



Appendix 1: The role and work of Healthwatch in the London Borough of Hammersmith and Fulham

1. Executive summary

1.1 This report updates the Committee on the implementation of Healthwatch in the London Borough of Hammersmith and Fulham (and the Tri-borough).

1.2 Healthwatch Central West London is the independent consumer champion for health and social care services in Hammersmith & Fulham, Kensington and Chelsea and Westminster. We are a charity and a subsidiary of Hestia Housing and Support¹.

1.3 Healthwatch Central West London is membership based and aims to empower and represent the diverse communities in each of our three boroughs. We work to ensure that the person is at the centre of health and social care services and that patients and service users are the first consideration in every decision made by an organisation. We will always maintain an independent position but will work in partnership to achieve positive results.

1.4 The Health and Social Care Act 2012 required local authorities to commission Local Healthwatch organisations from April 2013. The requirements set out in the Act mean Healthwatch Central West London will:

- Obtain the views of the wider community about their needs for and experience of local health and social care services and make those views known to those involved in the commissioning, provision and scrutiny of health and social care services.
- Promote and support the involvement of a diverse range of people in the monitoring, commissioning and provision of local health and social care services through membership of local residents, and service users.
- Enter and view publicly funded health and care services.
- Make reports and recommendations about how those services could or should be improved.
- Provide information to the public about accessing health and social care services and choice in relation to aspects of those services
- Represent the views of the whole community, patients and service users on Health and Well-being Boards
- Make the views and experiences of the broad range of people and communities known to Healthwatch England helping it to carry out its role as national champion
- Make recommendations to Healthwatch England to advise the Care Quality Commission to carry out special reviews or investigations into areas of concern (or, if the circumstances justify it, go direct to the CQC with their recommendations, for example if urgent action were required by the CQC).

¹ www.hestia.org

1.5 Healthwatch Central West London, through Hestia Housing and Support, is contracted to deliver on eight key outcomes (to 31/03/2015):

- 1.5.1 Local Healthwatch demonstrating their contribution to improved patient and user experience.
- 1.5.2 Improved communication and engagement with local people who recognise and trust Local Healthwatch as an effective champion for their interests regarding health and social care services.
- 1.5.3 Local Healthwatch is recognised by the community as being an important (but not the only) means of achieving greater patient and public involvement in health and social care service
- 1.5.4 Local Healthwatch is respected and trusted by commissioners and appropriate boards as an independent means of engaging with local people.
- 1.5.5 Local Healthwatch is recognised as an important agent for improving access to services.
- 1.5.6 Local people have an improved understanding of their rights (consumer champion) and responsibilities and Local Healthwatch is credited as being an important source of information and knowledge
- 1.5.7 High public awareness, profile and reputation of Local Healthwatch
- 1.5.8 Independent evaluation at the end of year 1.

1.6 Delivery against each outcome is measured through a service specification with the Tri-borough contracting team. The next section of this report will expand on each outcome in greater detail with practical examples of delivery for illustrative purposes.

1.7 It has recently been agreed to extend the contract for one year to 31/03/2016.

2. Project Delivery

2.1 Local Healthwatch demonstrating their contribution to improved patient and user experience.

In 2013, through the LINK legacy, community engagement and consultation with stakeholders Healthwatch identified eight priority areas for influencing. Although eight priorities are open to people who live and use services across the Tri-borough, the first two listed are being project managed by Healthwatch Hammersmith & Fulham. Further information can be provided on our work in learning disability, hoarding, and autism in the coming months.

2.1.1 Young people

In April 2014, we published a report on the quality of Sex and Relationship Education (SRE) in H&F schools and on access to sexual health services in the

locality. Significant concerns were raised about young people's awareness of contraception, STI and healthy relationship support services:

- Just under a fifth of respondents (18%) had not received or did not know if they had received SRE
- 72% of respondents want external organisations to be involved in the provision of their SRE
- Respondents are seeking the inclusion of healthy relationship in SRE. For example topics identified include domestic abuse, emotional support, sexuality and FGM
- There were significant gaps in knowledge including 44% of respondents reporting a lack of knowledge of where to get free condoms, 63% did not know where to access emergency contraception and 78% did not know where to access support for healthy relationships and domestic abuse.

