healthwatch
Richmond upon Thames

Healthwatch Richmond

Annual Report 2015/16

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 be represented on committees and to request information and to get responses to our reports.

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Our work in focus

Chair's Foreword

Our first two years' experience of establishing and running Healthwatch were excellent grounding to allow us to take our work to another level in 2015. As well as setting up a dedicated committee of Richmond Health Voices to direct our Healthwatch work, we recruited some local people to join us on that committee to ensure we had good representation from across the borough as well as a wide range of ages. This was besides adding to our group of volunteers without whom we would not be able to deliver our programme of work.

It has been rewarding to see the recommendations in our reports accepted and acted on by commissioners, GPs, NHS providers and care homes. This has been especially evident in the Richmond Transformation Plan for Child and Adolescent Mental Health Services.

We have taken all the feedback we have received from patients and public to make sure we keep our focus on what matters to you. We have tested this against the Director of Public Health's information to make sure our work really focuses on the key health and social care priorities for Richmond.

I hope this report provides you with a good and clear account of what we have achieved in the year as well as how we plan to spend our time and effort during 2016/17.

Julie Risley
Chair
Healthwatch Committee Richmond

Chief Officer's Foreword

This is the third Annual Report that I've had the pleasure of publishing for Healthwatch Richmond. This report details many of our achievements over the year in the **Our work in focus** case studies throughout this report.

Our work has led to the publication of 15 reports including Enter and View visits to care homes, GP Practices and Kingston Hospital, research into the experiences of Child and Adolescent Mental Health Services and Discharge from Hospital. In addition we've sought and published the views of all local parliamentary candidates in the run up to the general election, reviewed the Quality Accounts of all local providers, and run a high profile community event and exhibition.

Whilst delivering this expansive work programme we've maintained the high levels and quality of community engagement, communication and effective engagement with commissioners and providers that we had built in previous years.

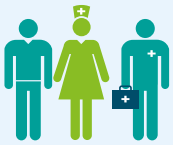
During the year we strengthened our governance and decision making by setting up a Healthwatch Committee and recruiting members of the public to serve on it. We set up regular volunteer meetings to improve our support for volunteers and support our growing capacity.

I'm very grateful to the trustees, volunteers and staff, both past and present. Without their dedicated and highly professional work over the past year the breadth and scope of what we have achieved would be out of reach to an organisation of our size and resource.

Mike Derry
Chief Officer

Our year in figures

- **950** people reached through visits to **38** community groups and **1** public event



- **22** Enter and View visits to **3** care homes, **1** hospital and **9** GP Practices

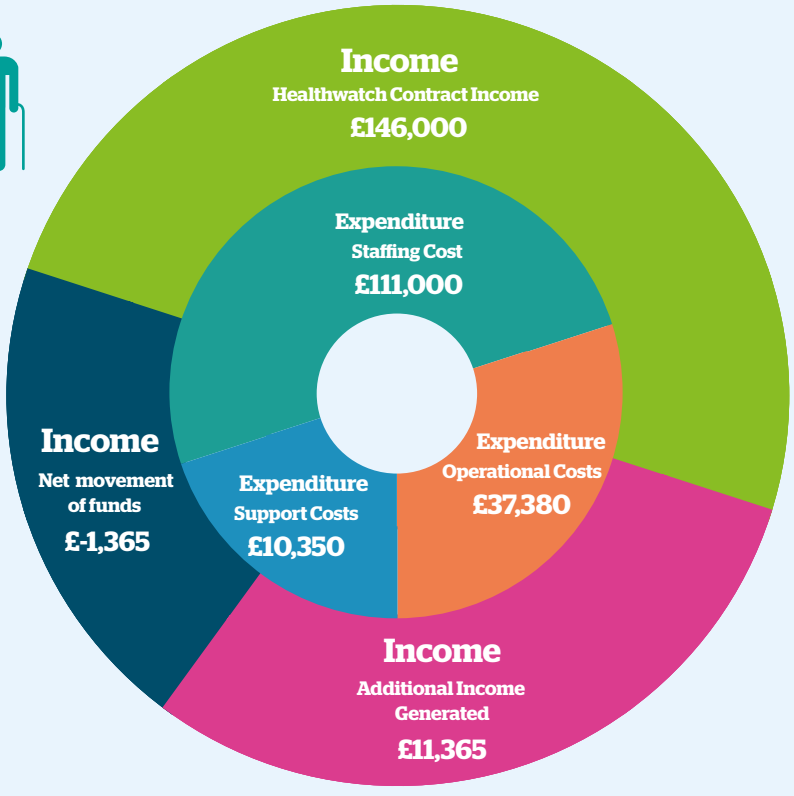
- **15** reports published into Child and Adolescent Mental Health Services, discharge from hospital, GP practices and residential care homes, leading to direct improvements and highlighting good practice

- **150** people accessed signposting support enabling them to find the care and information that they needed

- **250** opportunities for engagement, volunteering and consultation promoted to **1,500** people through **68** bulletins and newsletters

- **40** external committees received regular attendance from Healthwatch representatives which enabled us to champion the interests of the community

- **£12,730** of additional funds invested into Healthwatch over 2015/16, 8% more than the contract value



Highlights

You can read more in depth case studies of **Our work in focus** throughout this report, but below is a selection of highlights from our year.

Our work in focus

Research leads to improvements in Child and Adolescent Mental Health Services (CAMHS)

The findings of our research were a significant influence on the development of a strategy to improve mental health care for young people through increased staffing levels and a greater role for the voluntary sector.

Improvements and good practice recognised in care homes

We raised awareness of Healthwatch Richmond within care homes through an innovative programme of outreach and enter and view visits. Our Enter and View visits led to improved care at 3 homes and the recommendation of excellent care where we encountered it.

General Practice

Following an anonymous contact we were able to help a local GP practice to identify and put a stop to the activities of a counsellor who was operating fraudulently from their practice, and in doing so we safeguarded patients.

> **We are hugely appreciative that you brought this to our attention and that it has allowed damage limitation to safeguard patients' interests.**

Having finished 20 visits to 13 practices we published a review identifying high levels of patient satisfaction with clinical care alongside improvements that should ead to better access for patients and, we believe, lower numbers of people attending A&E and lower costs to the NHS.

Raising the profile for Healthwatch

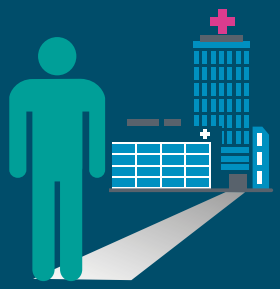
We informed people about key local issues and promoted Healthwatch to a new audience through asking prospective parliamentary candidates for their views on NHS and social care issues and publishing these online in a high profile campaign.

Over 120 people visited our Working together for better care event providing the community with an exhibition where they could meet the people driving change in local care, and a chance to quiz a panel of top professionals at a public meeting.

In addition we maintained high quality and high volumes of communication and engagement work whilst increasing our overall activity.

Better patient involvement

Through setting up and recruiting to a Healthwatch Committee we improved the community involvement in our own decision making. We are using the same process to improve our engagement with key stakeholders.



Listening to people who use health and social care services

During 2015/16 we visited 38 groups reaching over 800 people and held a public event bringing together over 120 local residents and NHS professionals to discuss changes to the NHS.

