

Full Board Meeting
 30 August 2024
 10:00hrs | 12:00hrs

Agenda				
Part 1				
No.	Item	Timing*	Lead	Paper
1.	Welcome, Apologies, Declarations of Interest	10 Mins	LH	
2.	Housekeeping			
3.	Minutes of meeting held on 24 November 2024			A
4.	Action Log			B
5.	Declaration of Any Other Business	5 mins	LH	
6.	Assurance Report Q3 & Q4 2023-2024 & Q1 2024-25	25 mins	LT	C
7.	Managing Director's Update	15 mins	LT	D
Items for decision				
8.	N/A			
Items for Information				
9.	AOB	5 mins	ALL	
10.	Questions from the Public	5 mins	LT	
11.	Part 1 closed	-	LH	
12.	Meeting moved to Part 2	-	LH	

Date of next meeting: TBC

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

LT then gave an update on children and young people (CYP) - highlighting the activities of Young Healthwatch Hillingdon (YHwH), including the participation of the volunteers in the Primary Care Awards, involvement in the LAS project via a focus group, and engagement with young people on the topic of mental health.

The THRIVE meetings have continued, with HwH supporting commissioners and providers in understanding the needs of the CYP population and ensuring co-production with children and families. LT talked about a proposal made to address the mental health provision in the borough, with recruitment for a bespoke role underway.

LT then discussed enquiries from the public, with themes such as GP access remaining the key subject of feedback and issues. Acute care and blood test bookings (130 in the reported period) continue as well to be frequent topics of contact. LT also highlighted some of the new metrics made possible by the newly implemented feedback system based on the agreed taxonomy from Healthwatch England. DW and LT summarised the rationale behind the change and the benefits to HwH in the coming years by adopting this more detailed national standard. LH thanked staff for implementing this new system.

LT talked about engagement, including HwH's own wellbeing events through the Warm Welcome Centres and work undertaken through the Primary Care Roadshows and Winter Wellbeing engagement, with over 2000 residents attending these events in the reported period. Other community and interest groups had been attended by HwH, including the Older People's Assembly, Amigos (a visual impairment group), and the Hillingdon Health and Wellbeing Alliance. Feedback received through engagement activities continue to shape the future priorities of HwH. LT went on to talk about the upcoming newsletter, with DW summarising the social media response, highlighting the reach of the LAS project (over 500,000 people) and consistent audience growth.

LT highlighted the increased interest in volunteering, with 5 new volunteers recruited in period, and future volunteer activities planned.

DW went through finances, noting expenditure in period in relation to re-opening the Uxbridge office, and LT explained the additional income received through commissioned work. DW closed this item going through the KPIs, with only volunteer hours missing target - mitigated by the improvement in volunteer recruitment.

No further questions for this item.

6. MD's Update

LT took the report as read, and talked about the NHS 75th Anniversary, Healthwatch England's strategy review, COVID and Flu vaccine updates, inclusion in North West London Integrated Care Board/System(ICB/ICS). ICS strategy had since been published, with the priorities summarised by LT. No updates on Mount Vernon Cancer Centre, due to funding not given through the New Hospitals fund. The preferred option of relocation to Watford General Hospital is still planned, and DW highlighted that University College London Hospitals (UCLH) had re-stated their commitment to the improvement plans.

LT went on to talk about the Hillingdon Hospitals redevelopment plan, having been granted planning permission, and deadline currently being 2030. LH also discussed the

<p>current infrastructure work underway in preparation and went into more detail about the plans for the new site. LT spoke about the Patient Experience Form and Patient Experience Reference Group, both attended by HwH.</p> <p>LT gave updates on work carried out by the Hillingdon Health and Care Partnership (HHCP), including the integrated neighbourhood teams and the work within primary care. LH, LT and DW discussed the stagnation of Patient Participation Groups. RV asked how patients access the new or enhanced services promised through initiatives such as the integrated neighbourhoods, and primary care networks and mentioned the confusion among residents regarding online consultations - it was agreed that a GP Access focused piece of work that is currently being prepared would be important in the coming year.</p> <p>LT then summarised the work carried out through Central North West London (CNWL) for the Mental Health Inpatient Review, with 14 interviews carried out so far, with feedback given to the Borough Director of the ICS - and HwH had been invited back from January 2024 to continue this work. Findings were noted by LT, with a report to be published following the revisit next year. LH asked for this topic to be covered again in more detail in future meetings as well, due to its scale and importance.</p> <p>LT talked about ongoing priorities, including work detailed in the Assurance Report, GP Access work to commence at the end of the year, and work focused on health inequalities. Maternity services were also mentioned; however, this would be subject to an expected CQC inspection. Other topics include Accident and Emergency, and digital exclusion.</p>	
<p>Recording of the meeting was then stopped as Part 1 closed and the meeting was moved to Part 2.</p>	

Action log

Ref.	Action	Action with	Status	Progress	Date completed
1	Board recruitment	All	Ongoing	2 potential recruits identified	ongoing
2	Agree workplan 2024-5	All	Complete	Workplan agreed with Board members to be implemented for 2024-25	Feb '24
3	GP Access review	LT	Ongoing	Preliminary results to be presented at the Board meeting 30 August 2024.	30 Aug '24

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

1.1 HEALTHWATCH HILLINGDON ASSURANCE REPORT

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

HEADLINE INFORMATION

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

RECOMMENDATION

That the Healthwatch Hillingdon Board notes the report received.

1. INFORMATION

- 1.1 Healthwatch Hillingdon is contracted by the London Borough of Hillingdon, under the terms of the grant in aid funding agreement, to deliver the functions of a local Healthwatch, as defined in the Health and Social Care Act 2012.
- 1.2 Healthwatch Hillingdon is required under the terms of the grant aid funding agreement to report to the London Borough of Hillingdon on its activities, achievements and finances on a quarterly basis throughout the duration of the agreement.

2. SUMMARY

- 2.1. The body of this report to the London Borough of Hillingdon's Health and Wellbeing Board summarises the outcomes, impacts and progress made by Healthwatch Hillingdon in the delivery of its functions and activities for this period. It should be noted that a comprehensive report is presented by the Managing Director to the Directors/Trustees at the Healthwatch Hillingdon Board meetings and is available to view on the website: (<https://healthwatchhillingdon.org.uk/news-and-reports>).

3. OUTCOMES

Healthwatch Hillingdon (HWH) wishes to draw the Healthwatch Hillingdon Board's attention to some of the outcomes highlighted by its work during quarters 3 and 4 of 2023-24 (October 2023 to April 2024).

3.1. Review of Mental Health In-patient experiences

Last September, we were commissioned by Central North West London NHS Trust (CNWL) to carry out a review of in-patient experiences of the acute mental health wards at Riverside (on the Hillingdon Hospital site).

The review focused on how well the Trust is performing in the following areas:

- The ward environment
- Quality of care
- Communication with staff
- Provision of activities and meals
- Involvement in care planning and preparation for discharge.

The reviews covered the following in-patient wards and facilities, which cater for adults over the age of 18:

The Riverside Centre has two wards; Crane and Frays, which aim to provide a safe and therapeutic environment for people with acute mental health difficulties. They are accessed by those who:

- Are suffering an acute phase of a serious mental illness, suspected to have an acute mental illness, or a relapse of long-term mental illnesses that, due to the level of identified risks to self or others, cannot be safely assessed and treated anywhere but in an inpatient mental health ward.
- Have been detained under the Mental Health Act.
- Are vulnerable, at risk of harm to self or others as a result of an acute phase of a serious mental illness and cannot be safely supported in a community setting despite increased level of support, care and treatment.
- Have a dual diagnosis of learning disability, substance misuse etc. however the primary reason for inpatient care is an acute phase of a serious mental illness.

