healthwatch Richmond upon Thames

Healthwatch Richmond

Annual Report

2014/2015

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Chair's foreword

It's been a busy and fascinating year for the Board and the team, with many opportunities for us to get involved and engage the community on their experience of health and social care in the borough. The feedback you give us is making a difference.

We are delighted as a result that our contract to deliver Healthwatch Richmond has been extended by the London Borough of Richmond upon Thames Council until March 2017.

We've taken forward our work on GP practices in the borough, undertaking Enter and View visits to several different practices. We've started work on social care, visiting some residential care homes and undertaking a consultation on the implications of the Care Act for the Council.

We've engaged young people on health and social care issues, and begun a new project on children's mental health services. These substantial projects, however, represent just a small cross-section of how we are engaging with and representing the community's views to ensure that health and social care know and respond to patients' views.

This will (probably) be the last annual report that I introduce. As Healthwatch Richmond has been growing over the past year, we have reviewed how we operate and how we can engage more people more effectively in our work. So we will shortly be creating a new Healthwatch Richmond Committee, and appointing someone to chair that committee. This will be separate from the Board of Richmond Health Voices - the body that has the contract to deliver Healthwatch Richmond.

There will be opportunities for new volunteers to join the Healthwatch Committee. If you would like to be involved with this, or any other of our activities, please do get in touch. The more people who get involved, the more we can achieve.

Amanda Brooks, Chair

Chief Officer's foreword

Over the past year we have become an organisation that makes a difference to care locally and nationally, that gives local people a meaningful say in NHS and social services decisions, listens to people and has helped people to find the information they need.

As well as the hard work of our staff, our success has been due to the dedication, skill and hard work of our volunteers and our Board. Both retain a good mix of people continuing the legacy of our predecessor Richmond LINk and of people new to Healthwatch. We are truly grateful for their commitment and for their support. We encourage anyone with an interest to get in touch and take part in our work.

This report covers a period over which we have grown from an ambitious start-up to an effective and performing consumer champion for Richmond. There is room for further growth and development and we look forward to meeting these challenges over the coming year.

To do so we will be reviewing our governance, revisiting our strategy, improving the way we support our volunteers and how we involve people in Healthwatch. We'll also develop our communication to help us engage more people and make a bigger difference over the coming year.

Mike Derry, Chief Officer

About Healthwatch

Healthwatch Richmond exists to make health and social care better for the local community. Our role is to ensure that local health and social care services, and the local decision makers, put the experiences of people at the heart of local care.

We believe that the best way to do this is by designing local services around people's needs and experiences. Everything we say and do is informed by our connections to local people and our expertise is grounded in their experience.

Healthwatch is the only body looking solely at people's experience across NHS and social services. We are uniquely placed as a network, with a local Healthwatch in every local authority area in England and Healthwatch England, supporting our voice at a national level.

We're set up by government as an independent statutory watchdog for NHS and social care. This gives us powers to enter places where care is provided, to request information and to get responses to our reports.

63 Outreach sessions and

4 Events giving

1000 People their say

34 Visits to West Middlesex University Hospital

visiting

6 Wards
116 Patients

2 Improved local care homes

67 Bulletins
220 Opportunities promoted

75 Boards and committees

10 Visits to local GP practices

Highlights

Giving people a voice in the NHS and social care

Through 63 outreach sessions and visits, and 4 public events we gave over 1000 people a say in local care and promoted Healthwatch.

We sent 67 bulletins and newsletters giving people information on 220 opportunities to have their say.

Members of the community were supported to sit on 75 external committees where they spoke directly to decision makers.

Identified as best practice

Healthwatch Richmond was identified as an example of good practice by Healthwatch England and we took part in to two national research projects reviewing the performance of and setting quality standards for Healthwatch. The way we work is used to demonstrate good practice to support the work of other Healthwatch.

Improving care locally and nationally

Our work led to improvements at two local care homes

"Staff are spending more time at Chudleigh house and there was notable improvement"

A resident's advocate

We also made a difference at national level with the CQC committing to improve the way it regulates supported living.

"reviewing how to improve its approach to regulating supported living services that provide personal care and talking to the Department in relation to this."

Director General of Social Care, Local Government and Care Partnerships

Hospitals

Through 34 visits to 6 wards at West Middlesex University Hospital we spoke to over 100 patients and worked with staff to turn their experiences into meaningful change including bringing nurses closer to patients.

We also ran an event for our volunteers to quiz West Middlesex and Chelsea and Westminster on their planned merger and provide a formal response to this.

General Practice

We responded to the local interest in general practice by making 10 visits to local practices leading to improvements in access and information.

Engaging with people who use health and social care services

During 2014-15 we delivered an extensive programme of work to obtain the views and experiences of the community about NHS and social care services through visiting community groups, events and places. Our visits promoted Healthwatch Richmond, supported people to access our services and brought our signposting service to the community.

We used what people told us to set our work priorities, to shape our responses to consultations and to make recommendations for local and national statutory partners.

Healthwatch Annual Reports are required to explain how we gathered the experiences of the following groups:

Young people (under 21)

Our work to engage children and young people saw us participate in an average of one session a month with young people, either directly or by engaging with the groups that support them, including the following:

- Richmond Youth Council
- Paernts Self Advocacy Group
- Parent and Toddler Group St Mary Magdalene's Church
- Freshers Fair St Mary's University
- Children's Centre Managers
- Children's and Families Act Local Offer Working Group
- Meeting parents and organisations concerned with CAMHS
- Healthwatch Kingston on: Joint Youth Engagement
- Staff at Twickenham Academy

As a result of this we:

- Engaged with almost 200 young people
- Developed strong relationships with the key organisations that will support future engagement with children and young people
- Identified the need to develop a work stream with Child and Adolescent Mental Health Services
- Supported the development of the Local Offer for children and young people as part of the Children and Families Act

St Mary's University freshers fair

In September 2014 we visited St Mary's University to speak to students about their health and provide signposting information. To engage students in our work and encourage them to sign up to hear more from us, we asked students "Where would you go if you suspected a broken bone?" We signed up over 150 students, who we continue to engage with. Of those that we spoke to, only 7% knew where to go if they thought they had broken a bone. Many were not aware of local services or did not know the difference between a Walk-in Centre and Accident and Emergency.