The experiences that people shared with us through this work were analysed to inform our 2016/17 work priorities. When we make public statements such as responses to consultations or recommendations for local and national statutory partners, these are grounded in the experiences that people share with us.

Young people (under 21)

We engaged directly with 240 young people (an increase of 20% from 2014/15) through outreach and events, raising awareness of Healthwatch (See **Presenting to Medical Students** section).

During the reporting period Healthwatch Richmond worked in partnership with local charities to undertake a joint investigation into the experiences of people engaged with, and referring into, the Child and Adolescent Mental Health Services.

In doing this we engaged with around 70 parent carers, schools and support organisations. The findings of our research highlighted the experiences of people to the Commissioner of Children's Care and were used directly in the Transforming CAMHS Plan, (See **Influencing Child and Adolescent Mental Health Services**).

Organisation	%
South West London Children and Young People Network	1
St Mary's University Freshers' Fair	40
Medical Students	32
School Nurses	2
Youth Council	3
Schools and Parents	22

Children and young people are a key priority for our engagement in 2016/17. We are undertaking extensive engagement with stakeholders and are working with Richmond Youth Council and our colleagues in Kingston to engage young people about their experiences of emotional wellbeing.

Have your say

Our work in focus

Presenting to Medical Students

We presented to the new intake of student doctors at St George's Hospital in partnership with Healthwatch Wandsworth and the General Medical Council. Few of the students had heard of Healthwatch before the presentation. We told students about Healthwatch, our work and the importance of patient engagement in service delivery, development and quality monitoring.

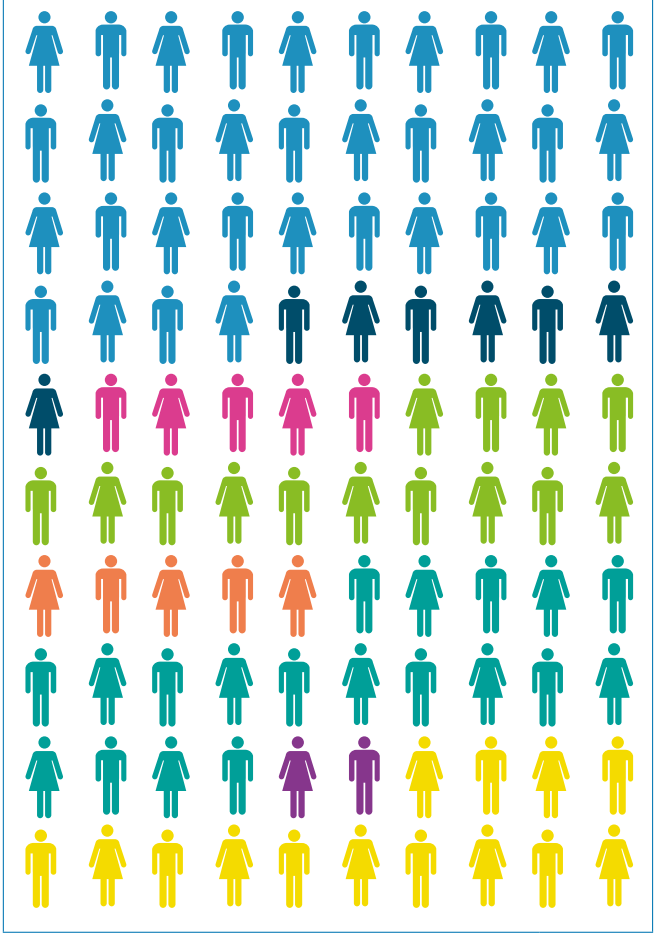
Related improvements included:

- Medical students signed up to our communications to hear about NHS developments and our work.
- Medical students joined our Enter & View training programme

Older people (over 65)

Our engagement with people over 65 during 2015/16 included the introduction of outreach sessions to care homes (see **Outreach to Care homes**). We visited 9 care homes across the borough and 7 older people's groups reaching over 200 people.

Organisation	%
Residential Care Homes	34
Elleray Hall	7
Twickenham Wellbeing Centre	5
Hampton Wick and South Teddington Older people's Welfare Group	14
Linden Hall Day Centre	5
FiSH Neighbourhood Care	19
Sheen Lane Day Centre	2
Minority Ethnic Elders Group	14



Our work in focus

Outreach to Care homes

We identified that residents of care homes are a part of the population who access services frequently but are amongst our most seldom heard. The staff of care homes, as people who work but often do not live in the borough, often have useful information about local services. To reach these groups of people we developed outreach visits to care homes.

Outreach visits to care homes are separate from our Enter & View programme, and enable us to engage with people living in care homes about their experiences of the NHS and social care more generally, which informs our future work priorities.

Related improvements included:

As well as providing us with information, outreach to care homes enables us to establish a positive relationship with management and staff as a valuable critical friend. We use the opportunity to explain Healthwatch and its role and how the home can feed back information to us about health and social care services.

As a result we've found that outreach has helped to reduce the anxiety that Enter and View visits can create, enabling homes to be more receptive to our recommendations.

People volunteering or working in Richmond who may not live locally

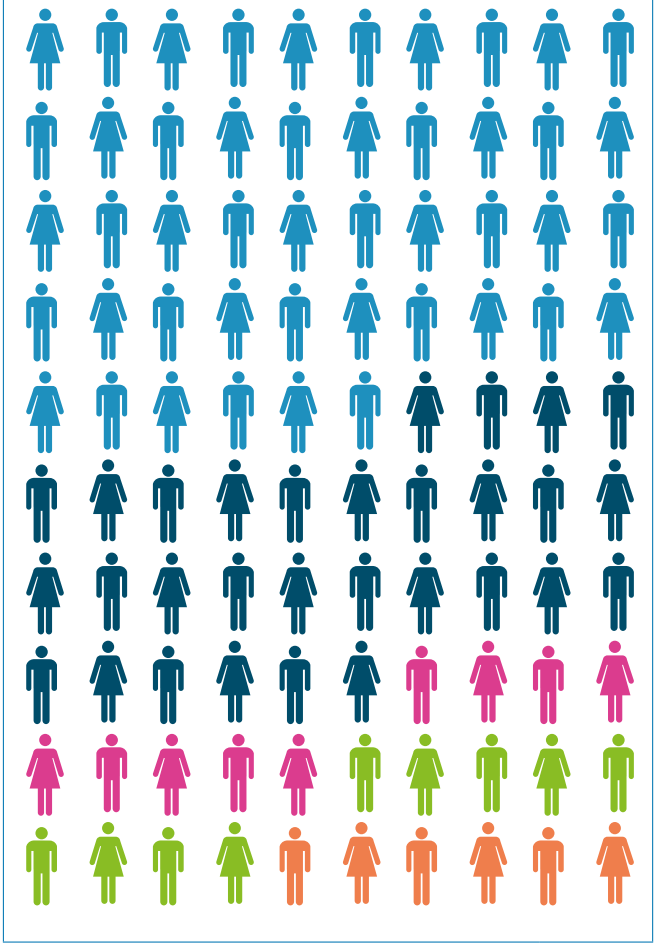
We engaged 188 people who access local services but may not live here. We visited public areas of Teddington Memorial Hospital and West Middlesex University Hospital. We attended the local Volunteers' Fair and met with Community Nurses and Retirement Scheme managers. We also regularly meet with key stakeholders working across NHS and social care as part of our day to day work although this is not recorded in the table below.

