

Healthwatch Update

January 2014

Delivery against strategic aims:

Governance - policies and procedures in place to ensure we meet our objectives in an open and transparent manner

Understand and support - know what matters most to residents, especially those least included, by always starting with their needs and rights

Influence - those who have the power to change services so they better meet the needs of users

Lead - Healthwatch network to ensure local insight has an impact on services locally

GOVERNANCE

What Outcome do we want?

Healthwatch Tower Hamlets:

- has a form and structure that means it operates effectively.
- understands its purpose and communicates this widely.
- understands its duties and powers & external stakeholders understand the purpose
- is clear about the respective roles of Board and senior staff.
- manages public funds responsibly
- is trusted by people who use health and social care services and by the public
- influences commissioning plans

What Actions have we taken in 2014?

- HWTH registered as a charitable company.
- Board and Committees established with agreed governance policies and procedures including financial procedures.
- Advisory Group established to provide link and voice for the local community
- Priority workstream areas established, priority projects developed and commissioned to voluntary and community sector providers.
- Annual report set out key achievements/impacts reported to HWBB, HSP and CCG.
- Initial awareness campaign as part of launch and ongoing input to VCS HWF
- CCG HSCA 2012 Participation Duties report reflects Healthwatch impact.

Have we achieved the outcomes above - what do we need to do?

- Reflective Audit demonstrates that many stakeholders are still unclear about role and functions of HWTH
- Stronger and clearer vision and strategic framework to be agreed Feb 2015
- Stakeholder event late Feb 2015 to set out clear vision and strategy and to gather input into the priority work streams. Also launch the new feedback website.
- Agree longer term operational model and sustainability plan including income generation by April 2015
- LBTH contract to be transferred from Urban Inclusion to Healthwatch April 2015
- Another reflective audit May 2015 to assess if there is improvement

UNDERSTANDING AND SUPPORT

What Outcome do we want?

- External stakeholders and the community understand the purpose of Healthwatch and are able to contact us for help and assistance
- HWTH includes the seldom heard through proactive engagement
- HWTH is accessible and inclusive

What Actions have we taken in 2014?

- launch and poster campaign, worked with VCS Health and Wellbeing Forum membership, patient leaders project, Barts Voices projects promoted
- built a strong Enter and View programme with nearly 20 visits and a growing number of local people being trained and taking part in the visit programme. Having a direct impact on specific services.
- provided a range of platforms to obtain the views of people in Tower Hamlets about their needs for and experience of local care services e.g. community outreach, enter and view visits, online feedback, qualitative interviews, workshops and focus groups
- worked with Tower Hamlets Friends and Neighbours to hear from Housebound and delivered patient experience evaluation of Integrated Care programme with frail elderly for the CCG.
- Mental Health Task Group and Young Peoples Panel have worked on specific projects to gather views.
- developing online user engagement tool (new website) that will target seldom heard (those not involved in community organisations or activities)
- website is designed to reach the seldom heard - professionals, young people

Have we achieved the outcomes above - what do we need to do?

- Fairly poor awareness and understanding of HWTH from members of the community. Serious work is needed in promoting Healthwatch Tower Hamlets and we have invested a not inconsiderable amount of money in the website as a user engagement tool which we need to promote widely. Coms & Engagement Committee to work on further developing and promoting actions from the communications and engagement strategy following Board direction with high profile launch of the new website later in January.
- Clearer strategy for working in partnership with the VCS Health and Wellbeing Forum. Suggestion that we look at Hackney model of working on joint intelligence gathering events and a Fund for Health grants programme (with CCG) to fund community research projects with seldom heard.
- Undertake more community intelligence gathering events on key workstreams or groups e.g. integrated care or children and young people
- Develop more case studies, patient X and qualitative research in key priority areas and from a cross section of the community.
Expand information and signposting support over the phone, by email, through outreach sessions at premises of community groups, at Royal London Hospital, Idea Stores, lunch clubs, our events and by people coming directly to us,
- Focus on involving patient leaders and local people in decisions about health and social care and choice in relation to aspects of those services. e.g. ensuring our work on integrated care influences the Integrated Care Programme, Better Care Fund, CHS procurement.
- Development of patients who can develop co-commissioning models.
- Strengthen our community intelligence database as a resource for collecting patient and user feedback which can be utilised effectively by our stakeholder partners to influence the commissioning and delivery of services.

