

Healthwatch Hillingdon Board Meeting

Wednesday, 25th September 2019, 17:00hrs | 19:00hrs

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. NB: Timings are indicative only.

Agenda

Part 1				
No.	Item	Timing*	Lead	Paper
1.	AGM - Election of Chair and Vice Chair	5 mins	LH	
2.	Welcome, Apologies, Declarations of Interest			
3.	Minutes of meeting held on 26 th June 2019			A
4.	Action Log 26 th June 2019			B
5.	Declaration of Any Other Business	10 mins	LH	
6.	CEO Quarter 1 Assurance Report	10 mins	DW	C
7.	CEO Update	25 mins	DW	D
Items for Decision				
8.	Confirm dates for next Financial Year	5 mins	DW	
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			
	<p align="center">Date of next meeting Wednesday, 11th December 2019 Time: 17:00hrs - 19:00hrs</p>			

Healthwatch Hillingdon
Minutes of the Board Meeting held on Wednesday 26th June 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)
Burns Musanu (BM)
Rashmi Varma (RV)
- In Attendance:** Turkey Mahmoud, Interim CEO (TM)
Dan West (DW) Staff
- Apologies:** Kay Ollivierre (KO)
Beulah East (BE)

Guest:

- 1. Welcome, Apologies, Declarations of Interest** **ACTION**
Lynn Hill (LH) Chair opened the meeting and welcomed Members and guest
?. Apologies noted. No declarations of Interest.
- 2. Minutes of meetings held on 27th March 2019**
The Board agreed that the minutes were approved as an accurate record.
The minutes were signed by LH.
- 3. Action Log 27th March 2019**
The Board reviewed the outstanding actions arising from the meeting held
on 27th March 2019. All completed.
An issue was raised regarding GP appointments. Phone consultation not
always appropriate - language barriers. TM to raise with PC Transition **TM**
group.
Strategic meetings - list to be completed by DW.
- 4. Declaration of Any Other Business**
None
- 5. Governance**
New Board Members and Recruitment
Tim Markham appointed to Board.
The Board were asked to continue to identify potential new members. **ALL**

ACTION

LH/TM/DW are in consultation with regards to non-attendance of Board Meeting by members and to amend the HWH constitution should the need arise. The question was raised what is the maximum number? required for Board.

LH/TM/DW

6. CEO Quarter 4 Assurance Report

The Q4 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. It also informs The Board on the financial performance of the organisation.

TM took the report as read.

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 DW answered related questions on points highlighted and sought clarifications from the Board.

Regarding the Long Term Plan (LTP), HWH received 284 survey responses. The issues arising were sent to HWE.

Feedback from people at focus groups was that they wanted more engagement with HWH. It was agreed that a page listing activities for each quarter regarding engagement with HWH would be added to the report.

TM

Concern was raised about the HWE plan for 2019/20 as it seems to be all about monitoring. HWH need to register their concerns.

Responses to Quality Account Reports

Lower Back Pain - what were the issues? Communication routes ?

8. Confirm dates for next Financial Year

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

Meeting dates agreed by Board.

9. Health & Wellbeing Board (Verbal report)

Significant focus on CAMHS and waiting times for appointments. YHWH will be focused on this. Obesity an issue and will could be linked in with YHWH LBH report on obesity was discussed and concerns were raised as to why

the rate was so high for Hillingdon. There was interest in HWH Dentist Report ACTION

10. Transformation Care Partnership and Care Homes (Verbal)

Currently developing neighbourhoods and PCNs. 6 PCNs approved but not the other 3. 2 practices not the in the GP confederation. Concern about how patients from Hillingdon can access services at these two GPs.

Additional services to be introduced to allow GPs to deal with 50% of patients targeting those with more than 1 condition supported by joined up care. The other aim is to support more people living at home and be independent. Re-send K Spencer date to Board and staff to confirm. Possible HWH involvement with public engagement

TM

11. AOB

None

12. Questions from the Public

None

LH closed Part 1 and moved the meeting to Part 2

Next Meeting 25th September 2019

Paper B

Actions Arising From Part 1 Board Meeting Held On 26th June 2019

Action Ref.	Action	Action with	Target date	Progress	Date completed
	GP Appointments Raise with PC Transition GP	TM			
	Strategic meetings List to be completed by DW	DW			
Governance	Board Members to continue to identify potential new members	ALL			
	Missed Board Meetings Amend consultation via confidential e-mail	LH/TM			
CEO Update	Add a page listing activities for each quarter regarding engagement with HWH				
Agenda 10	Re-send K Spencer date to Board and staff to confirm	TM			

Paper C

1.1 HEALTHWATCH HILLINGDON UPDATE

Relevant Board Member(s)	Lynn Hill, Chair
Organisation	Healthwatch Hillingdon
Report author	Daniel West, Director of Operations, Healthwatch Hillingdon
Papers with report	Healthwatch Hillingdon NHS Long Term Plan Report

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>).