Organisation	%
Teddington Memorial Hospital Walk in Centre	5
Volunteering Fair	16
West Middlesex University Hospital (Fairs and other events)	53
Community Nurse Teams	18
Richmond Housing Partnership Retirement Managers Forum	8

Disadvantaged, vulnerable and seldom heard people

We reached around 180 vulnerable and seldom-heard people during the year. This total includes the people who we engaged through our outreach to residential care homes, along with the people we reached through the following visits:

Organisation	%
The Big Event	46
Community Nurse Teams	30
Parkinson's People	9
SPEAR	9
Vineyard Community Centre	6



Working together for better care

We held and ran a large public event bringing 130 people from the local community together for a public meeting and exhibition focussing on forthcoming changes to NHS care for people at the end of life, who are frail and elderly, have diabetes, respiratory illnesses or heart conditions. This is locally referred to as Outcomes Based Commissioning.

The event began with an exhibition of stands where the public could meet over a dozen lead clinicians for each of the 5 areas for change from across the NHS. Attendees were able to talk through the problems within each service area and discuss the plans for improving care and find out how they could get involved.

The exhibition was followed by a public meeting featuring presentations from the clinical leads for cardiology and frail elderly care and included questions from the audience. Questions were answered by a panel of 8 Chief Officers, Directors, Consultants and GPs from health and social care. For those who couldn't attend, we published indexed recordings of the presentations and the question and answer sessions along with all the presentation material and the feedback that we received.

Over 91% of attendees rated the event positively and the event provided an opportunity for robust questioning from the community. The feedback collected from the event was important in shaping the innovative Outcomes Based Commissioning and in setting a challenge for the local NHS to deliver real change, and not just good intentions.

Networking

During 2015/16 we engaged extensively with key stakeholders from the voluntary sector, NHS and social care. Stakeholder engagement is a critical success factor in most of the outcomes described in this report, and so is often undertaken alongside our project activity and our involvement in boards and committees (see **Participating in boards directly**). In addition to attending the regular committees and meetings we attended over 70 meetings with:

- 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)
- Richmond General Practice Alliance
- Local Healthwatch
- National bodies e.g. NHS England, General Medical Council
- Care Quality Commission
- Local charity and community organisations

This helped us to promote Healthwatch, coordinate our work with partners, ensure that the aims of our work tied into issues that stakeholders could change, and enabled us to access communities we would otherwise not have reached.

Our work in focus

Counsellor Operating Fraudulently from NHS premises

As the patient champion we receive experiences from people including from those who would not otherwise have come forward to raise their concerns. Sometimes these concerns are of a serious nature and require immediate action to resolve.

In late 2015 we received an anonymous letter reporting that an individual was operating as a therapist from a GP Practice whilst fraudulently claiming to have relevant qualifications. We immediately took steps to establish the facts and in doing so identified that the therapist was advertising his services at the GP practice without the knowledge or permission of the practice management.

We alerted the practice and CQC who were not at that point aware of this. The practice took steps to ensure the safety of their patients and immediately reported this to the appropriate authorities.

> **First off, many thanks to you and the anonymous informant for alerting us to the potential problem with the counsellor who was using our premises. The concerns were well grounded.**

> **We are hugely appreciative that you brought this to our attention and that it has allowed damage limitation to safeguard patients' interests and the reputation of the practice. We are taking the opportunity to review the relevant procedural weaknesses in our processes to prevent anything similar from happening in the future.**
> GP Partner

As a result of this and similar community feedback we have been able to take urgent action to ensure that the public was safeguarded from a potentially dangerous fraud.

What we learnt from visiting services

What we learnt from visiting services

The legislation that created Healthwatch gives us the power to enter and view premises where NHS or social care is provided. The aim of these visits is to collect factual information by observing the service and speaking to the people who use or provide care. We then present the findings through our reports in a way that enables services to improve.

Our visits may help us to validate information that we have collected from local service users, patients and the wider community or enable us to find out more about a service where we want more information.

Prior to deciding to visit a provider we look at a wide range of sources of information to get a full understanding of the service that we are visiting. 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 intelligence and ensure that our planned visits complement the work of other agencies.

Enter and View visits are undertaken by a team of staff and volunteers who have been DBS checked and trained in visiting services and in safeguarding. We recruit new volunteers all the time and advertise through our Newsletter and wider communications.

During the period we undertook 22 visits to 13 providers of NHS or social care. These visits are described in more detail below. You can find more information about the reports that we produced in the **Influencing decision makers with evidence from local people section**.

22 visits to 13 providers of NHS or social care

Our work in focus

GP Practices

Since we were formed in 2013, general practice has been a key priority area for Healthwatch Richmond. Over this time we've spoken to hundreds of patients and professionals about their experiences of general practice through:

- Holding a Public Forum bringing 98 patients and professionals together to identify what makes good primary care
- 100 outreach sessions to groups and organisations reaching over 2000 people
- 100 calls and emails from patients regarding general practice
- 25 visits to 13 of the 28 GP practices between 2014 and 2016.

Over 2015/16 we undertook 10 visits to 5 GP practices which were selected to represent a range of patient satisfaction as recorded by national GP Patient Survey and experiences collected from the community.

We liaised with colleagues at the CQC in planning our work. As a result of CQC activity, visits to 4 practices took place this year having previously been postponed to avoid clashing with CQC inspections in 2014/15.

Outcomes

Overall, most of the patients told us that they were very satisfied with the quality of clinical care that they've received.

Patients at around half of the practices that we visited told us that they had problems getting appointments. This is a significant problem 1 in 4 people tell us that they go to A&E or Walk in Centres if they cannot easily get a GP appointment. We also identified practices where booking appointments was not a problem. These practices had a number of things in common, including automated telephone and online booking systems, effective promotion of these and other types of access such as telephone appointments.

In most practices patients did not have access to information about support groups in the community, advice for staying active and healthy or information about accessing healthcare when the GP was closed. We intend to work with practices across Richmond to help them improve the way they provide information.

We produced reports with recommendations for each of the practices that we visited and published an overall report on our work with GPs in early 2016/17. Practices responded positively to our reports:

> **Many thanks indeed for a very pleasing report...we feel the recommendations made are sensible and practical.**
> Essex House Surgery

> **We have implemented your advice and now have a Patient Participation Group in place, people can book appointments and request prescriptions on-line and we're displaying information on NHS 111 and Out of Hours care.**
> Crane Park Surgery

Our next steps will include identifying shared challenges facing local GP practices and providing support to enable them to meet these challenges.

Our work in focus

Residential Care

In late 2014 we began a programme of visits to care homes to gather more information from residents of care homes about their experiences. We undertook visits to 3 homes in 2015/16:

1. Hampton Care Ltd - 14th April 2015
2. White Farm Lodge a residential and nursing home with 60 beds including specialist dementia care that had experienced a safeguarding incident - 20th August 2015
3. Roy Kinnear House, a specialist nursing home for people with learning disabilities - 10th August 2015

The visits were coordinated with colleagues from CQC and Richmond Council's Quality Assurance team.