- more effective referral process and follow up of enter and view recommendations

INFLUENCING

What Outcome do we want

- Systematically collecting views of diverse users **AND** the general public
- Intelligence and evidence is heard at wide range of health & social care forums
- JSNA and HWS developed strongly influenced by community views and priorities
- Services change and improve to meet needs identified through JSNA and align with HWS.
- A fit-for-purpose comprehensive local information and signposting system
- HWTH effectively utilises VCS resources to obtain the views of the community, especially hard to reach; and influences local services to be inclusive of these groups.

What Action have we taken in 2014

- HWTH key member of the JSNA Reference Group, contributed to Pharmaceutical Needs Assessment
- Commissioned nine organisations to carry out research in diverse Tower Hamlets communities looking at the experience of Barts Health services and housebound residents.
- Patient Experience Feedback report provided to key stakeholders based on comments database
- website will link to Idea Stores Directory to provide comprehensive signposting alongside up to date information on user experience.
- Enter and View programme led to specific recommendations about how services could or should be improved

Have we achieved the outcomes above - what do we need to do?

- user and public voice item at the start of each HWB meeting
- see Appendix 1 below for examples of impact on commissioning processes and services improvements
- our views are included in JSNA Pharmaceutical Needs Assessment
- need to ensure that people without access to ICT can access the signposting and feedback info on the website - link to existing information and advocacy services

LEAD

What Outcome do we want

- HWTH is systematically networked with all sections of the community
- Major changes are made in response to HWTH reports and evidence-based recommendations and associated Scrutiny reviews
- HWTH is central to developing the community engagement strategy of the HWB and advises the HWB on innovative forms of engagement in its work.
- HWB sees HWTH as an effective, authoritative, credible and influential voice for service users, the general public and the community and voluntary sector.

What Action have we taken in 2014

- Patient leaders project to recruit, up-skill, support and incentivise patient leaders to take part in commissioning, quality review and service design at a strategic level.
- Young People's Panel worked in three key areas; Shisha, diabetes and mental health
- Report on Housebound residents, Integrated Care Report
- HWTH commissioned nine organisations to carry out research in diverse Tower Hamlets communities looking at barriers to access and patient centred care.
- working closely with VCS HWF to promote HW and to understand community needs
- see below for examples of impact and changes as a result of HWTHs
- Co Chair Communications and Engagement Sub Group of HWB
- escalated issues of concern to HWE around changes to GP contract

- reported to CQC regarding issues with Barts Health

Have we achieved the outcomes above - what do we need to do?

Objectives for 2015

- need to ensure that patient leaders are developing and delivering their own projects effectively and are taking on patient rep roles. Focus on integrated care including CHS and THIPP.
- Suggested working in partnership with the HWF on community insight events and the community grant programme (in partnership with the CCG)
- working to ensure that our commissioning and provider partners are engaging with patients and users to co-produce and co-commission services
- improve our reporting to HWB and HSP on the back of the new website infomatics tools
- Work with CCG and HWF to undertake community intelligence gathering grant programme to become part of CCG's formal consultation process feeding into commissioning intentions
- working to ensure that our commissioning and provider partners are engaging with patients and users to co-produce and co-commission services
- reporting impact back to service users and the general public

Delivering our priority work streams for 2015/16

The following five workstream priorities were developed in response to local community feedback through surveys, comments collected from local residents and on commissioning plans and planning timeframes. This outlines the initial thinking around the development of the projects and they will be the subject of further development at our stakeholder event on the 6th of February. 2015

Workstream 1: Older people living independently - integrated care

Evidence	Work	Progress	Impact to date
Top priority from survey at launch event. Key priority for all local commissioners.	Develop a network of VCS orgs with voice role to develop and support a group of patients and carers of users of integrated care services to take an ongoing role in the design, procurement, delivery and evaluation of the services.	1 st meeting facilitated with THIPP Nov 22 nd . Working with Accelerate Patient Group.	Redrafted letter & info for patients to improve understanding.

Workstream 2 : Promoting co-production in mental health services

Evidence	Work	Progress	Impact to date
Priority 2 & 3 from community event were user led mental health services & community lead health solutions. Mental Health services currently being redesigned. Priority of Mental Health Task Group	HW Mental Health Task Group (Community Options leading).	Developing a clear definition of what we mean by co-production. How to hold the CCG and ELFT to account in facilitating co-production of mental health services in Tower Hamlets.	