Paper C

3. GOVERNANCE

3.1. Chief Executive Officer

Following a review at the end of June 2019, the position of Director of Operations has been extended to the end of December 2019, with the current interim CEO providing support and training until a further review is carried out.

3.2. Board Members

Two new members have joined the Healthwatch Hillingdon Board; Tim Markham and Aisha Yussuf, who is also a volunteer for Young Healthwatch Hillingdon.

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 first quarter of 2019-20.

4.1. Report on the NHS Long Term Plan Report

Context to the report

With growing pressure on the NHS – an aging population, more people living with long-term conditions, and lifestyle choices affecting people's health – changes are needed to make sure everybody gets the support they need. With the Government investing an extra £20 billion a year in the health service, The NHS has produced a 'Long Term Plan' setting out the things it wants health services to do better for people across the country.

The Healthwatch network was funded by NHS England and NHS Improvement to carry out engagement with communities across the country to establish how the Long Term Plan (LTP) should be implemented at a local level. The views gathered will feed into the development of the NHS local Plans.

The information gathered through the engagement has been collated for North West London (NWL) Healthwatch network, which is made up of the following: Brent, Central West London (Kensington & Chelsea, Hammersmith & Fulham and Westminster), Ealing, Harrow, Hillingdon and Hounslow. A report providing an overview for NWL has been produced and shared with stakeholders and the public.

The Healthwatch Hillingdon Local Report details the outcomes of the engagement for our borough. Following discussion with Hilling CCG, it was agreed that in addition to seeking public views on general health and care services, Healthwatch Hillingdon would also conduct focused engagement regarding mental health services as this is one of the priority areas for Hillingdon CCG, NWL CCG and also the LTP.

Two national surveys were produced by Healthwatch England: general experiences of health and care services, and a condition specific survey. These surveys were used to gather people's views on NHS services across the Borough. They were distributed locally, at targeted engagement sessions and completed online.

Paper C

HwH also held three focus groups; one to collect people's views on ways to improve NHS services, and two more concentrated on mental health (with one of the groups involving Young Healthwatch Hillingdon). People were asked to share their ideas on what they would change about the way the NHS in Hillingdon supports people with mental health and:

- What this support should look like.
- What needs to change regarding current provision.

HwH engaged directly with nearly 300 people across the Borough (from whom 273 surveys were received and direct feedback from 26 people in focus group settings).

Recommendations in our report, borne out of our engagement is as follows:

- Those people that engaged with HwH are very clear that “resources should be used to focus on prevention and early diagnosis in order to reduce pressures on the NHS”.
- Users of the service are asking for more opportunities to be informed and be able to influence services particularly events and focus groups. Co-production of plans with patients is a must.
- Information and advice for patients needs to be more readily available and in plain English. Whilst the move towards the use of digital communication is understandable the traditional face-to-face meetings and written hard copies should not yet be stopped.
- The move towards more holistic and integrated health and care services is welcomed and should continue.
- Develop further health care professionals' customer care skills.

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 local partners. Recruitment to YHwH is now open, with YHwH is taking the lead in recruiting new members.

Examples of YHwH Activities

In Q1 YHwH members completed 121 volunteering hours across the following activities:

- Three YHwH panel meetings – At these sessions, members planned the YHwH summer activity including the Healthfest 2019 events and developed a 'youth friendly' of the Long-Term Plan survey.
- A test run of their session plan for the NHS Takeover Challenge Transition Engagement Event. Future sessions will be planned, using this session plan with other young people, to gather feedback from them about transitioning between pediatric and adult health services.
- KOOTH Ambassador Training.
- Mental Health First Aid Training.
- The NHS Youth Summit - An event organised by NHS England bringing together

Paper C

young people from throughout the country to discuss health issues important to children and young people. YHwH took part in discussions about transitions, the Long-Term Plan, CAMHS etc.

