

Healthwatch Hillingdon Board Meeting

Wednesday, 26th June 2019, 16:30hrs | 18:00hrs
 Chequers Square, The Pavilions, Uxbridge, UB8 1LN

Members of the Public are welcome to attend this meeting. All items in Part 1 will be considered in public and items in Part 2 will be considered in private.

Agenda

Part 1				
No.	Item	Timing*	Lead	Paper
1.	Welcome, Apologies, Declarations of Interest	5 mins	LH	
2.	Minutes of meeting held on 27 th March 2019			A
3.	Action Log 27 th March 2019			B
4.	Declaration of Any Other Business			
5.	Governance <ul style="list-style-type: none"> New Board Members and Recruitment 	10 mins	LH	
6.	CEO Quarter 4 Assurance Report	10 mins	TM	C
7.	CEO Update	25 mins	DW	D
Items for Decision				
8.	Confirm dates for next Financial Year	5 mins	TM	
Items for Information				
9.	Health and Wellbeing Board (Verbal)	5 mins	LH	
10.	Transformation Care Partnership and Care Homes (Verbal)	10 mins	BC	
11.	AOB	5 mins	ALL	
12.	Questions from the Public	5 mins	All	
	Part 1 closed Meeting moved to Part 2			
	Date of next meeting Wednesday, 25 th September 2019 Time: 17:00hrs - 19:00hrs			

*NB timings are indicative only: the Chair may decide to vary the timings and order.

Paper A

Healthwatch Hillingdon
Minutes of the Board Meeting held on Wednesday 27th March 2019
At 20 Chequers Square, The Pavilions, Uxbridge UB8 1LN

PART 1

Present: Lynn Hill, Chair (LH)
Bill Corsar (BC)
Baj Mathur (BM)
Joan Davis (JD)

In Attendance: Pat Maher (PM) Staff
Turkay Mahmoud, Interim CEO (TM)

Apologies: Kay Ollivierre (KO)
Burns Musanu (BM)
Rashmi Varma (RM)
Beulah East (BE)

1. Welcome, Apologies, Declarations of Interest

Lynn Hill (LH) Chair opened the meeting and welcomed Members. Apologies noted. No declarations of Interest. TM advised The Board that for future meetings, in order to be quorate, that members unable to attend in person would be invited to join by skype and TM would speak with Daniel West (DW) to arrange.

ACTION

TM

2. Minutes of meetings held on 12th December 2018

The Board agreed that the minutes were approved as an accurate record. The minutes were signed by LH.

3. Action Log 12th December 2018

The Board reviewed the outstanding actions arising from the meeting held on 12th December 2018. LH asked PM to email KO to ask for an update on unwanted medicines as requested at the Board Meeting on 12th December 2018. PM to email BE and ask her to circulate an update on CARERS to The Board.

PM

4. Declaration of Any Other Business

BM - registration with the NHS to make appointments with GPs on the internet. He wanted to know if this was available with all GPs. TM to ask DW to investigate and bring to a future Board Development Meeting.

TM

TM advised The Board that he had received a letter from Mark Easton in relation to the way the CCG are going to progress in light of the long- term plan. TM to circulate to Board.

ACTION

5. Governance

LH gave The Board an update on the CEO recruitment - Following a second recruitment process no appointment was made. The Interim CEO (TM) put forward a proposal for a different type of role that would bridge the gap between the operational and strategic needs of the organisation. Following discussions with The Board a decision was taken to recruit someone for the post of Operational and IT Lead. This has now been completed and the new post holder has started, initially on a six-month contract. His name is Daniel West (DW). TM (Interim CEO) will work alongside DW and gradually decrease his time in this role. A point was raised on the title for the role and after discussions, it was agreed to change the title to Director of Operations and ask DW to join The Board. TM to discuss with DW and all key relevant partners to be informed of the changes at HWH.

TM

6. CEO Quarter 3 Assurance Report

The Q3 report summarises activity undertaken by the Healthwatch Hillingdon Staff team during the stated quarter and inform The Board on how HWH is performing to meet its contractual and statutory requirements, as defined in HWH's Board Priorities 2017-2019. This report also goes to the H&WBB.

TM took the report as read and informed The Board changes were going to be made with how this Report will be presented going forward.

7. CEO Update

The report provides updates to The Board with national, regional and local developments and policy changes that will affect the organisation and key issues facing HWH.

Again, the report was taken as read and TM answered related questions on points highlighted and sought clarifications from the Board.

The Long Term Plan was highlighted. Healthwatch England, through local Healthwatches have been asked to undertake local research to inform on the Long Term Plan. HWE have funded each Healthwatch with £2,500 to undertake this work. Healthwatch Hillingdon will be working with partners to engage with as many people possible to complete the questionnaires as well as organising two focus groups to collect views. There are two questionnaires:

1. General questionnaire titled - What would you do to give people more control over their care?
2. Conditions questionnaire which focus on a number of health conditions with prevention in mind.

TM to email The Board with details of Focus Groups.

TM
ACTION

TM also highlighted 3.1 The North West London Policy Development Group to which GH was a representative and TM has agreed to continue with this role as it gives HWH an early insight of what is likely to be implemented. With regards to the projects for 2019/2021. TM advised The Board that decisions need to be made on areas that HWH wish to focus on for the next two years but not until the budget is finalised.

8. Dates for next Financial Year

For the board to agree key dates for the next financial year. Provisional quarterly dates recommended for Full Board: July 3rd, 2019, September, 25th, 2019, December, 11th, 2019 and March, 25th 2020.

In addition the Board are asked to consider the following two matters:

1. That Governance meetings to be held late afternoon so that Young Healthwatch Hillingdon could be represented at these meetings and
2. that every Wednesday or another day of each month should be reserved for Board development days and/or business meetings (as is the current practice).

TM asked The Board to consider twilight meetings for Full Board Meetings so that Young Healthwatch (YWwH) could attend and to also recruit YWwH to be members of The Board.