Workstream3 : GP Access

Evidence	Work	Progress	Impact to date
Main issue that comes from community outreach feedback	Healthwatch to gather public opinion on how GP access could be improved in Tower Hamlets.	Linking into work by CSU and the GP Care Group Prime Ministers challenge fund bid to support better access to primary care.	Improve access to GP practices in Tower Hamlets

Workstream 4 : Improving the patient journey

Evidence	Work	Progress	Impact to date
HWTH Feedback Report shows patients see their care as a difficult journey that is hard to navigate & outside their control.	Potential of art to present pictorial pathway of a patient journey setting out the emotional touch points and blockages. Develop case studies through qualitative interviews of the patient journey.	<ul style="list-style-type: none"> - art project brief finalised. - Piloted with 2 patients. - meeting with stakeholders - exhibition of work with patient feedback 	

Workstream 5 : Young people's mental health

Evidence	Work	Progress	Impact to date
Outcome of engagement with the Healthwatch Youth Panel	Look at the impact on mental health of the transition from being a child to being a young person particularly in Tower Hamlets. What services are there to meet local need and what are the gaps.	Intern undertaken desk based research with HWTH YP Panel	1.

HWBB - Health and Wellbeing Board

HSP - Health Scrutiny Panel

CCG - Clinical Commissioning Group

VCS HWF - Voluntary and Community Sector Health and Wellbeing Forum

JSNA - Joint Strategic Needs Assessment

HWS - Health and Wellbeing Strategy

THIPP- Tower Hamlets Integrated Provider Partnership

Other updates

Premises

We have secured ongoing premises at Mile End Hospital with a move to new offices within the same building. We are now able to put in place clearer signage and have our own separate entrance which will allow us to have a more high profile presence on site. The office has been provided free of charge for the last three years but we will now be required to pay a £6,800 service charge.

Signposting service and charity shop at Royal London Hospital

We are in detailed negotiations with Barts about the placement of two portacabins on the Royal London Hospital site. Our aspiration for the space is:

- To undertake community intelligence gathering through recording the experience of local people of both Barts services but also links to other health and social care providers
- To provide a hub for local people to access information and signposting advice to enable them to navigate the health and social care system effectively
- To operate a charity shop to raise income to support local community organisations and user groups to design and deliver their own health and social care services to both prevent and manage poor local health

Appendix 1 Examples of Healthwatch Impact

Review and re-design of Children's Community Health Services- Healthwatch gathered patient feedback from parents that led to clearer service specifications for providers of services (Barts Health NHS Trust) setting out what should be delivered and how it would be measured. The information is also currently being used to inform the re-commissioning of all Community Health Services in Tower Hamlets, with new contracts for services to be in place by October 2015.

Quality in General Practice

Healthwatch workshop attendees participated in voting exercises to give feedback on general practice and patient journey mapping to design the ideal patient journey through an episode of care in general practice. As a result of this feedback:

- THCCG has commissioned solution-focused training aimed at GPs, to enable them to better listen and respond to the needs of their patients.
- piloted micro-teams within several practices to ensure patients are repeatedly being seen by a health care professional who is familiar with their medical history..

Review of walk in centres - Healthwatch undertook patient surveys on each site. Findings from these surveys along with the wider review findings will be used to develop a comprehensive communications and involvement plan for the next phase of the project.

Healthwatch Mental Health Task Group have been involved in the Mental Health Service User Involvement Project - Continuous service user involvement in the design, management, review and delivery of the commissioning and provision of mental health services.

Evaluation of the newly implemented Integrated Care Programme

Semi-structured one-to-one interviews 35 patients or carers of patients who are using the new Integrated Care service. This evaluation will allow the people developing the programme to understand the experiences of those delivering and using these new services and will provide a firm basis for progression of the programme. THCCG will ensure that the findings from this evaluation are used to make changes and develop the programme further and will be able to demonstrate how involving patients and the public in the evaluation of this programme has had this impact. The programme will also develop its approach to PPI even further, working on the findings from this evaluation as a springboard to develop more ongoing and in-depth opportunities for people to become involved in the development and direction of this programme.