

healthwatch

Richmond upon
Thames



Annual Report 2017



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Message from our Chair

This has been the first full year of the Healthwatch Committee's existence. I am very grateful to the members of the Committee, both Trustees and volunteers, who have helped develop and guide the Healthwatch agenda over the last year and enabled us to focus our work on the issues which are of greatest concern to the people of Richmond. We have had a busy year as this Annual Report will demonstrate.

Through our membership of many committees in the borough we have ensured that our work informs and complements that of the key decision-making bodies in Richmond.

We seek to be constructive and active partners in the Health and Wellbeing Board, dovetailing our agenda with theirs. During the year we presented our Annual Report and Young People's Emotional Wellbeing.

Report to the Health and Wellbeing Board and both were well received. We also presented the Young People's Emotional Wellbeing Report to the Council's Scrutiny Committee and were overwhelmed with the level of interest shown. This work has informed the development of commissioners' plans for CAMHS services.

Many other opportunities have presented themselves for us to engage with a wide variety of stakeholders, both formally and informally, decision-makers and members of the public. We aim to continue a programme of engagement through the coming year and are pleased that the Grassroots Engagement Fund will provide funding to continue the activities to cast the engagement net ever wider.

Our programme of work in 2017/18 is challenging but will focus on areas of health and social care which have not been scrutinised recently. I would like to thank our Trustees, volunteers and staff in advance for their support and dedication in carrying our ambitious work plan.

Julie Risley
Chair
Richmond Healthwatch Committee



Message from our Chief Officer

The 2016/17 Annual Report demonstrates our continuing commitment to delivering a high quality and high value Healthwatch Richmond - and it **documents, I believe, our most successful year to date.**

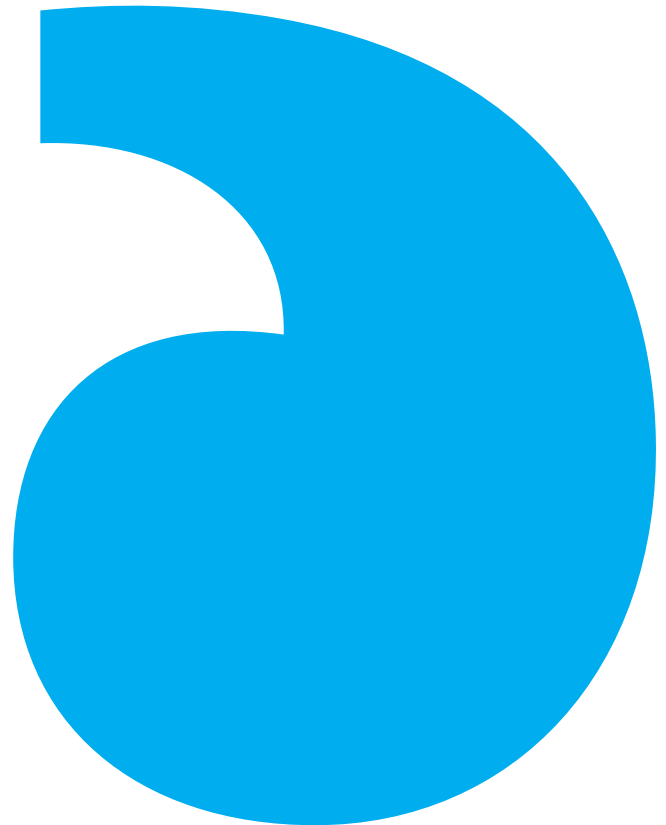
We engaged 3,500 people during 2016/17, our highest level. The Grassroots Engagement Fund, a pot of funding additional to our Healthwatch Richmond contract, enabled us to provide small grants for local organisations to run activities for their communities and meant we could reach more people than in previous years. I'm very pleased that this fund has been continued into 2017/18.

We also delivered an extensive programme of work including:

- collecting the experiences of 1,600 young people from across Richmond and Kingston on mental health and emotional wellbeing
- undertaking 12 Enter and View visits to 8 care homes and 2 hospital wards.

This work was delivered thanks to the continuing dedication of our team of 19 Enter and View volunteers, whose ongoing commitment and expertise are one of the organisation's greatest assets.

During the year our 13 Trustees and committee members have provided vital stability, support and constructive challenge. To the public this work may not always be obvious but it has



ensured that we have reduced our costs and helped us to attract and prudently invest additional funds beyond the Healthwatch Richmond contract, ensuring our sustainability.

Our plans for the year ahead are ambitious and I hope impactful, including a leaflet drop to every household in the borough, public events, a continuation of the successful Grassroots Engagement Fund, and a programme of work based on the views and experiences that people have shared with us.

Mike Derry
Chief Officer
Richmond Healthwatch



Highlights from the year

SECURING STRONG LOCAL ENGAGEMENT

We reached 3,500 local people in the 2016/17 financial year, enabling us to raise our profile, share information on care, and engage many people in their local services. The groups we met included 1,865 young people, 429 individuals who access local care but may not live locally, 642 older people, and 450 disadvantaged or seldom heard people. The figures include 853 members of local grassroots organisations.

IMPROVING CHILDREN & YOUNG PEOPLE'S EMOTIONAL WELLBEING

After we made important recommendations for youth emotional wellbeing services, the local NHS and Council incorporated our findings into their Child and Adolescent Mental Health Services (CAMHS) transformation plan. Online counselling has been commissioned for young people. We surveyed 1,580 young people for our report.

IMPROVING RESIDENTIAL CARE

During the year, we helped improve local residential care by significantly expanding our Enter & View programme. We visited eight local care homes in Richmond, Twickenham, Hampton Hill, Teddington and East Sheen, making a variety of important recommendations and monitoring responses.

ENGAGING PEOPLE IN NHS CHANGE

There have been significant changes in the commissioning of local health provision. Healthwatch Richmond played an important

part in engaging local people, through our event attended by 140 people, and by encouraging people to complete a Clinical Commissioning Group (CCG) survey that received 300 responses. We successfully encouraged the CCG to publish its list of major surgical changes.

ENHANCING CARE AT QUEEN MARY'S HOSPITAL

Healthwatch Richmond received concerns about the quality of care at Queen Mary's Hospital, particularly on two wards. We made three visits to the site, identifying improvements and issuing a number of recommendations around care planning and discharge.



Our year in figures

- **3,500 people** reached through our engagement and project work



- **19 volunteers** visited **8 care homes** and **2 hospital wards**



- **93 people** signposted to support and information



- **853 people** reached through **18 Grassroots Events**

- **800 people** reached through **43 outreach and engagement visits**



- **1,580 young people** responded to our **emotional wellbeing survey**





Who we are

Healthwatch Richmond is both a charity and statutory organisation. It makes health and social care better for the local community.

The experiences of people must be at the heart of their NHS and social care. We work to ensure that local decision makers in health and social care services put these experiences at the centre of their decisions.

At Healthwatch Richmond, everything we say and do is informed by our connections to local residents. Our expertise is based on their many experiences of services. With these we can influence commissioners and providers to ensure that local services better meet people's needs.

Healthwatch Richmond is part of a network of independent Healthwatch organisations - the only body in the country to look solely at people's experience across NHS and social services. With a Healthwatch in every local authority area in England, and Healthwatch England assisting us at a national level, we have a substantial influence.

Healthwatch was set up by government as an independent statutory watchdog. We have legal powers to enter places where care is provided, to be represented on committees, to request information from service providers, make recommendations about what could or ought to change and receive formal responses from NHS or social care organisations.