Older people (over 65)

We engaged with around 300 people aged over 65 through outreach to around 12 events and organisations including:

- Full of life fair
- Barnes Green Centre
- Stroke Clubs in Hampton and Sheen
- Linden Hall
- Hands Help A Neighbour in Distress
- Age UK Whitton
- Ethnic Minority Advocacy Group
- Older Peoples Mental Health Consultation
- Richmond Synagogue
- Deer Park View Care Centre

The most common themes from this group related to poor transport links between different healthcare services, expensive parking at West Middlesex University Hospital and high satisfaction with some GPs in the borough. These views were considered alongside the wider experiences that we'd collected to help us to prioritise our work.

People volunteering or working in Richmond

We held pop-up stalls in public places, attended public events and meetings of NHS employees and health and social care volunteers, to engage this group of people.

Our work over the year reached around 220 people with an average of just over 2 activities taking place each month including:

- West Middlesex Hospital public and staff events and monthly stalls in the atrium
- Visits to GP practices and the Patient Participation Group Network
- Weekly stalls at libraries across the borough
- Hounslow and Richmond Community Healthcare Health Fair
- Worked with pharmacists
- Visits to Kingston Hospital's A&E
- RUILS Advocacy Support group
- Mulberry Centre Christmas gathering.

Disadvantaged or vulnerable people

We identified disadvantaged and vulnerable people as: homeless people, people with learning disabilities and those who support them, people with physical disabilities and carers.

We reached over 125 people across 14 different groups including:

- SPEAR Homelessness support group
- SPEAR women's group
- Vineyard Homelessness support groups
- Richmond Homelessness Forum
- Riverbank Trust
- Carers support group
- Caring at a Distance group
- Early Intervention Dementia Carers Support Group
- Richmond Carers Centre
- Caring cafe
- Parents Self Advocacy Group
- Mencap Carers support Group
- Learning Disability Provider Forum
- RUILS advocacy meeting

As a result of our engagement with learning disability support organisations, we identified concerns with a local care provider. Our work in this area led to improved care locally and created an impact at national level. See the Chudleigh House Case study on page 31.

People who are seldom heard

We defined people who are seldom heard as:

- People with Learning Disabilities
- Homeless people
- Children and Young People
- People who are frail and elderly
- People living in deprivation

All of these groups overlap with either the disadvantaged and vulnerable, people under 21 or people over 65. Our work with seldom heard people is described under the relevant headings above to avoid double counting our work.

Public engagement events

As well as promoting Healthwatch we held or supported four large public engagement events focussing on key issues in health and social care. This work is described in more detail in the '*Communications*' section, page 24.

Networking

To develop our relationships with key stakeholders we met with:

- The voluntary sector
- Local and national Healthwatch
- Richmond Clinical Commissioning Group
- Local Authority
- NHS Providers (including West Middlesex University Hospital, South West London and St Georges Mental Health Trust, Kingston Hospital NHS Foundation Trust and Hounslow and Richmond Community Health Trust and social care providers)
- NHS England
- Care Quality Commission

This helped us to promote Healthwatch, helped us to coordinate our work with these organisations and made them more receptive to our messages and helped us to reach the community through our stakeholders' networks. This work helped us to achieve many of the outcomes in this report, particularly those presented in the '*Working with others to improve local services*' section, page 30.

The Care Act

In partnership with Richmond Council, we engaged the community to explain what the Act would mean for people and their families as they aged and to gather feedback on the consultation questions.

We conducted two self-completion surveys and held a public event engaging 65 individuals. We also produced two newsletters to inform people about the Act, which were sent to our mailing lists and those of 26 organisations supporting older people.

The responses received were sent to Richmond Council who used them to shape the way that the Care Act was implemented in Richmond. They were also fed into the national consultation so that the community's views were heard at a national level.

Our published reports on this work identified key issues including:

- Need for more support services for carers and service users
- Improving access to services for social interaction and recreational activities
- Providing better access to information, with one professional as the main contact
- Mixed views on funding care by renting out homes, and high levels of uncertainty about eligibility criteria
- The importance of personal contacts was consistently repeated.

Enter and View

Healthwatch Organisations have the power to Enter and View premises where NHS care or social care are provided so that we can observe care being delivered and to report on what could or ought to improve.

To ensure that we are using this power effectively, we carefully select providers to visit, based on a range of evidence. Primarily we collect information from patients and the public about their experiences of care, but we also look to existing sources of information to support this. Some sources of information are publicly available such as the national GP Patient Survey, others require us to make requests for information such as performance data.

We hold quarterly Quality Information Sharing Group (QISG) meetings with Richmond Council, Richmond CCG, Care Quality Commission and NHS England to share intelligence, to review our plans and to ensure that our planned visits do not overlap with the work of other agencies. You can read more about these meetings on page 33.

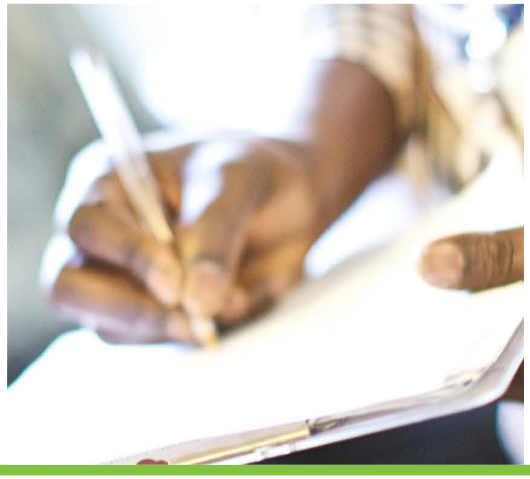
All Enter and View visits are planned with a team of volunteers including Enter and View Representatives who form Project Groups. Project Groups are open to all with an interest in the area of work and are publicly advertised via our Newsletter.

