

Report on Annual KPIs 2013-14

Evidence of input into local accounts

- All consultation meetings for the local account (both 2013-14 and 2014-15) were attended by Healthwatch representatives
- A formal response to the local account 2013-14 was submitted and taken into consideration by DASS
- Healthwatch helped facilitating group discussions at the conference during which the local account was launched

Assessment of quality (timely/appropriate/accurate) of signposting function service

The Healthwatch Wandsworth information and signposting service was officially launched on 28th. Initial efforts to promote the service used various methods including:

- Outreach activities e.g. Resident Association meetings, patient groups, sheltered housing schemes
- 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
- 48% of people initially contacted us via email, 42% ,via telephone and 10% face-to-face at outreach events
- The majority of cases - 68% - related to healthcare issues, 10% to social care, 6% to both health and social care and the remaining

16% to issues relating to public health, funding and local social and wellbeing services.

- Email requests for assistance were usually responded to within 3-5 working days and telephone requests on average within 1-2 days.

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.

Ensuring that information given is of a high quality has been and continues to be a leading priority for the service. Ways this has been achieved:

- Making contact with key service providers within health and social care,
- Keeping abreast of developments in services via newsletters, meetings and website research
- Being a member of key networks in the information and signposting sector e.g. CAB Advice Forum

Evidence of LHW representatives appropriately briefed and supported and able to contribute effectively

- Healthwatch invites members to comment on the OSC papers. Those comments are then included in a briefing for the Healthwatch representative on the OSC.
- Before the HWBB, a Healthwatch public meeting is held to give community groups the opportunity to comment on the paper going to the HWBB. The Healthwatch representative on the HWBB always attends those meetings to be aware of the views expressed on those papers.

- When enough intelligence has been collected on people's experience of certain services, a specific briefing for Healthwatch representatives is prepared. Topics we have prepared briefing on includes: personal budget, support for service users with personality disorders, sheltered housing schemes, discharge of the homeless, HIV training for staff, access to homeopathic treatment, perinatal mental health.
- The Enter and View reports were circulated widely and provided briefing to Healthwatch representatives in various roles.

Evidence of LHW involvements, information and reports referenced in commissioning and provider plan

- 100% of our stakeholders in the annual survey stated that they took Healthwatch Wandsworth views into account while developing plans
- 100% of our stakeholders in the annual survey stated that their work has been influence by Healthwatch Wandsworth

Below is an overview of our achievements and contribution

MHT Quality Account: in June 2013 we submitted comments on and a statement for inclusion in the MHT's draft Quality Account for 2012-3. These were included in the final version of the QA.

Social care: from July to Oct 2013 we raised concerns with DASS about difficulties in the provision and development of support services in the Community for people with long term mental health problems. We succeeded in obtaining the number of such people benefitting from Personal Budgets (previously not published) and we are continuing to discuss with DASS (now DESS) the significance of this figure. The Council and the MHT agreed to adopt the new assessment and allocation system developed by FACE in December 2013 in advance of the general rollout.

Real Time Feedback: We have continued to take an interest in the rollout of the MHT's RTF system and the use made of it. At the

November Board meeting we asked about publication of the quarterly reports on the feedback received and the CEO agreed to consider publishing these in advance of the annual Quality Account. They now appear regularly on the Trust's website.

Recognition of Role of Carers: the 17 March liaison meeting with the MHT's Wandsworth Service Director was given over to a wide-ranging discussion of carer and family issues on the basis of a paper prepared by Christine Lewis. A number of carers and family members attended the meeting along with a representative of the Wandsworth Carers Centre. A number of commitments were made by the Trust to pursue specific issues raised.

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

Service user involvement: at our liaison meetings with the MHT we have continued to underline the need for improved arrangements for service user involvement in Wandsworth. We participated on 1 March in a day's workshop on a new framework for involvement and have asked for the Trust's co-production and involvement lead to be invited to our liaison meeting on 19 May.

Joint Commissioning Plan: 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.

CQC Inspection of the MHT and St. George's healthcare Trust: We submitted memorandums of feedback on both NHS Trusts in preparation for the CQC inspection and participated in a local listening event held by the CQC inspection team.

MHT application for Foundation Trust status: we have played an active role along with other stakeholders in the MHT's FT Steering Committee. We gave balanced support for the Trust's application at a meeting of the Adult Social Care and Health OSC in February.

Publication of CRG minutes: We have raised on a number of occasions the need for the CRGs to become more publicly accountable by publishing its minutes. The new webpages provided by the CCG for the various CRGs contain a page for minutes and most of the CRGs are using this.

We have influence other agencies to capture and use patient experience to make the service better: We are involved alongside health commissioners and providers in developing a new qualitative approach to finding out the experience of people using community health services at home.

We are working with Council and health commissioners on how the quality assurance of nursing homes can best be achieved, including possible collaboration on visits to talk to residents.

Involvement in CQC work:

We have taken part in a CQC process that has involved commenting on new methodologies for inspecting social care services - before they put out for formal consultation.

We have fed back to CQC our experience of attending their new pre inspection listening event for hospital inspections, highlighting strengths and areas for improvement from the public's perspective.

Involvement in St. George's Quality Inspections: 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 worked with other agencies to monitor the quality of services from a patient/user viewpoint: We have attended regular meetings organised by NHS England to pool intelligence across South London about potential problems with local health services - set up following the Mid Staffordshire Enquiry.