Hampton Care Ltd

We decided to visit Hampton Care after becoming aware of low levels of engagement with the Council and a change of management.

The change of management had created some challenges with communication and relationships within the home. We recommended that the home should take action to improve the relationships following this change through regular staff and relative meetings and increased visibility of management within the home. These concerns were echoed by the CQC's assessment of the home as "requiring improvement" and we were not assured by the response that we received to our recommendations.

Our visit also identified a number of concerns including about staffing levels, response times for call bells and the quality of food. Whilst we received responses to our recommendations explaining the home's practice in more detail in these areas, we were not assured that improvements were made.

We were however pleased to see evidence of improvement with the laundry service and with food following our feedback to the home.

Our work in focus

White Farm Lodge

White Farm Lodge was selected for review following unsuccessful attempts to engage with the home in an informal capacity between February and August 2015. During this time the home was the subject of local media attention regarding a serious safeguarding incident that had occurred in early 2015. The combination of these factors led us to undertake an Enter and View visit.

We found many positive things about the home and praised the staff for providing excellent activities, and for the positive interactions between staff and residents.

Staff and relatives raised concerns with us about low staffing levels:

> **There is little time for interacting with residents. There used to be more time for this, but now staff don't really get the time, and we identified low morale amongst staff as a significant issue.**

Roy Kinnear House

We visited this home at a time when ownership and management had changed. The home provides a high level of support to people with profound disabilities including 1:1 nursing care. Our team observed that staff appeared to be dedicated to providing a high quality of care, and were passionate when they spoke about the high quality of care they provided.

Outcomes

As a result of our recommendations a number of important changes were made to the running of the homes that we visited:

1. Staff were thanked for their work and their commitment and good practice was acknowledged. At Roy Kinnear House this included receiving an organisational award.
2. Changes were made to rotas to ensure sufficient levels of staff at night.
3. Cleaning was improved at one home including a deep clean and replacing carpets to remove the smell of urine.
4. Communication with relatives was improved, and at one home relatives' meetings were set up.
5. Where activities were run well, the home welcomed feedback about this. At Roy Kinnear House swimming was provided for residents at a local hydrotherapy pool as a result of requests included in our report.

Our work in focus

Kingston Hospital Enter and View with Healthwatch Kingston

We visited five inpatient wards in collaboration with our colleagues at Healthwatch Kingston ahead of the Care Quality Commission (CQC) inspection in January 2016. The wards were selected to cover a range of patients and specialities.

The main focus of our work was to collect patient experience. Our volunteers were given a number of prompts to initiate conversations with patients and relatives/carers around general care, staff, decisions about care, cleanliness, food, and discharge arrangements. The visits took place at a range of times including mealtimes. We also spoke to staff, asking questions about what they would like to change.

Outcomes

We asked the hospital to make the following improvements. (We're awaiting assurance that these changes have taken place):

- Improve nutrition by simplifying choice on menus, introducing a wider range of foods for vegetarians and ensuring that all patients are aware they can have hot drinks whenever they want.
- Ensure that the full next of kin/patient representative information is accessible to staff at all points on a patient's journey by modifying the IT system.
- Ensure there is a room available for private discussions.
- Inform/reassure elderly, vulnerable patients as early as possible about carers/help at home schemes upon discharge.
- Liaise with local aphasia charity Dyscover to distribute leaflets for stroke patients.

Enter and View Authorised Representatives during 2015/16

Volunteers: Penny Alexander, Sue Bonnell, Patricia Boyd, Bob Burgis, Sylke Grootoonk, Liz Grove, Sandra Hemple, Perin Parry Hughes, Peter Hughes, Rasha Hussein, Yvonne Lincoln, Catherine Mann, Jan Marriott, Rae McDonald, Linda Nelhams, Batcho Notay, Yvonne Peel, Kathy Sheldon, Minh Van.

Staff: Anna D'Agostino, Jacqueline Coles, Mike Derry, Keisha Forteau, Bernadette Lee, Mary McLaren, Louise Smith.

Signposting people to advice and information

One of our statutory functions is to "signpost" people to information about local health and care services and how to access them.

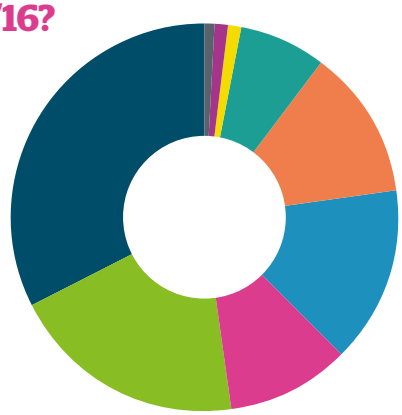
Signposting is both a distinct activity that we provide when people contact us specifically asking for support and also an inherent part of our engagement activity. We provided signposting support to around 150 people in 2015/16.

We have calculated that a signposting interaction takes an average of 30 minutes to deliver and record.

> Many thanks for the time you gave to me on the phone. I found your advice and your views about how to present my concerns more effectively so am very grateful.

Feedback from a user of our signposting service

What services did people ask us about in 2015/16?



- Kingston Hospital NHS Foundation Trust **31%**
- South West London and St Georges Mental Health trust **19%**
- West Middlesex University hospital NHS Trust **10%**
- Hounslow and Richmond Community Healthcare NHS Trust **14%**
- GP Practice **12%**
- St George's University Hospitals NHS Foundation Trust **7%**
- NHS 111 **1%**
- London Borough of Richmond upon Thames **1%**
- Richmond CCG **1%**

Where did we signpost people to in 15/16?

Local Authority

NHS Choices CAMHS NICE

Continuing healthcare NHS England

Autism Voluntary Sector Support

NHS provider organisations Complaints

Parliamentary and Health Services Ombudsman

Freedom Pass Single Point of Access PALS

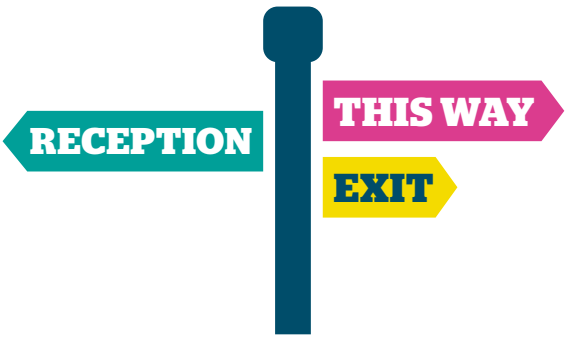
NHS Complaints Advocacy Autism NHS 111

EU citizens and EHIC Out of Hours

NHS dentist Continence pads

Non-EU Fertility

Other contacts out of our area



How we have made a difference

We undertake focussed work to explore deeper into the issues that local people raise with us to produce reports. **You can read more about how we use community feedback to decide what issues to review and how we involve the public in these decisions in the Planned work for the future section of this report.**

Our reports include recommendations about what could or should improve. The powers that government have given us mean that the people we send our reports to have to respond in writing to our recommendations within 20 days. We use our reports and the responses that we receive to make a difference to the care people receive through the NHS or social services. Our reports and their outcomes are described throughout this report in the **Our work in focus** case studies.