This report is available in full on our website² and has been presented to the NHS HFCCG, the London Assembly and to the All Party Parliamentary Group on Sexual and Reproductive Health to date.

Further to the findings of this work, we engaged with young people on their wants for health provision in schools leading to the co-production of the school nursing specification for Public Health. More recently, we have been exploring child and adolescent mental health provision and presented our early findings on the need for a joined-up holistic offer to the November meeting of the Children and Education Policy and Accountability Committee.

We plan on bringing all this work together to create user-led solutions at a hackathon in early 2015.

2.1.2 Out of Hospital

In late June, we reported on the causes of urgent care usage in Hammersmith and Fulham to inform the Imperial Outline Business Case and Shaping a healthier future. Our survey of approximately 200 local residents in target communities known to access unplanned care found that:

- Convenience and ease of access to a GP practice is the most important factor in choosing primary care over another service. Barriers identified including access to emergency appointments and appointment systems.
- There were low levels of awareness of alternatives such as the walk-in clinic in Parsons Green. Although the clinic was popular with people with long term conditions for services such as podiatry, diabetes and cholesterol checks.
- Approximately half of the respondents were not aware of the location or purpose of an Urgent Care Centre.
- The primary reason cited for accessing a UCC was the opening times
- A large number of respondents said they would present at A&E if they could not get an appointment with their GP. Only a small number would seek to access A&E as their first port of call.
- There were low levels of awareness of NHS 111.

² <http://healthwatchcwl.co.uk/wp-content/uploads/2013/09/SRE-report-FINAL.pdf>

Since then, we have assessed attitudes to pharmacies in the target groups to inform our final publication.

In October 2014, we submitted our outstanding concerns³ on Shaping a healthier future to NHS Hammersmith and Fulham CCG and to Imperial. Concerns include:

- Patient and public engagement
- Out of Hospital Strategy
- Urgent Care Centres
- Paediatric services
- Impact of A&E closures on other services
- Future of Charing Cross
- Hyper acute stroke unit and elective orthopaedic services
- Travel, transfers and patient choice.

Since then, we have met with Imperial to inform their patient engagement programme on their clinical changes.

2.1.3 Home care

The LINK legacy informed us of local concerns with home care provision. The feedback received from over 200 service users on the terms and conditions of care workers; the dignity and compassion of the services provided; the ‘time and task’ approach and the organisational culture of providers did not align to the relatively low levels of complaints being received by Adult Social Care.

Healthwatch has supported a number of users and representatives to use this evidence to inform the development of the market, the service specification and the tender questions for the new Tri-borough service. In addition, we have formed a project group to repeat the peer led assessments of home care. This work will gather real time feedback on current experience for contract management purposes and also aims to raise awareness of complaints mechanisms - in/formal and local supports.

The next step will be to co-produce a dashboard of patient experience to support choice and control and to host patch-based events to introduce providers to local supports.

2.1.4 Mental health

In March 2014, we assessed the quality of care in the H&F Mental Health Unit (WLMHT) on the Charing Cross site. We made 33 recommendations for improvement including areas such as safety, communication, nutrition and the environment. The full report is available on our website⁴. The report has been

³ <http://healthwatchcwl.co.uk/wp-content/uploads/2014/03/Healthwatch-statement-FINAL.pdf>

⁴ <http://healthwatchcwl.co.uk/wp-content/uploads/2013/09/HF-MH-Unit-WLMHT0314.pdf>

shared with the trust and local commissioners and their action plan for improvement is now available⁵.