Planned visits are scrutinised by our Board who are responsible for authorising the use of our powers.

Nightingale House

Nightingale House was selected as a priority for review because of its lack of engagement with the Local Authority and refusal to accept visits from a peer review scheme. Read more about the visit and the report on page 20.

Following the visit we shared our findings with the CQC and Local Authority. We also shared the findings of our work with the Healthwatch organisations that covered areas where the owner operated other homes.


GP practices

We decided to visit GP practices following public engagement activity and public meetings that concluded in March 2014. This work identified a number of areas where residents had concerns about the care that was available to them and formed the basis of our visits.

We identified 9 high and low performing practices according to data from the national GP Patient Survey, comments left on NHS Choices patient and feedback that we had received from the community. Of these practices, 5 were visited during the year and a further 4 postponed until early 2015 to avoid clashing with CQC inspections.

The visits aimed to identify good practice and drive improvements. We asked patients and staff questions based on the previously gathered patient feedback specifically focussing on:

- Access to services
- Quality of care
- Overall satisfaction
- Improvements that patients would like to see

Reports have been published for the practices visited and can be viewed on our website: Vineyard Surgery, Woodlawn, Oak Lane Medical Centres, Seymour House Surgery, Lock Road Surgery. GP practices responded to our reports to confirm that they would make a range of improvements to both their communications and practice environment.

Recruitment

Before they are eligible to take part in Enter and View visits, our Enter and View representatives are recruited through a careful selection and training process that meets the requirements of the Health and Social Care Act. Volunteers submit a written application, attend an interview and we seek satisfactory references and enhanced DBS checks. All of our volunteers complete training in safeguarding adults and in how to undertake Enter and View visits before being able to take part in visits. We hold quarterly meetings for all of our volunteers to identify training needs, offer support and share knowledge and experience. All project groups have regular planning and debrief sessions to provide support and supervision for our Enter and View volunteers. Over 2014/15 we successfully trained and recruited 14 volunteers and 4 members of staff.

Enter and View Authorised Representatives

- Batcho Notay
- Jan Marriott
- Julie Risley
- Linda Nelhams
- Liz Grove
- Maureen Chatterley
- Penny Alexander
- Perin Hughes
- Rasha Hussain
- Sandra Hempel
- Sylke Grootoonk
- Yvonne Lincoln
- Yvonne Peel
- Louise Smith
- Keisha Forteau
- Mary McLaren
- Mike Derry

Providing information and signposting

We began the year viewing signposting as a standalone activity, separate from our engagement activity and generally carried out when people contacted Healthwatch asking for support, and driven through by our marketing activity.

Whilst inbound contact is a substantive area of work for us, we recognise that providing information and signposting people to sources of support runs through all of our public facing work.

At each of our outreach and engagement sessions we promote the signposting service, but also provide signposting services directly to the community. We have also produced bulletins and newsletters that promote opportunities for people to engage, and also provided information on issues such as the Care Act.

By networking with other organisations we have reached vulnerable people, helping them get what they need from local health and social care services.

Whilst inbound calls and outreach are equally valuable pathways for accessing our signposting service, we had not routinely recorded signposting activity arising from our outreach work. We're trialling the new Healthwatch CRM database to help us to capture our wider signposting activity.

"It is reassuring to know there is an organisation and people like your good self available to listen and offer guidance to the public in situations like mine. The details you have provided are very helpful and much appreciated."

A Healthwatch Richmond signposting service user

What services did people ask us about in 2014/15?

Query	%
GP's	23%
Registering with a GP or Dentist	13%
Adult social care	12%
Help with making complaints	11%
Community services	9%
Dentistry	9%
Mental health	8%
Patient/service user rights	6%
Acute care	5%
Accessing records	2%
Children's care	2%

The places that we signposted people to in 2014/15

Query	%
NHS Complaints Advocacy	20%
Local authority	16%
Voluntary sector support	16%
NHS 111	13%
NHS provider organisations	12%
NHS Choices	9%
NHS England	9%
Parliamentary Health Service Ombudsman	3%
Regulator or professional body	2%

Influencing decision makers with evidence from local people

We produce reports with recommendations that we use to influence decision makers in health and social care.

Our reports are based on evidence in the form of experiences gathered through engagement, observations and feedback from Enter and View visits and the findings of wider research. We also support people to engage directly through promoting opportunities via our communications and through taking seats on committees within commissioners and providers. Over the past year we have had successes in this area, the key successes are described below:

GP visits

Extensive outreach and engagement into experience of GP services identified a significant variation in patient satisfaction. Through cross-referencing these experiences with the national GP Patient Survey and comments on NHS Choices, we identified the practices that appeared to have the highest and lowest levels of patient satisfaction and arranged Enter and View visits to these.

During the year we completed ten visits across five locations. Each practice was sent a report with recommendations based on the findings from our visits and asked to respond explaining what actions they would take as a result. These responses were included in the final report.

One of the recommendations made to all practices was to explore extended weekend and evening opening hours. The CCG has since been awarded a grant to pilot weekend GP services in the borough. Individual practices also agreed to improve their signage, display information regarding their opening times and facilities, make arrangements to improve confidentiality at reception and to improving the promotion of their online booking services.

We'll write back to GP practices after six months to ask them to confirm what actions have been taken and which remain outstanding following our reports.

West Middlesex University Hospital

West Middlesex University Hospital invited us to audit their services as a follow up to work undertaken by Richmond LINk in 2011. This gave us an opportunity to gain a better understanding of patient experiences at the Hospital. We made 34 visits to six wards over a period of three weeks. We spoke to over 100 patients, asking a broad range of questions about their experience of care at the hospital and observing the care and the environment.

Most people viewed the care at the hospital positively but some patients' needs were not being met. Patients also told us about problems with discharge from hospital, at mealtimes, and problems with the environment and with communication.