Our Healthwatch Team

- Mike Derry, chief officer
- Jacqui Coles, project officer
- Bernadette Lee, project officer
- Anna D'Agostino, project, outreach and communications officer
- Leslie Spatt, administration officer
- Leo King, communications and marketing officer

Our Healthwatch Committee

- Julie Risley, chair
- Anna Hayes
- John Anderson
- Kathy Sheldon
- Laura Fox
- Paul Pegden-Smith
- Mary McNulty



Listening to local people's views

Healthwatch listens carefully to local people's experiences of NHS and social care, in order to identify their requirements. The information we collect from the community shapes our work, our recommendations to local organisations, and our responses to consultations. Everything we do is rooted in the comments people share with us.

In the 2016/17 financial year, we collected views from around 3,500 people through our engagement and project work.

We visited 43 groups, reaching over 800 people. We also held a public event attended by 140 local residents and NHS professionals. (For more details on discussions during and following our event, see 'Changes to surgery in Richmond - responding together', page 30)

In partnership with South West London Collaborative Commissioning, we were able to

allocate NHS funding to 18 events that reached a total of 853 individuals in seldom heard communities.

In addition to this, we reached 1,580 children and young people - through a major survey into youth emotional wellbeing - and around 300 people through our Enter & View visits to residential care.

We analyse the patient experience data that we collect to identify priorities and trends and inform our future Work Plan. People most commonly told us that the key issues that mattered to them included accident and emergency, maternity, general practice, and mental health services, as well as care at local residential homes (see 'What people told us about' page 14). These have become the key parts of our work plan for 2017/18. (see 'Planned work for 2017/18' page 35)



Who did we listen to?

Young people (under 21)

In the last year, **we engaged directly with over 1,850 young people** and those who work in this field through outreach events, grassroots engagement events and a major survey. We increased the number of young people reached through our outreach work from 240 in 2015/16 to 285 in 2016/17 (see table below).

We ran a major project, surveying 1,580 young people about their experiences of emotional wellbeing and services to support them. To read more about this project, see the panel, 'Transforming Children and Young People's Emotional Wellbeing', on page 24.

“Healthwatch has been a really good advocate for children and young people”

Doreen Redwood,
Children's Senior Health
Commissioning Manager,
London Borough of
Richmond upon Thames
& Richmond Clinical
Commissioning Group

Group	#
SEND Family Voices Magic and Music	75
Emotional Wellbeing Workshop	40
True Access - Hoodie design	32
Octagon Club - Art Club	30
Transitions Club - Art Club	30
Achieving for Children - Fitness fundraiser	30
Twickenham & Richmond Area Parents of Hearing Impaired Children - Pottery Cafe	25
Local Safeguarding Children Board	12
Emotional Wellbeing Board	11

People volunteering or working in Richmond who may, or may not, live locally

We engaged 429 people who access local services but may not live here, through visits to a local neighbourhood watch organisation; stalls at West Middlesex University Hospital and Kingston Hospital, Richmond Adult Community College, and a local cancer information event; and presenting to a local branch of a political party. We also regularly meet with key stakeholders working across NHS and social care as part of our day to day work, although this is not recorded in the table below.

Group	#
All Saints Church Mental Health Awareness Day	100
Crane Road Street Party	55
Kingston Hospital and West Middlesex Hospital Open Days	55
Richmond Park Labour Party	54
Richmond Adult Community College (RACC) Open Day	35
Hampton Medical Practice Drop-in Morning	30
Wellbeing Day at RACC	30
Hampton Park Life	20
Neighbourhood Watch Meeting	13
Richmond Library	12
Adult Social Care and Voluntary Sector Forum	10
Other small events	15



Older people (over 65)

During the period, we reached over 642 older people across the borough by visiting 8 care homes (which had a total capacity of up to 334 people) and 8 older people's groups (308 people).

We continued our work to visit the borough's residential care homes, as part of our Enter & View programme. To read more from our Enter & View reports, turn to the 'Improving Residential Care' panel on page 18. This is a key way we reach older people, alongside our extensive work with community groups, our own events and our stalls at other local events.

Group	#
Age UK Richmond Tea and Dance Event	75
Full of Life	50
Kew Community Trust Concert	38
Carers Conference	35
Minority Ethnic Elders Group	25
West Mid Retirement Fellowship	30
The Woodville Centre	20
DEM FEST	20
Age UK	15

Grassroots Engagement Fund

Apply for a small grant to engage your community in local NHS decisions

GRASSROOTS ENGAGEMENT

Listening to views at the 'grassroots' is essential to any understanding of local opinions. During 2016/17, we had an opportunity to help local groups engage extensively in healthcare discussion.

We worked with NHS South West London Collaborative Commissioning, which commissions healthcare across the area, to provide funding to 18 events. **The events reached 853 individuals in seldom heard communities.**

The funding was provided through the Grassroots Engagement Fund, created by the NHS to engage local communities in health commissioning discussions. The fund, from which Healthwatch Richmond awarded money to local groups running social events, proved to be highly cost effective and was successful at enabling us to engage with people whose views are seldom heard.

At the events, which were each based around a fun activity, staff from local commissioning groups attended to listen to local people's views on NHS services and to answer their questions.

The events ranged from street parties and barbecues, to pottery workshops, a tea dance, graffiti hoodies, and arts and craft, with attendee numbers at each ranging from 8 to 120.

Disadvantaged, vulnerable and seldom heard people

We reached around 450 vulnerable and seldom heard people during the year through engaging with 16 organisations and events. This excludes the number of people we engaged with through our outreach to care homes, along with the following visits:

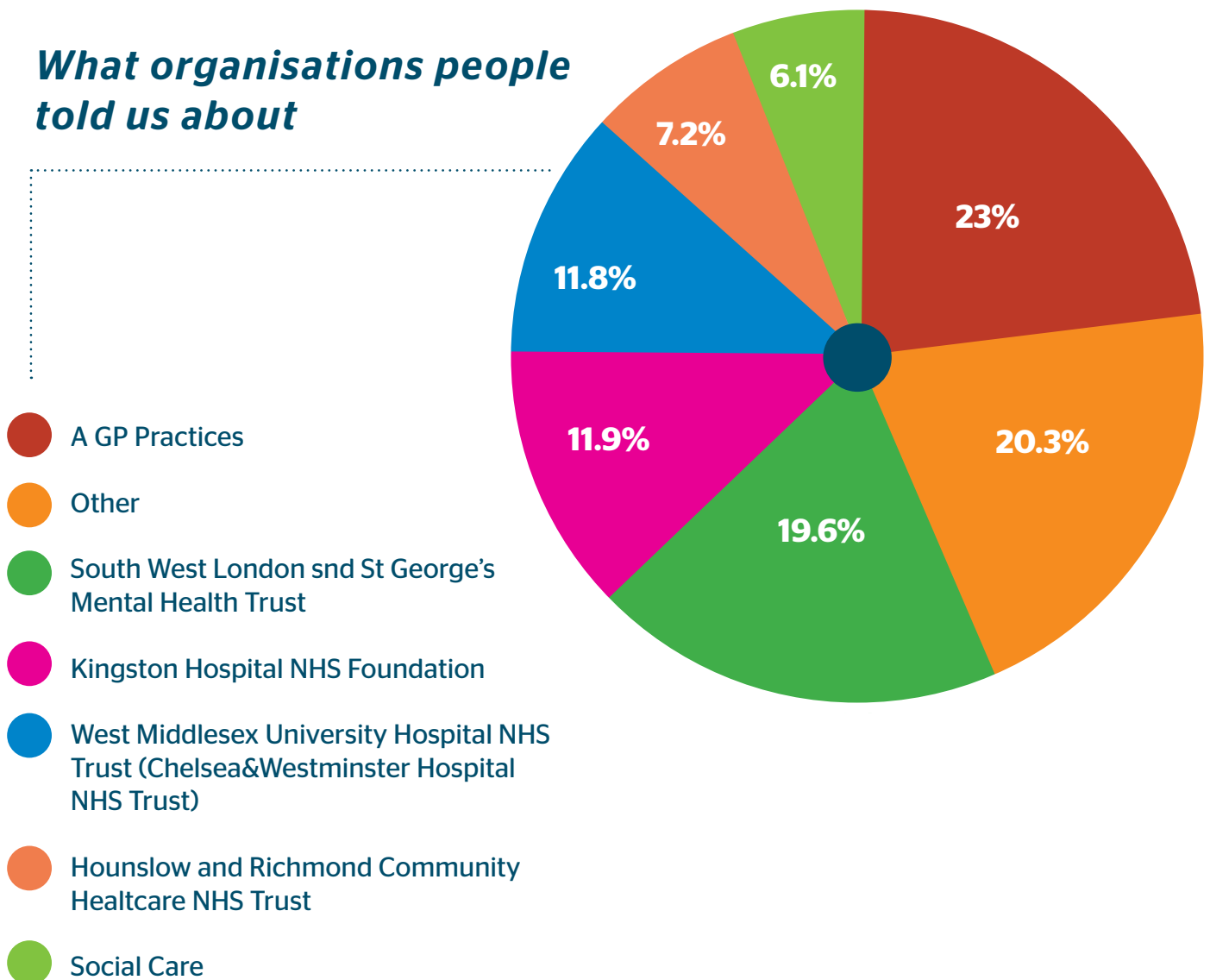
Group	#
The Vineyard Community Centre BBQ for Homeless people	120
Happy Soul Event	100
Multicultural Event	75
Richmond Ethnic Women's Association (REWA)	35
MIND Awareness Day	35
The Mulberry Centre Afternoon Tea for Cancer Survivors	30
Groups for people with English as an Additional Language	15
RUILS Physical Disability & Sensory Impairment Group	8
Together As One	8
Art and Soul	8
West London Neurological Alliance	6
The Big Event at York House	2
Richmond Integrated Recovery Centre	2



What people told us about

The experiences that people shared with us throughout the year were analysed to inform our 2016/17 work priorities. In order to assess these planning priorities, we carefully considered the severity of issues raised to us by local residents who called, emailed or spoke to us at events. We also looked at how many people raised similar concerns, and our staff and committee members discussed a list of priorities that needed addressing. This formed our work plan, which is a list of known priorities and plans for the year (for more on this, turn to “Planned work for 2017/18’ on page 35).

What organisations people told us about



Aside from the areas in which we're already undertaking activity, the following are some of the key themes arising from the feedback that we've collected.

HOSPITAL, A&E AND URGENT CARE

We received both positive and negative comments around waiting times and staff attitudes. We also received comments on the difficulty of parking and problems with the environment such as cleanliness and signage.

Many people spoke of busy and occasionally uncoordinated environments, and some spoke of breaches of confidentiality and problems with communication to other providers such as GPs.

We've received mixed comments around waiting times and staff attitudes. We also heard about problems with parking and the environment such as cleanliness and signage.

MATERNITY CARE

The majority of comments that we received were generally positive, but there were some problems. Several mothers who had had complications, or whose children required additional support, asked for more support after birth.

Others expressed concerns around communications, care consistency, record keeping and postpartum care for babies. Some individual concerns centred on a badly handled emergency admission, and a lack of mental health expertise in maternity care.

SPEAKERS OF OTHER LANGUAGES

During 2016/17 we focused on reaching speakers of other languages in our borough, whose voice is not always heard.

Some young mothers, who had recently arrived in London, told us that language was a barrier to understanding local healthcare.

They were not aware of 111 or 999, and could not understand the difference between them or what to do in an emergency. They told us that supermarkets and schools were important routes for accessing information.

By contrast we found that older speakers of other languages, many of whom had been living in Richmond for a long time, did not face these problems.

SOCIAL CARE

Social care is a broad area and we received comments on a wide range of issues.

Some concerns centred on adult social care assessments and information, the provision of care for adults with autism or Asperger's, and housing for those experiencing homelessness.

Other comments related to council funded domiciliary care providers, including poor staff skills and short appointment times. We noted wider anecdotal concerns regarding a specific provider and escalated these to the Council who are actively managing the provider.

What we've learnt from visiting services

Healthwatch organisations have special legal powers called Enter & View. These powers enable us to enter premises where NHS or social care is provided, speak to residents or patients, their relatives and staff, and observe the care being provided.

We produce reports based on the factual information we collect. Our reports provide specific recommendations for improvement. They also recognise good care.

Providers of NHS and social care have up to 20 days to respond to our reports and information requests. They must either follow our recommendations or reply in writing about why they are not doing so.

We often find that our visits help us to verify information we have gathered elsewhere from local service users, patients and the

wider community. In other instances, the visits enable us to find out more about a service on which we need more information.

When we are deciding to visit a provider, we look at a wide range of sources of information to glean a full understanding of the service. To support this we meet colleagues from commissioners and regulators including Richmond Council, Richmond Clinical Commissioning Group (CCG) and the Care Quality Commission (CQC) to share information and ensure that our planned visits complement the work of other bodies.

We send a team of staff and volunteers to each Enter & View visit. Every member of the team has been DBS checked prior to visit, and all are trained in visiting services as well as in safeguarding vulnerable people. We recruit new volunteers all the time and advertise these opportunities through all our communication channels including our newsletter, emails, social media and our appearance at events.

During the last financial year we undertook 9 visits to eight residential care homes, which had a total capacity of 334 people. On average, we spoke to a quarter of people in large homes and half in smaller and medium sized homes.

We also visited two hospital wards at Queen Mary's Hospital in Roehampton. Some providers were visited more than once if we required further time or needed to assess their improvements.

The following panels describe our Enter and View work in more detail.



QUEEN MARY'S HOSPITAL, ROEHAMPTON

During the year we received information from a number of sources on the quality of care on the wards at Queen Mary's Hospital, Roehampton, including some concerns related to the Mary Seacole Ward and Gwynne Holford Ward. In response to these we visited the wards.

Gwynne Holford Ward

We visited the Gwynne Holford neuro-rehabilitation ward in December 2016. The visit was conducted by three volunteers and three staff members from Healthwatch Richmond.

The decision to visit was based on the Care Quality Commission report published in November 2016 that rated the ward as 'inadequate', in addition to the experiences that we had received from patients criticising the care on the ward.

Our report found that many improvements had been made since the CQC inspection. Care on the 36 bed ward was of a high standard during our visit, with enough staff on duty. The ward was clean and well kept. Staff had acknowledged that things had needed to change prior to the CQC inspection and talked positively about the improvements that had been made.

Mary Seacole Ward

We visited the ward on 20 April 2016 and returned for a follow up on 23 November. The overall view of the team, which including a volunteer from Healthwatch Wandsworth, was positive. The first visit found that managers had worked hard to improve staff retention and that care was generally of a high standard.