We also provided a formal statement summarising our overall concerns with the trust performance for their Quality Account 2013/14.⁶

In Kensington and Chelsea and in Westminster, we are working with Central and North West London NHS Foundation Trust to address their performance as an outlier on care planning.

We are concerned to note both West London and Central London are ranked amongst the most at risk trusts in the country by the Care Quality Commission.

We have also flagged concern about the poor engagement with service users to date on the Mental Health Strategy and on Whole Systems Integrated Care.

2.1.5 Hospital Discharge

Our recent research in Charing Cross, Chelsea and Westminster and St Mary's Hospitals identified the need for significant improvement in:

- Awareness of discharge procedures;
- Discharge planning within 48 hours of admission;
- The mobilisation of patients on wards to prepare for discharge;
- Confirming discharge days/times to support planning;
- Access to medication;
- Patient transport;
- Communication with friends and family;
- Sources of further support and linkages to outpatients and primary care.

We have since worked with key stakeholders in NHS WLCCG to submit an Expression of Interest to Whole Systems Integrated Care to 'integrate care for elderly users' including improving the patient experience of admission to and discharge from hospital.' We are also a named partner on the H&F expression on expanding the virtual ward for older people and people with long term conditions.

Our work to date in this area has also resulted in an invitation to the Director of Healthwatch to participate on the first Healthwatch England Special Inquiry on 'unsafe discharge.' The Inquiry will report in the spring. Our work is also informing the work of the Health and Wellbeing Strategies locally.

2.1.6 Dementia

Local residents and carers told us they were unsure of local service provision for people affected by dementia including how to access these services. To meet this

⁵ <http://healthwatchcwl.co.uk/wp-content/uploads/2014/03/WLMHT-action-plan.pdf>

⁶ <http://healthwatchcwl.co.uk/wp-content/uploads/2013/09/Healthwatch-Central-west-London-response-to-the-West-London-Mental-Health-Trust-quality-accounts-2013-PAPER-6-2.pdf>

need, we produced a tri-borough map of services⁷ with location and eligibility detail to support our local population.

Our dignity champions⁸ are local people who volunteer to carry out peer led assessments of health and care services using our 'enter and view' power. They are currently assessing the quality of dementia care homes in Westminster with the aim of improving the quality of local services and to inform local commissioners and the CQC of findings. In 2013/14, we visited St Vincent's and Farm Lane Care Homes in Hammersmith and Fulham and are now working with the CQC and commissioners of these services to produce measurable improvements.

All of this work will inform our role on the local Dementia Action Alliances, the Health and Wellbeing Strategies and the proposed Tri-borough dementia strategy.

2.1.7 Cancer

We held an event in partnership with NHS Central London Clinical Commissioning Group in late March for local patients on screening and the early diagnosis of cancer. We recently assessed the quality of the cancer experience on the Imperial wards in Charing Cross and in Chelsea and Westminster Hospital⁹. In addition to these trusts, we have submitted a statement on the Royal Marsden NHS Foundation Trust Quality Accounts and the Royal Brompton NHS Foundation Trust Quality Accounts¹⁰.

2.1.8 Personalisation

We have recently informed the specification for the pre-paid card in social services. We are also supporting a service user reference group to ensure the user voice shapes the Tri-borough personalisation agenda and vision.

2.1.9 Quality

This group supports authorised Healthwatch representatives on key committees of external stakeholders such as the CCG Sub-committees, the Safeguarding Board and the Imperial Quality Advisory Group. The group aims to encourage effective information sharing; to ensure issues of concern are escalated and to ensure members feel supported in their roles.

2.2 Improved communication and engagement with local people who recognise and trust Local Healthwatch as an effective champion for their interests regarding health and social care services.