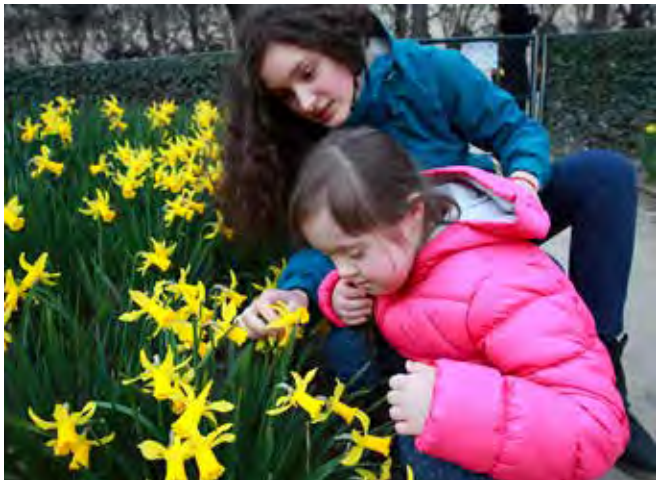
We base our reports and recommendations on the evidence that we collect by speaking to people and observing care through enter and view visits, through undertaking surveys and engagement, through desk research, or most commonly through more than one of these.

Members of the community are involved at every stage of our work, whether it be as volunteers planning and undertaking Enter and View visits, organisations helping us to reach the people that they support, or members of the community, patients and carers sharing their experiences with us.

In addition we support people to engage directly by promoting opportunities in our bulletins, and by supporting some people to sit on the committees of commissioners and providers on our behalf. Over the past year we have had successes in this area. The key successes are described within the case studies provided throughout this report.

Making recommendations and 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 are 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 to whom we sent reports and requests for information, and whether they did or did not respond within the 20 day timeframe.

Organisation	Requests for information made	Reports sent	Responses received within 20 days	Responses received outside of 20 days
Twickenham Park Surgery	1*	1	2	
North Road Surgery	1*	1	2	
Dr Johnston and Partners	1*	1	2	
Richmond Green Practice	1*	1	2	
Richmond Green Medical Centre	1	1	2	
Essex House Surgery	1	1	2	
Hampton Wick Surgery	1	1	2	
Broad Lane Surgery	1	1	2	
Crane Park Surgery	1	1	2	
Kingston Hospital	1	2	3	
West Middlesex University Hospital				
(Chelsea and Westminster NHS Foundation Trust)	1	1	1	1#
Dalemead	1		1	
Hampton Care Ltd	0	1	1	0
Whitefarm Lodge	1	1	2	
Roy Kinnear	1	1	2	
Hounslow & Richmond Community Healthcare	1		1	
South West London and St Georges Mental Health Trust	1	1	2	
Achieving for Children		1	1	
London Borough of Richmond upon Thames	1		1	
Totals	**17**	**17**	**33**	**1#**

* Denotes requests for information that were made at the end of 2014/15 where the 20 days limit crossed into 2015/16. These requests were also reported in our 2014/15 report.

West Middlesex University Hospital (Chelsea and Westminster NHS Foundation Trust) received our report on 28th January 2016. The Hospital provided a formal response on 1st March 2016. Whilst the response was late, we do acknowledge the challenges presented to them by their merger with Chelsea and Westminster NHS Foundation Trust and the positive nature of their engagement during this project.

Our work in focus

After it emerged as a significant concern from our work in 2014/15, we prioritised reviewing discharge from hospital. To map the process of discharge from hospital to home for Richmond residents, we spoke to all providers and then asked patients and carers about their experiences of being discharged from hospital.

Accessing patients currently being discharged from hospital presented challenges, and so we conducted outreach sessions to 14 community organisations and inpatient units and conducted online and paper surveys and semi-structured interviews with several patients. This broad approach enabled us to speak to 120 people who had recently been discharged from hospital between July 2015 and January 2016.

Our work identified a complex system with successes and failures, good practice, and places for improvement.

We published our report and recommendations along with responses from hospitals in early 2016.

Whilst the responses provided us with some assurance that things are improving it was clear that there was still much to be done. We have asked local hospitals to ensure that they keep us involved and informed of their work to improve discharge from hospital and to consider the findings of our report in their performance monitoring.

Related improvements included:

1. We shared our findings with NHS England to inform good practice guidance on delays to discharge, for a report due to be published in 2016.
2. The hospitals welcomed our reports, and in particular the good practice that we identified, as they felt this would enable them to improve patient care. At the time of producing the 2015/16 Annual Report it is too early to confirm whether we have helped to improve discharge from hospital, but we are optimistic.
3. We shared the report with the Health and Wellbeing Board in during 2016, and are hopeful that this will help to secure meaningful improvement.

Sharing Reports and the Quality Information Sharing Group

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.

On publishing our reports they are sent directly to the provider and commissioner of the service as well as to the Care Quality Commission. We take steps to identify any key stakeholders who, we feel, should receive our report and ensure that contributors receive our reports directly. Our reports are published online immediately and are promoted via our bulletins and in our newsletter. Printed copies of our reports are available on request, and this is publicised in printed copies of our newsletters.

Our work in focus

Influencing Child and Adolescent Mental Health Services through research

Following our engagement with parents and organisations in 2014/15 we identified Child and Adolescent Mental Health Services (CAMHS) as a priority. As a start, we worked in partnership with some local community and voluntary sector organisations to design and run a month-long survey for parents of young people with neuro-developmental problems, and another for schools. Over the course of the survey we collected the opinions and experiences of 50 parents and of professionals from 13 schools on Child and Adolescent Mental Health Services in Richmond.

People shared positive experiences of named staff, but also a need for better access to care, improved communication, improvements with prescriptions and with the environment of out-patient clinics. The results also highlighted the importance of using the experiences of service users to inform future service development.

> we collected the opinions and experiences of **50** parents and of professionals from **13** schools

We engaged with the providers and commissioners of CAMHS throughout the process. Once completed we shared the report and asked them to respond to the recommendations.

Related improvements included:

The recommendations from our report heavily influenced the development of the 'Richmond Transformation Plan for children and young people's mental health and wellbeing (2015-2020)'. This plan set out how a £340,000 fund would be spent to improve local care.

The Mental Health Trust also took note of our recommendations in putting their engagement plans together and in considering how to improve the environment.

By collecting and presenting the experiences of local people and professionals effectively we were able to ensure that the experience people shared with us helped to create improved access to care for vulnerable young people in Richmond including:

- Increased staffing capacity to provide improved access to care.
- Greater role for the voluntary sector in counselling children and young people.

Participating in boards directly

During 2015/16 we set up the Healthwatch Richmond Committee, a subgroup of our Board. The Healthwatch Richmond Committee involves our charity Trustees as well as members of the community to oversee our work, decide on our work plans for the future, and engage with providers and commissioners through taking seats on their committees.

In addition to accepting seats on committees, we promote opportunities for the community to engage directly with the committees of providers and commissioners. We also use our seats to encourage engagement and consultation where appropriate.

During the year Healthwatch Richmond reviewed the boards and committees that it engages with. This enabled us to be more focussed on the most impactful committees than had been possible in previous years.

