



Healthwatch Wandsworth
Annual Report 2013/14



© Healthwatch England 2013

The Healthwatch Wandsworth logo and brand is a trademark of Healthwatch England. The text of this document (this excludes, where present, the Royal Arms and all departmental and agency logos) may be reproduced free of charge in any format or medium providing that it is reproduced accurately and not in a misleading context.

Any enquiries regarding this publication should be sent to us at enquiries@healthwatchwandsworth.co.uk

You can download this publication from www.healthwatchwandsworth.co.uk

Contents

2 Welcome

3 Note from the Chair

4 Healthwatch Wandsworth: Our Mission and Structure

10 Summary of our Achievements

11 Healthwatch Wandsworth Youth

11 Collaborative Working

12 Personal Budgets

14 Monitoring Quality of Services

15 Launch of the Information & Signposting Service

16 Enter and View Work

17 People with Learning Disabilities

17 Hospital Discharge Process

18 Care Homes in the Borough

19 The Work of our Representatives and Membership

20 Our Authorised Representatives

21 The Work of Our Membership

23 Engaging Local Communities

24 Outreach and Engagement in the Community

27 Thank you

28 Financial Summary

References

Appendices

Contact Us



Welcome



Welcome to the first annual report for Healthwatch Wandsworth covering year 2013/2014.

Welcome from the Chair

Healthwatch Wandsworth is the fourth body in ten years to look after the interests of local patients and the wider public.

It is not the same as any of the previous three (the Community Health Council, the Patient and Public Involvement Forum and the Local Involvement Network), However it has drawn on their experience - and that of some of the people who were active in them.

This report shows what it has achieved in its first year of existence and how this was done. There is a lot of work in progress and more still to do. Nonetheless I feel that thus far it compares favourably with the majority of its predecessors.

Whether others agree remains to be seen. This report should help to form that judgement

Donald ROY
Chair, Healthwatch Wandsworth

Summary

The new independent local consumer champion for health and social care services, Healthwatch Wandsworth was the result of the Health and Social Care Act 2012.

During our first year:

- **We talked** to local patients, service users and carers and listened to their stories.
- **We used** this feedback to influence commissioners and providers and encourage them to bring about changes in their work
- **We published** independent reports on services for people with learning disabilities and on hospital discharges.
- **Our reports** were well received and given serious consideration by Adult Social Services and St George's Hospital, who committed to addressing the majority of our recommendations.



Healthwatch Wandsworth: Our Mission and Structure

Our Mission:

To make sure that every voice counts when it comes to shaping the future of health and social care, and when it comes to improving it for today.

Everything that Healthwatch Wandsworth does will bring the voice and influence of local people to the development and delivery of local services.

Healthwatch Wandsworth sits within registered charity Wandsworth Care Alliance (WCA), a local organisation that was commissioned by Wandsworth Borough Council to run and provide the Healthwatch service. WCA was established in 1991 and works with the local community and marginalised groups to empower and support them to improve local health and wellbeing services.

What we are:

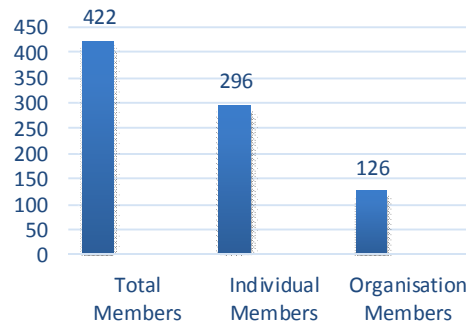
- We're helping you to shape and improve the services you use.
- We're engaging with people in your community & if you haven't met us yet, please get in touch!
- We're an open organisation and want to make it easy for you to talk to us.
- We're inclusive & we want people from every part of our community to join us.

- Ask us what we're doing & we'll always tell you what's happening.
- You can hold us to account.
- We're here to help services to improve.
- We'll notice the bad things they do, and the good.
- We use your evidence to build a true picture of your local services.

The first year for Healthwatch Wandsworth has been about establishing ourselves as a credible and effective organisation that will work collaboratively across the voluntary and statutory sector to ensure the voice of the public in Wandsworth is influencing the provision and commissioning of health and social care services. Our plan for the coming year will continue along these lines, forging new relationships where necessary and nurturing those we have already established. Healthwatch Wandsworth is going to concentrate on the following areas of work for 2014/2015:

- South West London Collaborative Commissioning.
- Work with Seldom Heard Groups.
- Continue to improve our offer to members and the way we communicate our achievements.
- Retain our representation on 31 boards, groups and committees in Wandsworth as these play a vital role in the design, commissioning and delivery of health and social care in Wandsworth.

Total Number of Members 2013/2014



- Be flexible and be able to react to major changes in the Health and social care sector.

Healthwatch Wandsworth, similar to its predecessor the Local Involvement Network (LINK), is a membership organisation and for the year 2013/2014 we recruited a total of 422 members.

Although the consumer champion for **everyone** that lives or uses services in Wandsworth, Healthwatch Wandsworth has a special structure and governance that ensures it's transparency and accountability to those it represents. As a membership organisation our registered members hold a special consultative position. This allows them to vote in elections, stand for election to key positions within the Executive or other representative roles and generally contribute ideas and help inform our priorities.

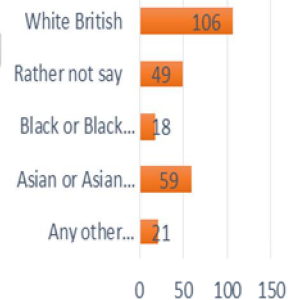
End of year Review

Part of our review of our first year included an End of Year Survey (See Appendix 1). Although levels of response were not as high as hoped for, positive feedback was received across the board from both individual and organisation members as well as key stakeholders. Across these three groups 75% believed that Healthwatch Wandsworth is a credible organisation. In our Individual and organisation members almost 60% said they were satisfied with the work we have done. Key stakeholders were the most satisfied group and gave us a satisfaction rating of almost 95%. Overall the response we received for the first year of operation was very encouraging, with areas such as more signposting and website awareness and use identified as areas that need

Count of Ethnic group or background:

Healthwatch Wandsworth Members by Ethnic group or background:

Ethnic group or background:



Our Structure and Volunteers

The Healthwatch Wandsworth Executive Board is our governing body and is responsible for the overall governance and strategic direction of Healthwatch Wandsworth. The Executive now has eight voting members, four of whom are WCA Trustees (of whom one will be Chair), and four members elected from among the Healthwatch membership. The elected members of the Executive were elected at our annual general meeting in December 2013.

The Healthwatch Wandsworth Board members are:

Donald Roy (Chair)

Carol Varlaam (WCA Trustee)

Clive Norris (WCA Trustee)