Woodlands Centre (two wards):

Oaktree Ward aims to treat older adults who:

- Are over the age of 18 and have any primary cognitive disorder.
- Have a mental disorder and a significant physical illness (e.g. stroke, Parkinson's disease, severe IHD or COPD) or frailty.
- People over 70 or approaching end of life.

Hawthorne Intermediate Care Unit (HICU) provides:

- Intermediate care beds for patients requiring a full multidisciplinary rehabilitation programme.
- Step-up beds for short-term inpatient care and to prevent acute hospital admission.

2 Colham Green Road is a 15-bedded inpatient unit providing a specialist rehabilitation service for people with enduring mental health problems aged between 18 and 65 and living in Hillingdon. It comprises:

- 10 single en-suite rooms.
- 5 self-contained studio flats.

With a team of volunteers, between October '23 and April '24, we interviewed 40 patients, and facilitated a group session at 2 Colham Green Road.

We also interviewed one family member and conducted a focus group with Carers.

Patient feedback and Recommendations:

Crane & Frays Wards

What's working well.

- Meal quantity
- Movement therapy activities

What could be improved?

- Security of patients' personal possessions
- Ward hygiene & cleanliness
- Patients being disturbed throughout the night (the impact of sleep deprivation on recovery)
- Meal quality & variety (including more culturally appropriate food)
- An assessment of the nutritional balance of meals provided.
- Greater range of activities to support emotional health and wellbeing
- Greater access & opportunities to exercise to prevent weight-gain (this is having a detrimental effect on some patients' wellbeing)
- Provision of accompanied leave and activities when agreed as part of care plans.
- Communication about care plans & medication (side effects and what to expect)
- Communication of patient rights & access to support (including advocacy)
- Information on discharge about community mental health and other available support.
- Whilst visiting arrangements were felt to be good, it was agreed that there are no suitable spaces for visitors away from other patients, and that this can make visiting feel unsafe.

Oaktree ward

What's working well:

- Access to outside space
- Privacy
- Room and the ward environment
- Food quality and quantity
- Activities offered
- Communication with staff
- Visiting arrangements

What could be improved

- Falls prevention. The ward itself would benefit from some physical adaptations to the ward space that prevent falls and support mobility confidence, such as handrails and grab rails especially near the doors.
- Regular exercise sessions targeted for older people to maintain and improve strength and balance.
- Whilst patients told us they were happy with the activities on offer, many lacked motivation or confidence to participate. Therefore, we recommend a review of the activity programme in collaboration with patients to understand their motivations and what they need to feel confident in taking part.
- Greater patient involvement in care planning and improved communication about care plans. (Some of the patients interviewed told us they had asked questions about the plans for their care but did not feel they had received answers. This left them feeling disempowered in understanding their conditions and how to manage them and caused some anxiety regarding next steps in their recovery and future).

Hawthorne Intermediate Care Unit

What's working well:

- The level of privacy
- The ward environment itself
- The activities available
- Food quality and quantity
- Access to outdoor space
- Quality of care
- Communication/interaction with staff
- Visitor arrangements

What could be improved:

- Access to the television (with only one on each ward)
- Ward cleanliness
- Greater choice of food that caters for dietary requirements and allergies.
- A wider variety of activities including outdoor activities, and physical activities for those with limited mobility.
- Communication and involvement in care plans.
- Visitor restrictions at mealtimes.
- Access to physiotherapists.

2 Colham Green Road

What's working well:

- All the patients we spoke to were very positive about Colham Green in the following areas:
- The home environment

- The level of privacy, but with many opportunities to socialise with other patients.
- The facilities available such as the shared kitchen and garden room.
- The range of organised activities.
- Communication and interactions with staff.
- The information and support provided.

What could be improved:

- Space was a common answer. It was felt by all that there isn't enough communal space or areas to allow for visitors and private conversations.
- Greater access to therapeutic support post-discharge. Many of the patients we spoke to reported trauma from being in the acute wards (some outside of Hillingdon) and that having opportunities to talk about their experiences would be helpful to their long-term recovery.

Impact and outcomes:

Throughout the project, regular reports were provided to the Trust to present feedback and recommendations, and a final report will be published later this year. Based on our recommendations, CNWL have produced an improvement plan for Crane and Frays Ward, which is currently being implemented, and we plan to revisit the wards next year to assess progress.

3.2. Young Healthwatch Hillingdon (YHwH): Access to and experience of children & young people's mental health & emotional wellbeing services.

Last August, we successfully bid for funding from the ICB (Integrated Care Board) to deliver a programme of engagement work to understand the needs of the local population of children and young people in Hillingdon. The project will inform a wider 2-year Population Health Management Project which aims to drive the transformation of access into mental health and emotional wellbeing support.

The key deliverables we agreed to are:

- Consolidate existing feedback from children & young people across voluntary sector partners.
- Identify children & young people at highest risk of health inequalities and discrimination.
- Further understand what children, young people, and their families need from services to support them thrive - not just survive.
- Co-produce a final report and recommendations for transformation.

Progress so far:

- Project Officer recruited and commenced work in February 2024.

- Digital survey created and launched via popular social media channels for young people Mar 24 to capture general feedback and experiences. Shared with education settings, voluntary and community sector partners.
- Targeted engagement plan and activities in progress to gather the views of specific population groups.
- CYP voluntary sector forum created to support the project aims, inaugural meeting held Feb 2024.
- Further promotion of the survey and collaborations with stakeholders being developed across youth services including the Youth Justice Service.

The project will continue into 2025, with the aspiration to host a co-production event with children, young people and decision-makers.

Other developments for Young Healthwatch include greater involvement in social care services such as with regards to SEND provision and support, ensuring the voice of children and young people is informing plans and strategies, and providing feedback on the Council's Youth Strategy for the borough.

3.3. The Hillingdon and Harefield Hospitals PLACE inspections

Our volunteers have again supported the Hillingdon Hospitals Trust across both hospital sites, and the Royal Brompton and Harefield to conduct their annual PLACE inspections. Our involvement ensures the patient perspective is part of assessing the hospitals' standards of maintenance and cleanliness as well as food provision and safety on the wards. Following the inspections, feedback and recommendations are agreed and used to develop improvement plans.

3.4 Experiences of accessing GP appointments in Hillingdon

In Q4 we launched a survey to seek views and experiences on accessing GP appointments. According to the [2023 Ipsos GP Patient Survey](#) satisfaction with GP services is 71%, down from 72% in 2022 and 83% in 2021. One reason is that people struggled to access their GP, and only 54% reported a good experience of making an appointment (down from 56% last year).