On the return visit **we found that care planning, activity engagement and discharge procedures were generally good** and involved patients well.

We have requested further information for assurance on several important areas including: patient referral numbers and the resulting impact on service delivery; initiatives for activity engagement; new care planning documentation; discharge procedures; and training and ward round changes.



IMPROVING RESIDENTIAL CARE

The views of those in residential care homes, their relatives, and staff, have allowed us to make a number of day-to-day improvements in care.

The changes are wide ranging and include ensuring that care homes make activities more inclusive, improve management, improve food quality and improve signage.

Through the year, we made 9 Enter & View visits to 8 care homes including: Alexander House in East Sheen; Deer Park and Homestead in Teddington; Brinsworth House, Lynde House and Nightingale House in Twickenham; Laurel Dene in Hampton Hill; and Greville House in Richmond.

“[staff] look after you very well”

Residents made a number of important and varied comments, that allow us to directly assess services in our visits and make recommendations for improvement that service providers must respond to.

“staff are lovely but too busy”

Following our visits, we made recommendations to the providers of care, and highlighted good practice. Those companies were required to respond to our reports within 20 days stating the changes being made, or why changes were not being made.

“[I] would like more stimulation from activities”

“changeover times can be difficult”

Here are some examples of what we found at a selection of our visits:

Laurel Dene Care Home - On 27 June 2016, we visited Laurel Dene, a large nursing home in Hampton Hill with accommodation for 90 residents. We found that the home was well run, with generally good practice. There was a welcoming atmosphere, with good interactions between staff, residents and their families.

Outcomes

A number of our recommended changes have already taken place, including:

- better display of the complaints procedure
- a new suggestions/comments box being placed in reception
- Laurel Dene is also working closely with Richmond Adult Social Care to make sure spare places on its nursing floor do not remain vacant for long.

We will return to the home when the newly appointed manager is settled in the role.

Greville House - On 17 and 31 October, we visited Greville House, a nursing home in Richmond with accommodation for 59 residents. We found the nursing home was well run with good systems.

Outcomes

Reviews of food were mixed, however, and included that it was ‘repetitious’. To address this, each week the chef speaks with residents to discuss the variety and quality of food.

There had been concerns about staff numbers during shift changes, but the

home has now informed us that staff go from room to room during handover to notify residents of changes.

Nightingale House - on 1 December, we visited Nightingale House, a care home in Twickenham for 21 residents. The visit followed prior E&V activity in December 2014, when we recommended a number of improvements including the formal registration of the manager, improvements to the effectiveness of policies and procedures for keeping residents safe. These were reported to the CQC who

inspected and gave the home a “requires improvement” rating with specific actions in relation to safety and leadership.

Outcomes

Our latest visit of 1 December 2016 found that there was generally a positive atmosphere in the home with good care, and many of the improvements had been made following the appointment of a new manager. The CQC have re-inspected the home and it is now rated as “good” for all areas of care, and our visit confirms these findings.

Our Enter & View representatives during 2016/17

Some of our representatives have experience as professional in the NHS or social care, others as patients or carers and some are interested members of the public.

Volunteers: Penny Alexander, Sue Bonnell, Bob Burgis, Sylke Grootoonk, Liz Grove, Carole Haskel, Sandra Hempel, Peter Hughes, Yvonne Lincoln, Catherine Mann, Jan Marriott, Charles McAdam, Rae McDonald, Katherine Merrifield, Perin Parry Hughes, Yvonne Peel, Julie Risley, Kathy Sheldon, Joy Wilk.

Staff: Anna D’Agostino, Jacqueline Coles, Mike Derry, Bernadette Lee



Supporting our Enter & View representatives

We offer regular training to Enter & View representatives in the role itself, in Safeguarding Children and Safeguarding Adults, Deprivation of Liberty (DOLS), Dementia awareness and in charity-related areas for Trustees and Committee members.

