



Monthly Update the work of **healthwatch**
Kent

This report gives examples of the things we have achieved in December 2017

Section 1: How we made a difference

We have **303** had contacts this month via telephone, email and face to face visits.

What was the issue?	What did we do?	What happened?
The information and support available when a GP practice closes	Healthwatch collated the information that they had received from the public	We have produced a guide for practices and CCGs to use when a GP surgery closes or merges. We will be assessing how well they have done against each of the steps set out in the guide.
The Kent Mental Health Action Group (MHAG) asked us to find out what the Kent picture was after national statistics into mental health readmissions suggested an increase by 6% since 2015.	We took this to the mental health trust (KMPT)	<p>KMPT told us:</p> <p>“Our data indicates that there has been a 3% rise in readmissions rates at 28 days over the course of 2017 (Not full year effect). In part this is due to the high admission rates and lower levels of length of stay that ensure no person is sent out of area unnecessarily. It is an area that is under continuous review to ensure full understanding of the increase and to identify actions needed to reduce the number of readmissions”</p> <p>We have also facilitated a member of the county MHAG to meet with the mental health trust to discuss more.</p>
Concern raised via the Kent Physical Disability Forum that school transport for special needs schools do not allow parents to add a second drop off address in case of emergency. They state that currently if a parent/carer is	Raised with KCC head of transport	<p>We received this Response:</p> <p>Home to School Transport services are often not bespoke to an individual learner and several children are accommodated on a particular route. It is not feasible for the Local Authority (LA), at short notice, to transport children to an alternative address in most circumstances because it would impact other children being transported. Officers try to accommodate changes where feasible, but the Local Authority’s agreements with contractors, along with the scale of the logistics required to orchestrate such arrangements, make this undeliverable. It is the responsibility of parents or carers to ensure they are at home or at the designated boarding or alighting point to receive their child, as set out in the Home to School Transport guidance. In the event of an</p>

<p>more than 10 minutes late the KCC policy is to drop the disabled child off at a police station.</p>		<p>emergency, it would be expected that they would make provision for someone else to be available to meet the child.</p> <p>Should parents or carers not be at home to receive their child, operators are advised to take children to the local Social Services centre or the nearest Police Station. I must stress however that this is for emergency purposes only and operator instructions are such that, when transporting more than one child, other children would normally be dropped off and then the home address is revisited before the child is taken to their nearest police station.</p>
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Section 2: How we influenced and worked with others

How we influenced the key strategies across Kent:

Stroke:

We attended our first meeting as members of the Stroke review Joint Committee where GP chairs were brought up to date and agreed next steps to consultation in February. We queried why social care were not present and also advised that rather than have all GP chairs presenting at listening events, that a cohort of senior clinicians become fully familiar with the work done so far and they present at the listening events.

Peoples Panel at Kent County Council:

Kent County Council presented ideas on the future of care at home which they want to consult on in the new year, we discussed how to address the low level of public engagement so far.

Integrated Urgent Care:

We were part of the Kent & Medway Programme Board for ensuring consistent approach to 111 and out of hours services across the county. We asked for a focus on patient engagement and that it was added as a key risk if it is not done effectively.

We attended the regular Quality Surveillance Group where commissioners and regulators share intelligence on health and social care providers. We discussed how the cultures of some of the organisations feel and how Healthwatch perceive their patient engagement.

Sustainability & Transformation Plan (STP):

We attended the Communications and engagement Workstream of the STP where we got an update on the progress of engagement and consultation on the key areas of the STP

We attended the county Mental Health Action Group where we talked about how we can support mental health groups to codesign how they can work better together and presented an update on the STP. We proposed that the group became a subgroup of the STP Mental Health Workstream, which was agreed.

We attended the Kent Surrey & Sussex Local Dental Network where we got an update on changes to Orthodontic contracts and reviewing a patient survey.

We met Kent County Council re county autism services and discussed the challenges for patients in getting diagnosis and treatment. We advised on patients and carers becoming part of the Autism Action Alliance.

