

HEALTHWATCH HILLINGDON UPDATE

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

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

- 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 Managing Director 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**

The temporary contract for the second Signposting and Insight Coordinator came to an end on 30 September, as the employee has since moved on to another role. Recruitment for this role has been approved by the board of trustees and will commence in Q3.

4. **OUTCOMES**

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

4.1. **Young Healthwatch Hillingdon (YHwH) Healthfest2020**

In 2018 and 2019 YHwH delivered free health and wellbeing themed events for children and young people in Hillingdon. These were public events open to all young people living, working and studying and Hillingdon aged 11 to 25 and involved multiple partners hosting stalls and activities based on various health and wellbeing topics. Following the success of these Healthfest events, YHwH set out to host another event during the summer. The advent of COVID-19 and the introduction of the public lockdown in March required engagement with YHwH to be conducted online, and the ongoing social restrictions necessitated the need to plan and deliver Healthfest2020 via digital means.

19 sessions covering general wellbeing, mental health, employability and other topics were planned to take place between Monday the 10th and 21st of August on Zoom. The event was promoted via social media in the weeks leading up to it.

Of the planned sessions, 10 were delivered with a total attendance of 28, with the remaining 9 sessions cancelled due to lack of sign-ups – however the themes of these cancelled sessions were repurposed into future engagements with YHwH. Following the sessions, participants were asked to complete a feedback form about their experience of Healthfest, with 16 respondents:

- **100%** were satisfied with the content of the sessions e.g. the information and activities.
- **100%** were satisfied with how the session was run e.g. how it was organised, how the presenters interacted with everyone.
- **94%** were satisfied with how the people running the session responded to their questions.
- **100%** were satisfied with being able to access the sessions e.g. booking on Eventbrite, using Zoom.

In addition to reviewing participant feedback, a SWOT analysis with HwH staff and YHwH members was also conducted:

- **Strengths** – Sessions catered for a broad range of issues and kept young people engaged in health and wellbeing during lockdown. The safeguarding processes worked well as did the partnership working.
- **Weaknesses** – Lead time for promotion was too short and no real commitment for

young people to attend session they have signed up for. Lack of interest and uptake from young men.

- Opportunities – Continue the provision of mindfulness sessions through social media and use the topics of some of the cancelled sessions for future engagement (work on this has already started with engagement through schools and the YHwH social media wellbeing advent calendar).
- Threats – Competition from other providers, young people's access to digital technology and it may also be more challenging to engage young people now that schools are open.

As this was Healthwatch Hillingdon's first programme of its type to be conducted entirely online, key learning points and the relevant recommendations for digital engagement moving forwards were also made:

- Longer lead in time for activities allowing more time for promotion.
- Partnership learning is essential so we will continue to work with other organisations, including schools, to enhance promotion, limit duplication of offer and enable greater digital accessibility for young people.
- Offer a longer term programme of regular activities or build activities/topics into other YHwH work rather than condense many activities into a short space of time.
- Consult with more young people before planning other programmes to support greater inclusivity.

The full report can be found here:

<https://healthwatchhillingdon.org.uk/Healthfest2020Report>

4.2. Healthwatch Hillingdon Coronavirus (COVID-19) Response

With the outbreak of COVID-19 and the national lockdown on the 23rd March 2020, below is a summary of the actions taken by HwH during quarter 2 of 2020-21.

- **July** – Following HwH's quarter 1 focus of ensuring residents are kept up to date on all guidance relating to COVID-19, all Gov.uk and NHS information is continually reviewed and updated through the HwH Coronavirus Hub, including the new guidance and rules surrounding the easing of lockdown restrictions. Separate articles are published to inform about rules regarding face coverings, and new guidance about visiting care homes. On social media these articles and updates are shared, alongside information for wellbeing webinars for young people hosted through Community Barnet (attended by YHwH), and Healthfest2020 is also promoted.
- **August** – As with previous months, the Coronavirus hub is reviewed and updated as appropriate, with new articles published detailing what to expect upon discharge from hospital, and a blog article from one of YHwH's volunteers on their experiences during the easing of lockdown restrictions. <https://healthwatchhillingdon.org.uk/blog/2020-08-11/young-healthwatch-easing-lockdown>. Social media is again used to promote these updates and articles, and seek feedback from residents on how social restrictions has affected them, and their health. Whilst responses had waned from the initial surge seen in Q1, isolation is again a recurring theme, but access to health care is not raised as negative.
- **September** – In order to better promote HwH, and its services, volunteers and staff produce a short video explaining what we do, and how to contact us (<https://fb.watch/1HIL-idw0-/>). As of November 2020, the video has reached 3488 people through Facebook alone. A blog article from one of HwH's volunteers is published with their experiences of life after lockdown, linking to advice and guidance

around COVID-19 and isolation (<https://healthwatchhillington.org.uk/blog/2020-09-15/volunteer-blog-life-after-lockdown>).