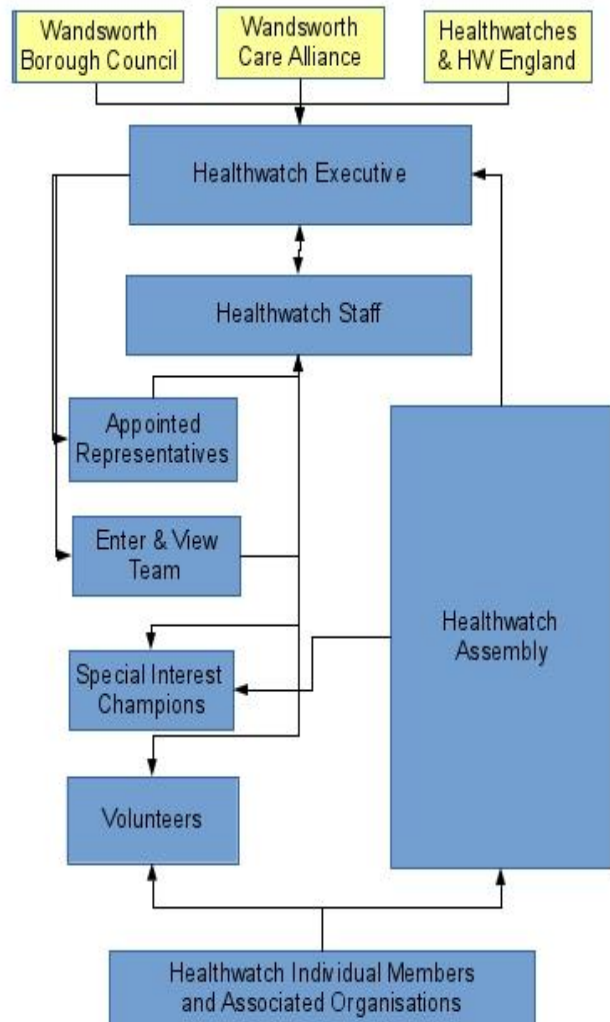
Cherill Scott (WCA Trustee)

Jamie Gillespie (elected member)

Colleen Bowen (elected member)

Christine Lewis (elected member)

Paul Dinsdale (elected member)



The diagram above gives the Overall structure of Healthwatch Wandsworth with indications on relationships.

“Successful Enter and View teams will work hard to create an environment of trust and respect, where everyone works collaboratively to achieve service improvements. It is important that local Healthwatch proactively seeks to build good relationships with providers of health and social care facilities. This includes clarifying that Enter and View visits are not inspections but rather, an opportunity for ordinary people to engage with vulnerable service users and their families, in order to gain a better view of how they feel about the services they receive. The common objective - the wellbeing of service users - should be emphasised at every available opportunity.”

Extract from the Enter and View Policy, March 2014

The Enter and View Team:



Stephen Miles



Andree Kerr



Peter West



Martin Haddon



Tony O'Flaherty



Sara Turner

Much of the work of Healthwatch Wandsworth has been achieved through the efforts of its members acting as volunteers and with the support of staff. Appointed representatives are those that act as Healthwatch Wandsworth formal representatives and contact point in specific areas. These are our appointed Representatives for 2013/14 sitting on various boards and committees with the statutory bodies that Healthwatch Wandsworth works with:

Wandsworth Clinical Commission Group (CCG):

Jamie Gillespie
Christine Lewis

Wandsworth Department of Education and Social Services (DESS):

Colleen Bowen
Barbara Willerton
Cherill Scott
Tony O'Flaherty

St George's NHS Trust Hospital

Mike Grahn
Cherill Scott
Barbara Willerton
Anna Tagliaferro
Peter West
Elizabeth Davis
Rosie Goodie

South West London Collaborative Commissioning Group:

Lauren Ashley-Boyall (currently the representative is staff with a volunteer representative to be appointed)

South West London and St George's Mental Health Trust:

Martin Haddon

Children's Services:

Phil Thain

Quality Issues:

Peter West

Health and Wellbeing Board:

Donald Roy

Health and Social Care Overview and Scrutiny Committee:

Donald Roy

Members of Staff

Project Manager:

Ambra Caruso

Administrator:

Alana Rhoden

Engagement and Development Officer:

Ashraf Hussain

Information and Signposting Officer:

Hiliwona Solomon

Office Volunteers:

Natalie Daley
Eduardo Ricardo Chiesa



Summary of Our Achievements

“Healthwatch is involved in developments and services all over the borough - with lots of opportunities for involvement.”

Carol Varlaam, Healthwatch Wandsworth Executive Board Member

Healthwatch Wandsworth is all about local voices influencing the delivery and design of healthcare services for the people that use them now, and for anyone that might need to in the future.

The first year of Healthwatch Wandsworth has been successful. We have completed our transition from LINK to Healthwatch and established ourselves as a credible organisation that reflects the voice of the public and service users directly to those involved in the provision, commissioning and regulation of health and social care services.

Below are examples of key activities and achievements for our first year:

Healthwatch Wandsworth Youth

For the first time Healthwatch Wandsworth had a specific responsibility to represent the interests of young people. This led to the creation of ‘Speak Out’, our Healthwatch Wandsworth Youth arm, the launch of our youth Facebook and Twitter page as well as recruiting four bloggers that regularly wrote and posted blogs on their chosen subjects.

In other areas, Healthwatch Youth was able to establish working relationships with the Wandsworth Youth Council and the Health Jury, encouraging and supporting the Youth Council to undertake a youth led inspection of Child and Adolescent Mental Health Services (CAMHS). We asked the Mental Health Trust to meet with the group and helped them to identify a line of enquiry, giving them feedback on their approach. The Youth Council have now published their report and recommendations and we continue our work with them to ensure that commissioners give due consideration to their recommendations.

Collaborative Working

One of the key statutory roles of Healthwatch Wandsworth is to promote and support the involvement of local people in the commissioning, provision and scrutiny of local care services. Established through the Social Care Bill, the Health and Wellbeing Board brings professionals across the health and care services together to improve the health



“The Council values the strong and healthy relationship with Healthwatch as both partners are striving to achieve the *best* outcomes for local people. By working together the Council and Healthwatch have seen some significant progress in the last 12 months.”

Dawn Warwick, Director of Education & Social Services, Wandsworth Borough

outcomes of local people and reduce inequalities. Here at Healthwatch Wandsworth we wanted to help the community to get involved in the work of the Health and Wellbeing Board. To support this we set up and support regular meetings with the voluntary and community sector.

The Voluntary Sector Forum Meetings have been opportunities for community and voluntary sector groups to discuss papers going to the Health and Wellbeing Board and put forward their thoughts and ideas on the issues. These meetings are attended by the Chair or a Representative from the Health and Wellbeing Board, and so the input from the voluntary sector goes direct to one of the main decision making bodies in the borough. As the only voluntary sector organisations that sits on the Health and Wellbeing Board we are able to actively contribute to giving a voice to local people in this key decision making process. 91% of our stakeholders who responded in our annual survey said they believe that Healthwatch Wandsworth is a respected voice on the Health and Wellbeing Board. Our forum has also been commended by the voluntary sector for playing an important role in giving the sector an opportunity to get together and network. A key activity that has promoted collaborative working and sharing of information across the borough.

Personal Budgets

Identified as one of the top issues in care across the borough, Personal Budgets, in

particular for people with learning disabilities and mental health service users, was brought to our attention by the work of our Enter and View Team and community representatives and groups.

Early in 2013 the Enter and View Team carried out an exercise investigating if Social Care Personal Budgets were improving the lives of adults with learning disabilities¹. The team was happy to note overall satisfaction with the implementation of Personal budgets from the service users and carers they interviewed and the variety of activities they were able to take part in. However, drawbacks were noted and recommendations made to the Department of Adult Social Care Services (DASS²) based on the findings. Our recommendations were taken very seriously by DASS who put in place an action plan to explain how they will going to address our recommendations³.

Timeliness from initial assessment to the allocation of personal budgets and accessing services was one particular area we continued to challenge DASS on as a result of the Enter and View findings. With continued dialogue and persistence Healthwatch Wandsworth was able to get a commitment from DASS that using their new assessment software, reports will be published to monitor their performance related to timeliness. The work of the Enter and View Team in this areas is exemplary of where Healthwatch Wandsworth has used its statutory powers to Enter and View premises, observe and monitor quality of



“...I believe that service providers should try to put themselves in the shoes of those whom they serve, to understand better what makes a real difference to peoples’ lives...”

Sara Turner, Enter and View Representative,
Healthwatch Wandsworth

services and write reports with recommendations to which we can request responses.