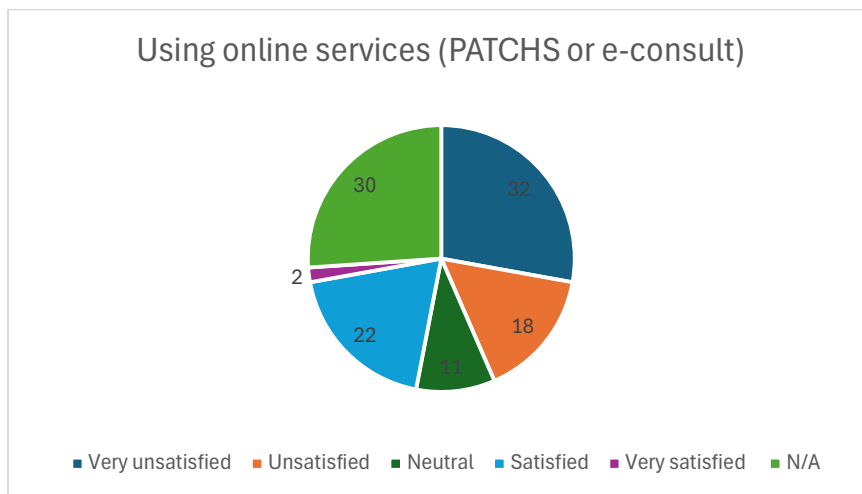
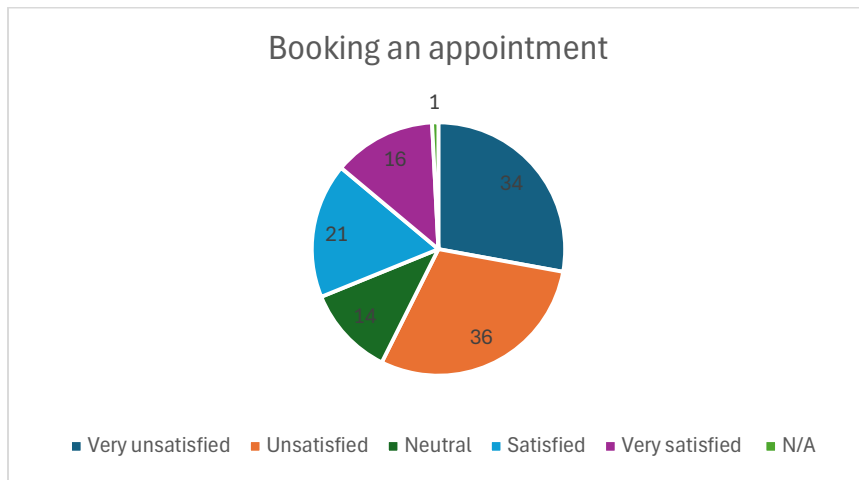
GP access remains a key concern for residents in Hillingdon, according to our enquiry data, therefore undertaking a 'temperature check' of the situation in the context of proposed changes to primary care across North West London, through the development of integrated neighbourhood teams felt timely. Since launching our survey, a GP Access strategy has been proposed for Hillingdon and is a prime opportunity for us to present our findings to campaign for improvements.

The survey seeks views on (but not exhaustively):

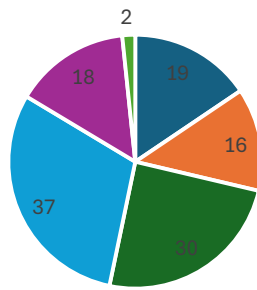
- Experiences of making an appointment
- Satisfaction with GP services
- Preferred methods of contact
- Preferred appointment types
- What's most important for patients in accessing GP services.

Preliminary results (based on 125 online responses).

Satisfaction levels:

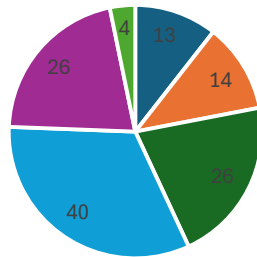


The manner and communication of reception staff



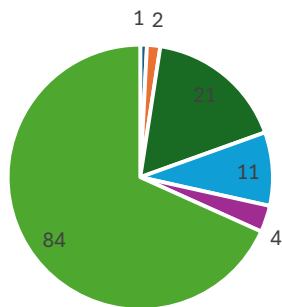
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The manner and communication of clinical staff



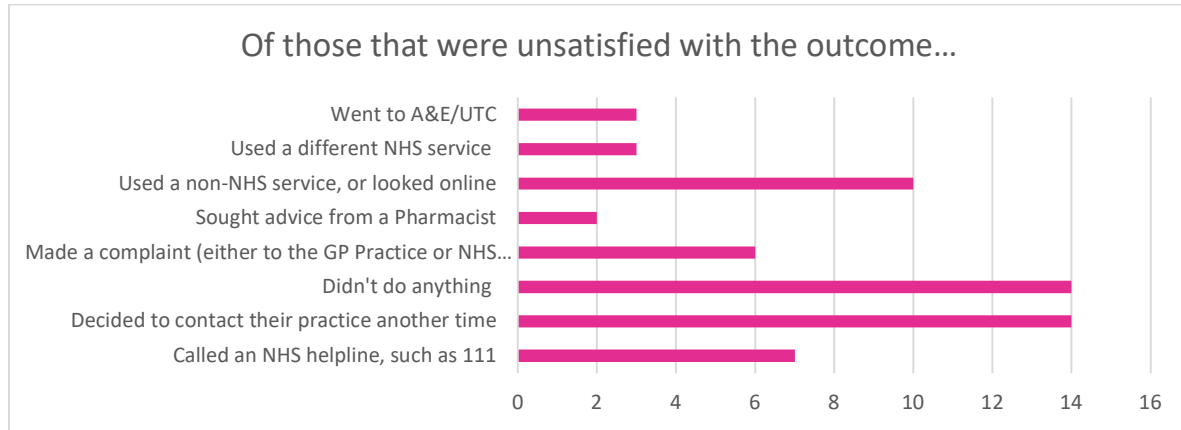
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Range of languages spoken

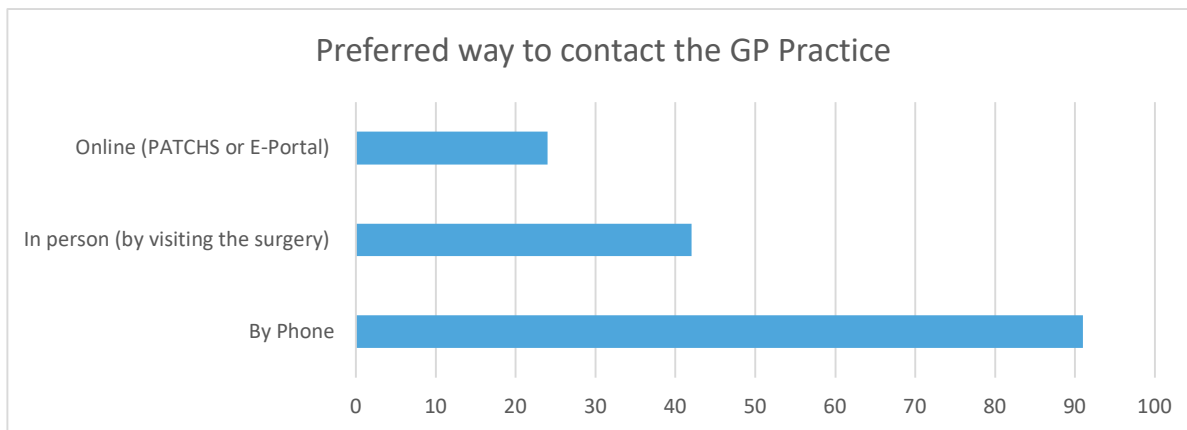


■ Very unsatisfied ■ Unsatisfied ■ Neutral ■ Satisfied ■ Very satisfied ■ N/A

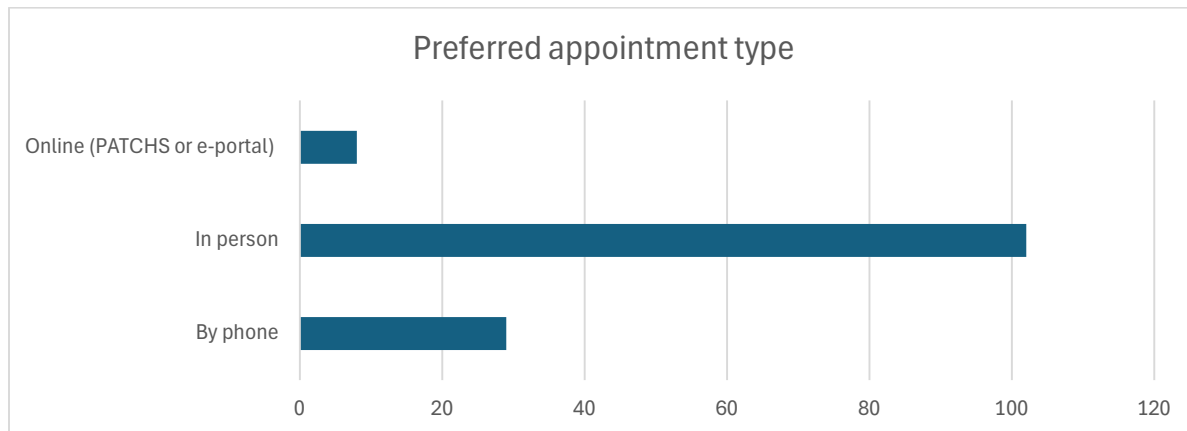
We asked participants who told us they could not get an appointment when they needed one or were dissatisfied with the type of appointment they were offered, if they took any other action to get the medical assistance they needed.



