Adults Health & Public Protection Policy & Scrutiny Committee

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Title:	**Update Report from Healthwatch Westminster**
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Cabinet Member Portfolio	Cabinet Member for Adults Social Services & Health
Wards Involved:	All
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1. Executive Summary

1.1 This report is to provide an update on recent work undertaken by Healthwatch in Westminster and also to notify the Committee about health and care matters and concerns that we have heard from talking to patients and the public.

2. Update on Healthwatch Central West London (HWCWL) work activity in Westminster

2.1 HWCWL has two focused projects in Westminster, identified through consultation with local people – how well care coordination is working for people with long-term health conditions in the borough, including how user experience is informing evaluation of the service; and ensuring that service users are fully included in planned changes to mental health day provision in Westminster.

2.2. **Care coordination for people with long-term health conditions**

2.2.1 This work is being coproduced with through a project group established with members from the Advocacy Project's Older Adults Group. We meet every two weeks.

2.2.2 A public survey is currently live asking people with long term health conditions living in Westminster, and/or their carers, about the type of support they receive from through their GP practice, how well that meets their needs, and whether there is any other support they need.

2.2.3 Six focus groups with people with long-term health conditions living in Westminster, and/or their carers are being held through August and September to get greater detail on their experiences of managing their condition and support available through their GP practice. Emerging themes include

- There are differences in information and support offered through different GP practices
- Continuity of care is important – being able to see the same GP
- Professionals often dismiss symptoms as part of the aging process and no help is offered
- People are generally not aware of Care Plans
- Carers would like access to a different Care Navigator to the one that the person they care for has

2.2.4 A survey for GP practices is currently live and asks about the type of support offered to patients living with long term health conditions, how well the Care Coordination Service is working, whether referrals were being made into the service, and to ask about satisfaction with the service. Responses to this has been slow and the end date will be extended.

2.2.5 Healthwatch will provide an overview of findings for the Health & Wellbeing Board in November.

2.3 **Mental health day provision**

2.3.1 HWCWL has worked with service users to design a workshop on coproduction for commissioners within the Council to assist them in working to these principles at all levels of service change or commissioning of services. The workshop will be delivered in October and is being championed within the Council by the Commissioner responsible for the mental health day opportunities.

2.3.2 HWCWL is currently working with the Westminster Mental Health Day Opportunities Strategy Group to ensure that service user and carer representatives are an equal part of the group and that the principle of 'nothing about me, without me' underpins all the work of the group going forward.

2.3.3 People currently using Westminster mental health day opportunities have told HWCWL that generally they are happy with the activities on offer but concerns remain about where they can get help when they are feeling unwell, or they need assistance filling in official forms. They reported that not everyone had a care coordinator so did not have a direct person they could go to, they had to contact the duty team who then did not know their personal history. There remains some confusion about personal budgets and how to manage these.

3. Primary Care Strategy

3.1 Healthwatch met with the Managing Director and Deputy Managing Director of Central London CCG to talk about public engagement on their draft Primary Care Strategy. We invited them to talk to our Local Committee and other local people about the proposed changes. This meeting took place on 7th September and Chris Neill, Deputy Director, gave an overview of proposed changes and took questions from attendees.

3.2 About 35 people attended the meeting and were members of the public and voluntary sector representatives. A range of issues were raised by attendees, including:

- Concern about elderly healthcare offered through GPs, with some confusion about the age at which a person should be eligible for a yearly health check-up. There seemed to be variation in who was offered this and how to access it.
- Better communication about what people can expect is needed; without this people will continue to slip through the gaps.
- What help is available for people who may have health problems but are unaware of them and their needs present in other ways? At the moment, it is difficult to get help for them as a neighbour, if you ring the CIS they want more information than is available.
- Health services are fragmented and while sometimes this is necessary it often causes problems – for example the need to go to different places to have blood tests, be weighed and measured and have respiratory tests has resulted in an operation being delayed.
- Concerns were raised about the number of missed appointments and whether this is indicative of people just not turning up, or whether the culture of appointment booking in the NHS did not work for some patients – for example through text messaging. There needs to be non-digital ways of booking appointments and being notified about them.
- Problems with booking appointments at GP surgeries were raised. One example was even though the patient has a known respiratory condition that sometimes needs urgent attention, the only system available to get an emergency appointment seemed to be by queuing outside surgery regardless of weather conditions. In response information was given about extended access GPs and how to book through 111.
- A question was also asked about how GP surgeries could be made more accessible for young people. In response information was given on how to

access records online and apps, such as Babylon which enable access to health advice.