- A focus group about the new proposed model for CAMHS Early Intervention (other young people also attended this).

They also promoted their 'youth friendly' version of the Long-Term Plan survey on social media, helping to increase completion numbers.

Other engagement activity conducted by CYP Community Engagement Officer

- Attended a meeting with representatives from Hillingdon CCG to discuss the Emotional Health and Wellbeing side of the NHS Takeover Challenge project, YHwH input and engagement with young people. This links in with the work currently happening through the THRIVE network, developing the proposed new early intervention model for CYP mental health and wellbeing.
- Participated in two full day workshops regarding the development of the proposed new local multi-agency, early intervention model for CYP mental health and emotional wellbeing.
- Met with Public Health LBH to initiate a Sexual Health Services Review project in which YHwH will carry out mystery shopping of local sexual health services for young people.
- Attended the Hillingdon THRIVE meeting for this quarter.
- Met with leads from Uxbridge High, Queensmead and Harlington schools to set up delivery of the Mental Health, Wellbeing and Life Skills programme with their students.
- Facilitated a focus group with CAMHS service users about the NHS Long Term plan aspects relating to young people's mental health and emotional wellbeing.
- Hosted a stall at Uxbridge College to promote YHwH as part of the ongoing recruitment drive.

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

During Quarter 1, YHwH has been working with three schools to deliver the Mental Health, Wellbeing and Life Skills (MHWB) programme and the Peer Support Training (PST) programme.

Haydon School

The MHWB programme was delivered in Haydon School from February to July 2019, as with Oakwood, the programme's impact was evaluated against the direct and indirect beneficiaries:

• **Outcome 1:** The number of participants who agree that they know how to look after their own mental health remained at 100% for direct beneficiaries, but dropped from 59% to 49% for indirect beneficiaries. This will be followed up to ensure a greater proportion of students feel confident in protecting their own mental health.

• **Outcome 2:** An increase in the number of students who agree they know where to go for mental health information and support from 62.2% to 100% for direct beneficiaries, with indirect beneficiaries showing a smaller increase from 52.7% to 56.4%. This seems to be in line with results of Outcome 1, and should improve with follow up work.

Paper C

Uxbridge College

After commencing delivery of the MHWB programme, it became apparent that the level of engagement by the direct and indirect beneficiaries was not substantial enough to give a clear picture of the impact, leading to an adapted programme. As such, the Healthwatch Hillingdon CYP Engagement officer continued work with a smaller group of students to deliver one wellbeing event at the college; ultimately engaging with over 50 students and staff members and evaluating with pre and post programme surveys:

- **Outcome 1:** The number of participants who agree that they know how to look after their own mental health remained at 100%.
- **Outcome 2:** An increase in the number of students who agree they know where to go for mental health information and support from 62.2% to 100%

Barnhill Community High School

The PST Programme was delivered in March 2019 to 9 students in Year 12. Following the training they completed evaluation forms. Across the 5 key outcomes listed below, 100% participants agreed:

The Peer Support Training programme has:

- given me knowledge and skills that will help me in the role of Peer Supporter.
- given me confidence to help other students in my role as Peer Supporter.
- made sure I understand how to carry out the role of Peer supporter with regards to my own safety and the safety of others.
- given me a better understanding of mental health and wellbeing.
- prepared me for my role as a Peer Supporter.

In June, the school reported that some students had used the Peer Support Service since the training, but no monitoring data was recorded. The school lead agreed to try and collect monitoring data in the new school year, and we will follow up with this in September.

Other Schools

Uxbridge High & Harlington School will be commencing the MHWB programme in September, which will conclude in December.

Paper C

5. ENQUIRIES FROM THE PUBLIC

Healthwatch Hillingdon recorded 254 enquiries from the public this quarter. Of these, 43 people's experiences were logged on our Customer Relationship Management database and 211 residents were the recipients of our information, advice and signposting service.

5.1. Experiences

Overview

Table A (on the following page) illustrates that the hospital service people reported most on this quarter, and one which has featured among the worst in previous quarters, was Accident and Emergency, with all feedback received on this department being negative and the same themes as previously -Waiting times and Access to Services - being cited in each of the complaints received. The feedback we received on Urgent Care Services, however, was 100% positive.

