter, which was emailed to our 250 subscribers. This was a COVID-19 special and included current Government information and guidance on COVID-19, NHS service changes during the pandemic and links to support services in Hillingdon including mental health, bereavement and domestic abuse.

### 7.3. **Social Media**

The suspension of face-to-face engagement and the shift towards digital engagement has meant that we have had to rely much more on our social networks including Facebook, Twitter and Instagram to connect with the general public. As a result, we have seen

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increased engagement on all our social media platforms. We have used our social media channels to share surveys, create short polls, share accurate information about COVID-19 and to keep our audiences up-to date on the changes to NHS services. As such, we have seen increases in followers, likes and reach – this quarter having a reach in excess of 110,000.

		Q2 2019/20	Q3 2019/20	Q4 2019/20	Jan	Feb	Mar	Q1 2020/21	Q4-Q1 Var
Twitter	Followers	1266	1266	1277	1283	1288	1294	1294	1%
	Impressions	10832	10260	13927	8,642	6,409	3,134	18185	31%
	Profile Visits	1636	478	381	245	103	74	422	11%
Facebook	Page likes	494	498	537	585	598	599	599	12%
	Post Reach	18833	12393	16845	75483	16942	542	92967	452%
	Post Engagement	924	529	1766	4924	612	36	5572	216%
Instagram	Followers	450	535	587	610	630	660	660	12%

## 8. VOLUNTEERING

### Zoom volunteer meetings

To retain our volunteers during lockdown, we have been hosting bi-weekly meetings over Zoom. These meetings have served to keep our volunteers connected with Healthwatch Hillingdon as well as provide a platform for them to meet and chat socially.

Despite lockdown, our volunteers have continued to contribute their time to us. They have written blog posts for the Healthwatch Hillingdon Blog in which they shared their experiences of life during lockdown. As part of mental health awareness week, they made a short video about kindness which was viewed over 1,500 times. They also took part in a focus group with representatives from The Hillingdon Hospital to discuss plans for the hospital's redevelopment.

This quarter our volunteers contributed 60 hours of their time.

## 9. FINANCIAL STATEMENT

To end of Quarter 1 (2020-2021)

		Quarter			
		1	2	3	4
<b>Income</b>	Funding from Council	39,500			
	Additional Income	25,000			
	Brought forward from 2019/20	80,071			
	<b>Total</b>	<b>64,500</b>			
<b>Expenses</b>	Office	-1,141			
	Operational	-29,942			
	Staffing	-33,343			
	<b>Total</b>	<b>-64,426</b>			
	Contingency Funds <i>Redundancy and premises contingency</i>	-15,000			
	<b>In-period Deficit/Surplus</b>	<b>-14,926</b>			
	<b>Total Deficit/Surplus</b> <i>Includes contingency provision</i>	<b>65,144</b>			

*NB: The above figures are provisional, awaiting audited figure. Due to the management accounts undergoing a review and update, finance figures are now reported as per the transactional data. As such, funding from Council is reported in the calendar quarter it is received. Contingency funds (to cover potential redundancy and change of premises) has been displayed by quarter as well – this is a fixed rolling amount, and is not cumulative, to be reviewed each tax year.*

Please note that the £25,000 in the Additional Income line was paid in error to HwH, which was corrected within the quarter.

## 10. KEY PERFORMANCE INDICATORS

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 2017-2021. The following table provides a summary of our performance against these targets up to Q1 2020-21.

During Q1, we saw missed targets for KPI's 2, 3 and 6. This has been due to the imposed lockdown measures, limiting our usual avenues for contact with the public and all events cancelled. However, these limitations have seen a sizeable increase in our online audience – for example, April alone showed a post engagement of 5,000. From Q2 onwards, the KPI's listed below will take this increased reach and engagement into account, and KPI's 2 and 6 will be recalculated accordingly.

KPI no.	Description	Relevant Strategic Priority	Quarterly Target 2019-20	Q1			Q2			Q3			Q4			2019-2020 Total	
				2018-2019	2019-2020	2020-2021	2018-2019	2019-2020	2020-2021	2018-2019	2019-2020	2020-2021	2018-2019	2019-2020	2020-2021	Target	YTD Actual
1	Hours contributed by volunteers	SP4	525	629	644	533	689	731		729	508		669	546.5		2100	533
2	People directly engaged	SP1 SP4	330	444	720	N/A	713	345		427	322		317	94		1320	-
3	New enquiries from the public	SP1 SP5	200	243	254	147	267	271		215	206		194	186		800	147
4	Referrals to complaints or advocacy services	SP5	N/A*	21	21	10	13	14		18	15		18	24		-	10
5	Commissioner / provider meetings	SP3 SP4 SP5 SP7	50	62	50	50	52	51		52	52		50	47		200	50
6	Consumer group meetings / events	SP1 SP7	15	19	27	N/A	18	16		14	16		17	3		60	-
7	Statutory reviews of service providers	SP4 SP5	N/A*	-	0	-	-	0		-	0		1	0			0
8	Non-statutory reviews of service providers	SP4 SP5	N/A*	3	1	1	2	3		2	1		1	1			1

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