COVID-19 related information on the HwH website accounted for over 23% of all traffic in quarter 2. The COVID-19 Hub can be found here: <https://healthwatchhillington.org.uk/COVID19-Hub>

4.3. Young Healthwatch Hillingdon (YHwH)

With contact restrictions continuing throughout Q2, all engagement with young people and partners was conducted remotely via Zoom.

In Q2 YHwH members completed **84** volunteering hours across the following activities:

- 9 Zoom meetings to keep in touch and discuss and plan work.
- New member training – 4 new members were trained.
- Facilitation Skills Training session – to prepare for Healthfest2020 delivery. Note: These were included in the Q1 board update but actually happened in Q2.
- A meeting about young people's continued engagement in the development of the new Transition Service for young people in Hillingdon. Moving forwards, members of YHwH will be part of the Hillingdon Young People's Transition Network and will be involved in the development and monitoring of the new service which supports young people transitioning from paediatric to adult health services.
- Planning and facilitating Healthfest2020 sessions.
- Designing and updating posts for YHwH social media.

At the final YHwH meeting of Q2, participants reviewed and set their priorities over the next few months. These are:

- Ongoing participation in:
 - London North West University Healthcare Trust sexual health services website redevelopment.
 - The transition project (as mentioned above).
 - Hospital redevelopment engagement.
- Plan, record and publish 2 YHwH podcasts.
- Train new members (currently 3 young people awaiting training).
- Conduct 4 school engagement sessions about the impact of COVID-19 on young people.
- Create and publish a wellbeing advent calendar on social media.
- Start to develop training for professionals about engaging with children and young people.

Healthfest2020

As per item 4.1, between Monday 10th and Friday 21st August we delivered Healthfest2020. Sessions were facilitated by YHwH members (opening and closing the sessions) and delivery partners included: Brook (sexual health), Kooth (online wellbeing support), Arts for Life (art therapy), Centre Myself (mindfulness and meditation), P3 Navigator, Hillingdon Council, and Uxbridge College.

Numbers were not as high as we would have hoped but as our first try at coordinated online engagement in a session format, with only two weeks promotion we are satisfied

with the overall result, as this will pave the way for future activities. Feedback received from participants was almost entirely positive.

Other engagement activity conducted by CYP Community Engagement Officer

- Regular check-ins with partners from P3, Hillingdon CCG and Hillingdon Council regarding ongoing partnership working and projects.
- Participation in 3 THRIVE Network meetings.

5. ENQUIRIES FROM THE PUBLIC

Healthwatch Hillingdon recorded 77 enquiries from the public this quarter. This saw 14 people's experiences being logged on our Customer Relationship Management database and 53 residents being the recipients of our information, advice and signposting service.

5.1. Experiences

Overview

As with Q1, feedback regarding services is not as forthcoming compared to pre-COVID periods, due to lower uptake of primary and secondary care. This in turn has been fed back through the HHCP COVID Hub, reinforced by concerns voiced by residents about their safety when attending appointments at GP practices and the hospital. However, feedback received mirrors that of previous quarters, with GP Practices raised as a negative the most. Reason cited for this were quality of treatment, staff attitudes, and communication between staff and patients.

In terms of hospital services, concerns were raised with HwH by residents about appointments postponed or cancelled due to COVID-19, quality of care on obstetrics & gynaecology, and clarification about COVID-19 tests prior to surgery. Staff attitudes were again the most common cited reason for this feedback. Feedback found through the NHS website however did show positive outcomes for breast screening services, cancer services, haematology and general surgery.

5.2 Healthwatch Support

This quarter continued the challenges seen in Q1, with the HwH premises closed and all staff remote working, 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. In order to address this, and ensure a fair representation of residents, a post-COVID-19 outbreak engagement, signposting and insight strategy plan is in development within the team – this will be built around increasing levels of feedback, ensuring accurate capture of information in remote settings and more efficient reporting standards. Whilst digital platforms will be the main medium of outreach, we will use this as a method to reach digitally isolated residents as well, in order to better understand barriers facing them. This strategy will be shared with the Health & Wellbeing Board in the Q3 meeting.

Themes emerging in this period ranged from concerns about accessing healthcare for fear of 'overloading the system', and general fears about safety when attending appointments,

or ED in primary and secondary care. Access to COVID-19 testing became more apparent throughout September, with several instances being for young people who were unable to attend school until a negative test result.