System Resilience Group

Over the last year Healthwatch Richmond has been a key member of the CCG Strategic Resilience Group. It has, as its overall objective, the implementation of measures both short and long term designed to accelerate the process of urgent care delivery and reduce the share of this service which is provided by acute hospitals, mainly at Kingston Hospital and by Chelsea and Westminster at West Middlesex University Hospital - bringing care nearer home. This group has just been combined with Kingston's equivalent.

Outcomes Based Commissioning Programme

Our Healthwatch representative is a non-voting member of the Programme Board and primarily the voice for patients and the public of Richmond. We participate in discussions about the development of this innovative way of commissioning care services, and can challenge or agree with proposals, suggest changes or highlight possible problems, and ensure that the proposed services are patient centred whilst taking account of the resource restrictions. Having focussed on physical health and seen the changes in this area coming to fruition, focus is turning to applying outcomes based commissioning to community mental health services. The content of these meetings is confidential, which limits broader engagement but our representative reports back to our Chair and Chief Officer. A key part of our work on this committee is to raise the need for public and voluntary sector engagement.

South West London Collaborative Commissioning: The Patient and Public Engagement Strategy Group

This group comprises Local Healthwatch, the voluntary sector, local CCGs, 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.

Over the last year we have commented and suggested changes to communication documents, engagement events, and the recruitment of members of the public on various clinical development groups. Richmond is a borough on the fringe of South West London but through our involvement Richmond has been strongly represented. It has been especially interesting to find that representatives share similar concerns about health care, or lack of it.

South West London NHS111 Programme Board

Healthwatch Richmond provided one of the two patient representatives on this sub-regional committee which enabled us to work collaboratively on behalf of patients across South West London. Its objective was to recommission the NHS111 urgent care service from 1st October 2016 when the current contract ends. Until that date, the contract for Richmond and Kingston has been held by Care UK. Healthwatch Richmond was again present when this existing contract was formulated, tendered and commissioned. The new contract was strengthened as direct result of our involvement, has been awarded to South London Doctors Urgent Care, and is presently in the course of mobilisation.

Primary Care Commissioning

Primary care in the borough is being significantly re-shaped to provide more out of hospital care and to improve access to services. These changes are expected to continue for the foreseeable future. During the year we attended regular meetings related to primary care including the Richmond CCG Governing Body and Shadow Primary Care Committee, set up in advance of the CCG assuming full commissioning powers from April 2016.

We also attended the monthly contract management assurance meetings of the Extended Access and Service Transformation in Richmond (EASTIR), a project funded by the Prime Minister's Challenge Fund, which led to significant changes, including new access points into primary care and four GP hubs. Attending these committees has enabled us to ensure that service changes take account of patient experience from our work in general practice, **reported in the Our work in focus: GP Practices section of this report.** We have also used the committees to raise concerns brought to our attention, including those about practice premises, and to work with the CCG on communications to the public.

Quality and Safety Committee

The Quality and Safety Committee of Richmond CCG reviews the performance and patient experience data relating to local NHS services. Our attendance at this committee allows us to provide independent oversight of the proceedings but also to provide direct feedback informed by patient experience and our wider work. As a result of our attendance we've been able to push the CCG to ensure that providers are meeting their obligations under the Duty of Candour.

Outcomes of participating in boards directly

Through our involvement in these committees we have monitored and advised local organisations on the main schemes, policies, and services of local importance. We have also provided regular feedback on the needs and experiences of patients and the local community to inform decisions and to challenge assumptions.

We have also been successful with ensuring that committees engage the community by systematically and regularly seeking out, listening to, and acting on patient feedback and their experience, to ensure that local decisions and services are patient-centred.

We are committed to working with Commissioners to engage with patients and carers to test and evaluate the service, not just to capture the experience of patients but to generate patient aspirations for the service.

Working with the Health and Wellbeing Board

All local Healthwatch organisations have a seat on their local Health and Wellbeing Boards, as a statutory partner, and we have been actively involved in ours. We support the Health and Wellbeing Board in its public engagement and take an active part.

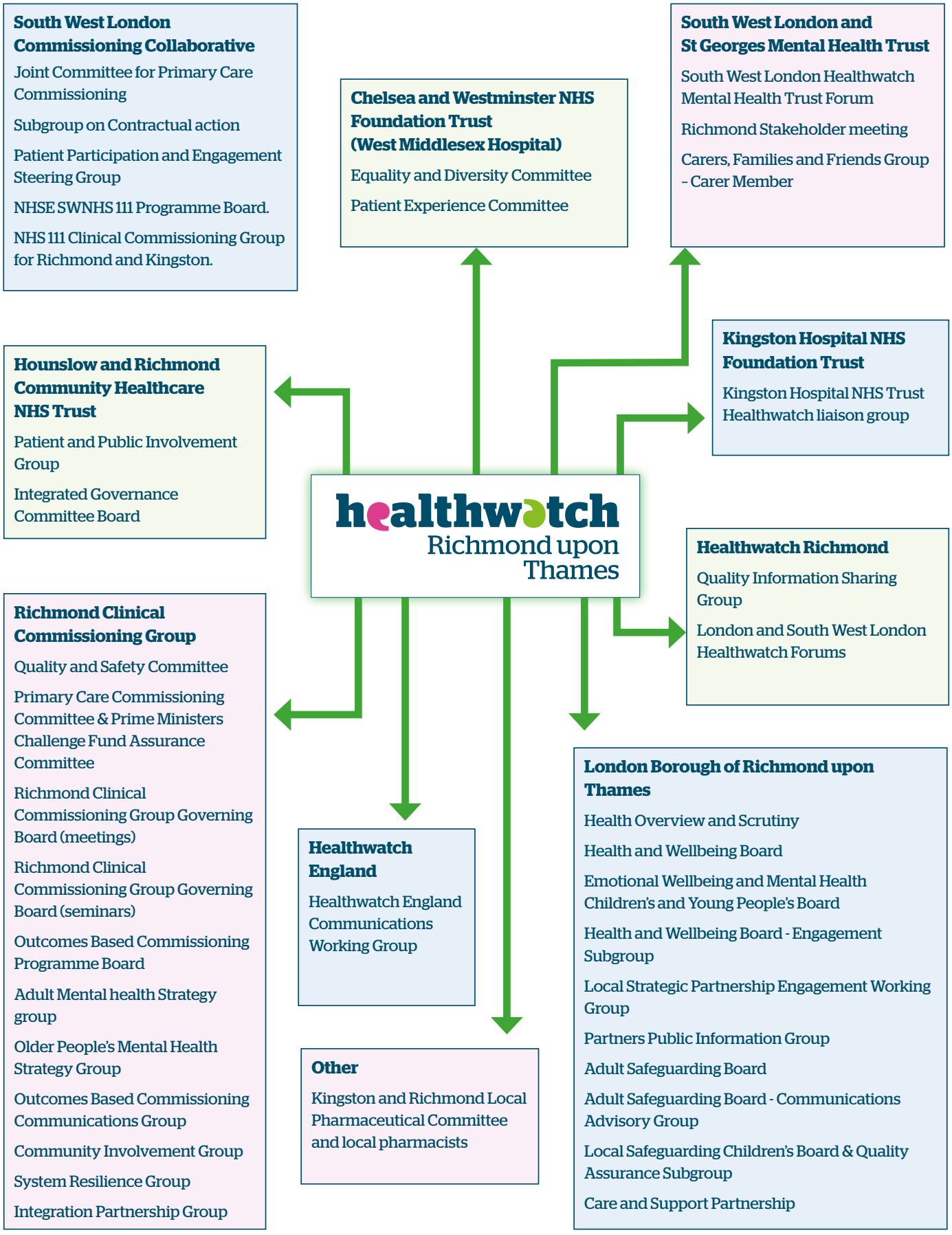
As a statutory partner in the Health and Wellbeing Board we have arranged to present reports arising from our work in 2015/16 along with this Annual Report. This will enable partners to understand and support the impact of our recommendations and see how they complement the work of the Health and Wellbeing Board in Richmond.