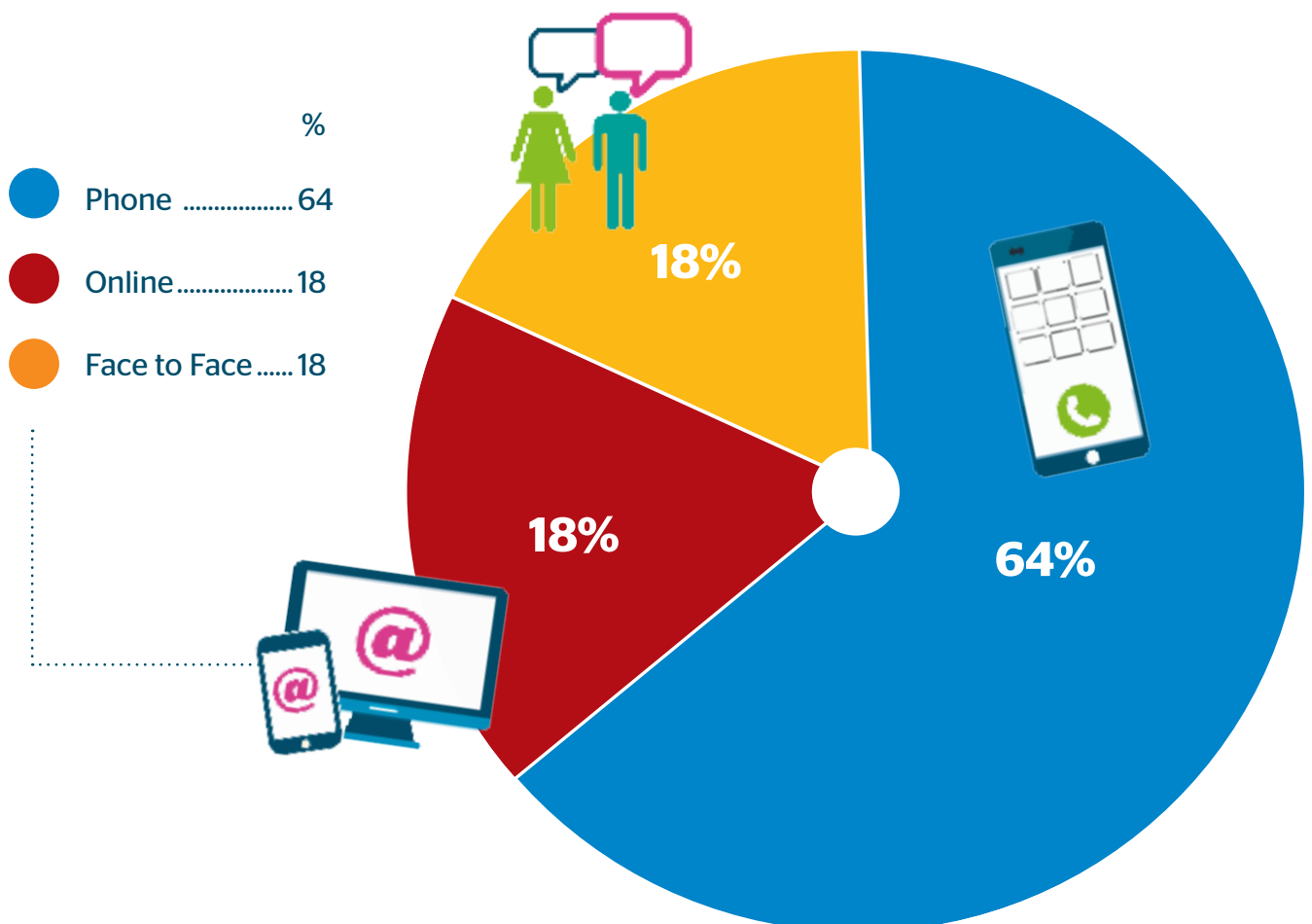


How we have helped the community access the care they need

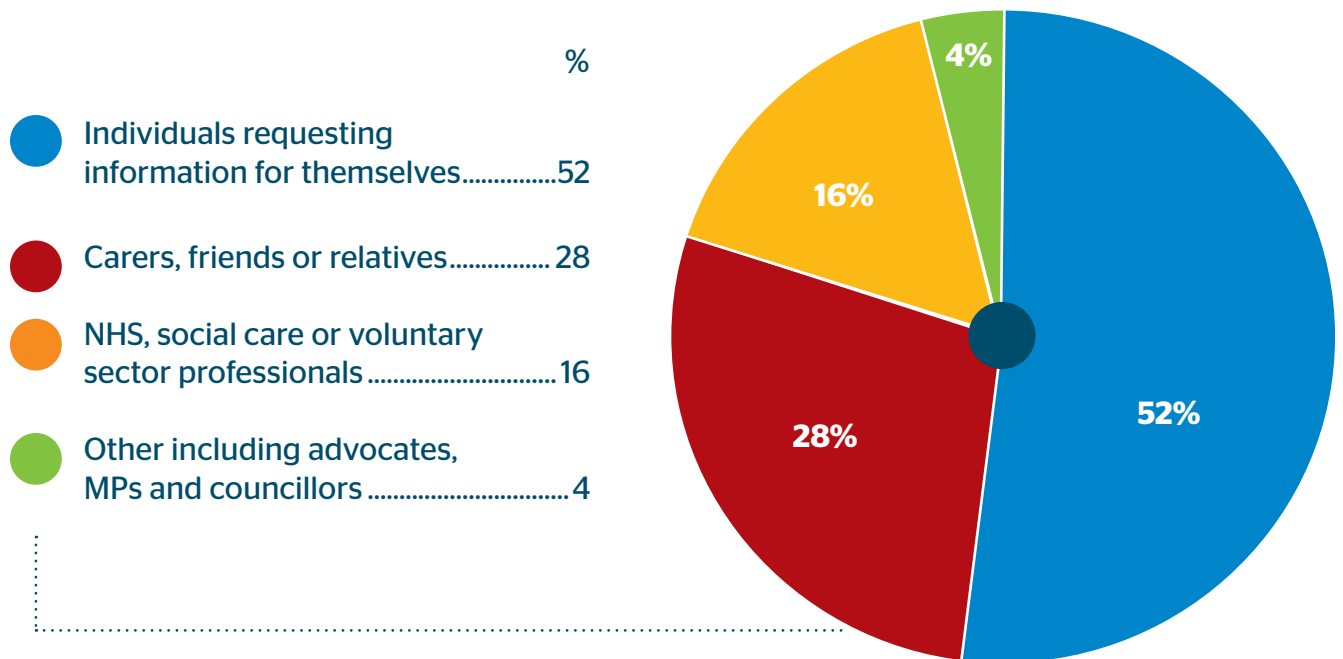
Healthwatch Richmond, as with other Healthwatch organisations across the country, has a statutory role to point people to information about local health and care services and how to access them. This role is known as signposting and in 2016/17 we provided support to 93 people.

Signposting is also an inherent part of our engagement activity, as it gives us the opportunity to converse further about care experiences with those asking, calling or emailing with questions.

How did people contact our signposting service?



Who contacts us?



We signposted people to a wide range of organisations including NHS Complaints Advocacy and PALS, to local trusts and NHS 111, to local community groups, and to local support groups and independent living services.

On average, a signposting interaction takes around 30 minutes to deliver and record. The range however is fairly broad with some enquiries being relatively simple, but others involving further research or contacting other local organisations.

The most common queries we receive relate to making complaints or to general practice but we have seen an increase over the period in queries about NHS continuing care. Many of the requests that we receive are unique including requests for information on reporting fraud, a professional looking for healthy living advice for a group of pregnant women, a relative looking for reassessment of their mother’s care needs, and a person looking for help with referral to a memory clinic. Often we will put different parties in contact with each other, having called each party, to resolve a query or issue.

“Thank you for your help and support. Also thank you for not just passing me back to someone else”.

A user of our Signposting Service





Making a difference together

Healthwatch makes a significant difference to local care, in part through using our statutory powers to make reports and recommendations, and in part through using our relationships with commissioners and providers to influence their decisions and agendas.

Our reports help make tangible changes to local services. They are based on our focused work to investigate the issues that people raise with us.

To read more about how we use community feedback to decide what issues to review, and how we involve the public in these decisions, turn to the 'What next?' section of this report on page 34.

How your experiences are helping influence change

In our reports we make recommendations about what should improve. Our statutory powers

enable us to demand that organisations respond in writing to our recommendations, within only 20 days. They must detail what they have done or will do, or explain why they are not acting.

Our reports and the publicity around them are aimed at directly making a difference to the care people receive through the NHS or social services - in line with the concerns they have raised. Each report and its recommendations are based on the evidence that we collect by speaking to people and observing care through Enter & View visits, undertaking surveys and engagement, desk research, or a combination of these.

To see examples of how our reports have influenced change, read the case studies throughout this document.

Making recommendations and requests for information

Healthwatch Richmond has the power to request information from providers and commissioners of local care. We also have the power to make reports with recommendations to these organisations about what could or should improve. When providers receive these, they must respond within 20 days. Equally, we can ask providers and commissioners for information, and they must respond to our request within the same timeframe.

We made recommendations to 11 organisations and requested information from 14 organisations including to care homes, Queen Mary's Hospital Roehampton, Richmond Council and Richmond CCG.

Responses to all of our recommendations were received within 20 days.

All of our requests for information were received on time except for a request to Richmond Council in relation to Dementia Nursing Beds which was requested on 12 January and received on 23 February.

TRANSFORMING CHILDREN AND YOUNG PEOPLE'S EMOTIONAL WELLBEING

A joint Healthwatch Richmond and Healthwatch Kingston project, focused extensively on children and young people's emotional wellbeing, is helping to transform services across Kingston and Richmond in line with users' needs.

The findings of our report, for which 1,580 young people's responses were analysed, were discussed at a workshop with local stakeholders. The resulting action plan was shared with all involved organisations. The two boroughs' Youth Councils produced a short film explaining the findings of the project and we produced a public facing summary document.

Results

Our report, prompted by heightened concerns around children and young people's mental health in Richmond, revealed that 1 in 3 respondents had needed support for their emotional wellbeing. Of those who accessed helpful support, 44% reported good emotional wellbeing and 34% felt that online forums and video were very useful. Overall, the emotional wellbeing of young people who had accessed helpful support was as good as those who had never needed to access care.

The stigma attached to mental health and how hard it was to talk about their issues, particularly if confidentiality could not be guaranteed were concerns expressed by 1 in 3 young people.

Outcomes

The views of young people collected in our report were incorporated in the Transformation Plan of the local Child and Adolescent Mental Health Services (CAHMS) which directly informs commissioning. In response to our recommendations, local authorities have commissioned online counselling for young people. The information and promotion of services to young people is also being improved through the expansion of online information.

We are reviewing our action plan to identify recommendations that have not already been implemented. Where these are identified we will make specific, formal recommendations to commissioners and providers about what they could or should do to improve their services.