After discussions it was agreed that The Board email TM with a list of their regular commitments so that dates for Development Meetings could be arranged. TM to also look into Partner Meeting timings.

ALL
TM

9. HWH Meeting Representation

The following Board members reported back on the visits made highlighting the key points/implications for HWH.

- NWL Integrated Lay Partner Group - BE (TM updated)
- Health & Wellbeing Board - LH
- Hillingdon CCG Governing Body - BM
- Primary Care Board and Care Partners Group - BC
- Safeguarding Board - RV -(TM updated)

TM asked The Board if they wished to continue reporting in this way and if they found it beneficial. All agreed and TM to re-circulate the template.

TM

11. Questions from The Public

None

12. AOB

ACTION

JD felt The Board should be concerned with the PPGS because the way in which they were set up, GPs were given money to assist but were not given guidelines.

The Board agreed to discuss at a future Development Meeting.

LH closed Part 1 and moved the meeting to Part 2

Next Board/Business Meeting - TBC

DRAFT

Actions Arising From Part 1 Board Meeting Held On 27th March 2019

Action Ref.	Action	Action with	Target date	Progress	Date completed
Declarations	TM to speak with DW to arrange Skype for future board meetings	TM			
Action log	PM to email KO to request an update on unwanted medicines	PM		Completed 9/4/19	
	PM to email BE and ask her to circulate an update on CARERS to Board	PM		Completed 9/4/19	
Declaration of other business	TM to ask DW to investigate registration with the NHS to make appointments with GPs	TM			
	Letter from Mark Eastman to be circulated to Board	TM			
Governance	Title change for DW	TM			
CEO update	The Board to be sent details of Focus Groups	TM			

Dates for financial year	The Board to email TM with a list of their regular commitments	All			
	Partner meetings timings to be looked at	TM			
HWH meeting representation	Re-circulate template	TM			

Agenda Item	5
Paper	C

Healthwatch Hillingdon Board Meeting 26th June 2019

Title of paper or subject:	Governance
Author:	Turkay Mahmoud - Interim CEO
	<p>Members are aware that we have recruited Tim Markham to the Board using our e-compliance agreement. Tim's appointment needs to be ratified at today's meeting.</p> <p>Tim has agreed to oversee our budget and will be liaising with Dan West to ensure that we are on track with our finances.</p> <p>We need to continue with our recruitment drive so that we can increase our numbers by another two members.</p>
Recommendations for Board action:	For the Board to note and continue to support the recruitment of new members
Equality Impact Assessment:	N/A - there is no positive or negative impact from this report.
Date:	17 th June 2019
Senior Responsible Officer:	Turkay Mahmoud - Interim CEO

For all enquiries regarding Healthwatch Hillingdon Board meetings please contact:
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Agenda Item	6
Paper	D

Healthwatch Hillingdon Board

Meeting date Wednesday 26th June 2019

Title of paper or subject:	CEO Quarterly 4 Assurance Report
Author:	Turkay Mahmoud - Interim CEO
Summary:	<p>The Quarter 4 report summarise activity undertaken by the Healthwatch Hillingdon Staff team during the stated quarter.</p> <p>It sets out to inform the Board on how HwH is performing to meet its contractual and statutory requirements, as defined in HwH's Board Priorities 2017-2019.</p> <p>It informs the Board on the financial performance of the organisation.</p>
Recommendations for Board action:	For Board to note the report's contents, discuss and seek points of clarification.
Equality Impact Assessment:	N/A - there is no positive or negative impact from this report.
Date:	26th June 2019 2019
Senior Responsible Officer:	Lynn Hill - Chair

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HEALTHWATCH HILLINGDON UPDATE - Paper C

Relevant Board Member(s)	Lynn Hill, Chair
Organisation	Healthwatch Hillingdon
Report author	Turkay Mahmoud, Interim Chief Executive Officer, Healthwatch Hillingdon
Papers with report	Decommissioning of Lower Back Pain Procedures in Hillingdon

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 Chief Executive Officer to the Directors/Trustees at the Healthwatch Hillingdon Board meetings and is available to view on the website: (<http://healthwatchhillingdon.org.uk/index.php/publications>).

3. GOVERNANCE

3.1. Chief Executive Officer

After two unsuccessful attempts to appoint a new CEO the Board decided to review the staffing structure of the organisation and subsequently appointed a Director of Operations, Daniel West, initially on a six-month contract. Turkey Mahmoud, as Interim CEO, is providing training and support. These arrangements will be reviewed at the end of June 2019.

4. OUTCOMES

Healthwatch Hillingdon wishes to draw the Health and Wellbeing Board's attention to some of the outcomes highlighted by its work during the fourth quarter of 2018-19.

4.1. Report on the Implementation of the new low back pain report and sciatica policy in Hillingdon

Context to the report

The eight North West London Clinical Commissioning Groups work together to manage their Planned Procedures with a limited Threshold and Individual Funding Requests. They have established a joint Policy Development Group to determine which procedures have limited thresholds and agree the clinical criteria policy for each of these.

Following updated guidance, published by the National Institute for Clinical Excellence (NICE) in 2016, the Policy Development Group developed new policies for the treatment of low back pain.

These were collectively approved at the North West London Clinical Commissioning Groups' Collaboration Board (now Joint Committee) in October 2017 and adopted on 1st April 2018.

As a member of the Policy Development Group, Healthwatch Hillingdon recognised that the NICE lower back pain guidance was evidence based and reasonable, if followed in full. It was, however, felt that not enough engagement had been carried out with the patients currently receiving these treatments.

The introduction of the Acupuncture Policy and the Low Back Pain and Sciatica Policy resulted in the decommissioning of acupuncture, for all interventions, and several spinal injection treatments.

Following the decision, Healthwatch Hillingdon asked for measures to be put in place to support patients during the changes and was influential in the introduction of the 'Low back pain' information leaflet for patients.