During quarter 2, HwH offered advice and guidance to residents via phone and email, with the below showing some of the issues they faced.

- An individual contacted HwH seeking advice on making a complaint with feedback regarding obstetrics & gynaecology, after they suffered a miscarriage. Issues with resolving this led to a surgery in which further complications necessitated a second surgery. Poor communication throughout this process also had an adverse effect on the individual’s mental health. HwH provided guidance on the complaints process, and signposted the individual to advocacy services and AVMA.
- We were contacted about a primary school-aged child who was unable to attend school due to COVID-19 symptoms, with a negative test result required before they would be able to return. However, no tests were available at the time through the 119 service, with the parents advised by the 119 operator to ‘just sit it out’. Access to testing was further prohibited as the family was not able to travel by car. HwH researched testing sites available within Hillingdon, and gave information on how to apply online. Guidance on complaints processes were also given to the individual.
- Concerns were raised to HwH by an individual who was required to have a COVID-19 test prior to a surgery – the individual was not prepared to take the test, as they felt they were not exhibiting symptoms. This situation was raised by HwH with Hillingdon CCG (HCCG) in order to understand the procedures for planned services in hospital settings. HCCG advised HwH that the process was designed under current NICE guidelines in order to minimise risk of COVID-19 transmission to healthcare workers and other patients. HwH relayed this information to the individual, including links to the NICE guidance and ancillary actions required by patients (isolation and comprehensive hand hygiene etc.) prior to surgery. Advocacy details were also provided to the individual should they wish to pursue the matter further.

5.3 Signposting Service

During this quarter we recorded a total of 53 enquiries from residents which resulted in us providing information, advice, signposting or referral.

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. The table denotes individuals and the primary source of signposting, but many instances result in multiple signpostings.

How did we assist?	Qty	% of total
Signpost to a health or care service	25	47%
Signpost to voluntary sector service	18	34%
To other (CAB, Social services, LBH other)	10	19%
Total	53	

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 LBH safeguarding team.

Advocacy Referrals	Qty
POhWER	10
AVMA	1
Total	11

7. ENGAGEMENT

7.1. Overview of engagement activity & Highlights

As a result of the ongoing coronavirus pandemic, we have continued to engage with Hillingdon residents through our online platforms.

Hillingdon Gurkha & Nepalese Community

As part of the work we are carrying out to understand the impact of COVID-19 on Hillingdon's BAME community, we reached out to the Hillingdon Gurkha and Nepalese Centre; a charity that supports ex-Gurkhas and their families. Hayes has a large Nepalese population, so we felt it was important to gain insight into how they had been affected by the pandemic and their experiences of accessing health and social care services during lockdown.

We met via Zoom with the founder of the charity who informed us of some of the issues faced by the Nepalese community, which included difficulty accessing translators for GP telephone consultations, social isolation, an increase in mental health issues and families living in overcrowded accommodation.

Over the coming weeks, we will continue to reach out to representatives of BAME community groups and to promote our community survey. All feedback gathered through our engagement will feed into a Hillingdon COVID-19 strategy and report.

Healthwatch Hillingdon virtual engagement events

In August we planned to run a joint 'Virtual Voice' engagement event with the complaints advocacy charity POhWER. The purpose of the event was to raise awareness of the work of both charities and to signpost residents to online health and wellbeing resources as a way to empower them to manage their health and wellbeing during lockdown restrictions. The event was aimed at Hillingdon residents and was promoted via our social channels as well as external partner organisations. However due to a low response from the general public, we took the decision to cancel the event. Lessons learned from the promotion of this, and Healthfest2020 sessions will be included in our digital engagement strategy.

We will continue to work with POhWER to run virtual engagement events. First in the pipeline will be a Virtual Coffee Afternoon with volunteers from Healthwatch and POhWER

which took place on Friday 30 October.

If the format proves successful, we will host these events every two months, with all future events being open to the general public. We hope that the Coffee Afternoons will provide a platform for residents to talk to us about their experiences of health and social care services and get help them to find local health, care and advocacy services. We also plan to use the platform to run focus groups and share health and care news and information.

THH Eye Clinic & The Centre for ADHD & Autism

In August we had meetings with the Centre for ADHD and Autism and a representative of The Hillingdon Hospital Eye Clinic. We discussed the possibility of carrying out virtual engagement sessions with patients and service users to gather their experiences of accessing services during COVID-19.