We produced a report of our findings and a set of recommendations. To turn these recommendations into changes, we held an 'action planning' meeting in partnership with the hospital.

The action planning meeting brought together Healthwatch staff and volunteers with hospital staff and management. Based on the recommendations from the report, actions that the hospital could realistically take to improve care were identified in collaboration. Collaborative planning created a sense of ownership over the actions with staff taking responsibility for implementing the actions.

Improvements arising from this included:

- Moving nurses' stations from the corridors into bays, to ensure that staff spend more time close to the patients that they're caring for. This in turn will reduce the time that patients need to wait when they need care, and make it less likely that patient needs would not be met
- Implementing volunteers to assist with discharge
- Ringing bells to alert all staff to the start of mealtimes and ensure that staff can focus on providing meals to patients
- Introducing a notice to indicate that a sample has been left in a toilet. This alerts other patient wishing to use the toilet, and reminds staff that the sample needs to be collected as soon as possible
- Piloting a patient diary to improve communication between staff and family
- Reminding staff to be considerate of noise at night so that patients are not disturbed.

To ensure that the changes are made and to see their effect, we will review them at the end of the year, approximately 12 months after we first visited the Hospital.

Early indications suggest that long-term change is taking place, for example we understand that work is underway to move nurses' stations into each bay.

Inpatient mental health services in South West London

A local consultation about the future location of inpatient facilities for people in southwest London, was conducted by Kingston CCG on behalf of the 5 boroughs that receive care from the local mental health trust. The consultation proposed reducing the number of hospitals within the area from 3 to 2, which meant that inpatient care would be provided further away for some patients and that visitors would face an access issue due to the distance and traffic problems. There were also clear ramifications for community services that were not addressed by the consultation.

We identified a low awareness of the consultation amongst the community and publicised the consultation widely. To reach a wider audience, we encouraged our networks and supporters to promote the consultation through their websites and newsletters. Our trustees and volunteers also put up posters in community and mental health settings and promoted the consultation through community and church networks.

Healthwatch attended the local consultation events including a meeting organised by the Friends of Barnes Hospital to enable older people and their carers to voice their specific needs and views. We supported the voices of local people, reflecting these in the formal written response.

As well as a formal written response we presented our views to the CCG Board emphasising the importance of investing in community services and of the trust acting to mitigate the impact of the changed in-patient locations by introducing more flexible visiting hours.

Richmond CCG is developing an outcomes based commissioning approach for community mental health services. To ensure the changes that we have championed take place, we will request a seat on the strategy implementation group when it is set up.

West Middlesex University Hospital transaction with Chelsea and Westminster NHS Trust

We invited board members and Healthwatch volunteers to meet with leads from Chelsea and Westminster and West Middlesex Hospitals to hear about the integration and transformation of the two trusts. The trusts set out the vision for the new organisation and answered questions about the merger.

Based on our discussions we made a formal submission in March 2015 to the statutory consultation about merger.

Quality Accounts

We were given the opportunity to comment on the Quality Accounts of four major local providers: Hounslow and Richmond Community Healthcare NHS Trust, West Middlesex University Hospital NHS Trust, Kingston Hospital NHS Foundation Trust and South West London and St Georges Mental Health Trust. We asked board members and volunteers from the community to comment on the accounts. Our commentaries (available on our website, www.healthwatchrichmond.co.uk) gave an independent view on the achievements of providers against the priorities set for the previous year as well as commenting on the priorities set for the upcoming year.

Conflict of interest

We wrote a letter on 9th February 2015 to the Chief Officer of Richmond CCG asking about the commissioning of services from the newly formed GP Alliance and the management of conflicts of interest. We have pointed out that the real and perceived conflicts need to be carefully and transparently managed to ensure fairness between providers and so that the CCG is able to deliver innovative and patient centred solutions to care. The CCG responded to us with clarification about how these conflicts are managed but the issue remains open.

In addition we have faced challenges to our own management of perceived conflicts. We are taking an assertive approach to managing these to ensure perceived conflicts do not inhibit the vital patient and public representation and oversight of key issues such as the commissioning of services from general practice.

Residential care

Concerns were raised to us at the Quality Information Sharing Group (QISG, page 33), a meeting set up by Healthwatch Richmond to enable Richmond Council, Richmond Clinical Commissioning Group, NHS England and the Care Quality Commission (CQC) to share information about local health and social services, about the lack of engagement from Nightingale House.

Nightingale House

Nightingale House was selected as a priority for review because of its lack of engagement with the Local Authority and refusal to accept visits from a peer review scheme.

Following the visit we shared our findings with the CQC and Local Authority. We also shared the findings of our work with the Healthwatch organisations that covered areas where the owner operated other homes.

Four Authorised Representatives (including one staff member) carried out an Enter and View visit to Nightingale House in December 2014. The team made general observations on the care provided, the interaction and activities available for residents. Staff and residents were asked about care needs and assessments, activities and the home's policies and procedures.

Our Enter and View visit raised questions and concerns about the registration of management, the effectiveness of policies and procedures in the home and the suitability of the home for people with accessibility issues.

Following the visit, a report of our findings and recommendations was shared with the management of Nightingale House whose response was included within the final report. The final report was then shared with NHS England, the CQC, Richmond Council and Richmond CCG.

As a result of our recommendations, security has been improved at the home with all staff issued with identification and all visitors required to sign in. Residents also have improved access to the home's complaints policy.

Richmond Council have had increased contact with the home and the CQC moved forward a planned inspection following our feedback. The CQC inspection resulted in the home being rated as '*Requiring improvement*'.

We will return to Nightingale House to check on the progress of implementing the recommendations made in our report and we remain in close contact with the CQC and the Council.

Communications and public engagement

We promoted over 220 opportunities for local people to engage with the commissioning, provision and management of local health and social care services through 67 Newsletters and Bulletins and daily social media activity. The tables below show the volume of our communications and the opportunities that we have promoted.