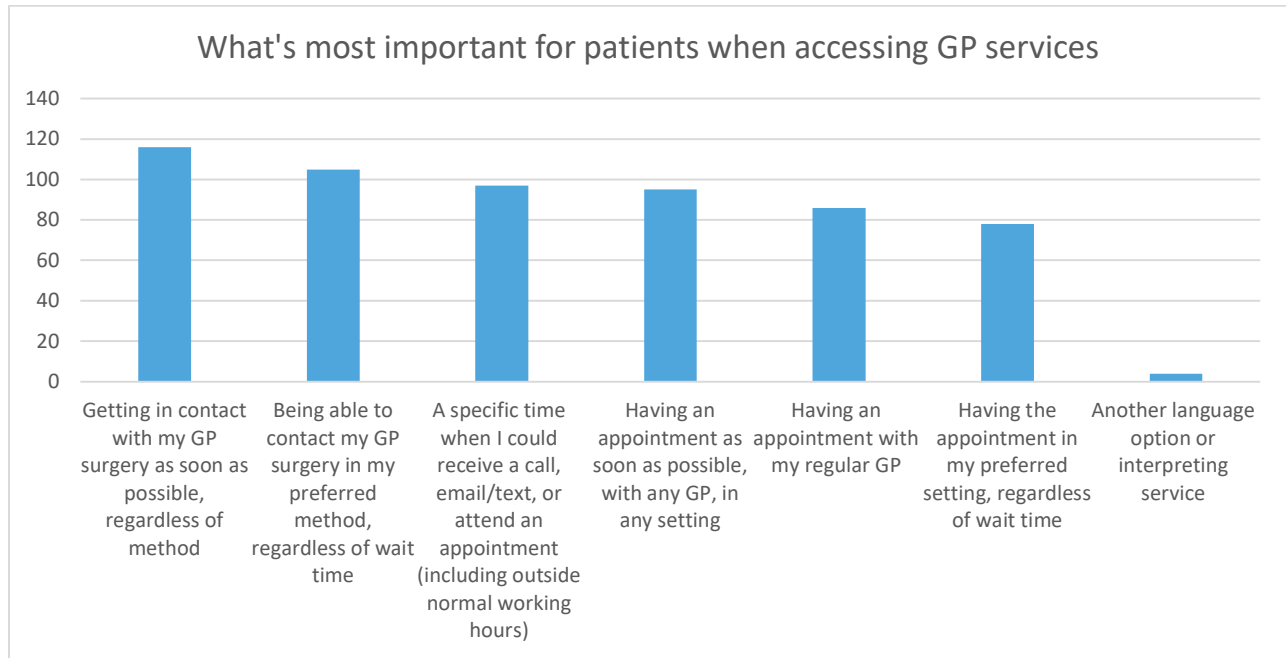
Preferred methods of contact



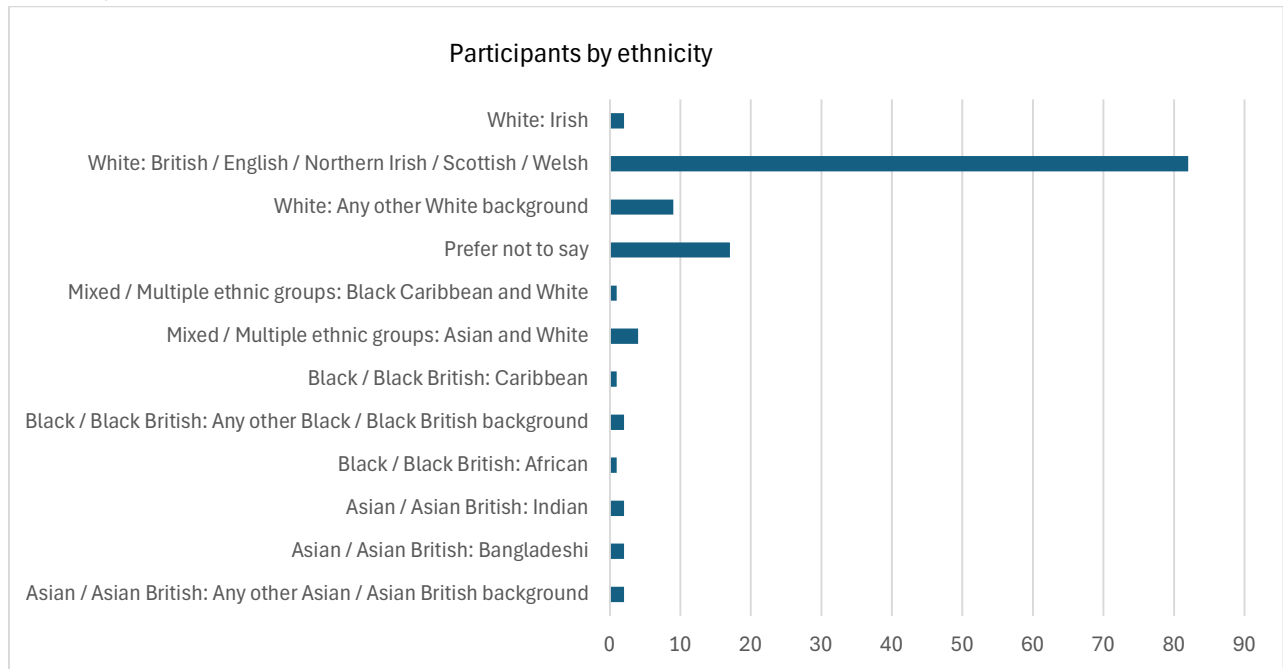
Preferred appointment type

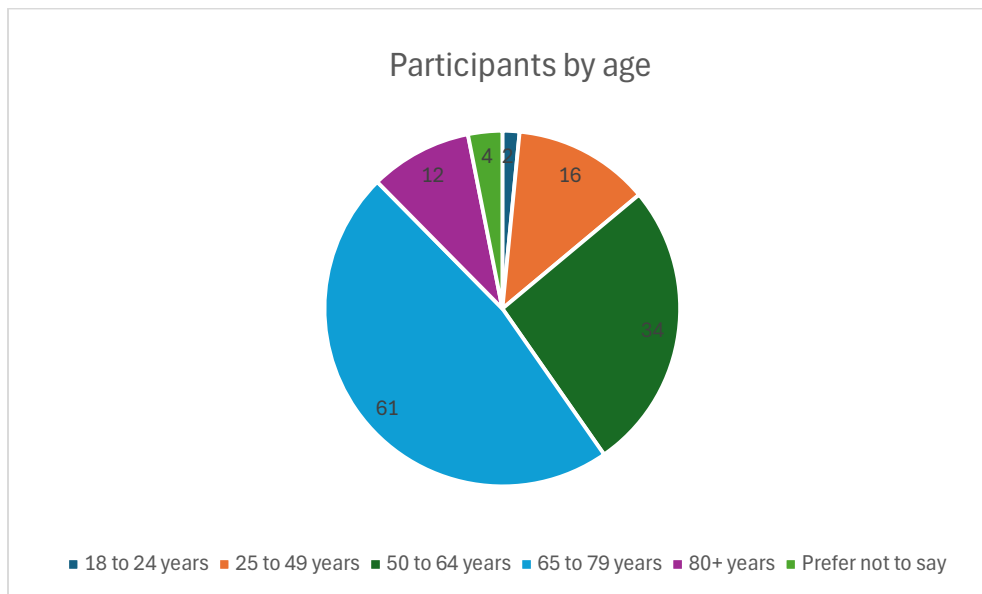
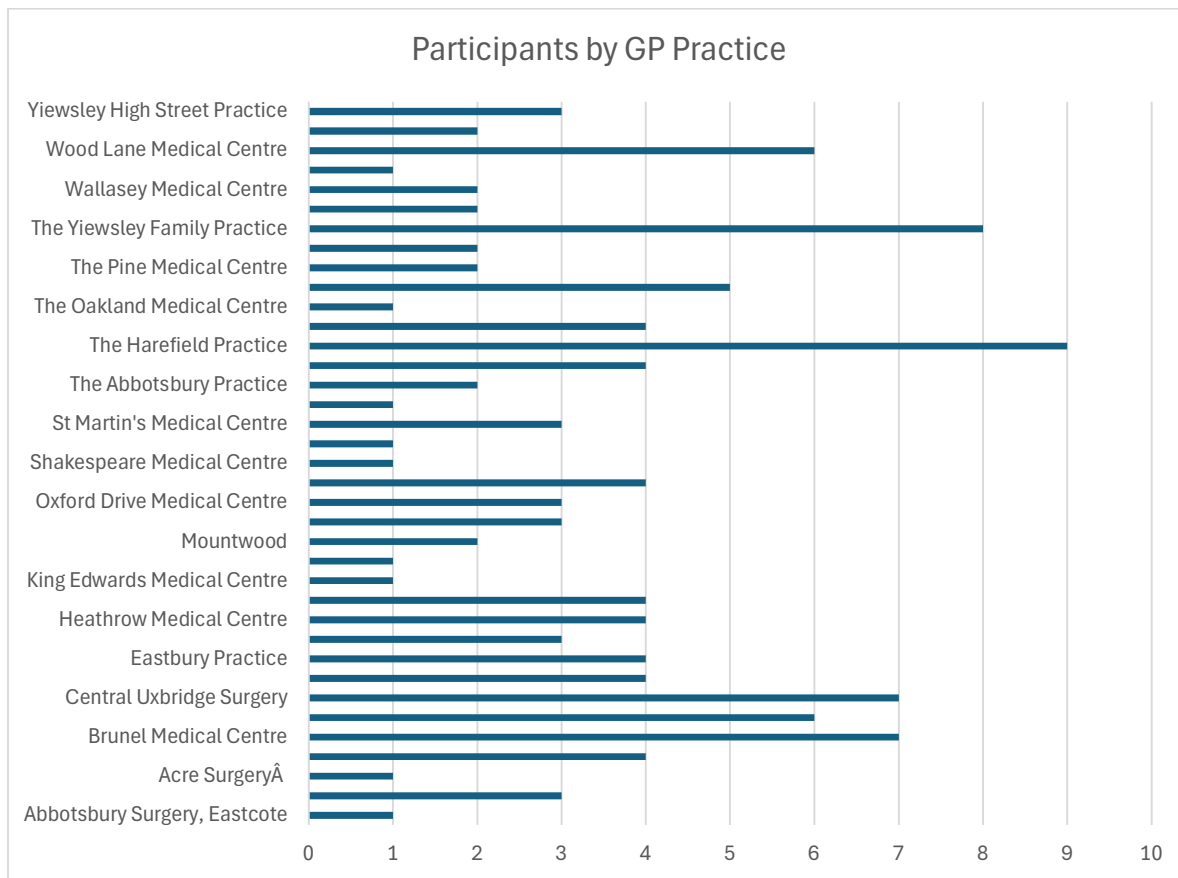


What's most important for patients when accessing GP services.



Demographics





We will continue to run the survey through Qs 2 and 3 both online and via community outreach and engagement activities to ensure a wide range of responses that represent the diversity of the local population.

4. ENQUIRIES FROM THE PUBLIC

Insight, Information, and advice Q2 and 3 2023-24

Enquiries from the public:

Service	Negative		Neutral		Positive		Total %
	% of Service feedback	Count	% of Service feedback	Count	% of Service feedback	Count	
Primary Care	53%	32	47%	28	0%	0	26%
Hospital/Acute	67%	36	33%	18	0%	0	23%
Social Services	28%	11	73%	29	0	0	17%
Dentistry	83%	10	17%	2	0	0	5%
Community Services	23%	3	77%	10	0	0	6%
Care Homes/Care Services	27%	7	73%	19	0	0	11%
Other	29%	8	71%	20	0	0	12%

Over 250 residents have contacted our information and signposting service over in Q2 and Q3 of 2023-24 for advice or to provide feedback (this data does not include engagements from outreach, events and surveys).

In this period, Primary care has been the most common service we have been contacted about, at 26%. Of those with negative experiences (53%), recurring themes included:

- Access to services – in particular difficulty getting appointments, with many wanting F2F appointments, and instances of missed/cancelled appointments.
- Enquiries regarding complaints procedures.
- General issues include difficulty getting test results, booking blood tests, and referrals to other services (whilst these are presented as a negative against GP services, these can be due to the services being referred to).

Hospital services accounted for 23% of our contacts, with 67% having had negative experiences:

- Poor communication – including lack of confirmation with regard to long wait times, lack of response or timely response to complaints or queries, and keeping family and friends informed about inpatients progress, especially with regard to discharge and ongoing medication.