⁷ <http://healthwatchcwl.co.uk/wp-content/uploads/2013/06/Dementia-Map.pdf>

⁸ <http://healthwatchcwl.co.uk/dignity-champions>

⁹ <http://healthwatchcwl.co.uk/about/our-work/reports/>

¹⁰ <http://healthwatchcwl.co.uk/about/our-work/quality/>

- 2.2.1 Every Monday, Healthwatch H&F circulates our popular weekly ‘opportunity of the week’ email to members and stakeholders with information on our work, local community events and local and national policy updates. This can include key messages on patient education such as 7 day GP access.
- 2.2.2 In addition we print 3,500 quarterly newsletters for members without email access and for distribution to public health hotspots. This includes details of our work priorities, calls for evidence and information on our meetings and opportunities for involvement.
- 2.2.3 To support our social media presence, we have developed a new tri-borough website. In the second quarter of 2014/15, our website attracted over 12,200 visits. We also have a Facebook profile and interactive Twitter feed. For example, we recently tweeted about the CQC themed inspection on dementia and attracted 908 views.
- 2.2.4 Further to the aspirations of our specification, we have recruited a freelance consultant to scope the future of Healthwatch via soft market testing with key stakeholders. We are also in ongoing conversations with Healthwatch England about awareness of the brand nationally.

2.3 Local Healthwatch is recognised by the community as being an important (but not the only) means of achieving greater patient and public involvement in health and social care service

- 2.3.1 Further to our launch events in April 2013, Healthwatch has held four public meetings to date. Although we do not have a direct remit in complaint handling, people told us this was a major concern. We subsequently held an event for local residents on ‘how to complain.’ We also produced a user-friendly leaflet summarising how people can complain in the new health and care landscape.
- 2.3.2 In addition, we have developed a successful training programme on Patient and Public Involvement in Commissioning. In partnership with NHS West London and Central London Clinical Commissioning Groups, we have offered free local training in 2013/14 and are now delivering this programme for patient across the Collaborative in 2014/15. This programme is also being rolled out nationally by Macmillan Cancer Support.
- 2.3.3 Building on the learning from the training programme, participants are putting their newly acquired skills in to practice by participating in local procurement exercises. This includes contributing to the re-commissioning of wheelchair, disability day, podiatry and MSK services in recent months.
- 2.3.4 We also work as a network of networks and are delighted to count a large number of voluntary sector organisations amongst our membership. This includes representatives from H&F Mencap, H&F Mind, Action on Disability (previously Hafad), Standing Together, the Carers Network, Bishop Creighton House and Right at Home on our Local Committee.

2.4 Local Healthwatch is respected and trusted by commissioners and appropriate boards as an independent means of engaging with local people.

2.4.1 Healthwatch Central West London prioritises areas for our work programme by considering the value we can add in the time available to commissioning priorities and health and wellbeing strategies. Locally, we contributed to the NHS HFCCG consultation on contracting intentions and have developed ten principles to underpin their work on patient information systems.

2.4.2 Healthwatch is a statutory member of the Health and Wellbeing Board. Ms Trish Pashley represents our views locally and contributes as a full member. In 2013/14, we organised a community consultation workshop on the draft strategy in H&F. We also actively participated on the Homeless Health Task and Finish Group and led on discharge as a priority theme for neighbouring Health and Wellbeing Boards.

2. 4.3 Healthwatch has the power to refer issues to the Scrutiny Committee(s) and the regulations require committees to take account of relevant information provided to them.

2.4.4 Healthwatch has worked with officers to develop a framework for joint working with the Health Scrutiny/Policy Committees and the Health and Wellbeing Boards across the Tri-borough.

2.4.5 We hold regular meetings with and participate on the quality work streams of key stakeholders including quarterly meetings with safeguarding, Imperial, Central London Community Healthcare, the Royal Marsden and West London Mental Health NHS Trust.

2.4.6 Our Board of Trustees with representatives from each borough drives our governance and quality assures our approach of co-production whilst maintaining our independence. This Board is chaired by Ms Christine Vigers, Healthwatch K&C. Ms Vigers was also a member of the Healthwatch England Committee in 2013/14.