Service users’ representatives and voluntary sector providers also approached us with their concerns in relation to mental health service users and personal budgets. We were already aware that the switch over from block funding to working on a personal budget model had taken place over a very short timeframe and the smallest in community mental health service providers were not ready to start operating on this model. This had led to the delay on the assessment of mental health service users and thus their allocation of budgets. Healthwatch Wandsworth was able to prepare a briefing on the issue and take it forward to senior commissioners from whom we requested relevant figures. These figures could then be used by us to monitor their progress on addressing the issue.

*Healthwatch Wandsworth Stall at the
STORM Woman Empowerment Conference
2013*



Monitoring Quality of Services

Healthwatch Wandsworth is strongly driven by the belief that the best services are those that reflect the needs and desires of the community. Over the course of the year we have taken a proactive role in influencing the statutory bodies to use patient experience to make services better.

One of the ways we have done this has been by encouraging both commissioners at Wandsworth Clinical Commissioning Group (WCCG) and providers such as the South West London and St George's Mental Health Trust and St George's Hospital to make better use of the comments and complaints they receive. Healthwatch Wandsworth, using its volunteers, was able to review the way each commissioner and provider actually collect patient experience.

As a new organisation like ourselves, we have worked closely with the WCCG in its first year of existence. Part of our engagement with the WCCG has been to ensure that they embed patient and public involvement in its commissioning process. Following our analysis of the way they collect and use data Healthwatch Wandsworth encouraged the WCCG to build a picture of patient experience for the borough. As a result the WCCG now has a database in which they collect all patient stories they have access to including the stories that we as Healthwatch capture in our work.

Related to this stream of work Healthwatch Wandsworth has also advocated for the Mental Health Trust to publish reports on feedback it receives through its 'Real Time Feedback' system. Reports now appear regularly on the Trust's website.

A key way that we have continued to monitor quality of services for the major providers in the borough has been by appointing a Quality Lead Representative that now sits on all the most important quality monitoring boards. Healthwatch Wandsworth now attends the quality monitoring meeting between the WCCG and the provider for Community Services and 111/Out of Hours Services as well as main quality meetings for Social Services.

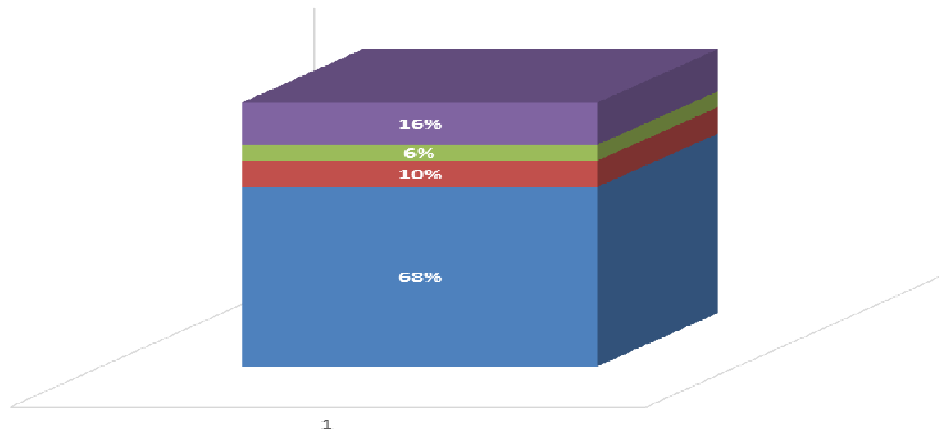
As the main statutory body monitoring the quality of services the Care Quality Commission (CQC) is another key organisation that we have a regular dialogue with. Ahead of the inspections this year of the Mental Health Trust and St George's Hospital, Healthwatch Wandsworth was invited to submit its views to the CQC and participate in the two listening events held for the Trusts.

Healthwatch, championing the voice of children, young people and adults.

Healthwatch England

TYPES OF ISSUES DEALT WITH BY THE INFORMATION & SIGNPOSTING SERVICE 2013/2014

■ Healthcare ■ social care ■ both health and social care ■ Others



Launch of the Information and Signposting Service

In its first year of operation Healthwatch Wandsworth was able to launch its new Information and Signposting Service. Officially launched on 28th May 2013 the service met our statutory duty to provide advice and information about access to local care services so that informed choices can be made about local services.

Initial efforts to promote the service used various methods including:

- Outreach activities e.g. Resident Association meetings, patient groups, sheltered housing schemes, provider and commissioner engagement events;
- Local newsletters and ebulletin e.g. Brightside, Older People's Forum, Lifetimes newsletters;
- External Websites e.g. Wandsworth CCG website, St George's Hospital, Wandsworth ACIS listing
- Internal website: Facebook, Twitter and HW Wandsworth website

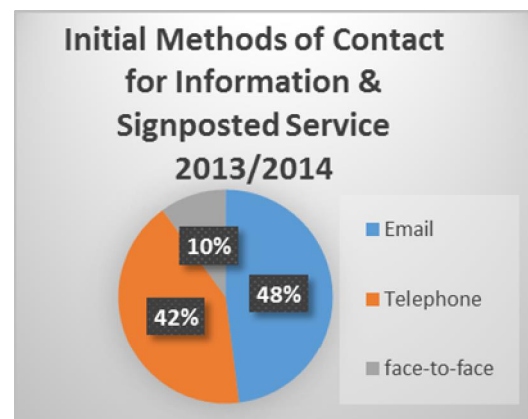
Since its launch the service has provided help to 31 people. Of these:

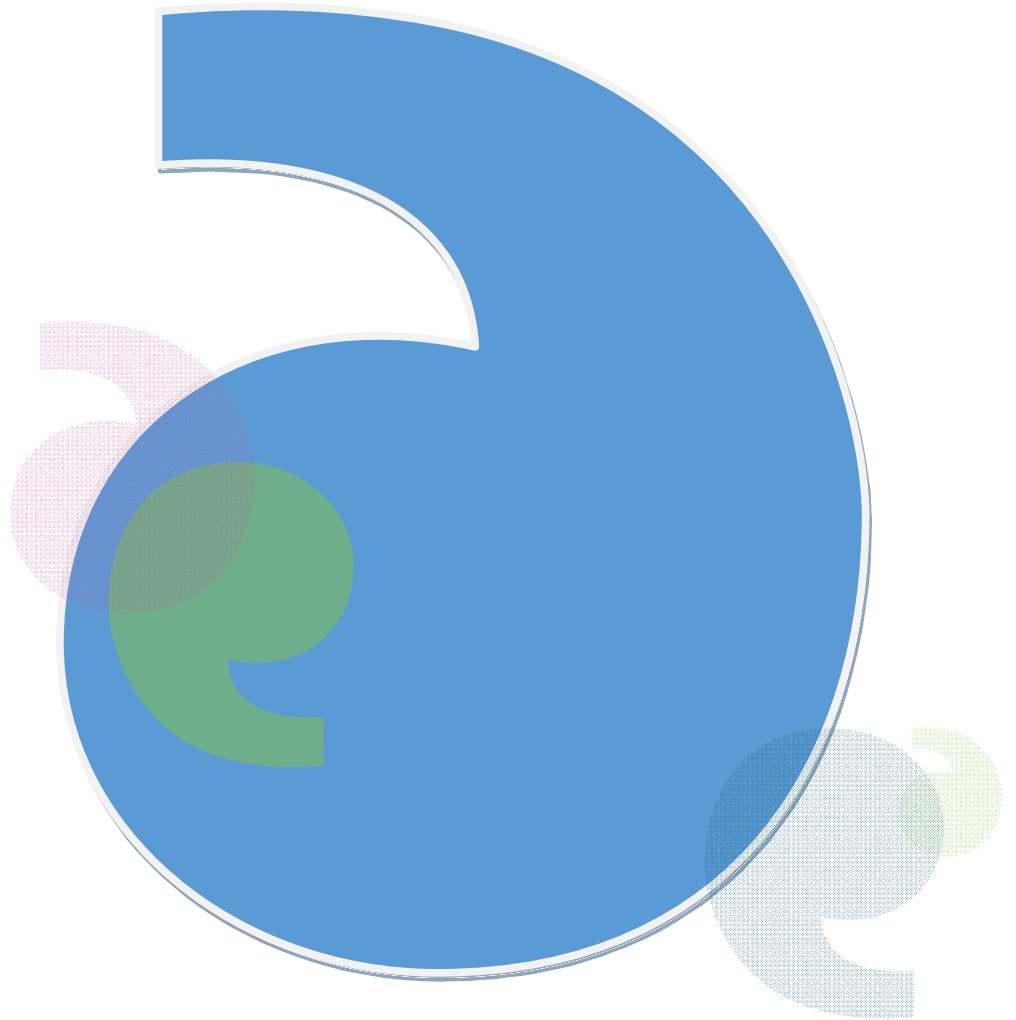
- 71% of enquirers were female and 29% male.