In June 2018, The Hillingdon Hospitals NHS Foundation Trust sent a letter to all patients affected by the implementation of the Low Back Pain Policies. Healthwatch Hillingdon's contact details were included in the letter, at the request of the Hillingdon Clinical Commissioning Group (CCG), to provide information and support to patients affected by the changes.

Healthwatch Hillingdon was subsequently contacted by 40 individuals who had received a letter from The Trust. HWH explained that the decision had been taken and the reasons behind the letter that people had received. They were given an opportunity to talk to someone about their concerns and anxieties. Their questions were answered, options were provided, and their feedback gathered.

The people who were spoken to reported that they were shocked and confused to receive the letter. They thought that there was a lack of information as well as a lack of support for them. Patients wanted to know why they hadn't been told of the decision much earlier and felt that they had been left without treatment for their condition. None of the patients HWH had contact with had received the leaflet on managing lower back pain with their letter, which was unfortunate as the leaflet gave information and alternative ways of coping with back pain.

The report HWH produced (see attached report) outlines the experience of The Hillingdon Hospitals NHS Foundation Trust patients, following the implementation of these policies in Hillingdon.

Healthwatch Hillingdon recognises, along with its partners, that this decommissioning project could have been delivered to a much higher standard. Therefore, the following is recommended:

1. A review of the implementation process in order to learn lessons and produce a framework for delivering change in the future.
2. That out of the review comes a process for adopting and implementing Policy and Development Group recommendations ensuring that there is a clear and consistent approach to policy implementation. This should include engagement with the affected patients and stakeholders. Additionally, robust communication and implementation plans that identify clear roles and responsibilities of commissioners and providers at both NWL and CCG level should be part of this process.
3. The findings of this review be reported to the Health and Wellbeing Board and the External Services Scrutiny Committee.
4. This new process is published to an agreed target date.
5. When informing patients and the public of service change in Hillingdon, that Healthwatch Hillingdon details are always added to the information sent, to ensure patients can be independently supported.

4.2. Young Healthwatch Hillingdon (YHwH)

Young Healthwatch Hillingdon (YHwH) work continues to grow and go from strength to strength. The youngsters are getting more strategically involved in local health service delivery and with local partners. Recruitment to YHwH is now open. YHwH is taking the lead in recruiting new members.

Example of YHwH Activities

To date in 2019, YHwH has:

- Participated in two YHwH Panel Meetings, during which feedback was provided to a representative from Hillingdon's School Nursing Service regarding the service and to two Occupational Health Students from Brunel about substance misuse in young people.
- Started working with the charity Arts for Life on the development of a self-harm distraction box and a social media resilience and wellbeing workshop for young people. YHwH will continue to work with the charity to co-create the workshop and then co-deliver it once ready.
- Reviewed a newly developed app (Clear Fear) that is designed to help young people manage anxiety.
- Been promoting resources to support ways of coping with exam stress including tips on time management.

NHS Takeover Challenge

A group of YHwH members is working with the CCG on a project for improving the transition for young people between paediatric and adult health services. The project is one element of the NHS Takeover Challenge bid submitted by the CCG to further its youth engagement work through YHwH.

On Saturday 23 February the group received public speaking, presentation and facilitation skills training. On Sunday 10 March the group participated in a session with DASH to learn more about communicating with young people with complex and additional needs. The next stage is for the group to plan and facilitate an engagement event with a cohort of young people with SEND to establish what would make transition easier and better for them.

The training sessions and engagement event will be filmed professionally and YHwH and participants will be asked to film short selfie videos on their phones about their experience of going through the training and being a part of the project. Footage will be edited together to create a visual record of the impact of the first steps of the project.

Kooth Ambassadors

Kooth is an online mental health and wellbeing support service for young people that has been commissioned in Hillingdon. As well as providing the online service, Kooth representatives deliver workshops in schools about various wellbeing topics. YHwH members are going to be trained as Kooth Ambassadors (during the Easter holidays) with the aim of co-delivering workshops in their schools.

4.2 Young Mental Health, Wellbeing and Life Skills (MHWB) Programme and Peer Support Training (PST) Programme

During quarter four YHwH, has been working with four schools to deliver the Mental Health, Wellbeing and Life Skills (MHWB) programme and the Peer Support Training (PST) programme.

Guru Nanak Sikh Academy

Excellent all-round feedback was received from the direct beneficiaries of the Guru Nanak Sikh Academy and the school leadership regarding both the MHWB, and PST programmes. The following were achieved against the three key outcomes used to measure the success of the project:

- **Outcome 1:** An increase in the number of participants that agree that they have the knowledge and confidence to help make Guru Nanak Sikh Academy a more open and supportive place – from 60% to 92.1%
- **Outcome 2:** An increase in the number of participants who agree that they know how to look after their own mental health – from 46.7% to 92.1%
- **Outcome 3:** An increase in the number of students who agree they know where to go for mental health information and support – from 62.8% to 74.8%

The full project report is available to any Board members who wish to read it.

The PST programme was delivered with a group of students from Guru Nanak who will start to provide a peer support service within the school. In May, Healthwatch Hillingdon will be meeting with the students who participated in training to evaluate the progress of the support they are providing in the school.

Oak Wood Secondary School

The school lead for Oak Wood has not been in work since February which has prevented Healthwatch Hillingdon from holding the final evaluation session with the students in the programme and evaluating the impact on the direct beneficiaries. However, the second whole school survey is complete and shows impact from the programme upon the indirect beneficiaries:

- **Outcome 1:** An increase in the number of participants who agree that they know how to look after their own mental health from 60.3% to 72.7%
- **Outcome 2:** An increase in the number of students who agree they know where to go for mental health information and support from 64.0% to 77.3%

Other Schools

Delivery of the MHWB and Life Skills Programme has started at both Haydon School and Uxbridge College. Dates for the Peer Support Training Programme have yet to be finalised.