- Challenges experienced by patients with mental health issues.
- Transport issues for those with mobility difficulties.

Contact regarding social care issues have increased, however these enquiries have been linked to Primary and Hospital care issues, and many instances have been regarding housing or financial issues – although HwH is not able to directly advise on these issues, we have been able to signpost residents to Hillingdon Council and appropriate 3rd sector services where relevant.

Dental care enquiries seem to have reduced from previous periods, accounting for only 5%. Issues continue to include NHS appointment availability.

In addition to the above, HwH has continued to receive calls regarding Hospital based Phlebotomy services, and PALS. With The HwH phone number featuring prominently on the THH website and blood test information, we have received over 60 calls from patients trying to book blood test appointments during Q2 & 3, of which we have been able to assist all callers to reach the correct booking pathway or booked appointments directly. A further 9 calls have been received for general PALS enquiries in this time.

Signposting:

We made over 220 instances of signposting to residents who contacted us, with Hospital services such as PALS accounting for the majority in respect to the above-mentioned issues. Primary Care complaints processes and support was the second most signposted service, with POhWER close behind as a result of callers requiring advocacy for complaints procedures. Dentistry services also featured as mentioned above, with details given to residents of dental surgeries with NHS capacity according to our records wherever possible. Finally, 3rd sector support services such as Age UK, Mind and DASH were all signposted to in this period to assist residents.

Insight, Information, and advice Q4 2023-24 and Q1 2024-25

Enquiries from the public

In Quarter 4 of 2023-2024 and Quarter 1 of 2024-2025 we received a total of 473 calls and contacts through our website, with Quarter 4 being the highest number in a quarter in over 3 years – a nearly 30% increase on the previous period.