Working with other organisations

Our work with other local and national organisations is essential in how we monitor quality and progress for local care, and how we influence and communicate change.

We engage frequently with the Care Quality Commission, which inspects and issues ratings to care providers across the country. As well as sending each report directly to the service provider and commissioner, we also send it to the CQC. We take care to make sure we do not overlap with CQC schedules for visiting a service, so that we and the CQC benefit the most from each other's reports and so that the findings help each other's visits.

In previous years we have held quarterly meetings with Richmond Council, Richmond Clinical Commissioning Group, and the CQC. This helped us to prioritise our work, avoid duplication with other organisations and share intelligence. Unfortunately, whilst the relationships built through this remain strong and useful to our work, changes within our partner organisations have made it difficult to hold such meetings regularly.

Equally, **we engage strongly with local committees responsible for different aspects of care.** Our own Healthwatch Richmond Committee, created in the previous financial year, accepts seats on a variety of these committees and influences change or feeds back information according to residents' needs (see page 33 for more on the Healthwatch Richmond Committee).

As with the previous year, in 2016/17 Healthwatch Richmond reviewed the committees it engages with. These reviews enabled us to focus our efforts on the committees where we could make the most

impact so that our members' time was well used.

Richmond Health and Wellbeing Board

Our work with the Richmond Health and Wellbeing Board has grown and flourished over the past year. **We have been an active partner, and our priorities have dovetailed with those of the board itself.** We presented our Annual Report to the Board, and the results of our review of the emotional wellbeing of young people. These have been well received and support the programme objectives of the Health and Wellbeing Board. Our staff also support the Board to engage with the community through listening events held throughout the year.

Richmond Clinical Commissioning Group Board

Healthwatch is an observer on the Richmond Clinical Commissioning Group Governing Body. Our involvement in this board raises our profile in the local community. It also gives us a powerful voice to champion the interests of patients - ensuring that the findings of our projects, and the feedback we collect from the community, are heard by decision makers.

We hold meetings with senior officers of the CCG during the year when we need to discuss issues that have arisen. This ensures we are able to influence the decision-making process of the CCG for future years, as we did by ensuring the publication of information about local surgical changes. We also contribute to the developing plans of the CCG through our active involvement in seminars of the Governing Body.

Richmond Clinical Commissioning Group Quality & Safety

Attending this important committee enables us to ensure that the providers are working to drive improvement for patients in primary care and in hospitals. We have raised issues to do with performance in safeguarding, for example in staff training, and the committee is a channel for feeding in data from our Enter & View reports.

Richmond Primary Care Centre Development Group

Healthwatch Richmond has been a member of the RCCG Primary Care Centre Development Group from the outset, advising on service specification, location and communications with patient stakeholders. **We have also made strong representations on the form of referral and the need to keep the community involved at all stages.**

The two proposed centres will subsume the current GP extended hubs and the walk-in centre at Teddington Memorial Hospital and become fully operational from 1st April 2018. We will push for appropriate engagement on these.

Richmond CCG Primary Care Commissioning Committee

Attending this committee enables us to feed patient experience information directly to commissioners and to help ensure that new developments take account of patients, for example in new GP premises. We attended the last meetings of the Prime Minister's Challenge

Fund programme, which set up GP hubs, and have been able to contribute to the continued development of these in the PCCC. Attending the committee has given us the opportunity to engage early with the development of the Primary Care Strategy and the move to more regionally-based commissioning across South West London.

NHS 111 groups

We were one of the two patient voices influencing the commissioning and management of the NHS 111 contract, **ensuring that engagement was clearly written into the contract**, and taking part in the selection of the new provider from September 2016. Our representative developed the strategy and now chairs the Integrated Urgent Care Patient Partnership Group for the six boroughs in south west London.

Chelsea & Westminster Patient Experience Group (West Middlesex Hospital)

Our attendance at this committee has been important as the trust continues to review and improve the way it works. We have been able to raise concerns about the clarity of the data it relies on, and comment on the interpretation and on the way the various hospital divisions respond to it. We have highlighted differences of approach across the two hospital sites.

Hounslow and Richmond Community Healthcare (HRCH) Patient & Public Involvement Group

We have been a member throughout the year on the Patient and Public Involvement Group for Hounslow and Richmond Community Healthcare Trust. Our role is to represent the voice of the public, patients and carers in the day to day care provided by the trust. Using this voice, we help influence and inform the perspective of professionals and how they do their work.





South West London Collaborative Commissioning Patient and Public Engagement Strategy Group (PPESG)

This group comprises local Healthwatch organisations, the voluntary sector, local clinical commissioning groups, and their lay members from the six boroughs of south west London. Feedback from these meetings is taken to the South West London Collaborative Commissioning Board to improve the implementation of engagement events, information to local areas, and ultimately the future development of services for our local populations.

The PPESG comments on communication documents and supports other engagement activities. **Richmond has been strongly represented through our involvement, in spite of being a borough on the fringe of the south west London area.** The Grassroots Fund, of £10,000 to each Healthwatch, has enabled many smaller Richmond-based groups to engage with the South West London Collaborative Commissioning Group.

Richmond CCG Outcomes Based Commissioning Programme

The content of these meetings is confidential, which limits broader engagement, but our representative reports back to our chair and chief officer. Our representative is a non-voting member of the programme board and primarily

the voice for patients and the public. We participate in discussions about the development of this innovative way of commissioning care services, and can challenge or support proposals, suggest changes or highlight possible problems, and ensure that the proposed services are patient centred whilst taking account of the resource restrictions.

The focus has now turned to applying outcomes based commissioning to community mental health services as well as physical health. **A key part of our work is to raise the need for public and voluntary sector engagement and we are focusing on opportunities together in this area.**

Working across South West London to improve Mental Health

We meet quarterly, alongside other Healthwatch organisations, with the CEO and the director of communication of South West London and St George's Mental Health Trust. The aim is to hear about developments and raise any issues of concern.

Our Healthwatch Committee chair also represents the other South West London Healthwatch organisations on the South West London Strategic Transformation Plan (STP) network group. This group is overseeing the development of mental health services across the region as part of the STP, which through myriad areas of change aims to localise care and save £900 million from costs.



Healthwatch Richmond's work with other organisations

Hounslow and Richmond Community Healthcare

- Board (non-voting)
- Patients and Public Involvement Group
- Complaints and PALS Scrutiny Committee

Kingston Hospital

- Healthwatch Liaison Group

London Borough of Richmond upon Thames

- Health and Wellbeing Board & Engagement Subgroup
- Health Overview and Scrutiny
- Adult Safeguarding Board & Communications Advisory Subgroup
- Emotional Wellbeing and Mental Health Children's and Young People's Board
- Local Strategic Partnership Engagement Working Group
- Partners Public Information Group
- Local Safeguarding Children's Board & Quality Assurance Subgroup
- Care and Support Partnership

Healthwatch England and Local Healthwatch Groups

- Communications Working Group
- London Healthwatch Forums
- South West London Healthwatch Forum
- South West London Mental Health Group

Chelsea & Westminster including (West Middlesex University Hospital)

- Equality and Diversity Committee
- Patient Experience Group

Richmond CCG (RCCG)

- Governing Body Board Meetings and Seminars
- Quality and Safety Committee
- Primary Care Commissioning Committee
- Outcomes Based Commissioning Programme Board
- Adult Mental Health Strategy group (AMHSG)
- Older Peoples Mental Health Strategy Group
- Outcomes Based Commissioning Communications Group
- Community Involvement Group
- Working Group for Primary Care Centres

South West London Healthwatch Mental Health Trust

- South West London Healthwatch Mental Health Trust Forum
- Richmond Stakeholder meeting
- Carers, Families and Friends Group - Carer Member

Southwest London Collaborative Commissioning

- Patient and Public Engagement Strategy Group
- Joint Committee for Primary Care Commissioning
- Working Group for Cardiology Pathways

Other

- Kingston and Richmond Local Pharmaceutical Committee and local pharmacists
- NHS 111 Groups - including:
 - Integrated Urgent Care Group (6 boroughs)
 - NHS 111 Direct Delivery Board
- Patient Partnership Group

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Thames



How we've worked with our community

Members of the community are involved at every stage of our work. Some as volunteers planning and undertaking Enter & View visits; others help us to reach the people they or their organisations support; and others share their experiences with us by responding to our surveys and communications or attending our events.