Barnhill Community High School

The PST Programme was delivered with a group of students from Barnhill Community High School who will start to provide a peer support service within the school. The training was co-delivered with a Year 13 student from the school who participated in the original Mental Health, Wellbeing and Life Skills Pilot Programme at Barnhill and completed work experience with Healthwatch Hillingdon this quarter.

In May there will be a meeting with the students who participated in training to evaluate the progress of the support they are providing in the school.

4.4 Funding Update

Hospital Saturday Fund and London Catalyst

There have been some issues with delivery of the Mental Health, Wellbeing and Life Skills and Peer Support Training programmes funded by the Hospital Saturday Fund and London Catalyst. One school dropped out at a late stage of the first programme and the absence of the school lead at another school has delayed delivery of the latter programme. Fortunately, an extension has been granted from London Catalyst to deliver against the funding outcomes and the Hospital Saturday Fund.

Big Lottery Awards for All

HWH was successful in its application for a further £9,250 from the Big Lottery Awards for All to fund the activities of YHwH. The day to day running of YHwH is embedded within the existing HwH budget so the Awards for All funding will be used to fund YHwH promotional materials, training, events, meetings and campaigns.

5. ENQUIRIES FROM THE PUBLIC

Healthwatch Hillingdon recorded 194 enquiries from the public this quarter. This saw 47 people's experiences being logged on our Customer Relationship Management database and 147 residents being the recipients of our information, advice and signposting service.

5.1. Experiences

Overview

Table A illustrates that the hospital service people reported most on this quarter was Maternity, with almost all feedback being negative. 'Staff attitudes' was cited in each of the complaints received. Accident and Emergency also featured in several people's complaints, whilst feedback received on the Minor Injuries Unit at Mount Vernon hospital was 100% positive.

Outside of hospital services, GPs were again the number one service residents gave feedback on, although out of the eight experiences recorded, just over half were negative. The reasons cited for these were: issues around prescriptions, waiting times to get an appointment, and diagnosis.

Table A

	Positive	Mixed / Neutral	Negative
Hospital Services			
Obstetrics & gynaecology	3	-	-
Minor Injuries unit	4	-	-
Accident & Emergency	-	-	3
Maternity	1	-	5
Ophthalmology	1	-	-
General Surgery	1	-	1
Orthopaedics	-	-	1
Phlebotomy	1	-	1
Cardiology	-	-	1
111	-	-	1
Social Services			
Care Home	-	1	2
Home Care	-	-	1
Assisted Living	-	-	1
Primary Care Services			
GP	1	2	5
Dentist	-	-	-
Other Services			
Community Mental Health Team	-	1	2
Equipment Service	-	-	3
CAMHS	-	1	1

Table B (below) indicates the categories of key staff that patients have listed in their feedback and Table C highlights the top 5 themes that people have reported upon. It should be noted that some patients name more than one member of staff and supply more than one reason for the disappointment with their experience. Doctors still received the highest negative feedback, although it is interesting to note that in this quarter there were several complaints about maternity department staff.

In terms of themes, the main concerns were staff attitudes and communication between staff and patients. Quality of care and treatment received the most positive feedback, along with the delivery of the service itself, and these come from people's experiences of the Minor Injuries Unit at Mount Vernon hospital.

Table B

Key staff categories	Positive	Mixed / Neutral	Negative
Doctors	-	-	8
Admin / Receptionist	3	-	4
Service Manager	1	1	2
Care/Support Workers	-	1	1
Nurses	2	-	1
All Care Professionals	4	-	-
Allied Care Professionals	-	-	1
Maternity	1	-	5

Table C

Key Themes	Positive	Mixed / Neutral	Negative
Health & safety	-	-	1
Quality of care	6	-	4
Service delivery, organisation and staffing	4	-	2
Staff attitudes	2	-	9
Quality of treatment	4	-	1
Quality of appointment	2	-	2
Communication between staff and patients	1	-	5

5.2 Healthwatch Support

Residents continue to seek support from us in a variety of circumstances:

- An email was received from an individual enquiring about the availability of personal wheelchair budgets in Hillingdon. The individual included a link to the NHS England website which states that since April 2017, all clinical commissioning groups (CCGs) in England have been expected to start developing local personal wheelchair budget offers to replace the current wheelchair voucher system. The individual explained that they were

keen to find out about the plans in Hillingdon for these budgets. The person is very dissatisfied with the service of the current provider of long-term Posture and Mobility Services for clients within Harrow and Hillingdon. Healthwatch Hillingdon contacted the CCG to follow up on the issue. As a result, the person at the CCG who is heading up plans for personal wheelchair budgets in Hillingdon was contacted. The individual was then invited to work with them to assist in shaping these plans.

- In another case, an individual came in to the Healthwatch Hillingdon shop to give feedback about the fact that they had been told by their GP practice it would not be able to provide ear syringing and that the individual and her husband (both in their 80s) would have to pay to have it done privately. The individual said that it is very difficult for them to go elsewhere, particularly as they don't have transport. They feel this is a service that should be offered at the GP practice. The individual wanted to flag this up with Healthwatch, saying, "I felt very secure coming here, because you helped us before." We were able to inform the individual that the NICE guidelines are recommending GP surgeries carry out earwax removal if a build-up is contributing to someone's hearing loss. This went to public consultation in March 2019, with the result expected to be published in July 2019. This is also an issue that has been highlighted to the CCG, as similar comments have been received from other residents.
- An individual phoned us about their daughter, who is currently under the CAMHS service but is approaching 18. The individual wanted to know what happens about the daughter's mental health care once she turns 18. The individual said that the referral to adult services was made six months ago and a multi-disciplinary team meeting was being held that week, but the family had no information about what would happen next, or what support would be provided. The individual was informed that a care plan should be put in place around the transition that should set out the needs of the daughter and which teams would be involved. Consequently, the individual was advised to contact the mental health team for an update, and to ensure that they get to meet the new adult mental health worker soon. The individual was signposted to the CNWL Patient Support Service for further information.
- In another instance, an individual contacted HWH to explain that they have ongoing bowel problems and stomach pain, as well as needing annual colonoscopies due to an abnormal cells result. Last year they had an internal scan because they were bleeding. The GP said this was all okay and gave them tablets to stem the bleeding. The individual had a regular appointment at the hospital, during which the consultant looked at the scan results from last year and said that the GP should have followed up on these and referred the individual, who began to worry about cancer. The individual then had to have a hysteroscopy and a problem was found, but it was not cancer. The individual wanted to know how to complain about the GP, who they feel had not followed up on potential problems. Details were given to the individual enabling them to complain to NHS England. They were also informed about the GP extended hours service, as they said they can never get an appointment at the GP surgery when they need one.
- In addition, HWH raised a number of Safeguarding issues, for investigation with The Hillingdon Hospital, Hillingdon CCG and the Local Authority.