The most common method of initial contact was via emails at 48%. And Email requests for assistance were usually responded to within 3-5 working days and telephone requests on average within 1-2 days.

The reason for people accessing the service can be broken down as shown in the table above.

The data shows that although the number of requests for information or signposting were low, the type of 'cases' that we receive are lengthy, complicated and have often been through various other routes. The figures indicate that the simpler and more straightforward requests for information that we originally anticipated would form the bulk of our work are dealt with earlier on or else people find other ways to access information and help that they need.





Our Enter and View Work



“Healthwatch Wandsworth is one of the most effective ways that the public can influence their local health and social care services - everyone can be involved!”

Ashraf Hussain, Engagement and Development
Officer, Healthwatch Wandsworth

The Enter & View Team provides a unique opportunity for *local* people to monitor the quality of *local* services.

Wandsworth LINK's statutory power to enter and view all publicly funded health and social care services premises - either as an unannounced spot check or at a previously arranged visit - was carried over to the new Healthwatch Wandsworth structure. This has been a vital tool that has allowed us to be the voice of the public and service user, ensuring services adhere to the expected standard.

Our Enter and View Team provide an opportunity for ordinary people to engage with vulnerable service users and their families, in order to gain a better view of how they feel about the services they receive. This has been a busy year for the Enter and View Team with several important reports and recommendations submitted to service providers.

In our first year of operation the Enter and View Team has carried out work in three key areas: Learning disabilities and personal

budgets; hospital discharge processes; and services at care homes.

People with Learning disabilities

In June 2013 the Enter & View team launched the report 'People with Learning Disabilities and Personal Budgets'. Based on feedback from people with learning difficulties and their families, we highlighted the absence of DASS monitoring for the time taken to vary Personal Budget Plans. In response to this report, DASS published an Action Plan which was formally agreed by the Director, Dawn Warwick⁴. The council now ensures that this information is included in its new care management system and the results published.

Hospital Discharge Process

The Teams enter and view project into the discharge process from St George's Hospital was a follow up to the Wandsworth LINK study carried out in 2010. The 2013 report: The Experience of Patients Being Discharged from St George's Hospital revisited the issue to check on what has changed, what improved and what has not. The study had a large focus on talking to patients leaving St George's.

The results of the exercise were mainly encouraging as the discharge system had significantly improved. Areas for improvement were identified however and their report made various recommendations



“I regard Enter and View as an important approach to allow us to hear directly what people think of the services they are getting, broadcasting when services are doing well and holding providers to account when necessary.”

Everyone can be involved!”

Peter West, Enter and View Representative, Healthwatch Wandsworth

to which St George’s formally responded. The response set out how they were planning to address all of our recommendations⁵. The work of the Enter and View team was also noted by local councillors and as a result was a topic of discussion at this years January Adult Care and Health Overview Committee (OSC) Meeting.

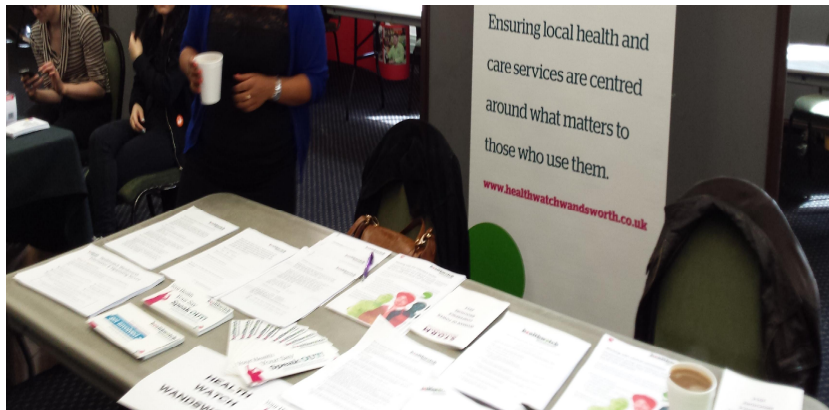
Care Homes in the Borough

The Team’s latest project is set to look into the quality of care homes in the borough. The Team plan to visit a number of homes in the borough that serve older people, those with learning disabilities and people with mental health problems.

The Enter & View Volunteers are a highly motivated and passionate group that truly look at services from the patients and service user perspective. It is thanks to their passion and professionalism that their work is impacting change in positive ways everywhere they visit. In order to manage their increasing workload, the team is always open to capable and passionate volunteers looking to join the team and support their work. All Enter and View Volunteers are trained to carry out enter and view visits and supported in their role.



The work of our Representatives & Membership



Healthwatch Wandsworth stall at STORM Woman's Conference

Our Authorised Representatives

Healthwatch has an active and vibrant membership without which none of our valuable work could be achieved. Currently Healthwatch is able to operate thanks to the 21 members who volunteer, undertaking a variety of crucial roles. Our authorised representatives often carry out our statutory activities and participate in over 35 boards/groups/committees throughout the borough. Representatives have strong links with the community and other groups, and draw on expert local and professional knowledge to both gather and represent views of local people. Through this representation local voices are guaranteed an audience in the processes of commissioning, provision and scrutiny of local care services.

The relationships that Healthwatch Wandsworth has developed through the help and support of its volunteers have proved to be very successful and in our annual End of Year Survey 100% of our stakeholders said that they have been influenced by Healthwatch and 100% of our stakeholders said that they took Healthwatch Wandsworth views into account when they developed plans.

This is evidenced through the following accounts of achievements of the representatives this year:

- We worked with the CQC in a process that has involved commenting on new methodologies for inspecting social care services - before they put out for formal consultation.
- We participated in the new pre-inspection local listening event for hospital inspections held by the CQC inspection team and fed back our experiences of attending, highlighting strengths and areas for improvement from the public's perspective.
- We have participated in an extensive programme of Quality Inspections undertaken by St George's and are now contributing to a review of the approach with a view to improving transparency and accountability to the public.
- We have attended and presented reports to the Patient Reference Group of St George's Trust where senior managers account for the quality of service provision to patient representatives. We have proposed an improved approach for how St George's presents their own assessment of service quality (the Quality Account) to make the report more accessible and useful for patients and the wider public. This is leading to changes in the report's format.