We engage closely with our local community to discuss local services and provide information on any planned changes. Our communications are a key way of informing people about how they can get involved directly with the NHS and social care. We also campaign for public engagement opportunities and run public events ourselves to give the community a stronger voice in specific areas.

QUALITY ACCOUNTS

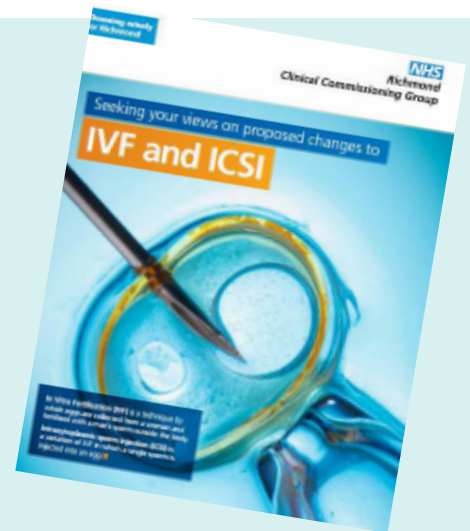
Each year, we comment on the Quality Accounts of four major providers: Hounslow and Richmond Community Healthcare NHS trust, Kingston Hospital NHS Foundation Trust, South West London and St George's Mental Health Trust and West Middlesex University Hospital NHS Trust (which became part of Chelsea and Westminster NHS Foundation Trust in 2015).

Our response is based in part on the views of the board members, volunteers and local residents who represented us on external boards and committees, as well as on the information collected from the community. We were able, therefore, to provide an independent view, holding providers to account for their performance against the priorities set for the previous year, as well as commenting on their priorities for the coming year.

MAJOR CHANGE IN THE NHS

In 2016/17, a significant amount of our work was focused on major change in the local NHS. This comprised the Sustainability and Transformation Plan (STP), to save £900 million across south west London, and Richmond's Financial Recovery Plan (FRP), to save £20 million including through substantial surgical changes.

The many proposed surgical changes included reductions in the number of cataract operations and arthroscopic knee procedures performed on Richmond patients, and a cut in the number of cycles of IVF that people from Richmond could access.



Giving the Community a voice

During the year we received an increasing amount of queries and concerns about the changes, and decided to host an event, 'Major Change in the NHS', in December. At the event, local NHS commissioners answered questions from an audience of over 100 local people. Residents asked passionate questions to local commissioners and made strong comments about some of the changes being announced.

Towards the end of the year, we spoke to a variety of groups who invited us to explain the changes, and we created a dedicated section on our website clarifying what had happened and what was being discussed. We publicised the CCG's events around the STP, and the Richmond event, 'Talking Healthcare', was attended by approximately 60 people, almost double the attendance in other boroughs.

We equally publicised changes around the FRP. We extensively communicated details of a survey on proposed FRP changes, which received approximately 300 responses, as well as a formal consultation on proposals to cease IVF in all but exceptional cases. The results of the latter are expected to be announced in the early months of the 2017/18 financial year.

Changes to Surgery in Richmond

At the time of our event the changes to surgical procedures were decided but not publicly known. Healthwatch Richmond, through its role as a critical friend and backed by the views of local people, was able to ensure that a full list of the changes was published by Richmond CCG in March 2017.

This provides local people with information that they would not otherwise have had, an opportunity to comment on these changes, and information for those who still need these services. (For more on our plans to help residents engage in local changes, see our 'What next?' section of this report on page 34)

We also took calls from local and national media asking for clarity and comment on the changes.

Communications

We were able to publicise community opportunities for engagement because of our strong reach. We have 1,070 email subscribers, an increase of 320 from the previous year, and send out over 2,000 copies of our printed newsletters to local individuals, small organisations, clinics, GP practices and hospitals. We also publicise information on our Twitter page, which has 1,400 followers, and have recently created a Facebook page.

On Twitter, we have maintained an active presence to help local people be aware of our work and of the engagement opportunities on offer. In 2016/17, we published 480 tweets, resulting in 852 engagements from members of the public and local organisations. In total, our tweets were viewed 115,436 times, known as impressions. These messages

included promotion of our own work, and sharing of relevant and useful content by other local organisations.

During the year, we published three printed newsletters, and a summary report of our Children and Young People's Wellbeing paper. We also published 13 Enter & View reports. We sent 124 email bulletins, nearly double the previous year's output.

ENGAGING PATIENTS IN CARE AUDITS

Through our communications, we have been able to encourage local residents to be involved with a number of patient-led care reviews. The PLACE (Patient Led Audit of the Care Environment) reviews involve a number of patient representatives and service users touring a care location and providing their feedback, through discussion and evaluation forms.

During the year, we participated in a number of PLACE Audits, including Queen Mary's Hospital in Roehampton, West Middlesex University Hospital, and Hounslow and Richmond Community Healthcare. Representatives who attended were able to comment on issues such as compassion and dignity of care, and cleanliness and site maintenance, and our comments were taken into account by ward managers and other hospital staff.



Bulletins Sent

37 Healthcare

25 Children & Young People

19 Mental Health

18 Social Care

21 Publications sent to full mailing list



Website

4000 unique visitors

39% of visitors returned to the website over the year

24,000 pages viewed



Twitter

480 tweets

852 engagements from members of the public and local organisations

115,436 people saw our tweets (impressions)

Opportunities promoted through our bulletins



53 public meetings and events

37 consultations and surveys

30 jobs

18 voluntary opportunities

18 committee places

Decision making

All decisions about local Healthwatch activity, including the use of Enter & View and requests for information and the publishing of reports, are made by our Healthwatch Richmond Committee.

Our Healthwatch Committee is a mixture of Trustee and non-trustee members who are selected through open recruitment.

Opportunities are widely publicised through outreach to groups and events, our communications and social media.

We publish the reasons for undertaking our projects and exercising our powers such as making recommendations in our project reports.

The Healthwatch Richmond Committee

Our Healthwatch Committee was set up in 2015/16, and improves the involvement of community members in our decision making. Prior to this, all decisions about Healthwatch activities were made by the Board of Trustees. The committee is a sub-group of our board, and is comprised of a selection of our trustees as well as other local people.

The Healthwatch Committee makes decisions on the work we do, based on the many views and experiences that we collect from the community, and proposes our Annual Workplan to the Board. You can read about these views in the sections, 'How your experiences are helping influence change' (page 23), and 'What next?' (page 34).

The Healthwatch Richmond Committee oversees and supports our projects and leads on our engagement with commissioners



and providers. Our public events and presentations are usually led or strongly supported by members of the committee.