5.3 Signposting Service

During this quarter a total of 147 enquiries from residents were recorded which resulted in HWH providing information, advice, signposting or referral. 124 of these can be

categorised as universal and 23 as a result of advising individuals following a complaint, or concern. Individuals are signposted to a wide range of statutory and voluntary organisations across health and social care. The following table illustrates the reasons for people contacting the service and the ways in which HWH can help them through signposting to appropriate organisations.

How did HWH assist?	Qty	%	Signposted to?	Qty	%
Signpost to a health or care service	31	21%	Voluntary Sector Local	29	23%
Signpost to voluntary sector service	50	34%	NHS - other	6	9%
Requesting information/advice	32	22%	Mental Health	3	3%
Requesting help/assistance	-	0%	NHSE	4	8%
General Enquiry	34	23%	Hospital	5	4%
Unknown	-	0%	Social Services	7	6%
Total	147		CAB	9	7%

6. REFERRING TO ADVOCACY

HWH 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).

Advocacy Referrals	Qty
POhWER	11
AVMA	2
Wellbeing Services	5
Total	18

7. ENGAGEMENT

Engagement this quarter was through a variety of events. A stall was held at The Hillingdon Hospital to engage with visitors and patients. A Health Fair was attended at Uxbridge library to raise awareness of Healthwatch Hillingdon amongst visitors to the library. A stall was also held at The Pavilions Shopping Centre to engage with shoppers around the NHS Long Term Plan.

Between January 2019 – March 2019 HWH participated in 10 engagement events across Hillingdon.

Key highlights:

Help Health Now App

In February HWH was invited by North West London CCG to test a new patient app called Help Health Now. The App is designed to help patients to find local health services, book GP and hospital appointments and offers suggestions for treatment based on common symptoms.

The App was launched in Hillingdon in February and the HWH Outreach and Volunteer Officer participated in a half day training programme in March to become a Digital Ambassador for the new App and support local residents who may need assistance in learning how to use it.

The NHS Long Term Plan

Healthwatch Hillingdon has been undertaking engagement around the NHS Long Term Plan. Existing networks, social media platforms, Mail Chimp and planned outreach events have been used to distribute the Long Term Plan surveys to residents and patients. The response was positive, and we exceeded the target of 250 responses needed by the 30 April deadline, achieving 285 returns. A report will be produced and shared with partners later in the year.

Dentistry Mystery Shopping

A mystery shopping exercise is currently being undertaken to look at physical access to local dental practices for people with physical disabilities and sensory impairments. Through NHS Choices, 35 dental practices were identified in the borough of Hillingdon and a small team of Healthwatch volunteers has begun carrying out face-to-face visits to these practices. Volunteers will visit a total of 20 practices to look at physical access to premises including wheelchair access, access to disabled parking and the availability of signing services. A report will be compiled on completion of the exercise and shared with partners.

Volunteering Conference

In March HWH Outreach & Volunteer Officer attended a volunteering conference funded by NCVO. The conference was attended by over 150 participants from volunteer involving organisations across the country. The conference offered a fantastic opportunity to network, identify potential funding opportunities and share good practice around volunteer management.

Volunteering

HWH volunteers have contributed 520 hours of volunteering time during the current quarter. They have been involved in engagement activities around the NHS Long Term Plan by supporting residents to complete the survey. They have undertaken PLACE assessments at The Hillingdon Hospital, covered an information stall at The Hillingdon Hospital and have supported the Outreach and Engagement officer to plan activities for this year's Volunteers' Week which takes place between 1-7 June. In addition, Board members have increased their attendance at key strategic meetings with our partners.

Audio reading group

The Audio Reading Group was revisited to verbally present the Wayfinding report to them and the actions to be taken by The Hillingdon Hospital to improve signage for those with sight impairments. The group was delighted that their involvement in this exercise has helped to influence change by making it easier for people with sight impairments to navigate their way around the hospital.

Events

Event	Attendance	Outcomes	Age Category				Communities of Interest
			Under 5s	6 - 21	22 - 65	Over 65	
Engagement stand at The Hillingdon Hospital	300	28			16	12	General Public
Stall at Hillingdon Leisure Complex	150	14			12	2	General Public
Health Fair (Uxbridge Library)	90	20			6	14	General Public
Assembly for People with Disabilities	100	17			7	10	General Public
Audio Reading Group (Uxbridge Library)	12	12			4	8	General Public
Older People's Assembly	80	30			2	28	General Public
Engagement Stand (Long Term Plan) Pavilions Shopping Centre	300	47			37	10	General Public
Engagement stand at Hillingdon Leisure Centre	160	17			15	2	General Public
Engagement Stand at Hillingdon Carers Forum	70	15			9	6	General Public
HAC's Autism Awareness Day	150	17			17		General Public
Total	1412	217	-	-	125	92	

Social Media

	January	February	March
Twitter Followers	1234	1240	1248
Tweet Impressions	2591	2883	6488
Profile Visits	96	57	297
Facebook Likes	435	436	443
Facebook Post Reach	36	1431	9049
Facebook Post Engagement	1	36	1956
Instagram Followers	314	328	344

This quarter stats for Instagram are also being reported on, in addition to Facebook and Twitter. As it can be seen from the table below HWH Instagram followers have grown steadily during the current quarter with an increase of 30 followers between Jan and March.