Healthwatch Wandsworth: For better health and social care

- We continue to contribute to providers Quality Accounts (QA) and in June 2013 we submitted comments on and statement for inclusion in the Mental Health Trust's draft Quality Account for 2012-13. These were included in the final version of the QA. We also submitted comments in August 2013 on Social Service's draft Local Account 2012-3
- In December 2013 we submitted detailed comments on the draft Wandsworth Joint Commissioning Plan for Mental Health and participated in a public consultation meeting held in January 2014.
- We have championed for the recognition of the Role of Carers and arranged for one of our regular liaison meetings with the Mental Health Trust's Wandsworth Service Director to be given over to a wide-ranging discussion of carer and family issues. Five carers and family members attended the meeting along with a representative of the Wandsworth Carers Centre. Following the meeting a number of commitments were made by the Trust to pursue specific issues raised including: arranging for carers to attend Community Mental Health team meetings and to increase 'carer- awareness' in advance directives and crisis planning. Plans were also made to have such three way meetings (Healthwatch, carers and the Mental Health Trust) more regularly .
- We continue to use our liaison meetings with the Mental Health Trust to underline

the need for improved arrangements for service user involvement in Wandsworth. Across the board we have pressed for information involving public and patient consultation and service user feedback to be both transparent and published, enabling participation at all levels.

- Access to support for the visually impaired was raised at liaison meetings with the MHT and the offer was made to outpost a clinical psychologist with the Pocklington Trust.

The Work of Our Membership

Healthwatch Wandsworth ensures that not only our work but also information and intelligence is shared throughout the membership. We do this through our website, social media presence and newsletters as well as through our public meetings. By supporting various ways of participation Healthwatch Wandsworth is ensuring that we allow our membership and the general public to have a voice that counts.

Over this year, in response to our members interests, we have invited key speakers such as the CCG and DASS who presented the Better Care Fund, NHS England who presented Care.Data, Better Services Better Value, Personal Health Budgets. All information sessions included lively Q&A and gave those that attended direct access to key decision makers in health and social care.

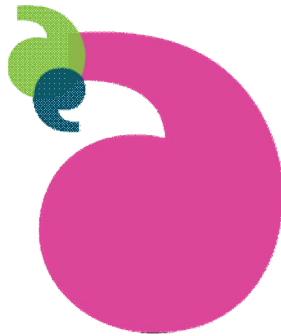
Our membership have also played a key role through consultations and at Assembly meetings to help identify our key priorities. Going forward into our second year we are committed to further extending and strengthening our membership, including seldom heard groups as well as develop opportunities for members to take more active roles in the organisation.



Hiliwona Solomon (Information Officer) and Ashraf Hussain (Engagement Officer) 2014.



Engaging Local Communities



“After one year, Healthwatch Wandsworth is already a well-established and lively organisation. It is exciting to be involved in this new opportunity for public participation in shaping local health and social care services”

Cherill Scott, Healthwatch Executive Board member

Engaging with communities in familiar and easy to access locations, Healthwatch Wandsworth has been able to empower people to speak without fear.

Our outreach and engagement activities are a vital element of the work that we do here at Healthwatch Wandsworth. As the public champion in Wandsworth our outreach activities have been prime opportunities to monitor the quality of services from a patient and service user viewpoint. To enable us to carry out this important work and ensure that we engaged with a wide cross-section of communities we developed our own strategy for Community Engagement and Development⁶.

Outreach and Engagement in the Community

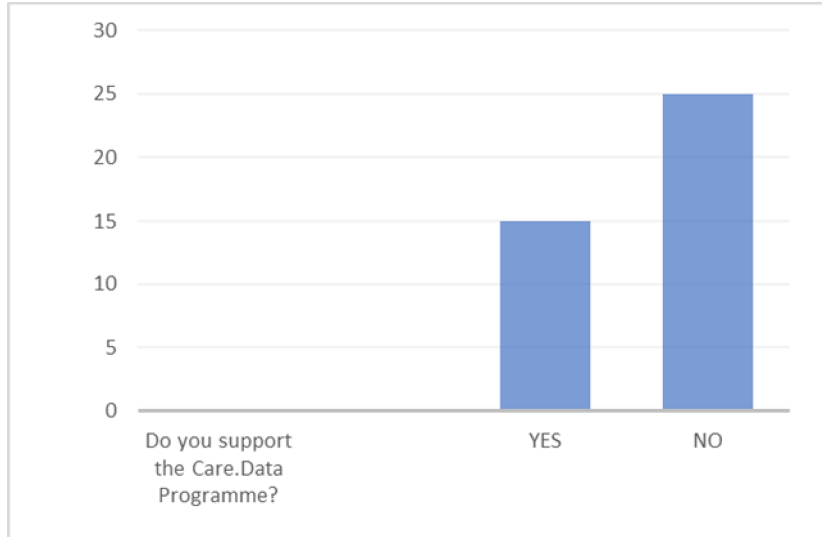
In our first year of operation our outreach and engagement activities have had two primary

aims. Firstly this has been to educate the public about the existence and function of Healthwatch Wandsworth and the benefits of being involved. Secondly, these activities have been ways that we have built relationships of trust that allows people to believe in us and utilise our statutory powers and functions.

Over the course of the year a total of 70 outreach sessions were held. We managed to visit a wide selection of groups and communities including: The Older People’s Forum, Parent’s Groups, Mosques, Tamil Temple, Roehampton Children’s Centre, Carer’s Centre, BME Mental health Forum and Sheltered Housing Scheme’s.

Certain sections of our communities such as young people, families and full-time working professionals we understand can often be overlooked and hard to engage. We have tried to tackle this by attending a wide variety of meetings held at different times:

- Resident Association’s meetings often held in the evenings allowed us to engage with families and working professionals we would otherwise miss at events held during the day;
- Events such as the STORM Peace Conference aimed at young people allowed us to engage with a diverse range of young people and capture their views on Children and Adolescent’s Mental Health Service and Sexual Health services.
- The Wandsworth Borough Get Active Festival and the Roehampton



Regeneration Event were both held over the weekend and gave us excellent opportunities to meet with various groups, of all ages and capture their views and experiences of health and social care services in Wandsworth.

- The Wandsworth Clinical Reference Group Cardiovascular and Dementia Events and the Wandsworth Borough Social Services Your Day: Your Say Conference gave us access to service users and the general public.
- Attending meetings at Mosque's, Tamil Temple and various Church groups such as St Mark's Church in Battersea Rise and St Joseph's Catholic Church in Roehampton were excellent places to reach groups we may not have otherwise met in the community.
- Day Centres were excellent for meeting the 65+, a group most likely most likely to be suffering from isolation and loneliness.

Through our engagement with local people and seldom heard groups Healthwatch Wandsworth has identified barriers faced by sections of our communities to accessing services and ways to tackle this. For the BME communities especially it was identified that

there was a lack of understanding of mental health problems, leading to barriers in accessing mental health service in Wandsworth. In the majority of groups we visited a lack of understanding of the health

complaints system and fear of consequences of complaining was identified.

To tackle this issue Healthwatch Wandsworth will develop training and information sessions that will increase awareness of Mental Health with a particular focus on Stigma, culture, religion and pathways to services, and sessions on how to navigate the health care complaints and feedback system.

Our social media activity demonstrates that we have influence to a broader profile of people who are involved in a different way to coming to public meetings and attending forums. At the end of our first year we had **974** twitter followers (Healthwatch and Healthwatch Youth combined) and with our presence supported by our website, Facebook pages and Youth Bloggers, we are able engage people in a variety of issues and allow them to be effective players in improving health and care services.

In addition to going out to the communities, and using social media, Healthwatch Wandsworth has also been utilising our regular Assembly meetings to engage with the public of Wandsworth. The March Assembly meeting was especially successful with over 50 people attending to learn, comment on and ask questions about, the Care.Data database programme⁷. Following the concerns highlighted in the community and across the national media, Healthwatch Wandsworth invited the Head of Intelligence at NHS England to our March public Assembly

“As a volunteer at Healthwatch Wandsworth I am always learning new skills and even improving old ones! The experience has given me the opportunity to meet new people and have new and exciting experiences. It has also been an opportunity to give something back to the community and make a difference to the people around me. Volunteering with Healthwatch keeps me involved with the real world”.