4. Engagement to support the implementation of the Health and Wellbeing Strategy

4.1 HWCWL has worked in partnership with representatives from Westminster City Council and Central London CCG to agree principles for and an approach to be taken in engaging with the local people on different aspects of the Health and Wellbeing Strategy for Westminster. This will be presented to the Health and Wellbeing Board on the 14th September 2017.

5. Engagement with Central London CCG

5.1 HWCWL has commented on and made recommendations for improvement of Central London CCG's draft Engagement and Communication Strategy.

5.2 HWCWL recommended a clearer focus on how patient and public are going to be involved in consultation, participation and co-design/coproduction. An explanation of how their experiences will be used to shape provision and how this will be measured is also needed. Our full comment and recommendations can be read at Appendix 1

5.3 HWCWL has joined a working group set up by Central London CCG to inform their approach to coproduction. The first meeting of this group is scheduled for 4th October 2017.

6. Issues arising locally

6.1 <u>Podiatry</u>

6.1.1 HWCWL attended a joint meeting with engagement leads from Central London CCG, West London CCG, H&F CCG, and CLCH to feedback comments we had received on podiatry and to make recommendations.

6.1.2 Concerns raised with us included:

- podiatry now charges £18 for a toenail clip, with no prior warning - this was previously at no charge.
- Changes were made to podiatry services with limited communication available for patients beforehand.
- People are unhappy that they are being sent to unregulated, unsupervised nail spas.
- No longer having contact with the service may have a personal effect on patients who are otherwise quite socially isolated.

6.1.3 HWCWL raised the following questions:

- Is there sufficient capacity in the private sector to pick up the amount of Podiatry work which will be released through low-low patients no longer using the CLCH service?

- Had an evaluation of possible efficiency savings been done prior to evaluating issues arising from high service demand?
- Important to brief all community pharmacists on the changes and ensure they receive leaflets to share with patients
- Ensure GPs are engaged with clearly and effectively around changes in referral culture
- Will the CCGs work with providers to use patient profile information to inform approaches?

6.1.4 HWCWL gave feedback on sending out co-produced communications on Podiatry service changes, including additions to Podiatry patient leaflets:

- 10 self-care tips leaflet is a good idea, but they seem very adult focused. Can we have a children and young people's version, which looks at issues specific to them e.g. taking care of your feet during school activities
- Ensuring that it is clearly communicated to patients that they can go back to their GP if their foot condition changes or they have concerns at a later date.
- Providing information on what types of circumstances or observations might prompt a patient to go back to their GP.
- Signpost to pharmacists where appropriate
- Information on nail bars and what to look for to determine whether it is "good" or "bad"
- Talk to BME Health Forum re ensuring accessibility of output
- Use everyday language in the leaflets – no jargon
- Healthwatch is also willing to help get out information through their mailing list and direct contacts

7. Dignity Champions Enter and View visits

7.1 In June 2017, Healthwatch Dignity Champions visited Princess Louise nursing home in Kensington and Chelsea. This home also has residents from Westminster. The visit to the home follows a recent CQC inspection which rated the home: 'requires improvement.'

7.2 During both visits we found the staff to be caring and respectful of the residents. There is huge range in the level of care required by residents from those who require one to one care to those who are still able to maintain a much greater degree of independence. Most feedback that we received was around the food and lack of on-site kitchen. The full report is available on our website.

7.3 HWCWL is planning to undertake further Dignity Champion Enter and View visits in Westminster, including to St Mary's Hospital and is currently looking at how to incorporate these into our work plan.

APPENDIX 1

Comments on Central West London Clinical Commissioning Group's Engagement and Communications Strategy 2017 – 21

Healthwatch Central West London August 2017

Overarching comments

Overall, Healthwatch is pleased to see CLCCG's engagement and communication plans brought together into one document. Once finalised it should be a useful resource for CLCCG to set out their commitment to, and to measure their outcomes in engagement, consultation, providing information, partnership working and inclusion of stakeholders in central London.

As this document will be publicly available it needs more clarity about its purpose, how it will be monitored and evaluated and how people can get involved. It would be useful to have an overview of the Engagement and Communications Team and their role within CLCCG.

Using the Vision as the starting point is good, and everything else within the document should follow on from this, setting out how each part of the plan delivers the Vision.