Through HWH presence on Instagram it has been possible to successfully engage with younger followers (under 25's) who do not typically use Facebook or Twitter.

HWH has also performed well on Twitter and Facebook particularly during the month of March where posts were consistently made in order to engage with the public around the Long Term Plan

8. FINANCIAL STATEMENT

To end of Quarter 4 (2018-2019)

Income	
Funding received from local authority to deliver local Healthwatch statutory activities	158000
Bought forward 2017/2018	14685
Additional income	7981
Total income	180666

Expenditure	
Operational costs	22653
Staffing costs	121534
Office costs	6684
Total expenditure	150855
Surplus to c/f	29831 *

*Provisional, awaiting audited figure. The figure also includes contingencies (£20,000 for office rent and staff redundancies). The carry forward is larger than usual due to vacancies which have now been filled.

8. 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 2017-2019. The following table provides a summary of our performance against these targets during Quarter 4.

KPI no.	Description	Relevant Strategic Priority	Quarterly Target 2018-19	Q1			Q2			Q3			Q4			2018-2019 Total	
				2016-2017	2017-2018	2018-2019	2016-2017	2017-2018	2018-2019	2016-2017	2017-2018	2018-2019	2016-2017	2017-2018	2018-2019	Target	Actual
1	Hours contributed by volunteers	SP4	525	637	540	629	522	504	689	491	363	729	516	564	669	2100	2716
2	People directly engaged	SP1 SP4	330	434	220	444	270	675	713	634	2027	427	347	440	317	1320	1901
3	New enquiries from the public	SP1 SP5	200	177	208	243	296	286	267	173	247	215	248	235	194	800	919
4	Referrals to complaints or advocacy services	SP5	N/A*	12	24	21	8	23	13	1	17	18	18	6	18		70
5	Commissioner / provider meetings	SP3 SP4 SP5 SP7	50	93	62	62	69	70	52	69	52	52	58	49	50	200	216
6	Consumer group meetings / events	SP1 SP7	15	16	26	19	15	23	18	15	13	14	22	31	17	60	68
7	Statutory reviews of service providers	SP4 SP5	N/A*	-	-	-	-	-	-	1	-	-	-	-	1		-
8	Non-statutory reviews of service providers	SP4 SP5	N/A*	3	5	3	3	2	2	3	2	2	7	1	1		8

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

Agenda Item	7
Paper	E

Healthwatch Hillingdon Board

Meeting date 26th June 2019

Title of paper or subject:	CEO Update
Author:	Dan West - Director of Operations
Summary:	This report provides updates to the Board with national, regional and local developments and policy changes that will affect the organisation, and key issues facing HwH.
Recommendations for Board action:	For Board to note the report's contents, discuss and seek points of clarification.
Equality Impact Assessment:	N/A - there is no positive or negative impact from this report.
Date:	26th June 2019
Senior Responsible Officer:	Turkay Mahmoud - Interim CEO

For all enquiries regarding Healthwatch Hillingdon Board meetings please contact:
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Report to: **Healthwatch Hillingdon (HwH) Board**

Report from: **Daniel West, Director of Operations**

Turkay Mahmoud, Interim CEO

Date: **26th June 2019**

Title: **CEO Update**

1. INTRODUCTION

1.1. This report provides updates to the Board with national, regional and local developments and policy changes that will affect the organisation; and key matters which are relevant to the work of HwH.

2. NATIONAL FOCUS

2.1 Healthwatch England

The Long Term Plan

The #WhatWouldYouDo campaign has come to a close, with Healthwatch England reporting a total of 17345 responses to the survey hosted on the HWE website. This does not include any local responses on hard copies or different platforms (for reference, of the 284 survey responses received by HwH, 18 came from the HWE website - anecdotally the hard copies have had better uptake).

In May we expect NHSE to publish an implementation framework for the plan (it was due in April but appears to have been delayed). Using this framework, and the insight gathered by Healthwatch, each STP/ICS will be tasked with producing their local implementation plans by the Autumn.

Priorities for 2019-20

This plan outlines what Healthwatch England wants to achieve this year.

1. Support you to have your say- We will transform our communication with the public
 - Develop a strategy to transform our communications with the public
 - Develop a strategy to explore greater public engagement
 - Support more people to use our advice and information
 - More people are aware of our brand
 - More people share their views with Healthwatch England and local Healthwatch
2. Provide a high quality service to you- We will enable our network to be more effective
 - Introduce a new Quality Framework, which outlines what it means to be an effective Healthwatch

- Local Healthwatch use our Quality Framework
 - Local Authorities use our Quality Framework to commission Healthwatch
 - Introduce a new network agreement to improve the service you receive from us
 - More Healthwatch use our new website template, making it easier to find what you're looking for
 - Introduce a 'Making a difference' toolkit, which will help us identify Healthwatch impact Our aims
3. Ensure your views help improve health and care- We will develop our insight to influence policy at a national, regional and local level
- Develop a programme of work that improves our understanding, reporting and actions on equality and diversity issues
 - Develop an approach to reach more front-line professionals
 - Develop a way to track how our findings are used
 - Plan how to safely access data held by partner organisations which is relevant to our work
 - All past Healthwatch reports will be accessible through our Reports Library. New reports will be added to the library within seven days of publication.
 - Publish two reports about mental health issues
 - Consider our future approach to multi-year research plans
4. Organisation management- We will be a well run and high-performing organisation
- All Healthwatch England staff will complete the staff survey
 - All Healthwatch England staff will have regular 1:1 meetings and development plans
 - Our programmes of work will be on track
 - We will report on the diversity of our staff and Committee

3. REGIONAL FOCUS

3.1. The Long Term Plan (LTP)

Our coordinating Healthwatch, Central West London has received our reports and data from the LTP engagement, with 3 preceding meetings with North West London Healthwatches. A significant portion of time was designated in these meetings to coordinate the reports, and to share best practice. These meetings are set to continue.