Outside of hospital services, GPs were again the number one service residents gave feedback on, with seven out of the nine experiences recorded being negative. The main reasons cited for these were: staff attitudes, and communication between staff and patients. Care at Home received three complaints, where the issues were Access to Services, Communication between staff and patients, and Quality of Care.

Paper C

Table A

	Positive	Mixed / Neutral	Negative
Hospital Services			
Accident & Emergency	-	-	3
Urgent care services	2	-	-
Neurology	-	-	2
Paediatrics	-	-	1
Maternity	1	-	1
Ophthalmology	1	-	1
Orthopaedics	-	-	1
Sexual Health	-	-	1
Inpatient care	-	-	1
Obstetrics & gynaecology	-	-	1
Phlebotomy	1	-	-
Cardiology	1	1	-
111	-	-	1
Physiotherapy	-	-	1
Cancer services	-	-	1
Outpatients	-	-	1
Ear, nose & throat	-	-	1
Social Services			
Care Home	-	-	-
Home Care	-	-	3
Primary Care Services			
GP	2	-	7
Dentist	-	-	-
Other Services			
Community Mental Health Team	-	-	1
Equipment Service	-	-	2
CAMHS	-	-	-

Paper C

Table B indicates the categories of key staff that patients have listed in their feedback and *Table C* highlights the top five 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, with Admin/Receptionists being the next highest complained about. In terms of main themes, the highest number of concerns were Communication between Staff and Patients and Quality of Care.

Table B

Key staff categories	Positive	Mixed / Neutral	Negative
Doctors	1	1	10
Admin / Receptionist	-	-	8
Service Manager	1	-	1
Care/Support Workers	-	-	1
Nurses	-	-	1
All Care Professionals	2	-	-
Allied Care Professionals	-	-	1
Maternity	-	-	1

Table C

Key Themes	Positive	Mixed / Neutral	Negative
Communication between staff and patients	-	-	10
Quality of care	2	-	6
Service delivery, organisation and staffing	5	-	4
Quality of treatment	1	-	4
Staff attitudes	1	-	3
Quality of appointment	1	-	-
Complaints procedure	-	-	1

Paper C

5.2 Healthwatch Support

Residents continue to seek support from HWH in a variety of circumstances, for example:

- We received complaints from two individuals about the wheelchair service this quarter, concerning the assessment process and communication problems. As a result of this, we contacted the service provider, who was keen to meet with us to resolve ongoing issues. We also talked to the Hillingdon Clinical Commissioning Group (CCG) who, having previously involved us in their plans for personal wheelchair budgets, were keen to invite these individuals to be part of the personal wheelchair budgets service user group. As a result of this partnership working, the individuals concerned have been contacted by the service provider and are satisfied with the outcomes.
- Another individual contacted us with concerns about their 85-year-old relative, who was in Hillingdon Hospital. The patient had been cared for at home for the previous five years by the family member. The patient went into hospital with cellulitis on their legs. After the first week the family were told the infection had cleared up but the patient had delirium as a result of the infection, so the hospital said it was not safe for them to go home. The patient then spent four weeks in hospital and became incontinent, unable to eat, drink, or sit up. The family member had a meeting with the hospital team but said they were unable to ascertain why their relative had deteriorated so much since being there, from being admitted with an infection that had cleared after a week. They wanted an explanation of how it had got to this, as they were expecting the patient to be able to go home once the infection had cleared up. We were given permission by the individual to share these details with the hospital and CCG in order to look into this case. We raised this as a safeguarding concern, and this was investigated by Hillingdon Social Services.
- As a Healthwatch it is important for us to understand whether a case has been closed and what the learning might be. We were assured that Social Services had escalated this concern and that the patient's status was a direct reflection of their complex clinical needs and the care and treatment being delivered were appropriate. In order to ensure that the patient's relative was fully aware of the situation, the ward manager was asked to arrange a family meeting. The ward manager advised us that he had met with the family and there was improved communication throughout the patient's stay, with a positive relationship between the family and staff, and that the patient responded well to treatment and was discharged soon after, having regained their baseline level of function.
- In another case, we were contacted by an individual whose son had suffered a spinal injury and, on returning home from hospital, had to care for their son themselves for the first two weeks, as no care was provided. Care was then provided by an agency, through Hillingdon Social Services. However, after Easter, the individual phoned the agency to say they didn't want the carers anymore as they were very unhappy at the conduct and lack of care for their son. The individual was told that the care would need to be cancelled by social services; they then had to wait for the social worker to call a meeting, where the individual expressed their concerns that the package of care was not working for their son. Social services said there needed to be a four-week notice period for the cancellation (which would start from the date of the meeting). The individual found this very frustrating and contacted Healthwatch