We met with Carole Infanti, Head of Children's Commissioning for KCC who said our CAMHS work and report was excellent and had been very helpful

How we worked with and influenced providers and commissioners (stakeholders):

We got an update from IC24 who have now taken over the out of hours service in East Kent.

Ellenor Hospice came to present to our volunteers in North Kent and we gave input on their new strategy, we discussed how to access patients via their GP and how to access people who have not given any thought to serious illness or dying.

We were part of the East Kent Hospitals University Foundation Trust Patient Experience Committee where we heard there are still complaints targets that are not being met, and a number of areas of concern from carers in the national inpatient survey. We offered to help with sharing a survey for carers.

We met with South Kent Coast Clinical Commissioning group where we joined discussions about their plans and progress in getting the local care model implemented, in particular setting up regular multidisciplinary meetings.

Section 3: How we reach out to the public, listen to them and work with volunteers

We have **303** had contacts this month via telephone, email and face to face visits.

We have a programme of engaging with the public and hard to reach groups face to face. In December we visited:

01 December 2017	Deaf Services Group NHS Coffee Morning	Trinity Centre, St Mary's Avenue, Margate	HWK Promo materials - Engaged with 30 People, 30 Promo packs (60 Dental Leaflets, 30 Contact Cards, 30 NHS Help cards) 30 Pens, 5 Magnets, 20 Contact Cards.
05 December 2017	Barnfield Gypsy and Traveller site	Sevenoaks	HWK Promo materials - Engaged with 10 individuals, Promo packs 35 (111 Leaflets 35, 35 G&T Help cards, 35 the Cover cards, 35 Contact Cards, 70 Dental Leaflets), 20 Pens, 30 Contact Cards, 2 YCC forms.
14 December 2017	Sevenoaks Vol Fair	Stag Plaza, London Rd, Sevenoaks	HWK Promo materials - 60 People engaged with, 30 Leaflets, 50 Vol Leaflets, Help Cards 10, YCC forms 20, Easy read application forms 3, 6 Application forms, 3 Contact Cards, 2 Pens.
19 December 2017	Chilmington Caravan Site - Planning meeting	Ashford Borough Council, Civic Centre, Tannery lane, Ashford	HWK Promo materials - 30 People engaged with, 30 HWK Leaflets, 3 G&T promo packs (3 G&T help cards, 3 The Cover Cards, 3 NHS111 Leaflets, 3 Contact Cards). Site visit January 18.
19 December 2017	Ashford CAB	Seabrook House, Church Road, Ashford	HWK Promo materials - 30 HWK Leaflets.

Section 4: How we use public and stakeholder views

Project Report

Kent wide

We have done some research on complaints carried out by other Healthwatch's and given our findings to the Chair of the Kent and Medway Complaints managers meeting. There is a meeting in December to decide.

We completed our draft Accessible Information Standard report, this has been published

Four young people from Queen Elizabeth Grammar School, Faversham are drafting some questions around health and social care, to poll their peers about what aspects of health and social care are important to them.

The Physical Disability forum has not met formally this month, due to the availability of forum members

The volunteer timeline which was drafted as an outcome of the volunteer survey, continues to be monitored at monthly team meetings.

Our 'help cards' continue to fly off the shelf with over 1500 delivered to date.

We continue to assess what Neurological services provide, these services straddle different services, so care is needed to pinpoint exactly what we will be looking at in terms of project outcomes. A project plan will be drafted later in the New Year

We held a 'thank you' event for our volunteers to thank them for all the hard work they have put in to our organisation. This was a great success, with various health and social care related stations that the volunteers could find out about different diseases including what it was like to be partially sighted and sepsis to name but two. The event finished with a hot meal prepared by two of the paid team, with other members of the team showing their finesse in the cake making department.