RCCG Board

In addition to this, Healthwatch also has an observer seat on Richmond Clinical Commissioning Group's Governing Body. Our involvement in this Board gives us a profile in the local community, and a powerful voice which we use to ensure the findings of our projects, and the feedback we collect from the community are heard at the key commissioning table, so we can effectively champion the interests of patients.

We hold ad hoc meetings with key senior officers of the CCG during the year to discuss issues which have arisen and to ensure we are able to influence the decision-making process of the CCG for future years. We also contribute to the developing plans of the CCG by active involvement in seminars of the Governing Body.

Healthwatch Richmond's Network of Committee Engagement



Our work in focus

Quality Accounts

We are given an annual opportunity to 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 towards the end of 2015). In producing the commentaries we sought the views of board members, volunteers and members of the community who represented us on external boards and committees, and considered the information collected from the community.

Outcomes

Our commentaries give 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.

Working with other Healthwatch

As part of a wider network of Healthwatch we have been actively involved in supporting our colleagues, and collaborating to improve our collective effectiveness. We meet regularly with our colleagues across South West London to share good practice and ideas and have participated in and chaired these meetings. Our input in particular has focussed on identifying opportunities for joint working, both on issues of shared importance and to find efficiencies.

We've been involved in South West London-wide meetings with our shared mental health provider and with Kingston Hospital to ensure that we hold them to account and have undertaken joint Enter and View visits with our colleagues in Kingston.

Our efforts to develop strong and effective relationships with colleagues will continue in the new financial year with plans for further information sharing and joint projects including a visit to Queen Mary's Hospital Roehampton, a site based in Wandsworth but important for many local patients.

Communications

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

We are an active part of the pilot group testing the CiviCRM system commissioned by Healthwatch England. Implementing and testing this system has been a major communications activity. Integrating the system with our processes remains a significant challenge for 2016-2017 but is important to ensure that our national body is well informed of local issues.

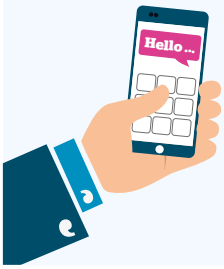
Our work in focus

Promotional Materials

During 2015/2016 we re-designed our promotional materials, to reflect our updated contact details and improve our messaging. The leaflets were eye-catching and included a section for providing feedback that could be removed, sealed, and returned to a freepost address.

Posters and leaflets have been displayed in GP practices, libraries and on community notice boards. Displaying material in GP practices was supported by the Richmond Clinical Commissioning Group, who encouraged practices to display our information for patients.

We promoted over **230** opportunities for local people to engage with the commissioning, provision...



...through **68** newsletters and bulletins and daily social media activity

Influencing decision makers with evidence from local people continued

We promoted over 230 opportunities for local people to engage with the commissioning, provision and management of local health and social care services through 68 newsletters and bulletins and daily social media activity. The tables below show the volume of our communications and the opportunities that we have promoted.

Our work in focus

Prospective Parliamentary Candidates

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 from all candidates and used this to generate significant electronic communications to raise awareness of Healthwatch Richmond.

This work generated a significant increase in our Twitter Activity, website traffic and newsletter sign-ups.

- We sent 61 tweets
- Had 11762 impressions
- 21 retweets
- 8 likes
- 19 profile views
- 66 clicks

Outcome

The high profile and topical nature of this work enabled us to reach many people who had not previously heard of Healthwatch, including people who would have been unlikely to come across us otherwise. It also helped to raise awareness of Healthwatch amongst local candidates and their parties.

Bulletins and Newsletters

Mental Health
209 subsribers
11 bulletins

Social Care
234 subsribers
8 bulletins

Children and Young People
70 subsribers
8 bulletins

Healthcare
255 subsribers
25 bulletins

Main Mailing list
720 subsribers
13 bulletins

TOTAL number of:

Subsribers 1,488	Number of bulletins 68

Opportunities to participate that we promoted

Volunteer Opportunities

Mental Health 1
Social Care 2
Children & Young People 2
Healthcare 10
Main Mailing list 5

TOTAL	20

Committee places/ board positions

Mental Health 3
Social Care 2
Children & Young People 3
Healthcare 11
Main Mailing list 4

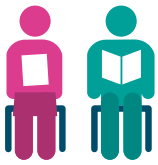
TOTAL	23

Other (Information, jobs)

Mental Health 10 Social Care 8 Children & Young People 11 Healthcare 29 Main Mailing list 16

TOTAL	74

Public meetings and events



Mental Health 1
Social Care 2
Children & Young People 2
Healthcare 10
Main Mailing list 5

TOTAL	20

Consultations, surveys etc.

Mental Health 7
Social Care 7
Children & Young People 14
Healthcare 29
Main Mailing list 5

TOTAL	62

Twitter

Tweets 485
Followers 1,244
Engagements 1,238
Mentions 148
Clicks 366

Our plans for 2016/17

Opportunities and challenges for the future

Economic

The Healthwatch Richmond contract from London Borough of Richmond upon Thames runs until 31st March 2017. In this year, our Council's funds and those of our local CCG are severely challenged. This creates significant risk both to us as an organisation and to the quality of NHS and social care services that are provided to the community that we serve.

Our funding has been flat since Healthwatch began in 2013 and our costs are increasing. To enable us to meet these increasing costs without reducing our service, we have subsidised our contractual income by around 9% over the past year primarily through generating additional income. This is set out in our **Financial information section of this report**. We intend to invest an additional 12% of funds from our reserves in the coming year in our activities.

Future cost pressures including pension liabilities and office rent will place further strain on our finances, and there is a risk this will restrict our opportunity to generate additional income.

We acknowledge that economic pressures may create opportunities too, as other organisations experiencing these pressures may be open to exploring working with Healthwatch Richmond for mutual benefit.

Political

Richmond and Wandsworth Councils are integrating their staff into a single shared resource over the coming year. This creates significant uncertainty over the re-tendering of the Healthwatch contracts in both areas, which we view as our highest organisational risk. It also creates uncertainty over the continuity of our relationships with key stakeholders in the Local Authority.

Profile

We recognised in the last Annual Report that we needed to raise the profile of Healthwatch. We believe we made meaningful progress in this regard over the past year, but it is clear that this is a continuing challenge and will require ongoing effort to maintain.

Our work on the MPs' questions tied to the General Election created wider public awareness. In addition, our Enter and View work has raised awareness of Healthwatch with primary care and care homes.