Paper C

because they were very unhappy about how all this was being handled, saying they had not seen any care plan for their son. We followed this up with Adult Social Care and the social worker involved contacted us to inform us that their manager had then spoken with the individual regarding a new support plan for their son moving forwards, which the individual had agreed to.

- We were able to assist another individual who had tests for HIV and Hepatitis at the Tudor Centre in July 2018 but, when trying to chase up the results, were told that their file had been lost due to the service moving. The individual then contacted the new service provider and was promised a call back, but after three days nothing had happened. The individual phoned again on 24/5/19 and was told a nurse would phone back, but when HWH called the individual four days later, they still had not received any phone call. This was obviously very concerning for the individual, so we took this up with the service provider and the issue was swiftly resolved.

5.3 Signposting Service

During this quarter a total of 211 enquiries from residents were recorded which resulted in HWH providing information, advice, signposting or referral. 183 of these can be categorised as universal and 28 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 our service and the ways in which HWH can help them through signposting to appropriate organisations.

How did HWH assist?	Qty	%
Signpost to a health or care service	51	24%
Signpost to voluntary sector service	49	23%
Requesting information/advice	50	24%
Requesting help/assistance	19	9%
General Enquiry	42	20%
Total	211	

Organisations signposted to?	Qty
CAB	17
NHS - other	14
Mental Health	6
NHSE	5
Hospital	8
Social Services	4

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).

Advocacy Referrals	Qty
POhWER	18
AVMA	3
Total	21

Paper C

7. ENGAGEMENT

The NHS Long-Term Plan (LTP) was the main focus of our engagement activities for this quarter. We carried out targeted engagement at Mount Vernon and Hillingdon hospitals speaking to patients and visitors and encouraging them to share their views of the NHS LTP via the LTP surveys. We spoke to stroke survivors and mental health service users to find out what they wanted from local NHS services and invited them to have their say at one of our LTP focus groups. We also had a stall at the Hayes Muslim Centre and distributed over 100 surveys to worshippers of the Mosque.

In addition to our engagement on the Long-Term Plan, the 1st June was the start of national Volunteers' Week. To mark this important week, we held two volunteer recruitment events in Hayes and Uxbridge to raise awareness of the benefits of volunteering and to promote our current volunteering opportunities.

Finally, we concluded our visits to Hillingdon dental practices which was part of our mystery shopping exercise to look at access to dentistry for people with disabilities. We will pull together the information we have gathered through this exercise into a report which will be presented at the September Board Meeting.

During this very busy period, we attended 27 events across Hillingdon and engaged with over 700 residents.

Key highlights:

Launch of new dental practice in Yiewsley

We were delighted to attend the official opening of a new dental practice in Yiewsley (Feel Good). The newly commissioned surgery offers ground floor access to patients in the West Drayton and Yiewsley areas who would no longer need to travel to find a dentist with step-free access.

The launch was attended by representatives of NHS England and The Clinical Commissioning Group and staff at the practice provided a tour of the building and its state of the art facilities.

Visual impairment reading group

We revisited the Uxbridge VIP Audio Book Group to verbally present the Wayfinding and Signage Report to those who took part in the signage audit. The group were complementary about the report and welcomed our recommendations to The Hillingdon Hospital on how wayfinding could be made easier for the visually impaired community.

Hillingdon Carers Fair

We had a stall at annual carers fair which was held at the Pavilions shopping centre in Uxbridge. We engaged with over 60 people at this event, providing them with information about Healthwatch Hillingdon and where necessary, signposting them to other services.