West Kent

We have published our West Kent Discharge report and sent copies to Tracy Crouch MP as requested by her. We will continue to monitor the outcomes

East Kent

Following the publication of our GP appointments and Thanet GP closures, we sent a copy of the report and a letter to all GP surgeries in the South Kent Coast area to find out what they had progressed since our preliminary work, we drafted an impact report to reflect what change has happened since our report was published

We carried out a further visit to William Harvey Hospital as part of our East Kent Discharge project. Further community visits need to be planned in the New Year

We have carried out 23 pre-visits prior to enter and views to the 24 identified homes (2 in each of the County's 12 Districts), which will start in January. One care home did not respond to our request to a pre-visit. A letter has since been sent to say when we plan to carry out the enter and view. This is part of the national Independent Age project.

January activity planned

Kent wide

We are still trying to speak to G4S - we have raised the lack of communication with the CCG about the lack of response

We will be starting care home enter and view visits this month, and letting the care homes know the dates of our formal visits

Our Big Red Bus replacement is currently being planned by our sister company 'Engage'. This will not now take place until the Spring of 2018

We will start to plan how we will do further Accessible Information Standard visits to the other Trusts and KCC.

West Kent

We are asking up to 1000 members of the public a series of questions about how they find the right service for them, is information readily available? what do they do if they are unsure? and how is the best way to communicate with them? We will also be asking the providers and commissioner how they communicate with the public. This is live, but only in the North and West of the county due to the high level of Enter and Views taking place in the East this month.

East Kent

As part of our East Kent delayed discharge project further enter and view visits are being planned into community hospital settings, during February

Following our interim update on access to health and social care focusing on the Eastern European population in Thanet, we met with Thanet CCG in August and agreed to alter the draft report slightly to give it a more balanced view. This was published in December

We have a meeting with EKHUFT on 18th January to discuss their report following our visit to test the AIS implementation, that we carried out with East Kent Mencap during the latter part of 2017

We have a meeting with a secondary school in Folkestone on 17th January to find out how we can involve some of the young people in our work

North Kent

Our Virgin Healthcare project is now live, with 700 packs delivered to the Isle of Sheppey which will be distributed by healthcare staff to ask patients for feedback on their care at home. This work is being supported by two of our local volunteers. We are starting to receive some feedback from this project, and further packs remain to be distributed by the healthcare staff

Reading

Our volunteers read and summarise information for us:

Lucy McGinnis sorted the feedback we had received about South Kent Coast GP surgeries with

Libby Lines read the DGS CCG papers

Section 5: Providing Information & Signposting

<p>Number of Contacts This month: 303</p> <p>Accumulative Year 5 To month end: 7202</p> <p>Total accumulative: 11,604</p>	<p>Public Enquiries: Telephone: 9 E-Mail: 2 Texts: 0 Public Voice contacts to Helpline: Telephone: 2 Email: 46 Forms: 88 Webform: 1 HWK General Contacts: 70</p>	<p>Provide A Quality Service Accessible to All:</p>	<p>Route to the Healthwatch Kent (Chart attached)</p>
<p>Public contacts response rates:</p>	<p>Telephone: Same Day: 9 1 day : 0 3 day+: 2 Email: Same Day: 48 1 day : 0 2 day+: 0</p>		
<p>Signpost and advise the public to assist navigate the health & social care services in Kent.</p>	<p>Enquiry Themes (Multiple topics can arise per contact) A: Local Health/Social Care Services: 5 B: Rights/responsibilities: 0 C: Complaints: 4 D: Complaints Advocacy: 6</p>	<p>Public Voice:</p>	<p>Your Comment Counts Forms (incl. Web): 88 Events/visits Attended: 4 Total number of individual feedback contacts collated: 136 (Incl. Letters/Tel/Email/Texts/Feedback from External visits and YCC Forms)</p>

			(Engagement Chart attached)
<p>Provide a quality service that meets range of needs using a variety of formats.</p> <p>Satisfaction 😊</p>	<p>1: Provision of contact info: 2 2: Research information: 3 3: Referral: 10</p> <p>: Out of 9 clients who were invited to comment 9 responded and were very satisfied with the service they received. :Case Study: Increased Barriers to health care at a permanent Gypsy & Traveller Site.</p>	<p>First point of contact service activity:</p>	<p>HWK General: (volunteers/engagement/invitations/info-sharing by external organisations):</p> <p>Admin Tel & Email: 56 (internal signposting/info sharing)</p>