E-Bulletins and newsletters

Healthwatch mailing list

640 Subscribers

14 Mailouts

Social Care bulletin

227 Subscribers

10 Bulletins

Mental Health bulletin

204 Subscribers

11 Bulletins

Children and Young People's Care bulletin

62 Subscribers

14 Bulletins

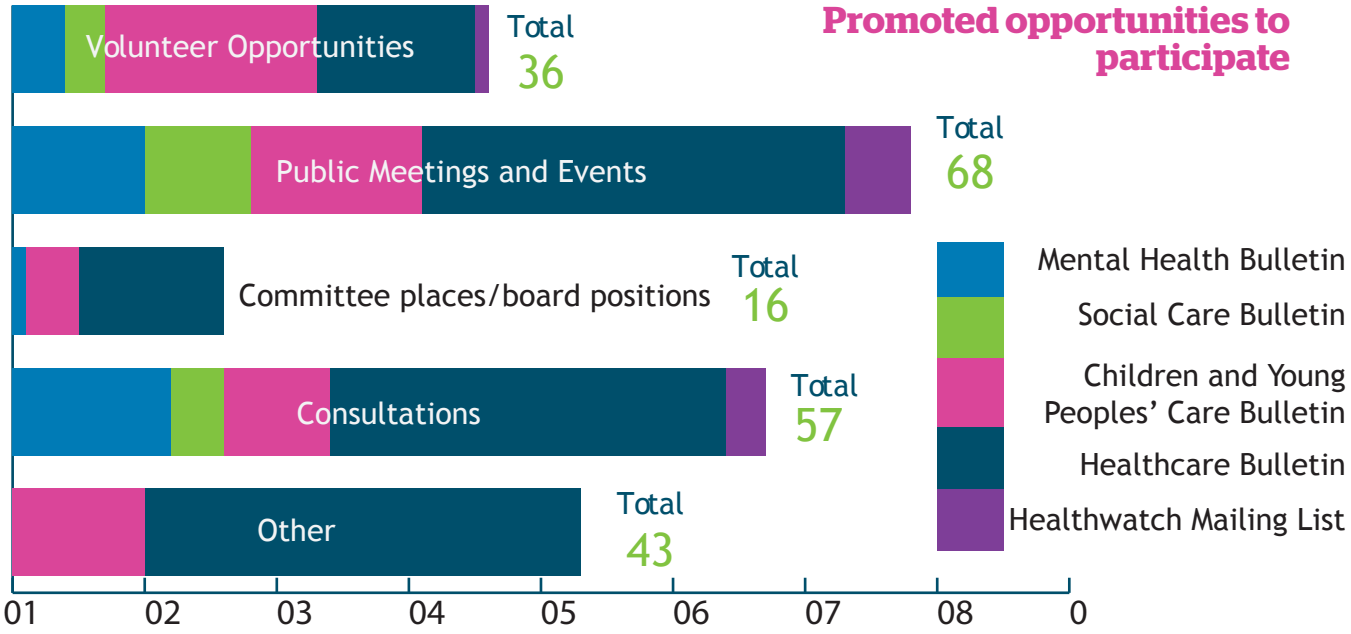
Healthcare bulletin

248 Subscribers

18 Bulletins

We sent 67 bulletins and newsletters in 2014/15, nearly twice as many as 2013/14, giving people information on around 220 ways they could have their say.

Promoted opportunities to participate



Twitter

A key aim from last year was to trial social media. This trial proved Twitter to be a useful platform for engaging the public. We chose to discontinue using Facebook as this produced little engagement and our trial proved that this was not an effective format for us.

827 Tweets

1,096 Followers

1,700 Profile views

180 Mentions

51% Male visitors

49% Female visitors

Website

12,839 Page views

2,917 Users

61% New sessions

39% Returning visitors

Public events

In addition to promoting opportunities for people to get involved, we held, or supported, four large public events providing 240 people with an opportunity to influence the commissioning, provision and management of local health and social care services. The table below gives an overview of these and case studies are provided below for further information.

Event	Attendees
Care Act	65
Outcomes Based Commisssioning	70
Care Act Phase 2	60
Health and Wellbeing Board Engagement	45

Outcomes Based Commissioning Event

We brought together 70 carers, patients and health professionals to hear from Richmond CCG about their plans to commission community services through Outcomes Based Commissioning. Presentations from Richmond CCG, including from Chief Officer, Jacqui Harvey were followed by a question and answer session.

Care Act phase 2

In partnership with Richmond Council we held an event engaging around 60 carers, service users, members of the public, voluntary representatives, and provider organisations. Richmond Council presented their plans for implementing the Care Act. We facilitated round table discussions focussing on the prevention strategy and on the financial support and advice people would need to enable them to arrange care and support at home.

The feedback from these discussions was shared with Richmond Council directly to shape the Council's Prevention Strategy and inform their plans for providing financial information and advice.

77.3% of returned feedback forms rated the event as good or very good.

"The event was well organised and very well attended"

Anonymous Feedback Form

Participating in boards

We support volunteers who sit on a number of Boards where they exert influence directly. Examples are provided below of the impact that this work has had.

Better Care Fund development and Integrated Partnership group

From the outset, we participated in the planning for the Better Care Fund in Richmond. We have encouraged public consultation and input patient views at meetings of the relevant working group, the Integrated Partnership Group comprising the Council, Richmond CCG, and key providers.

Outcomes Based Commissioning programme

Healthwatch Richmond was a key participant in the Outcomes Reference Group and Programme Board. The reference group assembled the key components of the Outcomes, which form the basis of the revised contract terms for commissioning NHS Community Services in Richmond from 1st April 2016. The Programme Board was the overseeing body at which all information from other groups and workshops involved was considered and decisions were made for the next actions to recommend to the CCG for verification. Alongside this work we supported a public event to promote understanding and provide an opportunity for people to question Richmond CCG. Read more about this work on page 24, or on our website.