Paper C

Events

Event	Attendance	Direct Engagement	Age Category				Communities of Interest
			Under 5s	6 - 21	22 - 65	Over 65	
Yeading Library	25	7		10	2	13	General Public
Yeading Library	22	5		8	6	8	General Public
The Stroke Association Support Group	32	32			8	24	General Public
Mead House service users support group	13	13			13		General Public
The Hillingdon Hospital (LTP engagement)	200	40		2	30	8	General Public
Yeading Library	20	6			6		General Public
The Hillingdon Hospital	300	30		2	20	8	General Public
Mount Vernon Hospital	65	50			40	10	General Public
Hayes Muslim Centre	300	300					General Public
Healthwatch Hillingdon LTP Focus Group (<i>Mental Health</i>)	12	12			6	6	General Public
Healthwatch Hillingdon LTP Focus Group (<i>General issues</i>)	10	10			3	5	General Public
Health Awareness Day – Hillingdon Sports and Leisure Centre	40	14		3	11		General Public
Visual Impairment Reading Group	9	9			1	8	General Public
Stall at Hillingdon Leisure Centre	60	13			12	1	General Public
Hillingdon Carers Health MOT Day	10	5			5	5	General Public
Hertz Wellbeing Day	30	8		5	25		General Public
Volunteer recruitment event – Botwell Green Library	25	5			5		General Public
Volunteer Open Day at Healthwatch Hillingdon	2	2			2		General Public
Hillingdon Carers Fair	200	60		5	35	20	General Public
Assembly for disabled people	80	11			6	5	General Public
H4ALL Community Development launch event	40	10			10		General Public
The Wednesday group	9	9			1	9	General Public
Hillingdon BoB	12	12			12		General Public
Assembly for older people	80	14			10	70	General Public
Barr Lodge - Sheltered Housing Scheme	17	17			1	16	General Public
SEN Fun Day	100	20		5	15		General Public
Launch event – Yiewsley dental practice	15	6			15		General Public
Total		720					

Paper C

Social Media

We have added 8 new twitter followers during Q1 2019 which is lower than in the previous quarter. However, our tweet impressions, which is the number of times people have seen our tweets has increased from 11,962 in Q4 2018 to 12,550 in the Q1 2019. The tweet which earned us the most impressions and was therefore the most viewed was our invitation to join the NHS Long Term Plan Focus Group.

Facebook has seen a steady increase in page likes, with a sharp spike in total reach due to the LTP work, wherein community groups were engaged to gain feedback via the surveys.

On Instagram our followers have continued to grow quickly, and we are fast approaching 400 followers. As we have mentioned in previous reports, we believe there is scope to grow our followers further.

We recently recruited a new Social Media volunteers who has some fantastic ideas on how we can grow our channels and increase engagement. We are excited about putting their ideas into practice.

With good progress on all out social media channels we will continue to grow our audience accordingly, with an upcoming website redesign to complement this work.

		January	February	March	April	May	June
Twitter	Followers	1234	1240	1248	1249	1255	1257
	Impressions	2591	2883	6488	5,480	4,228	2,842
	Profile Visits	96	57	297	136	83	63
Facebook	Likes	435	436	443	456	462	473
	Post Reach	52	1461	9991	34018	3711	6873
	Post Engagement	2	40	403	1779	224	446
Instagram	Followers	314	328	344	354	363	374

8. VOLUNTEERING

Our volunteers contributed a total of 644 hours to Healthwatch Hillingdon in Q1. They supported us with our engagement on the Long-Term Plan, participated in our focus groups and helped run stalls at local community events.

With the help of our graphic design volunteer, we are producing a new volunteering leaflet which when printed, we will distribute to community groups, libraries and other venues across Hillingdon to attract more volunteers to Healthwatch.

Volunteers' Week

During National Volunteers' Week, several residents expressed an interest in joining Healthwatch Hillingdon and we are happy to have recruited a volunteer new Community Ambassador through our open day at the Healthwatch Hillingdon office.

Paper C

9. FINANCIAL STATEMENT

To end of Quarter 1 (2019-2020)

Income	
Funding received from local authority to deliver local Healthwatch statutory activities	42000
Bought forward 2018/2019	95391 *
Additional income	72
Total income	137462 *

Expenditure	
Operational	8011
Staffing	34089
Office	2630
Total expenditure	44731
Surplus to c/f	92732 *

*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.

Paper C

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 2017-2020. The following table provides a summary of our performance against these targets during Q1 2019.