The data captured does not include engagements via outreach, however as a result of this engagement, many residents do contact us via telephone or online to further share feedback on services or seek advice through our information and signposting services. Where residents share feedback, the information is captured and analysed

Month & Year	'Contact us' Form	Phone Contact	Quarter Total
2023-07	2	76	228
2023-08	1	68	
2023-09	3	78	
2023-10	3	75	199
2023-11	3	68	
2023-12	1	49	
2024-01	1	109	277
2024-02	5	73	
2024-03	4	85	
2024-04	3	74	196
2024-05	2	54	
2024-06	3	60	

using taxonomy supplied by Healthwatch England to understand the needs, and emerging themes across health and social care in Hillingdon.

Q4 2023-24:

Service	Negative	Neutral	Positive	Mixed	Unclear	Total %
Acute/Hospital Care	14	6	1	1	1	33%
Primary Care	11	5	1	1	1	28%
Social Care	1	4	0	0	1	9%
Mental Health Services	3	2	0	1	0	9%
Dentistry	2	2	0	0	0	6%
Community Health/Secondary Care Services	0	2	0	1	0	4%
Care Homes/Domicillary Care	0	2	0	0	0	3%
Unkown	0	1	0	1	0	3%
CYP Services	1	1	0	0	0	3%
Other	0	1	0	0	0	1%
Care (other)	1	0	0	0	0	1%

Q1 2024-25:

Service	Negative	Neutral	Positive	Mixed	Unclear	Total %
Acute/Hospital Care	2	4	1	0	0	35%
Primary Care	4	0	0	0	0	20%
Unkown	3	0	0	0	0	15%
Social Care	1	1	0	0	0	10%
Dentistry	1	1	0	0	0	10%
CYP Services	1	0	0	0	0	5%
Other	0	1	0	0	0	5%

In Quarter 4 of 2023-2024 and Quarter 1 of 2024-2025, 160 instances of service feedback were captured when residents contacted us. Not recorded in the above tables, most contacts were regarding the hospital-based Phlebotomy service. With the Healthwatch Hillingdon (HwH) phone number featuring prominently on the THH website and blood test booking information given to patients, we received over 71 calls from patients trying to book blood test appointments in these two quarters, of which we have been able to assist all callers to reach the correct booking pathway or booked appointments directly.

In these periods, acute/hospital care has been the most common service we have been contacted about, at 33% combined. Of those with negative experiences (53%), themes included:

- Access to services – in particular delayed or cancelled appointments.
- Arranging transport for those with mobility issues and/or unable to use public transport services.

- General issues resulting in a need to be signposted to the Patient Advice and Liaison Service (PALs).

Primary Care accounted for 26% of our feedback in this reporting period, with 65% having had negative experiences:

- Access to services – in particular delays or lack of communication when awaiting referrals into services outside of their GP. In many cases the GP surgery is unable to provide any information on the progress of a referral. Difficulty getting appointments was also a theme, with residents finding the booking process online difficult.
- Enquiries regarding complaints procedures.
- General issues including difficulty getting test results, booking blood tests, and questions regarding charges for GP-provided paperwork, including those required for employment.

Contact regarding social care issues continue to occur, however these enquiries have been linked to Primary and Hospital care issues, and many instances have been regarding housing or financial issues – although HwH is not able to directly advise on these issues, we have been able to signpost residents to Hillingdon Council and appropriate 3rd sector services where relevant.

Dental care enquiries continue to arise, though at a lower rate year on year, accounting for 7% in quarters 4 and 1 - Issues continue to include NHS appointment availability.

The top three themes emerging across all feedback include:

- Access to Services (90 instances, 28%) – This includes difficulties accessing GP appointments, NHS dentistry, blood tests, mental health services (including services for children and young people).
- Booking appointments (52 instances, 16%) – The majority of feedback including this theme was specific to Phlebotomy services, however other outpatient departments were also mentioned, such as Urology and Medical Imaging.
- Administration (records, letters, results) (25 instances, 8%) – These were varied, including wait times for test results, issues with incorrect medical records, and charges for documents supplied by GPs.

Signposting:

Theme	Count	%
Hillingdon Hospital PALS	80	34%
Hillingdon Hospital	44	19%
GP (General Practice)	35	15%
North West London Integrated Care Board	11	5%
POhWER	10	4%

We made over 317 instances of signposting to residents who contacted us in Quarter 4 of 2023-2024 and Quarter 1 of 2024-2025. The most commonly signposted services/organisations included:

- Hillingdon Hospital (and the patient advice and liaison service, PALS), to assist in blood test bookings, appointments and complaints.
- GP Services – Mostly advising on individual GP surgery complaints processes.
- North West London Integrated Care Board (NWLICB) – for non-primary care complaints and issues with other commissioned services.
- POhWER – for advocacy services and assistance through complains procedures and resolution.

5. **ENGAGEMENT**

5.1. **Overview of engagement activity & Highlights**

Neighbourhood Roadshows and targeted health and wellbeing sessions

We continue to work with the Hillingdon Health & Care Partners to plan and deliver regular community events that aim to engage the local population with targeted approaches for those at risk of higher health inequalities who are often underserved. Neighbourhood Roadshows are planned around the six Primary Care Networks and local population health needs. They generally receive a high attendance (between 200 and 400 residents) and provide an ideal opportunity for HwH to meet its community engagement objectives. At the roadshows, we have been promoting our surveys on GP Access, Cost of Living, Children & Young People's mental health, and gathering general views and experiences of local health services. Over the last six months, we've attended eight roadshows and targeted events.

Additional community events and activities we've had presence at include:

- The Older People's Assemblies
- The Assemblies for People with Disabilities
- An International Men's Day event at the Beck theatre
- New Bucks University Wellbeing Fair
- H4All Wellbeing Alliance events
- Brunel University Engagement Day
- Uxbridge College Freshers Fair (CYP)
- Hayes Muslim Centre Health Event
- Hillingdon Carers Fair
- HESA Centre Engagement event (Hayes)
- Outreach with Hillingdon's Somali Women's Group and Tamil Community Centre.

Where we've been promoting GP access, cost of living, and children and young people's mental health surveys.

5.2. Social Media & Digital Engagement

2023-24:

Facebook:

- 817 followers
- 7% increase on 2022-23
- Reached over 64,000 people (through campaigns and posts)

Instagram:

- 1,212 followers
- 7% increase on 2022-23
- Reached over 2,000 people (through campaigns and posts)

6. VOLUNTEERING

We've experienced an increase in interest for our volunteering roles, with the creation of a new role – Community research and engagement – which has become of particular interest to recently graduated public health students.

We currently have 13 very active volunteers who support a variety of activity including:

- Newsletter and media development
- Community engagement
- Administration and desktop research
- PLACE assessments

We are still actively recruiting new volunteers and are keen to expand our volunteer base further, particularly in the community engagement role which will help us to increase our presence at events across the borough. To achieve this, we plan to set up volunteer recruitment stalls at various libraries in Hillingdon. These stalls will be staffed by current volunteers who are ideally positioned to share the benefits of volunteering with prospective volunteers.

We continue to actively promote opportunities for Board membership via our social media channels and community engagement activity.

Young Healthwatch membership has experienced a decline due to our volunteers moving onto to university or full-time work, which has reduced the time they have available. However, they still wish to continue to participate and work with us on projects when they can. With the commencement of our project on children and young people's mental health, we plan to recruit new volunteers into the Young Healthwatch Programme by offering opportunities to assist us with social media content, peer research, and the facilitation of events, workshops and focus groups.