Eduardo Ricardo Chiesa, Healthwatch Office Volunteer

meeting. Bowing to public pressure NHS England had put a temporary halt to the nation-wide roll-out of the Care.Data programme earlier in the year to give the national body a chance to carry out further public consultations.

This was a very popular event and those that attended played an important role in voicing the concerns no doubt shared by many across the country and asking the questions that they had yet to address. This was lively and engaging event and allowed the people of Wandsworth to use their voice to influence services. This event was supplemented after the meeting with an online survey asking people their view on the Care.Data programme.



“Through Healthwatch you can speak without fear. With priority seats on the Health & Wellbeing board and the Clinical Commissioning Board and speaking rights at the Adult Care and Health Overview and Scrutiny Committee Healthwatch Wandsworth gives the community a chance to speak up and be heard”.

Ambra Caruso, Healthwatch Wandsworth Manager.

Thank you from Healthwatch Wandsworth

The first year of operation for Healthwatch Wandsworth has been very encouraging. As we have demonstrated in our annual report, this would not be possible without the hard work of our volunteers and the input from the public, patients and service users in Wandsworth.

Healthwatch Wandsworth would like to thank our Representatives, volunteers and members for supporting our work and helping us to achieve positive outcomes.

With your help Healthwatch Wandsworth will continue to serve the people in Wandsworth, helping to improve services and making sure local voices influence local services.

Thank you !

Healthwatch Wandsworth

Financial Summary

Draft Income & Expenditure Summary for the year 2013/2014

Income

Core payments	£141,814.40
Performance related payments	£37,838.70
Total	£179,653.10

Expenditure

Staff and Management

In house	87,477
Outsourced to Lifetimes	32,468

Subtotal **119,944**

Legal & professional	7,621
IT Costs	2,685
Website Development	2,400

Rent & operating overheads 34,070

Total Expenditure **£166,700.55**

*Note These draft income and expenditure are compiled from management accounts and therefore remain, at this stage, indicative only and remain subject to alteration and adjustment, scrutiny of auditors and approval of the Healthwatch Executive and WCA board.

References



- ¹ Enter and View Team: Finding out if Social Care Personal Budgets are improving the Lives of Adults with Learning Disabilities in Wandsworth. Read the report here: http://www.healthwatchwandsworth.co.uk/sites/default/files/201306-people-with-learning-disabilities-and-personal-budgets_0.pdf
- ² From 1st April 2014, DASS became know as DESS Department of Education and Social Services
- ³ Back in June 2013 the Enter & View team launched the report 'People with Learning Disabilities and Personal Budgets'. In response to this report, Wandsworth's department of Adult Social Services published an Action Plan which was formally agreed by the Director, Dawn Warwick. http://www.healthwatchwandsworth.co.uk/sites/default/files/dass_-_enter_and_view_action_plan_final_0.pdf
- ⁴ See notes 1 and 3.
- ⁵ The response by St George's Hospital to the recommendations of the E&V Team can be read here: http://www.healthwatchwandsworth.co.uk/sites/default/files/sght_response_to_leaving_hospital_report.pdf
- ⁶ Healthwatch Wandsworth Engagement Strategy <http://www.healthwatchwandsworth.co.uk/news/article/engagement-strategy-outreach-information-report>
- ⁷ For information on the Care.data programme visit: <http://www.nhs.uk/NHSEngland/thenhs/records/healthrecords/Pages/care-data.aspx>

Contact Us

Write: Healthwatch Wandsworth
c/o Wandsworth Care Alliance
3rd Floor Trident Business Centre
89 Bickersteth Road
Tooting
SW17 9SH

Phone: 020 8516 7767

Email:

Manager: Lauren Ashley-Boyall

E: lauren@healthwatchwandsworth.co.uk

Development & Outreach Worker: Ashraf Hussain

E: ashraf@healthwatchwandsworth.co.uk

Information & Signposting Officer: Hiliwona Solomon

E: information@healthwatchwandsworth.co.uk

Administration: Alana Rhoden

E: enquiries@healthwatchwandsworth.co.uk



If you need help accessing this annual report please get in touch and we will make every effort to present it in a suitable manner.

Appendix 1

Analysis of Healthwatch Wandsworth Questionnaires

Background

During April 2014 a Questionnaire relating to the performance of and understanding about the role of Healthwatch Wandsworth (HW) was given to 6 core groups.

The 6 core groups were:

Individual HW Members

Key Stakeholders- this group includes respondents from Wandsworth CCG, DASS, the Health and Wellbeing Board, the Adult Care and Health OSC, Public Health, the JCU, the two local NHS Trusts, NHS England, Healthwatch England, CQC

The HW Team- this groups includes HW staff, executive, representatives and office based volunteers

HW Member Organisations

Statutory Information Providers- this group includes six health and social care statutory information providers such as PALS and ACIS

Non Member - this group includes lists of Wandsworth residents, local councillors, and local organisations provided by the council.

The deadline for this survey was Monday 14th April when the last batch of questionnaires was completed at the quarterly meeting for Voluntary Sector organisations.

By this date the following responses were received:

Individual HW Members- 25 (response rate 8.3%)

Key Stakeholders- 12 (response rate 48%)

The HW Team- 16 (response rate 50%)

HW Member Organisations- 18 (response rate 14%)

Statutory Information Providers- 1 response (response rate 17%)

Non Member individuals- 13 (response rate 0.05%)

TOTAL RESPONSES RECEIVED 85* (average response rate 23% - *unweighted*)

Questionnaire content

Although there was a core base of questions not all were appropriate to all groups so the array of questions was tailored to each group [Appendix 1- HW annual survey- Year 1 - Common Questions] except for the Non Member individuals. This group were given a separate questionnaire which also included some background information together with an invitation to join HW [Appendix 2- Healthwatch Wandsworth Information]

Methodology

All 85 responses were fed into Survey Monkey and an analysis of responses compiled.

Table 1 presents a breakdown of the 84 responses by Common Question for the 4 core groups [Individual HW Members; Key Stakeholders; The HW Team; HW Member

Organisations] Data for Statutory Information Providers was not included as only one response was received from the 6 providers. We will be working with these groups in order to gain further insights into our developing relationship with them.

The combined percentage of responses for ‘Strongly Agree’ & ‘Agree’ were tabulated. Similarly the percentage of ‘Neither agree or Disagree’ was calculated. These neutral responses are possibly ambiguous. Do they represent a response from someone who is has a neutral opinion? Or, with HW only being in existence for 12 months, do some of the responses reflect the opinion of someone who has an incomplete knowledge and expectation of the purpose and role of HW? To account for this ambiguity the score for the ‘Neither agree or Disagree’ category was divided evenly and 50% of the score was added to the ‘Strongly Agree’ & ‘Agree’ categories. Any of the 3 combined categories scoring below 60% were tagged in red. Any between 60%- 70% were tagged in blue

Questions with a straight ‘Yes’ ‘No’ response have been shown accordingly with those below 60% tagged in red.