CHARTS TO ACCOMPANY DECEMBER PERFORMANCE REPORT

Chart one:

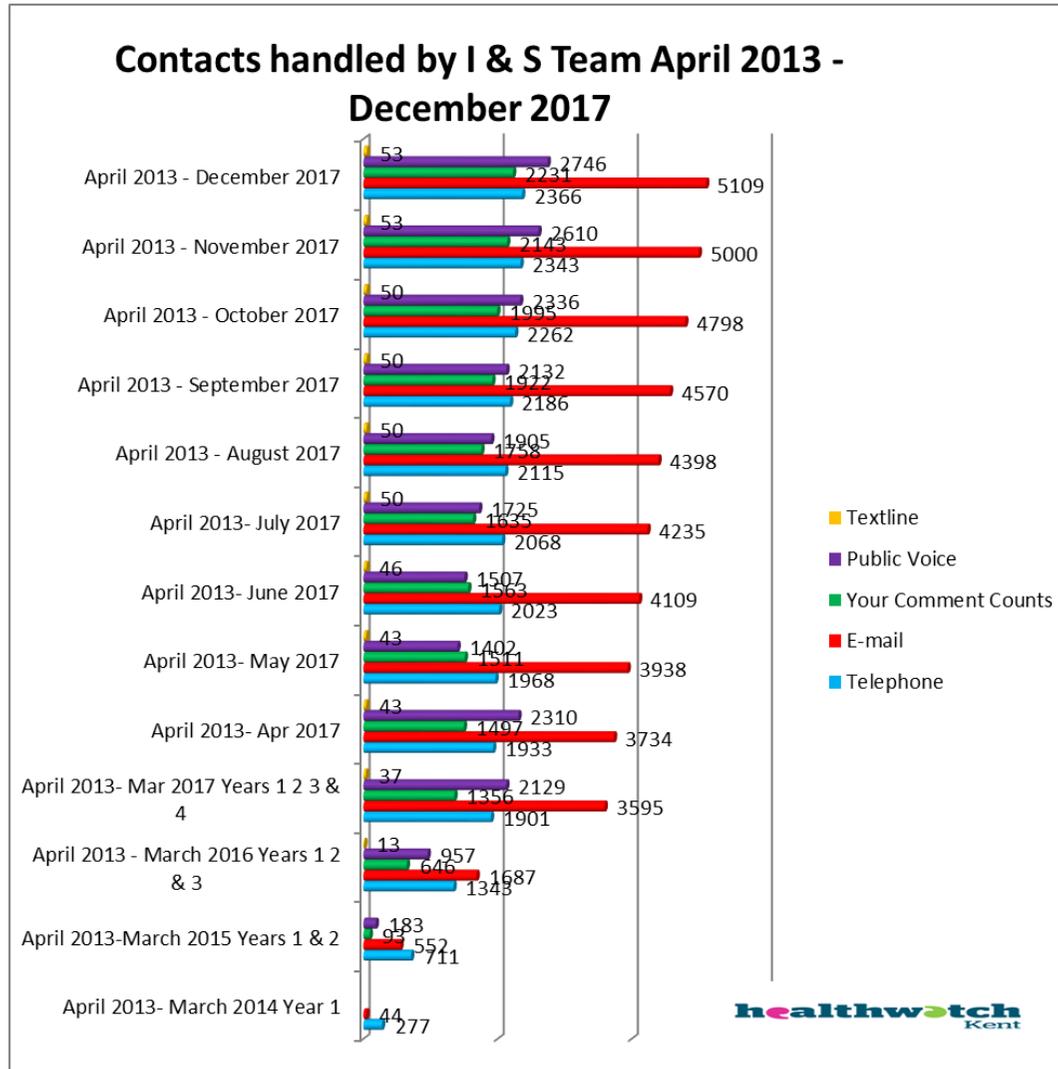


CHART TWO:

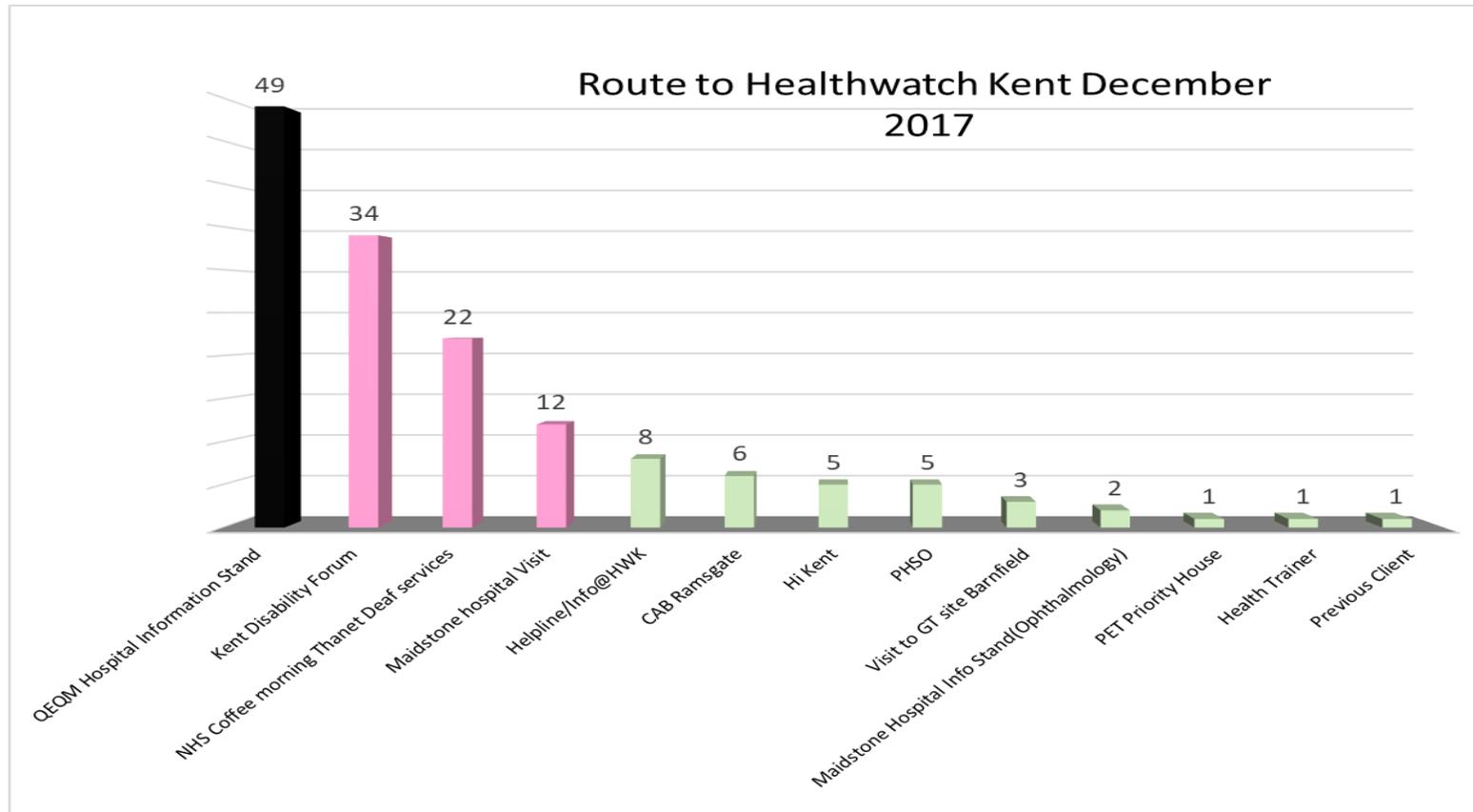
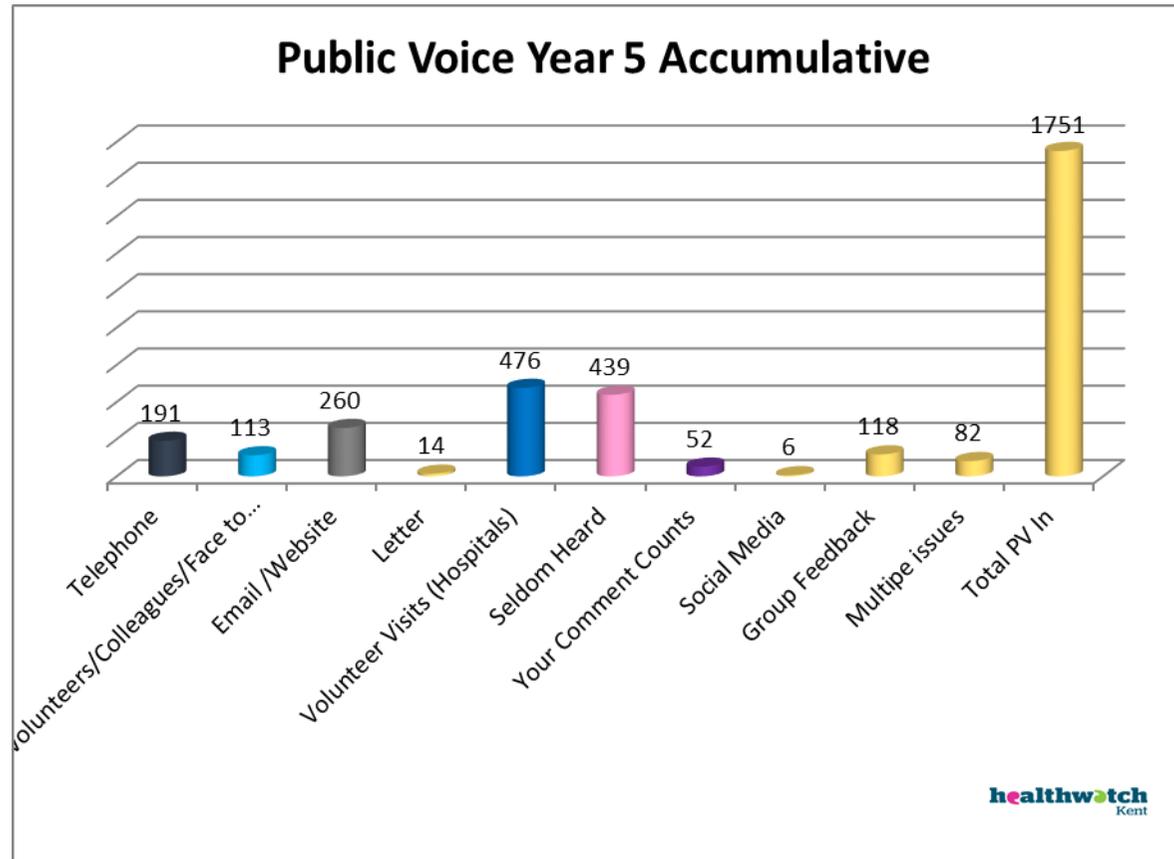


CHART THREE:



Section 6: Working with Healthwatch England and other local Healthwatch

We attended the Healthwatch England HWE intelligence and informatics group

This group covers the Customer Relationship Management database stakeholder group, data protection as well as intelligence

They are Working on a code of practice as to what good quality service evaluation, audit and research looks like. There will be some quality indicators to use as a checklist for each one to drive consistency throughout the Healthwatch network.

The group discussed Impact:

- Everyone around the table was saying how demonstrating impact was becoming more and more vital.
- We are mostly ahead of others with our impact reports
- Robyn from HWE has been through 200 reports and categorised the different types of impact and also done an analysis of which methods of data collection seem to yield the biggest results.
- Planning the project is key (what do we want to achieve) - lots of inconsistency throughout the network

General Data Protection Regulation- HWE guidance and tools that are coming out.

Mental health a big focus in for HWE in the next year possible as far as 3 years.