We have attended regular formal quality monitoring meetings where local health providers are held to account by commissioners.

We have attended and presented reports to the Patient Reference Group of St George's Trust where senior managers account for the quality.

St. George's Governors: we have convinced St. George's to allocate a higher number of places to governors from Wandsworth.

Perinatal Mental Health Review: We have contributed to the review of perinatal mental health services in Wandsworth encouraging the commissioner to fund 2 link workers for the benefit of the patients and their families.

Health and Wellbeing Board: We have convinced the board to concentrate on falls prevention as on their priorities.

We have convinced the board to review their criteria for assessing health inequalities.

Youth-led inspections of CAMHS: We introduced the youth council to the Mental health Trust and worked with them to establish a line of enquire for a youth-led inspection of CAMHS.

Evidence of recommendations accepted by commissioners and providers

We have completed two Enter and View studies and have published the reports with recommendations.

Enter and View report on people with learning disabilities and personal budgets

The council has put in an action plan to address the recommendations published in our report:

http://www.healthwatchwandsworth.co.uk/sites/default/files/dass_-_enter_and_view_action_plan_final_0.pdf

Based on feedback from people with learning disabilities and their families, we have highlighted the absence of Council monitoring for the time taken to vary Personal Budget plans. This has prompted the Council to ensure this is included in their new care management system and the results published:

http://www.healthwatchwandsworth.co.uk/sites/default/files/follow_up_on_monitoring_timeliness.pdf

Enter and View report on hospital discharges

St. George's Healthcare trust has formally responded to the recommendations in the Healthwatch report:

http://www.healthwatchwandsworth.co.uk/sites/default/files/sght_response_to_leaving_hospital_report.pdf

A discussion on those recommendations also took place at the January OSC.

Evidence of contribution made to the JSNA and Health and Wellbeing Strategy

- Health and Wellbeing Board members attended Healthwatch meeting on a regular basis to listen to people views on their priorities and their work
- Healthwatch representatives attended all the meeting of the Health and Wellbeing Partnership and contributed to the discussion
- A Healthwatch representative attended each Health and Wellbeing Board meeting and contributed to the discussion
- The list of Healthwatch priorities was shared with the HWBB.

- Events aimed at consulting on specific services (e.g. mental health, learning disabilities) or the Better Care Fund were always attended by at least one Healthwatch representative

Besides we have representatives on various strategic boards/committees that regularly feed into the work of the Health and Wellbeing Board, such as the CCG Board, the Children's Health and CRG, the LD Partnership Board, the Safeguarding Board, the Older people's strategy group.

Self assessment or peer review (continuous improvement)

Enter and View

The Enter and View team has developed and agreed a new strategy for using Enter and View power and focussing our resources more effectively.

They have reviewed the way they work and developed a new approach to capturing the experience of care home residents, dovetailing it with CQC's new inspection framework. They have undertaken an Enter and View visit to an older people's care home using our new methodology. (Report to be published in April 2014)

Healthwatch staff

The Healthwatch team member has a workplan which is used to assess performances during support and supervision sessions.

Healthwatch representatives

Healthwatch representatives report to the office about their work on a regular basis.

A review of the Healthwatch representation, carried out by the Executive, is creating opportunities to reflect on the way we work and make improvement

Other

Meetings with other local Healthwatch organisations at various levels offer the opportunity to compare our different approaches.

The Executive receives regular updates on the overall progress made by Healthwatch.

Evidence of targeting Healthwatch services in a way to target those who will benefit the most

Our Outreach and Engagement sessions are aimed at building a relationship of trust first and then consulting with either groups that use health and social care services more than others (Older people, people with disabilities) or hard to reach groups.

We held a total of 70 outreach sessions in our first year.
Below are some of the groups we visited:

Older people's Forum; Wandsworth Independent Living Forum; Mosques; Tamil temple; Catholic Women's group; Parents's groups; Rohampton Children's Centre; Youth Boxing Club; Day Centres; Residents' Associations; St. Mark's Church; Carers' Centre; Cafe' for people with Dementia; Storm Empowerment; Muskiathasan; Asian Women's group; BME Mental Health Forum; Share Communities

Evidence of avoiding duplication and adding value

Before looking at new areas/issues/services Healthwatch staffs and representatives would carefully assess and take into account what is already happening in the borough and what Healthwatch could do to add value.

Below are some examples:

- The Enter and View team used evidence gathered by an AGE UK project called "home from hospital" in their report on hospital discharges

- The Enter and View team analysed information that providers had to offer in their report on people with learning disabilities and persona budget
- The Enter and View team met and discuss monitoring of care homes with commissioners for both the council and the CCG, with the view to develop an approach that adds value to the monitoring work already being carried out by the commissioner.
- We identified speakers for our public meetings that would not otherwise have had the opportunity to give a presentation to local residents, such as the Regional Head of Intelligence for NHS England, the Project Manager for Personal Health Budgets, the Director of Strategy for the London Ambulance Services etc... No other organisation in Wandsworth is giving people access to very high profile speakers who are willing to discuss controversial topics with local residents.
- We organise quarterly meetings with the voluntary sector, mainly to discuss relevant health and social care topics, papers going to the Health and Wellbeing Board etc...however we also give the sector the opportunity to get together and network. This is filling a gap, as there is hardly any opportunity for Wandsworth voluntary sector organisations to get together on a regular basis.