Individual comments were noted and an analysis comment added- [Appendix 3 Open Ended Comments Received + analysis comment]

Table 1 A breakdown and statistical analysis of the 84 responses by Common Question for the 4 core groups

COMMON QUESTIONS NB 1 question specific to Member Organisations (My organisation believe HW is supportive of the Voluntary and Community Sector.) has not been included in this analysis but included in comments	INDIV MEMBERS-25	KEY STAKE HOLDERS-12	HW TEAM-16	MEMBER ORGS - 18	COMBINED% Strongly agree + agree/neutral (Strongly agree + agree+ 50% neutral)
SCORING * denotes a Yes/No choice	Strongly agree + agree/neutral (Strongly agree + agree+ 50% neutral)	Strongly agree + agree/neutral (Strongly agree + agree+ 50% neutral)	Strongly agree + agree/neutral (Strongly agree + agree+ 50% neutral)	Strongly agree + agree/neutral (Strongly agree + agree+ 50% neutral)	All scores shown as weighted according to number of responses per category
I can explain the purpose of HW	76/12 (82%)	100/0 (100%)	100/0 (100%)	78/17 (86.5%)	85.97/8.53 (90.24%)
I am familiar with the work of	76/12 (82%)	100/0 (100%)	NA	78/22 (89%)	81.89/12.65 (88.22%)

HW					
I believe I can contact HW for help & support	56/28 (70%)	NA	NA	82/18 (91%)	66.88/23.80 (78.78%)
I use the HW website*	50% Yes	NA	NA	47% Yes	48.5% Yes
I am aware of the HW *website	NA	83% Yes	NA	NA	83% Yes
I believe HW is a welcoming organisation	66/25 (78.5%)	NA	NA	89/11 (94.5%)	75.63/19.40 (85.33%)
I find the HW meeting places easy to get to and use	48/36 (66%)	NA	NA	75/6 (78%)	59.30/23.44 (71.02%)
I believe HW is responding to community voices	58/21 (68.5%)	67/33 (83.5%)	NA	72/17 (80.5%)	64.55/22.31 (75.71%)
I believe HW operates independently	60/24 (72%)	91/9 (95.5%)	94/6 (97%)	76/17 (84.5%)	76.96/15.63 (84.78%)
I believe HW is a credible organisation	64/24 (76%)	92/8 (96%)	NA	78/11 (83.5%)	74.69/16.25 (82.81%)
I believe HW is an effective organisation	56/32 (72%)	NA	88/12 (94%)	76/18 (85%)	73.26/23.09 (84.81%)
I believe HW provides good quality signposting	50/38 (69%)	NA	44/44 (66%)	44/50 (69%)	46.54/43.29 (68.19%)
I am satisfied with the progress being made by HW	60/20 (70%)	NA	75/19 (84.5%)	71/24 (83%)	67.79/21.68 (78.63%)
I am satisfied with the work of HW	52/20 (62%)	NA	NA	71/18 (80%)	59.95/19.16 (69.53%)
The work of my organisation has been influenced by HW	NA	100/0 (100%)	NA	NA	100/0 (100%)
My organisation has increased understanding of experiences, needs & wishes of service users as a result of HW	NA	75/25 (87.5%)	NA	NA	75/25 (87.5%)
My organisation has taken HW	NA	100/0 (100%)	NA	NA	100/0 (100%)

views into account when developing plans					
My organisation has received HW assistance in increasing public engagement activities*	NA	82% Yes	NA	NA	82% Yes
My organisation has implemented recommendations made by HW *	NA	82% Yes	NA	NA	82% Yes
I have a good working relationship with HW	NA	100/0 (100%)	NA	63/19 (72.5%)	77.80/11.40 (83.5%)
My organisation values the contribution made by HW	NA	82/18 (91%)	NA	NA	82/18 (91%)
I believe HW is a respected voice on the HWBB	NA	82/18 (91%)	NA	NA	82/18 (91%)
Overall- 5 point scale	(12 questions) 60.16/24.33 (72.32%)	(11 questions) 89.91/10.09 (94.96%)	(5questions) 80.2/16.2 (88.3%)	(13 questions) 73.31/19.08 (82.8%)	83.67%
Overall Y/N response	1 question 50% Yes	3 questions 82% Yes	NA	1 question 47% Yes	68.6% Yes
Comments	8 received 9 - including 1 via non-member questionnaire	1 received	6 received	5 received	

N.B. (Statutory Information Providers- 1 response- not included; non- Members- separate analysis follows as Table 2)

Table 2 TABLE 2 NON MEMBERS SURVEY RESULTS

14 possible responses	Strongly agree + agree/ neutral (Strongly agree + agree+ 50% neutral) * denotes a Yes/ No choice
Does your organisation work with users' health and/or social care services	13 responses 38.5% Yes with 15.4% not

in Wandsworth? *	Applicable
I am aware of Healthwatch Wandsworth*	12 responses 58.3% Yes with 0% not applicable
I can explain the purpose of Healthwatch Wandsworth	13 responses 38.5% strongly agree/ agree 7.7% neither agree or disagree 0% not applicable
I am aware of the Healthwatch Wandsworth website*	13 responses 23.1% Yes
I believe I can contact Healthwatch Wandsworth for help and support	13 responses 23.1% strongly agree/ agree 53.8% neither agree or disagree 7.7% not applicable
I believe Healthwatch Wandsworth is crucial to ensure that local health and social care services put patients, service users and carers first	13 responses 15.4% strongly agree/ agree 53.8% neither agree or disagree 23.1% not applicable
I believe Healthwatch Wandsworth can play an important role in improving local health and social care services	13 responses 23.1% strongly agree/ agree 53.8% neither agree or disagree 15.4% not applicable
I believe the work of Healthwatch Wandsworth will strengthen patient participation	13 responses 23.1% strongly agree/ agree 61.5% neither agree or disagree 15.4% not applicable
Do you have any additional comments?	5 responses

For completeness the comments received from all groups have been presented in their entirety as Appendix 3- Open Ended Comments Received. We would question the value of Non Member enquiries at this stage of Wandsworth Health Watches development.

Questionnaire analysis & comment By Cohort

Individual members- with a 72.32% overall approval rating for 5 scale responses (the lowest for all 4 cohorts) and 50% for direct Yes/ No responses this is a pleasing result. There are no strong disapproval ratings (red) with blue ratings relating to **access for meeting venues, response to community voices, signposting and overall satisfaction**. It must be borne in mind that the latter- the lowest rating, scored 62% on the analysis criteria. Use of website, a

direct yes/ no response of 50% to **use of website** possibly needs some extra promotion with an emphasis on the unique contribution offered by the website.

Key stakeholders- this was the most satisfied cohort with an overall rating of 94.96% (5 scale response) and 82% (yes no)

The HW team- the main body of this enquiry related to external views about the performance of Health Watch. Therefore the number of questions answered was lower. However it is interesting to note that there is not 100% belief within the team about provision of **good quality signposting** (66%)

Member Organisations- a positive response. The two areas to note are **signposting and use of the website** (69% & 47% respectively). The one question specific to Member Organisations 'My organisation believes HW is supportive of the Voluntary and Community Sector' scored 70% on the analysis criteria.

By area of enquiry

Use of the HW website scored 48.5% Yes and **signposting** 68.19% with overall satisfaction at 69.53%. All other scores are in excess of 70%

3. Overall comment

A very encouraging response for the first year of operation with areas such as **signposting and website awareness and use** among the few areas that need a more attention in Year Two. From individual comments there are some areas of delivery that possibly merit attention or need more publicity or awareness raising i.e.

Communicating outcomes and achievements- possibly greater confidence (and less political wariness of HW role) could be reinforced by Statutory Health & Social Care bodies making it explicit when the influence of HW has been instrumental in improving services (using someone else to blow the HW trumpet!)

Action plans should be made widely available and known.

Specific requests that have emerged through questionnaire e.g. Autism & Aspergers need more attention; engagement of Youth with Heathwatch; Monitoring particular areas (e.g. obesity; death rates in hospitals and care homes; links with patient groups?)

Training issues- generally and particularly for widening participation in 'Enter & View'

Several comments (not only made by HW team!) on role limited by **insufficient resources** together with suspicion that there was a **political agenda** behind the creation of Healthwatch.