Paper C

KPI no.	Description	Relevant Strategic Priority	Quarterly Target 2019-20	Q1			Q2			Q3			Q4			2018-2019 Total	
				2017-2018	2018-2019	2019-2020	2017-2018	2018-2019	2019-2020	2017-2018	2018-2019	2019-2020	2017-2018	2018-2019	2019-2020	Target	Actual
1	Hours contributed by volunteers	SP4	525	540	629	644	504	689		363	729		564	669		2100	644
2	People directly engaged	SP1 SP4	330	220	444	720	675	713		2027	427		440	317		1320	720
3	New enquiries from the public	SP1 SP5	200	208	243	254	286	267		247	215		235	194		800	254
4	Referrals to complaints or advocacy services	SP5	N/A*	24	21	21	23	13		17	18		6	18			21
5	Commissioner / provider meetings	SP3 SP4 SP5 SP7	50	62	62	50	70	52		52	52		49	50		200	50
6	Consumer group meetings / events	SP1 SP7	15	26	19	27	23	18		13	14		31	17		60	27
7	Statutory reviews of service providers	SP4 SP5	N/A*	-	-	-	-	-		-	-		-	1			0
8	Non-statutory reviews of service providers	SP4 SP5	N/A*	5	3	1	2	2		2	2		1	1			1

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

Report to: **Healthwatch Hillingdon (HwH) Board**

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

Date: **25th September 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

Following the completion of the engagement, coordinating local Healthwatch has collated all data and produced the regional reports, which individual Healthwatch organisations producing their own local report. Feedback on the #WhatWouldYouDo campaign has been sought by Healthwatch England (HwE), given in regional meetings (in our case the HW London Meetings) and online.

Quality Framework

The Quality Framework (QF) is the shared understanding among providers, local authorities and Healthwatch England of components of running an effective Healthwatch. Healthwatch will be able to demonstrate their effectiveness against a set of domains. Full version currently being tested with Healthwatch and commissioners. To be showcased at the upcoming Conference, with the roll out afterward. HwE are also developing a toolkit for commissioners to help with uptake of QF and encourage incorporation into contracts and monitoring.

2.2 CCG Mergers

In line with NHS England's (NHSE) request to CCGs to reduce admin budgets by 20%, multiple STP/ICS boundaries are being redrawn due to various CCG mergers, with NWL poised to become one of the largest single CCGs.

- In Sussex, three CCGs are set to form from the existing 7 - this would match local authority footprints.
- East Surrey CCG to merge into a single commissioner within Surrey Heartlands ICS.
- 3 North Yorkshire CCGs will merge into one, however within this new CCG there will be three separate STP/ICS areas.

- 4 CCGs in West Midlands.

NHSE is expected to issue its final verdicts on proposed mergers in the autumn.

3. REGIONAL FOCUS

3.1. The Long Term Plan (LTP)

Our coordinating Healthwatch, Central West London has now published the joint NWL LTP Report, after the draft document was reviewed by each of the contributing Local Healthwatch and amendments made appropriately. The report has been published on the HwH website (<https://healthwatchhillingdon.org.uk/?p=16734>)

3.2. Move to a Single North West London CCG

In view of the feedback from stakeholders on the decision to move to a single CCG, the need to focus on financial recovery, and the commitment of all governing bodies to remain aligned as an eight borough collaboration, it has been recommended to CCG governing bodies that the merger to a single CCG for NW London takes place on 1 April 2021.

This transition year is planned to enable NWL CCGs to work with each governing body to focus on:

- System financial recovery
- Development of integrated care at Primary Care Network, borough and ICS level
- The development of a single operating structure across the commissioning system, and meet the expectations of NHSE that we would operate in 2020/21 under a single operating framework, with the associated reduction in management costs and streamlined governance
- To work with providers to develop alternative reimbursement structures from 2020/21 to support delivery of ICP/ICS.

Local Healthwatch has responded directly, or through various strategic committees and groups to the Case for Change, with feedback coordinated at NWL Hw meetings.

Of the points raised by HwH, below is a short summary:

- Local knowledge of the impact resulting from service changes is key, as NWL wide commissioning decisions will not have a uniform effect.
- Collaboration on engagement across the NWL region is possible as evidenced by the recent Long Term Plan work, however there is a risk of insufficient representation of each borough when response is collated.
- Engagement and response to NWL wide service changes will differ in impact, will the seldom heard communities have more, or less visibility when included in the wider region?
- Signposting to or from 3rd sector services: due to different provisions of services in each area, will all affected partners be appropriately notified in order to disseminate information out into the community?
- Which current governance procedures across the 8 boroughs will be regarded as best practise?