7.2. Social Media & Digital Engagement

Newsletter

This quarter we produced the summer issue of our quarterly newsletter in which we shared links to our community survey and the new Hillingdon Hospital Redevelopment website. We also shared our most recent blog article which was written by a Healthwatch Hillingdon volunteer and entitled 'Life after Lockdown'.

HwH Website

The Healthwatch Hillingdon website gained 3,429 pageviews from 1,123 users in Q2, 23% of which was on COVID-19 related articles.

Social media

Due to the increased levels of activity in Q1, during the height of the national lockdown, Q2 figures for reach/impressions/engagement have fallen by comparison – however this is to be expected as residents became less active on social media as restrictions eased, and the proliferation of advice and guidance plateaued.

Instagram: This quarter we added 51 followers to our Instagram channel. Our 'About Healthwatch Hillingdon' video was our most popular post this quarter with just over 350 views and 69 likes. We also used the platform to direct followers to our blog and community survey.

Twitter: We have not experienced similar growth or engagement on our Twitter channels with profile visits and followers down compared to the previous quarter, however the number of followers remains stable. Our most popular Twitter post for this quarter was the Healthwatch community survey, which generated 538 tweet impressions.

Facebook: This quarter added 16 likes/followers to the HwH page, but saw a steep drop off in reach and engagement – this is due in part to promoted items finishing in early July. These figures however are in line with quarterly averages for 2019-20. Our 'About Healthwatch Hillingdon' video reached 3,488 people and had 139 engagements.

		Q3 2019/20	Q4 2019/20	Q1 2020/21	Jul	Aug	Sep	Q2 2020/21	Q4-Q1 Var
Twitter	Followers	1266	1277	1294	1293	1292	1294	1294	0%
	Impressions	10260	13927	18185	3,351	2,878	2,844	9073	-50%
	Profile Visits	478	381	422	134	88	75	297	-30%
Facebook	Page likes	498	537	599	601	605	615	615	3%
	Post Reach	12393	16845	92967	5117	12349	4538	22004	-76%
	Post Engagement	529	1766	5572	309	491	162	962	-83%
Instagram	Followers	535	587	660	685	697	711	711	8%

8. VOLUNTEERING

Zoom volunteer meetings

We continue to hold fortnightly volunteer support meetings via Zoom. In September, our volunteers scripted and later recorded a promotional video about Healthwatch Hillingdon, its services and how to contact us. The video was posted to our 3 main social media channels and has so far been viewed over 3,800 times. We are all delighted by the response and hope that the video will help to raise awareness of our services amongst Hillingdon residents and encourage more people to get in touch with us, especially those that are digitally isolated.

This quarter our volunteers dedicated 35 hours of their time to Healthwatch Hillingdon.

9. FINANCIAL STATEMENT

To end of Quarter 1 (2020-2021)

		Quarter			
		1	2	3	4
Income	Funding from Council	39,500	39,500		
	Additional Income	25,000	50		
	Brought forward from 2019/20	80,071			
	Total	64,500	39,550		
Expenses	Office	-1,141	-2,760		
	Operational	-29,942	-2,688		
	Staffing	-33,343	-32,581		
	Total	-64,426	-38,029		
Contingency Funds <i>Redundancy and premises contingency</i>			-15,000		
In-period Deficit/Surplus		74	-13,479		
Total Deficit/Surplus <i>Includes contingency provision</i>		80,144	66,665		

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.

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 Q2 2020-21.

As with Q1, KPI's 2 and 6 were not recorded due to the activities not being possible while remote working – however, with Healthfest2020, direct online engagement with service users has been proven to be effective, and will be built upon throughout Q3 & Q4 by the development of a post-COVID-19 outbreak strategy. This strategy will also address the missed quarterly targets of KPI 1 and 3 – by utilising a larger volunteer pool and stronger promotion of HwH's services.

With these plans, it is expected that these KPI's Q3 & 4 targets can be met and exceeded, and where possible, the yearly cumulative targets achieved also.

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	482	729	508		669	546.5		2100	1015
2	People directly engaged	SP1 SP4	330	444	720	N/A	713	345	N/A	427	322		317	94		1320	-
3	New enquiries from the public	SP1 SP5	200	243	254	147	267	271	77	215	206		194	186		800	224
4	Referrals to complaints or advocacy services	SP5	N/A*	21	21	10	13	14	11	18	15		18	24		-	21
5	Commissioner / provider meetings	SP3 SP4 SP5 SP7	50	62	50	50	52	51	56	52	52		50	47		200	106
6	Consumer group meetings / events	SP1 SP7	15	19	27	N/A	18	16	N/A	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	0	2	1		1	1			1

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