In general terms the questionnaire puts HW in a very positive light- well done the whole team!

MTD - Consultant responsible for Q Analysis.

Appendix 2

The Quarterly Key Performance Indicators in column C in the attached spreadsheet are the minimum levels, and are the Quarterly Qualifying Targets for the purposes of the Conditions.

The Quarterly Key Performance Indicators shaded grey are those that attract a Quarterly Bonus Payment for the purposes the Conditions.

	Plan	Q Min	Q4	@ 31st March 2014	Monitor
Independent					
% of Overview and Scrutiny Committees attended in the period.	No	100%	100%	100%	Quarterly

Clearly Recognised					
No. of (genuine) new Facebook friends/likes in the period	No	20	30	78	Quarterly
No. of (genuine) new twitter followers in the period	No	30	35	159	Quarterly

User-Focused					
No. of new website posts in the period	Yes	20	40	42	Quarterly
No. of comments on website posts in the period	No				Quarterly
No. of national consultation requests formally responded to in the period	No	1	1		Quarterly
No. of local commissioner or provider service consultations responded to in the period.	No	1	1	1	Quarterly
No. of PPI training/development/briefing/outreach events held in the period	Yes	1	12	20	Quarterly
No. of Committees/Boards/Groups with LHW rep attending (snapshot measure)	Yes	20	20	27	Quarterly
No. of LHW initiated consultations executed/completed in the period	Yes	1	2	3	Quarterly
No. of LHW surveys executed/completed in the period	Yes	1	1	1	Quarterly
No. of Enter & View site visits by authorised representatives in the period	Yes	1	1	1	Quarterly

Inclusive					
No. of new LHW representatives recruited in period	Yes	2	2	0	Quarterly
No. of new Authorised Representatives recruited in the period	No				Quarterly
No. of newly recruited members (to both LINK and LHW) (individuals) in the period	Yes	20	42	171	Quarterly
No. of newly recruited members (to both LINK and LHW) (organisations) in the period	Yes	5	6	17	Quarterly
No. of new members (to both LINK and LHW) by declared interest group in the period	No				Quarterly
No. of new (to both LINK and LHW) individual members by ethnicity in the period	No				Quarterly
No. of new (to both LINK and LHW) individual members by age in the period	No				Quarterly
No. of new (to both LINK and LHW) individual members by sex in the period	No				Quarterly
No. of new (to both LINK and LHW) individual members by Ward in the period	No				Quarterly

					ly
No. of total LHW members (individuals)- snapshot measure	Yes		540	296	Quarterly
No. of total LHW members (organisations)- snapshot measure	Yes		125	126	Quarterly
No. of easyread/alternative format newsletters published in the period	Yes	1	1	1	Quarterly
No. of reports/findings publicly available in alternative formats in the period	Yes	1	1	1	Quarterly
No. of non-exec members at meetings in the period (each meeting)	No	23	23	41	Quarterly
No. of members at these meetings assisted with translation, interpretation or facilitation (please detail)	No			0	Quarterly
No. of attendees at these meetings had transport arranged	No			1	Quarterly
No. of trained/CRB checked authorised representatives (current total)	No	6	7	7	Quarterly
No. of Authorised Representatives trained/CRB in the period	No			1	Quarterly
No. of total LHW members (breakdown analysis) – on request	No				Quarterly

Well-connected					
No. of newsletters published (electronic/paper) in the period	No	1	1	1	Quarterly
No. of unique visitors to website in the period	No	1000	1000	695	Quarterly
Date of last published update on the website (snapshot)	No				Quarterly
No. of different email/SMS/ info bulletins sent in the period	Yes	24	24	6	Quarterly
No. of facebook posts in the period	Yes	10	48	52	Quarterly
No. of original unique tweets/twitpic/instagram posts in the period	Yes	80			Quarterly
No. of retweets of relevant H&SC posts in the period	Yes	100	242	114	Quarterly
No of 'signposting' telephone contacts received in the period	No			8	Quarterly
% of 'signposting' telephone contacts referred to:(PALS /Provider /PCT /DASS /Translation Services/ Advocacy/Other)	No			100%	Quarterly

Credible					
No. of ex LINK members recruited in the period	Yes		0	0	Quarterly
No. of total non-exec meeting attendees by: (sex/age/ethnicity/interest group)	No				Quarterly
% response rate for LHW surveys executed/completed in the period	No	10%	10.0%	3%	Quarterly
No. of people involved/responded in statutory consultation requests formally responded to in the period	No	30	36	60	Quarterly
No. of people involved/responded in local commissioner or provider service consultations responded to in the period.	No	30	36	45	Quarterly
No. of people/responded involved in LHW initiated consultations executed/completed in the period	No	30	36	47	Quarterly

Technically competent					
% of exec meetings in the period convened with at least 1 week notice (inc published agenda)	No	100%	100.0 %	100.0 %	Quarterly
% of non-exec meetings in the period convened with at least 1 week notice (inc published agenda)	No	100%	100.0 %	100.0 %	Quarterly
% of meeting agenda item papers unpublished before the meeting	No	20%	20.0%	20.0%	Quarterly
% of meetings minuted	No	100%	100.0 %	100.0 %	Quarterly
% of minutes published within 3 weeks of meeting	No	100%	100.0 %	100.0 %	Quarterly
% of statutory consultations in the period where response deadline met	No	100%	100.0 %	100.0 %	Quarterly
% of local commissioner or provider service consultations in the period where response deadline met	No	100%	100.0 %	100.0 %	Quarterly
No. of training events attended in the period by LHW Reps or Authorised Reps	Yes	2	2.0	3	Quarterly
No. of participants per training event (average)	No	2	0.0	0	Quarterly
No. of CRB checks undertaken in the period	No				Quarterly
Average days sickness in the period per employed FTE	No				Quarterly
Local Authority monitoring data reports published at least 2 weeks prior to contract meeting	No	100%	100%	100%	Quarterly




Influential					
No. of reports and recommendations to commissioners/provider in the period	No	1	1	1	Quarterly
No. of E&V specific reports to commissioners/providers in the period	No	1	1	0	Quarterly
No. of total LHW representatives (snapshot measure)	Yes	16	16	17	Quarterly
No. of Committees/Boards/Groups with LHW rep attending (snapshot measure)	Yes	20	20	27	Quarterly
No. of referrals/concerns reported to HWE in the period	No				Quarterly
No. of referrals/concerns reported to CQC in the period	No				Quarterly
No. of progress items for follow up agreed by OSC in the period	No				Quarterly
No. of written formal referrals of concern to OSC in the period	No				Quarterly

Flexible					
No. of LHW representatives on strategy and planning teams in the period	No	20	20	27	Quarterly

Self-aware					
No. of volunteer supervision sessions in the period	Yes			2	Quarterly
No. of employee supervision sessions in the period	Yes	4	4	4	Quarterly

No. of regional/national HW meetings attended in the period	No	1	1	3	Quarterly
No. of complaints received in the period	No	<20	2	0	Quarterly
% of complaints responded to within agreed timescale	No	75%	95.0%	N/A	Quarterly

Accountable					
% of meetings minuted	No	100%	100%	100%	Quarterly
% of minutes published within 3 weeks of meeting	No	100%	100%	100%	Quarterly
Local Authority monitoring data published within 3 weeks of contract meeting	No	100%	100%	0	Quarterly
% of complaints responded to within agreed timescale	No	75%	100%	N/A	Quarterly

Good value for money					
No. of hours per week provided by active volunteers (Administration functions) (average in the period)	Yes		10.5	7.5	Quarterly
No. of employed staff (hours per week) (snapshot measure)	Yes		126.5	126.5	Quarterly
No. of active volunteers (Administration functions) (snapshot measure)	Yes		3.0	4	Quarterly