- Risk of progress being slowed on local projects showing a positive impact if they are then adopted across NWL, or subject to governance by the larger organisation. The MyHealth program being a prime example.
- With the current issues surrounding the THH estate and the potential for a new hospital in the future, will a NWL CCG be able to help this process, or is there a risk of THH being side-lined in favour of other more modern hospitals?
- As the merger is partly focused on increasing efficiencies and reducing duplication, what assurances can be made that in the event of roles being made redundant, new opportunities are found for staff with useful experience - and is there a risk for further duplication (i.e a PPIE equivalent in each borough reporting to a larger PPIE board).
- Will finances still be reported at a borough level in order to identify where shortfalls are occurring, rather than one NWL pot?

4. LOCAL FOCUS

4.1. The Long Term Plan

As outlined above, Healthwatch Hillingdon has completed all engagement and now published the LTP Report - this differs from the NWL counterpart in that it contains information gathered only by HwH, including greater detail on the focus groups, ward information and analysis thereof, and inclusion of the survey analysis in the report and subsequent recommendations. (Link provided on item 3.1)

4.2. Mount Vernon Cancer Centre(MVCC) Review

Following the clinical review of cancer services, 4 events were held by NHSE for patients and carers. The events were held in Uxbridge, Stevenage, Bedfordshire and London. HwH attended the Uxbridge event at Brunel, wherein suggestions from the Clinical Advisory Panel Review were presented for comment. Recommendations considered to be clinically acceptable in the review were:

- Full replacement on an acute site.
- Ambulatory Hub at MVCC, with a new build on an acute site.

In all the supported options, the Clinical Advisory Panel Review has recommended that the accountability and ownership of the MVCC services be transferred from East and North Hertfordshire NHS Trust to a current tertiary cancer centre. At the Brunel event we attended, the general consensus was that the Ambulatory Hub would be the preferable of the two, although concerns were raised about the district general hospital being a London based one, as those undergoing cancer treatments are requested not to use public transport.

4.3. Dermatology Recommissioning

Hillingdon CCG currently commissions a Consultant-led community dermatology service. With the current contract coming to a close, the CCG is considering the options to recommission the dermatology pathway in Hillingdon. As such, HwH has been requested by the CCG to carry out engagement to identify the current challenges facing patients when accessing dermatology services, and opportunities to improve services in the future. Engagement will be at the 4 community clinic locations, and at the outpatient clinics at THH and MVH.

4.4. Projects for 2019/2021

Below is the current status of our projects:

- Care Homes - Surveys for Care home management, and residents/loved ones have been produced and circulated, with visits to the care homes beginning in earnest from 13th September. Engagement will comprise of meetings with care home management, visits to residents meetings where possible and canvassing the public for views and feedback.
- Hard to reach groups (particularly the Homeless and LGBT community) - research and engagement is continuing.
- YHWH projects with the CCG/Local Council - plans are being developed and one focus is likely to be obesity.
- Disabilities and Dental services - the report has now been completed and sent to various stakeholders for comment before publication.
- 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. Following a meeting with THH, Healthwatch has been invited to be part of a deep dive day looking at discharge in particular.
- 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.

4.5. Admin/I.T Update

Data migration is currently on hold to ensure compliance with GDPR, and data safety including backups.

Digital management accounts logs will be redesigned (more detail in Part 2) to replace the current system.

The HwH website update has been delayed due to resource commitment on other projects, however the majority of the migration has now been completed and provisional dates for mid-October have been agreed with HwE.

4.6. Lower Back Pain Report

Following publication and joint response to the report, it has now been recognised by HwE and nominated for an award in the 'Giving people the advice and information they need' category, and we will be presenting our work at the HW Conference. A great achievement to be nominated again for our work.

5. Finance

Following the audit visit, additional information was requested and subsequently supplied. Due to a change in staff at Wilkins & Kennedy, there has been a delay in completion of the draft documents. We have had confirmation these will be produced for week ending 29th September.

To end of Quarter 1 (2019-2020)

Income	
Funding received from local authority to deliver local Healthwatch statutory activities	42000
Bought forward 2018/2019	95391
Additional income	72
Total income	137462
Expenditure	
Operational	8011
Staffing	34089
Office	2630
Total expenditure	44731
Surplus to c/f	92732

*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/#>