2.4.7 At the end of our first year, we took the time to conduct an independent review of our progress with our stakeholders. The findings informed our business planning for 2014-16. The Annual Residents Survey 2013 found 26% of local people were fairly/well informed about Healthwatch H&F.

2.5 Local Healthwatch is recognised as an important agent for improving access to services.

2.5.1 Healthwatch provides a sign-posting service to support local people to find and make informed choices about health and wellbeing services. The queries

received are analysed on a regular basis and when trends emerge, we develop support tools and resources to address the issue. For example, stroke survivors told us they did not know what services were available to them in the community. As a result we developed and publish a map of stroke support services¹¹ across the Tri-borough.

2.5.2 We produce an Annual Report of our achievements for June 30th each year outlining how we have improved access to services.¹²

2.5.3 Healthwatch proactively engages with the wider community to attract new members, collect patient stories and to raise awareness of our role. For example, in quarter 2 in H&F we hosted 5 events, conducted 50 outreach visits and attracted to 130 new members.

2.6. Local people have an improved understanding of their rights (consumer champion) and responsibilities and Local Healthwatch is credited as being an important source of information and knowledge

2.6.1 As mentioned above, Healthwatch now hosts a ‘find a service’ online function and Freephone service. This means we offer listings of local health and wellbeing services, latest patient experience and CQC reports on the local providers.

2.6.2 The service launched in September 2013 and to date has supported 674 individuals with 746 queries.

2.6.3 The majority of negative experiences collected in Hammersmith & Fulham refer to hospital services (A&E, in/outpatient care and discharge processes).

2.6.4 As we do not have a statutory remit in complaint handling, members wishing to formally complain are supported to access the relevant PALS offices. A quarterly report of concerns about Imperial is produced for follow up with the provider.

2.6.5 The NHS Complaints Advocacy Service is contracted out separately in the Tri-borough to VoiceAbility. We have requested quarterly updates on local service provision and hope to have access to robust data by the end of 2014/15. Early data suggests the service has supported 14 cases from Hammersmith and Fulham in quarter 2 2014/15. Voiceability data states Imperial is one of the most complained about hospital providers in London.

¹¹ <http://healthwatchcwl.co.uk/wp-content/uploads/2013/06/Mapping-of-Stroke-16-December-2013.pdf>

¹² <http://healthwatchcwl.co.uk/wp-content/uploads/2014/06/HW-CWL-Report-Publisher-2013-14-Final-web-version2.pdf>

2.6.6 Healthwatch has raised concerns about the accessibility of current complaint processes to Healthwatch England and to NHS England. For example, to complain about a GP practice a patient must complain to either the practice or to NHS England. We are also raising concerns about the wider quality assurance of primary care.

2.6.7 Healthwatch campaigned to raise awareness of the care.data initiative. We found local people had very low levels of awareness of the initiative; there was a lack of clarity about how to opt out and people were not clear on how their data would be accessed going forward. We contacted Healthwatch England to seek an extension on the roll-out of the programme and to request greater clarity on the initiative. The adoption of care.data has now been delayed.

2.7 High public awareness, profile and reputation of Local Healthwatch

2.7.1 Healthwatch Central West London has published a strategic plan for 2014-16. We are currently planning for a transition to independence in 2016-2017.

2.7.2 We currently support members to represent Healthwatch on over 40 external committees. Due to overwhelming demand in 2014/15, we produced a matrix to decide on and to support effective external representation. This matrix will consider if terms of reference are available, if the work aligns to our priorities and if we can add value etc.

2.7.3 Where we cannot appoint an authorised representative, we will support organisations to adhere to minimum standards in effective patient and public engagement and continue to advertise these opportunities to our members.

2.7.4 We receive ongoing feedback on our performance via phone, letter, email, events and the website so as to collate the views and needs of our approx. 5,600 members (approx. 2,000 from H&F).

If you have any queries about this Report or wish to inspect any of the Background Papers please contact: paula.murphy@hestia.org

BACKGROUND PAPERS – n/a