Any Qualified Provider

Our representatives sat on the Programme Board for Any Qualified Provider, a role we undertook jointly with Healthwatch Wandsworth. Through our involvement in this work we guided the Board towards the successful introduction of schemes for new providers of Podiatry and Musculoskeletal Therapy. Considerable evidence existed that waiting times were dramatically reduced as a consequence.

Urgent care

Throughout the year we advised and monitored Richmond CCG on improvements in the provision of Urgent Care within the Borough. This has taken place within the CCG Urgent Care Committee and latterly within the Strategic Resilience Group. A major outcome of this work is that our presence ensured independent monitoring and improved publicity of the provision of Out of Hours GP services.

NHS 111

The NHS 111 service is a key element of Urgent Care. We sat originally on the Implementation Board, which selected the current joint provision with Kingston. Since that time we have been guiding and monitoring the Joint Clinical Governance Group in the interests of the patient. NHS 111 is now being commissioned on a six borough basis across south west London. We continue to undertake the same role within the South West London 111 Programme Board.

Care and Support partnership

This group were concerned with how the Care Act extends coverage to those who currently fund their own care. As part of this board we actively and efficiently stressed the crucial need for clear information on the changes as early as possible. Leaflets were produced for this to be distributed locally to a wide variety of potential users of social care. We made a number of key adaptations to improve the leaflets through this group.

Hounslow and Richmond Community Healthcare NHS Trust

Our representatives sat as observers on both the Public Board meetings and the Patient and Public Involvement Group, and ensured patient interests were considered in the development and prioritisation of the values of the Trust. In addition the Trust took up evidence-based approaches to staff motivation and learning as a result of our involvement.

Recruitment

Healthwatch Richmond were invited to, and participated in, the recruitment and selection panels for senior staff within local providers including the CCG Chief Officer and Director level staff working at local providers and commissioners.

South London Education and Training Board

We made a number of contributions to this Board in relation to its strategy and its investments in education, training and development. In addition, we highlighted the specific role of councils in contributing to the Board's work and the importance of the ability and opportunity of individual Council Members to engage with this and contribute.

A survey of Council Members was carried out by the Board, and whilst it is hard to claim that this resulted entirely from our work, the Board acknowledged the value of our involvement.

"Incredibly useful feedback, which I will bring to the attention of my colleagues here and at the Health Innovation Network".

Communications and Stakeholder Engagement Lead, South London Education and Training Board

Working with the Health and Wellbeing board

Healthwatch have a statutory seat on the Health and Wellbeing Board and also sit as an observer on Richmond's Clinical Commissioning Group (CCG). By participating in these Boards, we are drawing on our projects and feedback from the community to champion the interests of patients. We keep the Boards updated on our work programme and have been delighted when Health and Wellbeing Board and CCG board members have attended our events to hear patients' views first hand.

We also continue to support the Health and Wellbeing Board in its public engagement. Recently, this included promoting and participating in an event, held at Richmond College, on public health issues facing the Borough. This was well attended with over 50 people participating in a lively series of round table discussions. We are discussing with the Health and Wellbeing Board how the conclusions reached can be taken forward in the coming year.

At present our representatives on this board were all drawn from the Board of Trustees and so our representatives are supported through the Board. In the future, our governance review (see page 36) may allow us to provide support through the Healthwatch Committee.

Boards and committees

In addition Healthwatch Richmond also ensures community representation through seats on more than 75 boards and committees across NHS Health and Social Care.

Richmond Clinical Commissioning Group

- Richmond Clinical Commissioning Group Board
- Strategic Resilience Groups
- Integrated Partnership Board
- OBC Programme Board
- OBC Outcomes reference Group
- OBC Communications Group
- MH OBC Programme Board
- Community Involvement Group
- Whole Systems Transformation Board
- Urgent Care Committee
- Adult Mental Health Strategy Group
- Older People Mental Health Strategy Group
- Pharmaceutical Needs Assessment
- Community Ward Project Board - Out of Hospital Patient Reference Group
- GP Patient Participation Group reps Forum
- Kingston and Richmond 111 Governance Meeting
- SWL NHS111 Programme Board

London Borough of Richmond upon Thames (our local Council)

- Health and Wellbeing Board
- WHB Engagement group
- London and SWL Healthwatch Forums
- LBRuT Disability Equality Access Partnership
- Users and Carers Group - Adult
- Partners Public Information Group
- Local Strategic Partnership Engagement Working Group
- Adult Safeguarding Board
- Richmond Partnership Community Engagement Working Group
- Emotional Wellbeing and Mental Health Children's and Young People's Board
- Integrated Partnership Group

Hounslow and Richmond Community Healthcare NHS Trust (HRCH)

- HRCH Board
- HRCH PALS and Complaints Scrutiny Group (to be formed shortly)
- HRCH Patient and Public Involvement Group
- Teddington Memorial Hospital Advisory Committee
- HRCH CQUIN Paediatric Ambulatory Care Steering Group
- HRCH Integrated Governance Committee

Other Statutory Organisations

- South West London Commissioning Collaborative
- Joint Commissioning Collaborative
- Patient and Public Engagement Steering Group
- Primary Care Transformation Workshops
- Cardiac & Stroke and Cancer networks
- London Ambulance Service Users/ Patients Forum

South West London and St Georges Mental Health NHS Trust

- Carers, Families and Friends Group - Carer Member
- Richmond Stakeholder meeting

Healthwatch

- Healthwatch England Communications Working Group
- Quality Information Sharing Group
- South West London Network
- Kingston and Richmond Local Pharmaceutical Committee and local pharmacists
- Public Health England London Mental Health Network

Education and Training

- South London Education and Training Board
- S London Academic Health Science Network (AHSN)
- Health Education South London and North Central and East London
- St Mary's University

West Middlesex University Hospital NHS Trust (WMUH)

- Patient Experience Committee
- Patient Environment Action Team / PLACE committee
- Equality and Diversity Committee

Kingston Hospital NHS Foundation Trust

- Healthwatch liaison group
- Whole system transformation Board

Working with others to improve local services

Nightingale House

Our Enter and View visit raised questions and concerns about the registration of management, the effectiveness of policies and procedures in the home and the suitability of the home for people with accessibility issues. We shared these concerns with the Care Quality Commission, LBRuT, and with Healthwatch Buckinghamshire who cover an area where the company also operates a home. Following our feedback, the CQC moved forward a planned inspection at Nightingale House. The home was rated as "*Requires Improvement*". Communication between Richmond Council and Nightingale House identified training needs for management and a need for policies and procedures to be updated.