Putting the Key Messages right at the end of the document is not useful, they would be better situated with the Vision with an explanation of what they are and how they relate to this strategy. Then you could set out how CLCCG's engagement and communications strategy is working to support these key messages and give clarity to what you are trying to achieve through your strategy.

A clearer focus on how patient and public are going to be involved in consultation, participation and co-design/coproduction would be useful. An explanation of how their experiences will be used to shape provision and how this will be measured is also needed.

Timeframe for strategy

Developing an Engagement and Communications Strategy for a CCG that covers a four-year period is highly ambitious; in the field of healthcare a lot can change in that time-period.

Therefore, it would be useful to also include an outline of how the effectiveness of the strategy against the overarching Vision of CLCCG is to be monitored, evaluated and reported on.

In addition, a timeframe for a refresh of the strategy is needed so that it remains an active document that has a continuing use.

Wildly Important Goal

Wildly Important Goals (WIGs) are an interesting tool in helping an organisation to have high performing teams and achieve organisational outcomes. However, the document does not give any information on why this mechanism was chosen and the benefits of using it and will make it hard for anyone who was not at the workshop in July to understand the rationale for this tool.

The WIG identified in the Engagement and Communication Strategy is time limited until March 2018, once the system for engagement is developed the WIG is no longer needed. There needs to be an explanation of how a new WIG will be identified to replace it, who will be part of the decision-making process, and the time frame for this.

Achieving the Wildly Important Goal

It would be helpful to include an example of a 'You said, We did' so that it is clear the level at which this will happen at. Is it just about improving engagement and communication, or is it about improving systems, structures and services within the CCG?

Having knowledge and skills to produce easy read versions of documents is important and we are pleased to see that all CLCCG engagement team members have had training in this. However, it would also be useful to organise a review panel for documents produced, to ensure that you maintain quality and accessibility.

Likewise, it would be beneficial to produce the style guide for writing in plain English with others to ensure that it meets the accessibility needs of the local population.

There also needs to be a reference to the NHS Accessible Information Standard and what you will do to ensure that you comply with this.

Embedding our principles

Under patient and public engagement and communications you state that 80% of engagement opportunities will be advertised at least 4 weeks in advance. We presume that it is not 100% because you are anticipating that some of this work may need to be reactive, or short notice because of factors outside of your control. This needs to be made clear, by stating for example that 20% of engagement may be a result of unanticipated need for engagement or communication.

You need to set out what the mechanism is for reporting against whether you meet the 80% target and how that will be publicised.

Whilst it is reasonable to give 4 weeks' notice for people or groups of engagement opportunities, if you want organisations or groups such as Healthwatch to publicise these opportunities, we need more notice so that we can incorporate it in our own communications plans.

The internal communications section needs to include actions for reporting on findings from engagement and communication internally, how that feeds into decision-making, and how you will know that you have successfully included stakeholder views in CLCCG decision-making and plans for improvement.

Does the primary care strategy have a standalone engagement and communications plan? We would be happy to work with you on developing this.

Can you explain what the primary care membership is?

This section is not completed, so it is not possible to give full feedback.

Audience and stakeholders

The tool that you have chosen to determine levels of interest and influence amongst your stakeholder and audience groups is useful. It would also be helpful to have explanations of what is meant by 'interest' and 'influence'; without this it is unclear what the table represents. For example, grassroots voluntary and community groups are in the low interest and low influence section, and other voluntary and community groups are in the high interest but low influence section. However, if influence is understood in terms of reaching different sections of the population and changing behaviours, or disseminating information then both these groups are highly influential.

This section also needs to include how you will engage with groups. It might be useful to look at Hammersmith and Fulham's engagement and communication strategy as they have thought this through more.

Tools and channels

This is a comprehensive list of current activity. It would be useful to set out how you are intending to bring innovation and fresh thinking into the tools and channels that you already use. At the moment digital and social media are only included at the informing level but there are different platforms that you could consider to support some of the other levels.

For example, Yammer and Slack are both potential platforms to support working groups; closed Facebook groups are also good for developing single interest group activity; and support for virtual PPGs may mean that more groups are active in central London.

Appendix III of the draft Strategy

We are unclear what this diagram is setting out. It is not referenced in the document and there is no explanation of a Patient Reference Group model. Without knowing the purpose of this, it is difficult to comment on whether this model is useful. Does

this replace the Patient User Panel? What are the implications for patients and public in feeding in and being part of the Governing Body?

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