3.2. Move to a Single North West London CCG

In response to the NHS long-term plan which suggested that all sustainability and transformation partnerships (STP) develop into an integrated care system (ICS), by April 2021 with, "typically a single CCG for each ICS area", the NW London senior leadership decided to scope the implications of moving towards a single CCG, and have begun to explore key lines of enquiry. The case for change has been developed in response to these key lines of enquiry with our stakeholders to assess these implications and the impact on patients, staff and the system.

The agreed key lines of enquiry are as follows:

- The benefits for patients i.e., would the move support the efforts through the partnership to improve sustainability and quality of patient services, as set out in the strategy
- The financial implications in terms of management costs, financial sustainability of the system, implications for borough-based allocations and fair distribution of funds
- The governance implications and how we maintain the concept of CCGs being clinically led organisations with lay involvement
- The implications for health inequalities
- The workforce implications in terms of talent management and staff impacted by change
- Relationships with stakeholders, particularly Governing Body members and local authorities
- How the development of a single ICS might work in parallel with the development of borough-based integrated care
- To monitor arrangements that are developing across London and take these into account as appropriate
- The implementation timeline for any recommendations plus a consideration of implementation costs and potential disruption.

Currently NWL wide meetings are being held with representation from the 8 CCGs and Healthwatch. The merger is planned for either April 1, 2020, or April 1, 2021, with the decision being made at the end of the engagement period on 24th July.

4. LOCAL FOCUS

4.1. The Long Term Plan

As outlined above, Healthwatch Hillingdon has undertaken a number of engagement activities to gather local views related to the LTP. Through contact with local partners and working with various groups to ensure meaningful engagement, we have enacted the following:

1. 284 responses received for the LTP surveys. Healthwatch Hillingdon adapted the survey for local use, to incorporate ward information specific to the area, and hosting the digital counterpart of the survey on the Hillingdon website, to increase website traffic. Social Media engagement has been increased to facilitate this.
2. Three focus groups involving a total of 25 participants:
 - One with the general public
 - One with a specific focus on Mental Health. There was a sub-group of three YHwH discussing CAHMS to provide a wider picture of Mental Health needs.

4. Engagement with local community groups and at relevant events to gather feedback and inform on the key elements of the LTP.
5. Meet and work in partnership with other local Healthwatch in the STP area during the engagement period including assisting in monthly reporting to Healthwatch England and the STP.
6. Support the Co-ordinating Healthwatch to analyse our data, insight and findings by providing them in an agreed format, utilising tools provided by Healthwatch England.

4.2. Healthwatch Website

Our website is to migrate to a new server and provider. This is being coordinated by Healthwatch England in groups of local Healthwatches. Our migration is planned for July and is being coordinated by Dan in his new role. It is planned that all office staff will be appropriately trained to deliver content on the website to keep online engagement at a consistent level. There will be a slight reduction to the cost of maintenance of the site, and better support from HWE for content and maintenance of the platform.

4.3. Primary Care Networks & Integrated Business Case

Currently there are 5 registered PCN's, with between 1-3 left to be registered (dependent on the capacity of neighbouring PCN's). The current sticking points are the two unregistered practices, and the minimum limit of 30,000 patients per PCN.

The PCN's will work in conjunction with Neighbourhoods, so when the final networks are registered the PCN's and Neighbourhoods should line up geographically.

Regarding the two unregistered practices, the risk of enhanced services not being available to patients can be mitigated by appropriate communication from the CCG/GP Confed - the neighbouring PCN's will provide any services not available within the practices.

4.4. Mount Vernon Cancer Centre(MVCC) Review

On 10 April 2019, a letter was circulated from NHS England and NHS Improvement advising that concerns had been raised regarding the long-term sustainability of the services provided at the Mount Vernon Cancer Centre, and the environment from which they are delivered. In the light of these concerns, NHS England, East and North Hertfordshire NHS Trust (ENHT) which runs the Centre, and the East of England and London Cancer Alliances, have agreed that a review of the services is the best way to understand the issues and plan a way forward.

The Cancer Centre treatment service at the Mount Vernon Hospital is managed by ENHT and delivered from an increasingly ageing estate managed by The Hillingdon Hospitals NHS Foundation Trust (THH). It is a standalone cancer centre based in North Middlesex which primarily serves the populations of Hertfordshire, South Bedfordshire, North West London and Berkshire. The Centre provides outpatient chemotherapy, nuclear medicine, brachytherapy and haematology as well as radiotherapy for these populations. There are also inpatient and ambulatory wards.

The services are commissioned by NHS England's specialised commissioning team and by Clinical Commissioning Groups.

The review will take place starting in May 2019 and involve peer reviews of (and engagement with) the services, and the involvement of patients, clinicians, non-clinical staff and key stakeholders, giving them an opportunity to influence the shape of Mount Vernon Cancer Centre services into the future. It will also include a piece of work to examine the long-term requirements for the population that the Mount Vernon Cancer Centre serves, based on population health needs and national service specifications, and a separate exercise to look at radiotherapy demand and capacity. It is anticipated that the review will lead to the development of options which will be designed to ensure the sustainability of cancer services for the populations served by the Mount Vernon Cancer Centre. These options will be the subject of much discussion and clinical engagement before any decisions are made about what the future services will look like. Any changes required will be subject to engagement with relevant stakeholders. At this stage, there are no pre-conceived ideas of what the outcome of the review might be.