With lots of exciting and engaging activity taking place across the organisation and reasonable stability afforded by the contract extension to March 2017 we are now in a position to invest significantly in raising our profile this 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.

Over the coming year we shall be recruiting specialist staff to undertake additional work. We have also targeted our engagement activity for 2016/17 towards those groups that we have not previously reached.

Planned work for the future

Since our inception we have visited over 120 community groups, held 9 public events, and gathered the views of over 2,500 people (not including those people we have engaged through our specific projects). The experiences that we've collected provide a valuable picture of the experiences of patients, carers and the public, of NHS and social care services in the borough of Richmond.

Our work priorities for 2016/17 have been developed by reviewing all of the data that we've collected through this engagement work and cross-referencing the emerging themes with current policy directions and public health information to identify the top five priorities for local people on which we could make a difference. In developing our programme we have held talks with the Director of Public Health and her team to try to ensure that our work takes account of the key health and social care indicators for Richmond so we can contribute as effectively as possible to improving the health and well-being of the population.

The following priorities from across NHS and social care form our work plan for 2016/17:

Children and Young People

CAMHS and more broadly emotional health and wellbeing and public health issues featured strongly within the comments received. We had already undertaken work to review CAMHS but were aware of emerging concerns from public health data about risky behaviour, self-harm and poor mental health among young people in our local community. As a result we are working with the Youth Council to engage with children and young people, to understand their views and experiences of emotional wellbeing and mental health and to provide evidence that commissioners can use to improve care.

Adult mental health

We've received a number of comments relating to adult mental health care which indicate some people have relatively low satisfaction with the services. These concerns include inpatient settings where there is an acknowledged shortage of beds, and community care with its relationship to crisis and lower level psychological services. Our work in this area will therefore begin with a broad view of adult mental health care in Richmond across all providers and settings.

Residential care homes

We have committed to continuing our visits to residential care because, without this activity we would receive relatively little information about the experiences of residents in care homes. We will therefore continue initial visits to homes and revisit any homes that we have concerns about.

General Practice

General Practice remains a high priority for our attention from the feedback that we receive. We have undertaken an extensive programme of visits to GP practices in the last two years which has identified some common areas where we believe improvements could be made. We will continue to drive for improvements in these areas and maintain high levels of engagement with new developments including the devolution of commissioning from NHS England to Richmond CCG and the innovation driven by primary care in Richmond using the Prime Minister's Challenge Fund.

Outpatients

We have received a significant number of concerns about outpatient appointments. Whilst these covered a wide range of disciplines and issues, there were significantly more concerns raised about the administration of outpatient appointments than about clinical care. Once we have more detailed information about the key concerns we will develop our plan for reviewing out-patient services.

Future Outreach Plans

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 will also focus our engagement on those groups that we have identified as seldom heard.

In a similar way to the setting out of our work plan for 2016/17, we reviewed our engagement activity over the previous years, to identify community groups that we felt had been under represented in our engagement activity. These were cross referenced with the engagement activities or other organisations including Public Health to ensure that our priorities included genuinely under-represented groups.

As a result of this review, whilst we will continue to promote Healthwatch and engage the community widely over the coming year, we will focus our efforts on reaching the following groups:

1. Minority groups especially those with English as a foreign language
2. Carers
3. Children and young people
4. Social workers
5. People with learning disabilities
6. People with mental health needs

Our people

Making decisions about Healthwatch Activities

In 2015/16 we set up the Healthwatch Committee to improve the involvement of community members in our decision making. Prior to this, all decisions about Healthwatch activities were made by the Board of Trustees. By separating the operational Healthwatch Richmond role from the Trustees' governance role, we were able to provide greater focus on Healthwatch and greater involvement of community members in our decision making.

Trustees and Healthwatch committee member roles are filled via open recruitment, with vacant roles advertised widely, and anyone with an interest in NHS and social care in Richmond is encouraged to apply.

In making decisions within their delegated powers, the Healthwatch Committee has a clear regard to the views and experiences that we collect from the community. This is evident in the above sections **on Planned work for the future** and **Future Outreach Plans.**

Our Trustees for 2015/16:

1. Amanda Brooks, (Chair)
2. Sheila Mayrhofer, (Treasurer)
3. Julie Risley (Healthwatch Committee Chair)
4. Robin Jowit, (Audit Committee Chair), from December 2015
5. Philip David Darling, until July 2015
6. Laura Fox
7. CJ Hamilton
8. Peter Hughes
9. Chris Manning
10. Mary McNulty
11. Andrew Munro (Secretary)
12. Kathy Sheldon
13. Paul Brian Pegden Smith, until December 2015

Our Healthwatch Committee members for 2015/16:

1. Julie Risley (Healthwatch Committee Chair)
2. John Anderson
3. Laura Fox
4. Anna Hayes
5. Mary McNulty
6. Paul Brian Pegden Smith
7. Kathy Sheldon

Involving volunteers in Healthwatch activities

We have volunteers involved in our Enter and View activity, as well as Trustees and members of our Committees (Healthwatch Committee, Audit Committee and Governance Committee). As of 31st March 2015 we had 36 active volunteers: 19 involved as Trustees or sub-committee members and 19 as Enter & View representatives (of whom 2 were also Trustees).

Volunteers are offered training and support on a regular basis. We hold volunteer meetings on a quarterly basis which provides regular supervision and an opportunity for feedback and support. In addition to this, volunteers receive regular contact with staff throughout their work and can access 1:1 support on an ad hoc basis. We collect feedback from volunteers at each meeting and receive predominantly positive feedback along with ideas for how we can improve our support.

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.

We promote our voluntary roles through our general engagement, through our communications and in some instances through wider advertising.

Financial information

	2015/16	2014/15
INCOME	**£**	**£**
Income for Healthwatch Richmond statutory activities	146,000	146,000
Additional income from non-Healthwatch activity	11,365	17,100
Total funds for Healthwatch Richmond	**157,365**	**163,100**
EXPENDITURE	**£**	**£**
Staffing costs	111,000	117,806
Operational costs	37,380	29,673
Support and administration costs	10,350	8,638
Total expenditure for Healthwatch Richmond	**158,730**	**156,117**
	£	**£**
Net movement of funds	**-1,365**	**6,983**

Operational costs are essential to the delivery of the Healthwatch role, and include essential office 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 includes 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.

healthwatch
Richmond upon Thames

Contact us

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Phone number: 020 8099 5335

Email: info@healthwatchrichmond.co.uk

Website: www.healthwatchrichmond.co.uk

Staff

Mike Derry, Chief Officer

Jacqui Coles Project Officer (from January 2015)

Anna D'Agostino Project, Outreach and Communications Officer (from March 2016)

Bernadette Lee, Project Officer (from January 2015)

Leslie Spatt Administration Officer (from January 2015)

Keisha Forteau, Project, Outreach and Communications Officer (to February 2016)

Louise Smith, Project, Outreach and Communications Officer (to February 2016)

Mary McLaren, Project, Outreach and Communications Officer (to September 2015)

We will be making this annual report publicly available by 30th June 2016, by publishing it on our website and circulating it to Healthwatch England, CQC, NHS England, Clinical Commissioning Group, Overview and Scrutiny Committee, 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.