7. FINANCIAL STATEMENT

To end of Quarter 4 (2023-2024)

		Quarter			
		1	2	3	4
Brought forward from 2022-23		74,036			
Income	Funding from Council	79,000	79,000	38,700	47,300
	Additional Income	80,000	29	171	0
	Total	159,000	79,029	38,871	47,300
Expenses	Office	-5,287	-2,380	-2,538	-3,410
	Operational	-6,792	-7,962	-6,149	-3,549
	Staffing	-39,655	-38,890	-45,127	-53,613
	Total	-51,734	-49,232	-53,814	-60,572
Contingency Funds <i>Redundancy and premises contingency</i>		-15,000			
In-period Deficit/Surplus		107,266	29,797	-14,943	-28,272
Total Deficit/Surplus <i>Includes contingency provision</i>		181,302	211,098	196,155	167,883

To end of Quarter 1 (2024-2025)

		Quarter			
		1	2	3	4
Brought forward from 2023-24		182,883			
Income	Funding from Council	79,000			0
	Additional Income	454			0
	Total	79,454	0	0	0
Expenses	Office	-3,205			0
	Operational	-20,119			0
	Staffing	-52,162			0
	Total	-75,486	0	0	0
Contingency Funds <i>Redundancy and premises contingency</i>		-15,000			
In-period Deficit/Surplus		-11,032	0	0	0
Total Deficit/Surplus <i>Includes contingency provision</i>		171,851	171,851	171,851	171,851

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

Key Performance Indicators

KPI no.	Description	Relevant Strategic Priority	Quarterly Target 2019-20	Q1				Q2				Q3				Q4				2023-2024 Total	
				2020-2021	2021-2022	2022-2023	2023-2024	2020-2021	2021-2022	2022-2023	2023-2024	2020-2021	2021-2022	2022-2023	2023-2024	2020-2021	2021-2022	2022-2023	2023-2024	Target	YTD Actual
1	Hours contributed by volunteers	SP4	525	533	382	462	461	482	499	525	421	654.5	612	442	419	567	444.5	475	417	2100	1718
2	People directly engaged	SP1 SP4	330	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	1320	-
3	New enquiries from the public	SP1 SP5	200	146	164	146	210	122	249	188	143	127	216	218	88	238	139	262	101	800	542
4	Referrals to complaints or advocacy services	SP5	N/A	10	5	6	9	11	11	8	11	10	15	5	11	-	11	7	10	-	41
5	Commissioner / provider meetings	SP3 SP4 SP5 SP7	50	50	80	75	68	56	78	72	65	78	70	52	65	104	71	62	62	200	260
6	Consumer group meetings / events	SP1 SP7	15	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	60	-
7	Statutory reviews of service providers	SP4 SP5	N/A	0	0	0	-	0	0	0	-	0	0	0	-	0	0	0	-	-	0
8	Non-statutory reviews of service providers	SP4 SP5	N/A	1	0	0	1	0	0	0	1	0	1	1	1	0	1	1	1	-	4

*KPI 3 – with the new reporting system we're only recording relevant feedback now and not the number of total contacts.

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

Report from: **Lisa Taylor, Managing Director**

Date: **30 August 2024**

Title: **Managing Director's 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. NHS

Junior Doctor's strikes, long waiting lists for elective surgery, long waits in A&E, access to same day GP appointments, access to NHS dental appointments, demand for children and young people's mental health services, an increase in incidents of measles, and quality of maternity services have dominated the media nationally over the past year.

In addressing some of these issues, the NHS set out its recovery plan with the following ambitions:

- Patients being seen more quickly in emergency departments: with the ambition to improve to 76% of patients being admitted, transferred or discharged within four hours by March 2024, with further improvement in 2024/25.
- Ambulances getting to patients quicker: with improved ambulance response times for Category 2 incidents to 30 minutes on average over 2023/24, with further improvement in 2024/25 towards pre-pandemic levels.
- Empower patients by rolling out tools they can use to manage their own health and invest up to £645 million over two years to expand services offered by community pharmacy.
- Enable patients in over 90% of practices to see their records and practice messages, book appointments and order repeat prescriptions using the NHS App by March 2024.
- Ensure integrated care boards (ICBs) expand self-referral pathways by September 2023, as set out in the [2023/24 Operational Planning Guidance](#).

- Expand pharmacy oral contraception (OC) and blood pressure (BP) services this year, to increase access and convenience for millions of patients, subject to consultation.
- Launch Pharmacy First so that by end of 2023 community pharmacies can supply prescription-only medicines for seven common conditions. This, together with OC and BP expansion, could save 10 million appointments in general practice a year once scaled, subject to consultation.
- Implementing 'modern general practice access' by introducing digital telephony systems, digital access tools, and expanding the breadth of staff and specialisms within the GP Practice.

2.2. NHS Constitution and Healthwatch England (HwE)

Earlier this year the Department for Health & Social Care consulted the public on the NHS constitution, which sets out the core principles for the NHS. It also covers:

- Expectations on clinicians and staff in their interactions with patients.
- Responsibilities of patients when using services.
- Patient rights enshrined through law,
- and pledges on quality and access to care – such as the various waiting time targets set out in the 90-page Handbook to the NHS Constitution.

HwE conducted a public poll, and alongside existing feedback gathered across the national Healthwatch network presented a set of recommendations, which included potential new patient rights. The poll revealed:

- The public has low awareness of the NHS Constitution.
- One of the rights people value the most is access to vital services, including being seen in A&E within four hours.
- People want to see new rights, such as an urgent appointment with a GP within 24 hours.

Public support for existing rights:

- 77% of people want suspected cancer diagnosed or ruled out within 28 days of referral.
- 68% want to be seen in A&E within four hours.
- 65% want to receive specialist treatment in 18 weeks.

Public support for potential rights:

- 71% want an urgent GP appointment within 24 hours.
- 68% want to be able to book a GP appointment in the best way that suits them (in person, over the phone or online).

- 65% want to be able to have the type of appointment that suits them best with their GP (face-to-face, telephone or online).
- 60% want the right to request a second opinion for seriously unwell people.
- 58% back having a single point of contact about their care.
- 56% want to receive regular updates while waiting for care.
- 55% want to have any formal complaint they make about the NHS investigated and responded to within 28 days.

In response to these findings, HwE have asked the government for the following:

- To relaunch the NHS Constitution to become the NHS Patient Promise.
- To run a national awareness campaign and ongoing, point-of-care promotion of NHS patient rights and pledges.
- Expansion of access pledges to cover maximum waiting times to be seen at your GP surgery.
- Patients to get the right to choose in-person, phone or online appointments at their GP surgery.
- More accountability for commissioners and providers on how they adhere to patient rights and pledges and clarity on recourse for patients if not met.

2.3. National GP Action

On 1 August, the British Medical Association announced that GPs will start capping appointments in an immediate collective work-to-rule action following a dispute over funding levels.

Healthwatch England have released the following statement:

"...Patient safety must be paramount in any action GPs take. We strongly urge all GP practices to inform their patients, if and when they are taking part in the collective action, whether they are limiting the number of appointments, what type of health needs will be prioritised, and where to go for alternative help. GP surgeries could share this information on their websites, surgery phone voice messages, notices at reception, or disseminate it via local Healthwatch, other community organisations, and integrated care boards' communication teams.

Ultimately, it's essential that the BMA and NHS England work with urgency to resolve the GP contract dispute."

Advice from the NHS is for patients to continue to attend and make GP appointments, unless their practice informs them otherwise, and to use 111 if their practice is unavailable.

The level of action will vary amongst GPs, and it is the responsibility of GPs to keep their patients informed.

3. REGIONAL FOCUS

3.1. North West London Integrated Care Board

Joint Forward Plan 2024-2029

Further to the Health & Care Strategy published in 2023, the Joint Forward Plan sets out nine priorities for North West London that have been agreed across all eight boroughs.