How we involve the public and volunteers

Aside from our Trustees and Healthwatch Richmond Committee members, volunteers are heavily involved in our governance and our operations. We support volunteers through training, meetings and a quarterly volunteer session to provide supervision and an opportunity for feedback and support. We also offer one-to-one support on request.

Many of our volunteers work on our Enter & View activity, some support our engagement with stakeholders, others support our outreach and engagement, and others support our governance by sitting on our charity's Audit Committee and Governance Committee.

We had 34 active volunteers during 2016/17. Of these 18 are involved as Trustees or sub-committee members and 19 as Enter & View representatives (some of whom were also Trustees).



What next?

Opportunities and challenges for the future

Economic

Our contract was due to expire in March 2017 but was extended until the end of March 2018. Funding has been flat for the organisation since our inception in 2013. Inflationary pressures have created significant challenges, and we have taken steps to actively manage this.

Office accommodation costs were identified as the most significant challenge for the organisation, and we invested significant time resources into sourcing sustainable offices. We moved into a new office sharing arrangement with a local charity in early 2017/18 to enable us to manage this.

We continue to generate additional income to support our delivery of Healthwatch. In addition to the funds that we receive for delivering the Healthwatch Richmond contract, **we have invested over £40,000 of further funds into the delivery of Healthwatch Richmond over the past 3 years.** We have planned to pursue new avenues of income generation to further develop our investment in Healthwatch Richmond. The wider economic environment will present challenges to this but we are ambitious in our plans to grow our income and our work.

Political

In the last Annual Report we described the integration of Richmond and Wandsworth Council's staff into a shared structure. This integration led to the extension of our contract and we are working to prepare for a recommissioning process across both boroughs during 2017/18.

The trend towards integration is continuing and we are working closely to maintain relationships with our CCG as it integrates with Kingston CCG and later others across South West London through a process of shared management and staffing.

Our relationships with colleagues in South West London are important at this time and we are in regular discussions with neighbouring Healthwatch organisations to explore opportunities for sharing work where this makes sense.

Raising Awareness

Healthwatch Richmond has a solid base of supporters and followers who receive communications by post, email and on social media. We are particularly effective at reaching those already following us - and have high opening rates on our communications - as well as reaching local groups.

We have targeted engagement over the past few years to raise awareness of Healthwatch within the local community. We've achieved much success in this area with increased awareness of Healthwatch within community groups and within groups of professionals such as social workers and the voluntary sector. As a result we have reached more people than ever before over the past year.

We are not content with this, however, and recognise the need to reach the wider population of the Borough of Richmond. We would like to make sure the wider population know that we can help them when they share experiences to help shape local services, that we can keep them informed on local change, and that we can answer any queries they have on local services.

As a result, **we are teaming up with the local Clinical Commissioning Group to distribute a flyer to each of Richmond's 80,000 homes.** The flyer has been produced, explaining what we do and inviting contact from residents. It will be distributed during summer 2017 and will be accompanied by a local press, poster and targeted social media campaign.

Planned work for 2017/18

Healthwatch Richmond has a number of key focus areas for 2017/18. These are set by analysing the responses we receive from local NHS and social care service users from the previous year.

Due to challenges with the Healthwatch England reporting system, we moved away from the system during the year and have implemented a new system to improve data collection. As a result we are able to record and use patient experiences and we are able to log significantly more experiences year on year.

As a result of an analysis of these responses, we will continue to deliver our existing work plan:

1. Undertake the **Adult Mental Health** review begun in 2016/17 including inpatient, IAPT and community services.
2. Conclude our review into **referrals from GP to consultant/Outpatients care.**
3. Push for outcomes from our **CAMHS and Children's Services.**
4. Conclude our **Residential Care** work by visiting the remaining homes and returning to any homes where this is indicated from our initial visit to some already visited.

This is already an ambitious work plan but we have identified a number of areas where we hope to undertake additional work in the coming year including:

1. Review Accident and Emergency services at Kingston Hospital and West Middlesex University Hospital. This is after comments we have received around waiting times, communication and confidentiality. We cannot yet draw conclusions from these.
2. Review prenatal maternity care services, following comments we received around support and administration and communication.
3. Review patient experience of the walk in centre at Teddington Memorial Hospital and around the Borough's GP Hubs in advance of planned changes to these. We will gather patient feedback to make sure that the plans for changes are informed by the views and experiences of local people.



MENTAL HEALTH

One of the areas we will focus on in 2017/18 is mental health.

This has been decided as a key element of our work plan because, in the last year, we have received a number of comments and concerns from users and carers in Richmond about mental health services.

In order to get a broad view of people's experience of those services, we reviewed reports, sifted through 254 records in our database going back several years, conducted interviews with service users and held group discussions with carers.

The comments ranged from poor communication with carers, concerns about discharge, staff attitude, issues around medication, difficulty in accessing the Home Treatment Team, continuous staff changes with little notification and lack of coordination between services.

Comments were also made about the absence of therapy on Lavender Ward (Queen Mary's Hospital in Roehampton) and patients not always feeling fully consulted about their care.

Based on that evidence, **our adult mental health project (targeted**

at 18-75 year olds) will review all the services which deliver care to **identify where services can be improved for Richmond users and their carers**, and enable professionals to provide better care.

We are planning to review existing primary, community and hospital based services but recognise that the work to develop Outcomes Based Commissioning of mental health services will result in a different model of care for Richmond. We will produce recommendations for change, and will report on this work in next year's annual report.





Responding to other agendas

There are other areas that we expect could become important during the year due to commissioning and national agendas such as the Strategic Transformation Plan and Outcomes Based Commissioning of Mental Health care.

We will also respond to developments in council funded domiciliary care and in mental health. In the next year we aim to hold two public meetings in order to further engage the public in local health and social care aissues.



Our finances

This financial statement provides figures accurate to the nearest £100.

As in the previous 3 years we have continued to generate additional income and have used surpluses created by previous income generation to subsidise the provision of Healthwatch Richmond.

As a result of this we have been able to invest in additional staff time and operational activity, adding value to our delivery of the Healthwatch Richmond contract whilst maintaining safe and appropriate levels of reserves.

Income	2016/17	2015/16	2014/15
Income for Healthwatch Richmond statutory activities	146,000	146,000	146,000
Additional income	10,000	11,400	17,100
Funding from RHV reserves	10,800		
Total income	166,800	157,400	163,100
Expenditure			
Operational costs	51,400	37,400	29,700
Staffing costs	108,300	111,000	117,800
Support and administration costs	6,100	10,400	8,600
Total expenditure	165,800	158,800	156,100
Balance	1,000	-1,400	7,000

Operational costs are essential to the delivery of the Healthwatch role, and include essential office and premises costs, meeting costs, travel, print, operational costs of undertaking projects and marketing.

Support and administration costs relate to the services and activities necessary to ensure that Healthwatch Richmond is run safely, legally, and effectively, and include the costs of insurance, financial services, audit and governance costs.

Disclaimer: The financial figures are provided in good faith and whilst we have no reason to doubt their accuracy, they are provided prior to our accounts being audited. As such they may be subject to revision at a later date.



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Contact us

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We will be making this annual report publicly available on 30 June 2017 by publishing it on our website and sharing it with Healthwatch England, CQC, NHS England, Clinical Commissioning Group, Overview and Scrutiny Committee/s, and our local authority.

We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

If you require this report in an alternative format please contact us at the address above.

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