Quality standards

Healthwatch Richmond was identified as an example of good practice by Healthwatch England and engaged in research leading to two national publications during the year.

Healthwatch Richmond appears as a case study in the Quality Standards as good practice in three areas; choosing priorities and deciding when to instigate a project, our signposting activity and working with volunteers.

As a result, the way we work is used to demonstrate good practice supporting other Healthwatch to improve.

"Many local Healthwatch could describe clear process that they used to determine when to conduct a more detailed investigation. Healthwatch Richmond identifies an issue from the range of information provided, picking out where the evidence is strongest. Outcomes are defined then a standard project management process completed which is taken to the Board for a decision."

Extract from Healthwatch Quality Standards

Chudleigh House

In August 2014, Healthwatch Richmond were alerted to the following concerns about care at Chudleigh House:

- Some residents not receiving appropriate, quality or personalised care
- High staff turnover and '*good carers*' leaving
- Concerns about quality of life for residents, lack of activities and staff not engaging with residents
- Lack of communication and response when trying to address concerns.

Local Impact

We reported these concerns to the safeguarding team at Richmond Council and helped to arrange care assessments for residents. The people who had raised concerns to us were invited to a safeguarding meeting to share their experiences.

Our work led to improvements and a change of management at Chudleigh House, who told us that:

"Since concerns over staffing levels and cleanliness were made at Chudleigh House we have acted immediately to rectify these. We take any concerns regarding the people we support incredibly seriously and have since worked with the council to improve staffing levels and made improvements to the living environment in the property"

An advocate from RUILS told us that new management were

"spending more time at the Chudleigh house and there was notable improvement".

National impact

Chudleigh House is a supported living environment, effectively the private residence of the people who live there, and therefore outside the scope of premises that CQC or Healthwatch can visit. As a result we identified this as a national issue and escalated it to Healthwatch England who in turn wrote to the CQC and Department of Health.

We understand that consideration is being given to strengthening the regulatory approach whilst preserving the choice and control that such services give to residents.

"CQC is reviewing how to improve its approach to regulating supported living services that provide personal care and talking to the Department in relation to this."

Jon Rouse, Director General of Social Care, Local Government and Care Partnerships

Requests for information

Local Healthwatch organisations have the power to request information from providers and commissioners of local NHS and social 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. We're also able to ask providers and commissioners for information and they must respond to our request within 20 days.

Below is a table setting out whom we sent reports and requests for information to, and whether they did and did not respond within the 20 day timeframe.

Organisation	Requests	Reports	Within 20 Days	Outside 20 Days
Richmond CCG	1	0	1	0
Nightingale House	1	1	2	0
Hampton Care	1	0	1	0
Roy Kinnear House	1	0	0	Not Recieved
The Vineyard Surgery	1	1	2	0
Woodlawn and Oak Lane Medical Centres	1	2	1	2
Seymour House and Lock Road Surgeries	1	2	3	0
Twickenham Park Surgery	1	0	1*	0
North Road Surgery	1	0	1*	0
Dr Johnson and Partenrs, Sheen Lane	1	0	1*	0
Richmond Green Practice	1	0	1*	0
TOTALS	11	6	14	2

Roy Kinnear House changed ownership shortly after we requested information. We did not receive the requested information from the previous owners, and as a result will request this information from the new owners in due course.

Woodlawn and Oak Lane Surgeries were sent our reports on 5th December and asked to respond within 20 days. Having not received their response we made contact with the practices on January 8th. They told us that they had not received these reports and we agreed an extension to January 19th. A further extension was agreed, to 25th January, and a response to the reports and recommendations was received on 27th January.

* Whilst requests for information were made within this report's timeframe, the responses to these requests were received outside this report's timeframe.

Sharing Reports and the Quality Information Sharing Group (QISG)

To help share information about local health and social services and to coordinate work, Healthwatch Richmond set up a quarterly meeting with Richmond Council, Richmond Clinical Commissioning Group, NHS England and the Care Quality Commission (CQC).

As well as developing relationships between key contacts within each organisation, the Quality Information Sharing Group provides a structure for sharing information. This group has helped us to prioritise our work and to share plans, allowing us to schedule work for times that are most mutually beneficial and to avoid a significant amount of duplication amongst partner organisations that might otherwise have happened.

Our plans for 2015/16

Opportunities and challenges for the future

Economic

We have secured an extension of the Healthwatch Richmond contract from London Borough of Richmond upon Thames until 31st March 2017. This provides us with security and enables us to invest in Healthwatch for the coming years.

The funding however does not come with an uplift and we face significant pressures from increasing costs such as rent and pension liabilities. As a result, we are faced with an increasing need to generate additional income to safeguard our vital work and to ensure the longer-term sustainability for Healthwatch Richmond.

Profile

Healthwatch is a new brand and coming as it does after a series of changes in patient and public involvement, there is still relatively low awareness of local Healthwatch.

We're making significant gains in this area however, and the recognisable branding is a significant strength.

With lots of exciting and engaging activity taking place across the organisation and reasonable stability afforded by the contract extension, we're now in a position to invest significantly in raising our profile over the coming year.

The biggest challenge that we face to improving our profile is the demand on our operational time arising from the high number of significant changes to the NHS and social care.

Planned work for the future

Child and Adolescent Mental Health Services (CAMHS)

We're working with colleagues from across the voluntary and education sectors to survey parents of children who use CAMHS and teachers who refer into the service.