Priorities:

1. Reduce inequalities and improve health outcomes through population health management	Develop and embed a population health management capability and focus on areas where outcomes, access and experience vary most to reduce inequalities and improve health & wellbeing.
2. Improve children and young people's mental health and community care.	Improve health & wellbeing outcomes for children and young people, including targeted interventions for our core at risk groups.
3. Establish Integrated Neighbourhood Teams (INTs) with General Practice at their heart.	Establish INTs with primary care at their heart to improve same day access to care for those who need it and provide proactive joined-up care for people with long-term conditions or complex needs.
4. Improve mental health services in the community and for people in crisis.	Maximise the productivity of community-based mental health services and increase access to mental health crisis services.
5. Embed access to a consistent, high-quality set of community services by maximising productivity.	Implement a common core offer in community services (initial focus on community nursing, community beds and neuro rehab) and then drive increased productivity across these services.
6. Optimise ease of movement for patients across the system throughout their care – right care, right place.	Deliver improvements across the system to ensure patients are treated in the most appropriate setting – avoiding admission, minimising hospital stays and supporting timely discharge.
7. Transform maternity care.	Improve maternity services to reduce inequalities in outcomes and improve quality for all.

8. Increase cancer detection rates and deliver faster access to treatment.	Improve early diagnosis by tackling variation in screening and deliver faster and more efficient access to diagnosis and treatment.
9. Transform the way planned care works.	Transform planned care to reduce waiting times for diagnostics, outpatients, and elective surgery and manage rise in demand for hospital services so patients can be seen in the most appropriate setting.

In achieving these priorities, the NWL ICB are going through a process of restructuring its workforce to ensure there are the right capabilities and knowledge across the system. This is expected to conclude in July 2024.

Whilst Healthwatch Hillingdon has been kept informed of plans by our local ICB and health partners, who invited us to participate in the priority planning discussions – we attended a North West London planning event on 22 February- there remains inconsistency of the involvement and consultation of Healthwatch across North West London. We hope that ICB governance will become clearer after the restructure, and where there are opportunities to influence outcomes for patients at a North West London level.

3.2. Mount Vernon Cancer Centre (MVCC)

The most recent update is from 9 May 2024. In summary, discussions have continued about future options for meeting the need to re-provide the cancer centre services at an acute hospital site, despite the centre not being considered under the new hospitals programme.

It has been agreed, however, that public consultation can go ahead on proposals to relocate the centre and it is proposed that consultation will take place later this year following an assurance process to approve the business case, consultation document, and consultation plan.

The latest full stakeholder update can be found on the Mount Vernon Cancer Centre review website here: [Mount Vernon Cancer Centre Review \(mvccreview.nhs.uk\)](https://mvccreview.nhs.uk)

3.3 The Hillingdon Hospital redevelopment

On 23 February, the Chairperson of Healthwatch Hillingdon was invited to join the Secretary of State for Health & Social Care's visit to the hospital site for a presentation on the redevelopment plans and tour of the hospital.

We are informed that the plans for completion of the refurbishment remain on track for 2030, and will include:

- More MRI and CT scanners.
- Dedicated areas for children and young people.
- A much bigger space for emergency care with specialist service and scans in one place.
- Urgent and emergency care and outpatients on the lower floors to improve access.
- A multi-storey car park linked into the hospital, with more disabled parking and new bus stops, for easier hospital access.

3.4 **Maternity Services**

Following the recent CQC Inspection rating of 'requires improvement' maternity services has received increased attention. Though improvement plans were already in motion, there are increased efforts to improve the patient experience through addressing language and cultural disparities in access to and quality of care. The HwH Chair and Managing Director have commenced quarterly meetings with the hospital trust's CEO, to understand how we can provide support and guidance for improving the service, and we've agreed that a review of maternity services will be included in our workplan for the second half of 2024-25.

4. **LOCAL FOCUS**

4.1. **Hillingdon Health & Care Partners - Development of Integrated Neighbourhood Teams**

Creation of the Integrated Neighbourhood Hubs has been the primary focus of the Hillingdon Health & Care Partners over the last six months to a year, and is considered to be the main driver for improvements to primary care, specifically:

- Access to same day urgent care
- Proactive and planned care
- End-of-life care.

The plan is to have three Integrated Neighbourhood Hubs across the borough, bringing in teams from across primary and community care to encourage better integration and joint working between services. The hubs are expected to help alleviate a significant level of demand and pressure on the Hillingdon hospital emergency department, and GP practices.

The Pembroke Centre (Ruislip) and the Civic Centre (Uxbridge) hubs are now operational. At present, the location of a hub for Hayes is still to be agreed, with the proposal for a site on the Nestle redevelopment.

Three Neighbourhood Directors are to be recruited during June, July and August 2024. The posts will be hosted by The Confederation.

4.2. **Healthwatch Hillingdon current work and priorities**

In progress:

Acute mental health services review of in-patient experience: Interviews have been conducted, with regular presentations of patient feedback provided to the CNWL Borough Director. A final report with recommendations is currently being written.

Experience of accessing GP appointments: Our survey has been running since March 2024 and has received around 150 responses so far. Further engagement work is being carried out at the community roadshows and events we attend as well as with specific groups. We anticipate we will continue to run the survey until the end of the year.

Young Healthwatch Review of Children & Young People's Mental health services: Since the commencement of our new Project Officer at the end of January, we have been running a survey, for which we have now received over 150 responses from children and young people in Hillingdon. We have developed an engagement plan which includes targeted workshops and interviews with children and young people who identify as LGBTQ+, young people in the Youth Justice System with undiagnosed/unmet needs with regards to mental health disorders, speech and language delays and neurodiversity. Further engagement is also being carried out more widely in partnership with Universal and Targeted Youth Services, voluntary sector partners, libraries, schools, Uxbridge College, Brunel University and local faith groups.

To support the delivery of the project, we facilitate a voluntary sector partnership forum to review feedback from children, young people and their families, and also to understand the challenges faced by the voluntary sector in supporting children and young people.

Review of Pharmacy First: Our volunteers were keen to carry out a review of local pharmacy services, particularly in relation to the launch of 'Pharmacy First.' Working with our Outreach and Volunteering Officer, they have developed a project plan and mystery shopping programme, a public survey, and a desktop review of individual pharmacy websites. The review is set to commence over the summer.

Planning and delivery of community health & wellbeing roadshows and events: We continue to work in partnership with Hillingdon Health and Care Partners to develop and deliver the neighbourhood roadshows, and other community events, to inform residents about services and provide health checks. These activities have been invaluable to our engagement priorities and raising the profile of Healthwatch Hillingdon with the Hillingdon community. We've supported the delivery of 8 roadshows over the last year, with a further 6 planned over summer and Autumn as we approach flu season and winter planning.

Future priorities:

- A review of maternity experience.
- Access to community mental health services
- Experiences of A&E

Representation at meetings:

- Health & Wellbeing Board (HwH Chair)
- Health & Social Care Select Committee (HwH MD)
- Safeguarding Children's Partnership Board (HwH MD)
- Safeguarding Adults Partnership Board (HwH MD)
- Primary Care Executive Committee (HwH MD)
- HHCP Delivery Board (HwH MD)
- HHCP Engagement and Involvement Group (HwH MD Chairs)
- HHCP Health protection Board (HwH Chair/MD)
- HHCP Children & Young People's Transformation Board (HwH MD/Project Officer)
- HHCP Vaccination Programme Steering Group (HwH MD)
- THH Patient Experience Review Group (HwH MD)
- THH Patient Experience Forum (HwH MD)
- Mount Vernon Cancer Centre Programme Board (HwH MD)
- Hillingdon Young Adult Mental Health Partnership (HwH MD/CYP Project Officer)
- SEND (CYP) Executive Partnership Board (HwH MD)
- Stronger Families Partnership (HwH MD)
- Family Hub Development Board (HwH MD)
- Mental Health Transformation Board (adults) (HwH MD)