Currently there are conference calls on a 2-week basis in which HwH are involved, and the review has been presented on the External Services Select Committee. Public engagement has been planned for Hillingdon, however specifics have yet to be confirmed. HwH are in contact with HCCG regarding this to ensure we are involved where possible.

4.5. Projects for 2019/2021

It is time for us to decide the areas that we wish to focus on for the next two years. Based on the information we have and previous reports the following areas have been identified:

- Care Homes - A draft PID has been completed for this project following a visit to a care home by Shirley and Turkay to discuss the type and range of questions that we might include. Meetings have also taken place with Jane Walsh (CCG) and Angela Wooley (LBH).
- Hard to reach groups (particularly the Homeless and LGBT community) - research has begun into this, identifying local groups.
- YHwH projects with the CCG/Local Council - plans are being developed and one focus is likely to be obesity.
- Disabilities and Dental services - through the mystery shopper activity our volunteers have visited 19 practices, with 2 remaining. With these complete, the report will be drafted accordingly.
- Discharge - Following on from enquiries from the Local Authority on a follow up to our previous discharge process report it is our intention and would be looking to do so later in the year.
- CAHMS - we have in the past undertaken two reviews of this area. The reports had significant impact and service provision has been increased. There is now a

need to review the impact this change has had. YHwH will lead on this. This is another area that the Local Authority is keen to receive further information on.

4.6. Admin/I.T Update

A draft Strategic Meeting Planner has been created and will be circulated to confirm attendance of past and upcoming strategic meetings and serve as a tracker for meetings attendance KPI's.

Dan is also drafting a work plan to cleanse our data and reports and migrate to local storage to increase accessibility in the office.

Once the website migration has been completed, a news & social media calendar will be created jointly by the team to ensure regular updates are published through all channels.

4.7. Lower Back Pain Report

After some considerable discussions and delay the report was finally published, however this was briefly retracted to allow HCCG and THH to respond to key elements of the report. The final report was officially published 4th April.

THH and HCCG have jointly replied, agreeing with the concerns raised in the report and providing assurances new structures are in place to prevent this shortfall in future change management, and has thanked HwH, "for undertaking this valuable work both in regards to the report and the clear recommendations as well as for the support provided to patients during the process.". This response will be referred to in future cases of decommissioning/change to services.

5. Finance

Our finances are with the auditors who spent a day with us during May as part of the audit process. We are awaiting the final report to confirm our budget for the year. See appendix 1 for the budget overview. Tim Markham (our new Board member) has visited us on several occasions to look at our finance record keeping and has agreed to retain an overview of our budget.

To end of Quarter 4 (2018-2019)

Income	
Funding received from local authority to deliver local Healthwatch statutory activities	158000
Bought forward 2017/2018	14685
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Expenditure	
Operational costs	22653
Staffing costs	121534
Office costs	6684
Total expenditure	150855
Surplus to c/f	29831

*Provisional, awaiting audited figure. The figure also includes contingencies (£20,000 for office rent and staff redundancies). The carry forward is larger than usual due to vacancies which have now been filled.

6. Quality Data

Healthwatch Hillingdon attends a number of strategic meetings which monitors the quality of health and social care services provided within Hillingdon.

The Board are advised that an in-depth analysis of reporting measures and data are available on the following websites:

Hillingdon Health and Wellbeing Board:
<http://modgov.hillingdon.gov.uk/ieListMeetings.aspx?Committeeld=322>

Hillingdon Clinical Commissioning Group: <http://www.hillingdonccg.nhs.uk/>

The Hillingdon Hospitals NHS Foundation Trust: <http://www.thh.nhs.uk/>

Central Northwest London NHS Foundation Trust: <http://www.cnwl.nhs.uk/>

NWL CCG Shadow Joint Committee: <https://www.healthiernorthwestlondon.nhs.uk>

Royal Brompton & Harefield NHS Foundation Trust: <http://www.rbht.nhs.uk/#>

Agenda Item	8
Paper	

Healthwatch Hillingdon Board

Meeting date 26th June 2019

Title of paper or subject:	Dates for next Financial Year
Author:	Turkay Mahmoud - Interim CEO
Summary:	For the Board to re-confirm governance meetings for 2019/20 financial year
Recommendations for Board action:	That the board agree key dates for the next financial year: Wednesday, 25 th September 2019 - 17:00hrs - 19:00hrs Wednesday, 11 th December 2019 - 17:00hrs - 19:00hrs Wednesday, 25 th January 2020 - 17:00hrs - 19:00hrs
Equality Impact Assessment:	N/A - there is no positive or negative impact from this report.
Date:	26th June 2019
Senior Responsible Officer:	Lynn Hill - Chair

For all enquiries regarding Healthwatch Hillingdon Board meetings please contact:
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Agenda Item	9
Paper	

Healthwatch Hillingdon Board

Meeting date: 26th June 2019

Title of paper or subject:	Health and Wellbeing Board
Author:	Turkay Mahmoud
Summary:	For Lynn to provide a verbal report regarding the meeting she has attended on behalf of the Board.
Recommendations for Board action:	To note the feedback and agree future actions.
Equality Impact Assessment:	N/A - there is no positive or negative impact from this report.
Date:	26 th June 2019
Senior Responsible Officer:	Lynn Hill - Chair

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Agenda Item	10
Paper	

Healthwatch Hillingdon Board

Meeting date: 26th June 2019

Title of paper or subject:	Transformation Care Partnership and Care Homes
Author:	Turkay Mahmoud
Summary:	For Bill to provide a verbal report regarding the two meetings he has attended on behalf of the Board.
Recommendations for Board action:	To note the feedback and agree future actions.
Equality Impact Assessment:	N/A - there is no positive or negative impact from this report.
Date:	26 th June 2019
Senior Responsible Officer:	Lynn Hill - Chair

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