We plan to extend this work to include gathering the views and experiences of a wider group of children and young people during the year.

Discharge from hospital

Discharge from Hospital was identified through our work with West Middlesex University Hospital as a key issue for local patients but we understand that this is a wider issue. Beginning with mapping the discharge system, we aim to understand the processes and the relationships between the many stakeholders. Grounded on this understanding, we aim to design a project to identify positive practice and areas for improvement and ultimately to improve discharge locally.

General Practice

We're continuing with our planned enter and view visits to four GP practices. These visits aim to understand each practice from a patient perspective. Once these are completed, we'll review our findings and consider further work if applicable.

Residential care

We will undertake Enter and View visits at Roy Kinnear House and Hampton Care. Any further visits to residential care homes will be informed by a programme of outreach and engagement with care homes and by the Quality Information Sharing Group.

Outreach

We plan to maintain our high level of outreach sessions, but to increase the effectiveness of these by focussing on the activities that have created the most engagement.

Our outreach will target groups not currently engaged. Major areas of planned work will include outreach to residents of care homes and visits to Children's Centres and groups for young people. We'll also focus our engagement on those groups that we have identified as seldom heard.

Strategy

Our initial strategic plan has come to an end as we move from a start-up phase to one that we hope will be a phase of growth and maintenance. We plan to revise our strategic plan for Healthwatch in early 2015/16.

Promoting Healthwatch through local prospective parliamentary candidates

Communications

Following an office move at the end of March 2015, we are redesigning our communications and marketing material to reflect our updated contact details and also to improve our messaging.

We are testing the CiviCRM system commissioned by Healthwatch England. Implementing this system will be a major activity.

Our communications provide those already in touch with us with regular and rich information. Whilst this is a real strength, it will be important over the coming year to reach a wider audience to raise awareness of Healthwatch and to increase the number of people that we regularly communicate with.

In the early part of 2015/16 we asked local prospective parliamentary candidates a set of questions on local NHS and social care. We published the responses and used this to generate significant electronic communications in the hope of raising awareness for Healthwatch Richmond.

This generated a significant increase in our twitter activity, website traffic and newsletter sign-ups during the early part of the 2015/16 reporting period.

Our governance and decision making

Making decisions about Healthwatch activities

Our Board of Trustees oversees all of the work of Healthwatch Richmond. The Board is ultimately responsible for making what are called "*relevant decisions*"; decisions about how we perform our Healthwatch work. Trustee roles are filled through open recruitment, and we promote vacant Trustee roles widely, encouraging anyone with the right skills and an interest in health and social care in Richmond to apply.

During 2014-2015 we brought in a consultant to review our governance. As a result of this, we have decided to set up a Healthwatch Committee to advise the Board on delivering our Healthwatch role. The Healthwatch Committee will bring Board members and members of the wider community together within our governance and decision making structure.

We have also set up a Governance Committee to review the performance of our Board. The Governance Committee includes two non-Trustee members of the public and we have successfully recruited to these posts.

Involving volunteers in Healthwatch activities

Members of the community are involved in all of our work. We predominantly involve people as volunteers in our project groups and as Enter and View representatives. Volunteers in our project groups work in partnership with our staff to design the activities that discharge our statutory duties. These project plans are recommended as activities to the Board. Volunteers who have been involved in our work are also involved in the production of our reports and recommendations.

All of our volunteer roles are advertised through our newsletters, our outreach and through our wider communications.

Our volunteers receive training, induction and support through group meetings. These volunteer meetings give us an opportunity to provide supervision for volunteers and to receive feedback to help us to improve the way we involve volunteers in our work.

Our board for 2014-15 were

- Laura Fox, from January 2013
- Paul Brian Pegden Smith, from January 2013
- Philip David Darling, from 30 January 2013
- Andrew Munro, from 6 June 2013 (Secretary)
- Chris Manning, from 6 June 2013
- Kathy Sheldon, from 6 June 2013
- Mary McNulty, from 6 June 2013
- Peter Hughes, from 6 June 2013
- Amanda Brooks, from 6 June 2013 (Chair)
- Sheila Mayrhofer, from 3 October 2013 (Treasurer)
- CJ Hamilton, from 5 February 2014
- Darren Thornton, from 6 June 2013, until 6 June 2014
- Julie Risley, from 29 October 2014

Financial information

Income	Credit £	Debit £
Healthwatch contract	146,000	
Other income	17,000	
Interest earned	100	
Total income	**163,100**	

Operational expenditure	Credit £	Debit £
Payroll and recruitment		117,806
Training		941
Marketing and promotions		1,985
Operational costs*		16,057
Total operational expenditure		136,789

Support and administration expenditure	Credit £	Debit £
Office Rent		10,690
Bookkeeping and accountancy		3,900
Other support and administration costs**		4,738
Total support and administration expenditure		19,328

	Credit £	Debit £
Total income	163,100	
Total expenditure		156,117
Net flow	6,983	

Note

*Operational costs include costs such as meeting costs, travel, print and volunteer expenses incurred through running our operational activity. These costs are incured through operational activity including projects, engagement, signposting and supporting volunteers.

**Other support and administration costs include the costs of insurance, audit, IT support and trustee expenses.

your voice counts

Get in touch

Healthwatch Richmond

3rd Floor Regal House
70 London Rd
Twickenham
TW1 3QS

Phone number: 020 8099 5335
Email: info@healthwatchrichmond.co.uk
Website: www.healthwatchrichmond.co.uk

Staff
Mike Derry, Chief Officer
Keisha Forteau, Project, Outreach and Communications Officer
Mary Mclaren, Project, Outreach and Communications Officer
Louise Smith, Project, Outreach and Communications Officer

We will be making this annual report publicly available by 30th June 2015, by publishing it on our website and circulating it to Healthwatch England, CQC, NHS England, Clinical Commissioning Group/s, 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.

Healthwatch Richmond is part of Richmond Health Voices a Registered Company (08382351) and Charity (1152333)