



Monthly Update on our work from Healthwatch Kent

This report gives examples of the things we have achieved in **November 2016**

Section 1: How we made a difference

We published several reports this month:

Out of Kent Mental Health Bed Placements

Children & Adolescent Mental Health Services

Enter & View visit to St Martins Hospital, Canterbury

We have followed up with Kent & Medway Partnership Trust, who manage bed placements, and their programme of reducing placements out of Kent is progressing well.

All the recommendations we have made following our report into the Children & Adolescent Mental Health service have been included in the specification for the new service tender.

Section 2: How we influenced and worked with others

How we influenced the key strategies across Kent:

Strategy	Update
Kent & Medway Sustainability & Transformation Plan (STP)	<p>We met with Emma Burn, the Comms lead for the STP, to discuss how we might be involved in the Patient & Public Advisory Group of the STP. We suggested how we could mobilise the ‘army’ of PPG and CCG engagement group members.</p> <p>We took part in the Stroke Review Programme Board that discussed how the final decision on sites for hyperacute stroke centres will be with the STP Programme Board. CCGs will be asked to agree progress so far before handover.</p> <p>We had a great session with the Programme Manager who came to talk to our staff and volunteers. We had a very informative debate about public involvement in the STP. We have been promoting the STP far and wide through all of our channels to ensure people are aware of the proposals.</p>
STP East Kent	<p>We attended the Thanet Integrated Partnership Board where we discussed how to produce documents that set out how partners will contribute to how local care is organised in GP practices.</p> <p>We attended the Patient & Public Engagement Sub Group and heard about the progress on integrated IT systems and how the East Kent work will fit with the Kent & Medway plan.</p> <p>we secured Councillor Roger Gough to take part in a national STP conference organised by Healthwatch England. At that debate, Roger stated that</p>

	Healthwatch Kent should be actively involved in the delivery of STP engagement.
Kent County Council (KCC) Transformation Plan	We met with the Head of Commissioning and agreed how we can provide some initial public engagement into the design of new services
Urgent Care Review	We attended an Urgent Care Whole Systems Event in Dartford, Gravesham Swanley & Swale, where the case for change presented: looked at where we are now and where we need to be in the future. Proposed outcome is to integrate all systems - 111, out of hours, multispeciality community provider - all by 2020. Swale is to have new service in by April 2019. Event is the first step in the process of procurement of new primary care hubs in Swale / DGS. Consultation - post elections in 2017 - later spring / summer. We also attended the Kent & Medway wide group that discussed how the programme would become integrated into the STP.
Kent Health & Wellbeing Board (HWBB) Workplan	We presented a paper with the outcomes of a survey with the voluntary sector on how they want to engage with the HWBB.
Continuous Improvement	We held our annual development day with volunteers, paid staff, board members and Kent County Council. We developed our priorities for improvement of how we work, and had a presentation on the STP.

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

Stakeholder	Update
East Kent Hospitals University Foundation Trust (EKHUFT)	We played a key part in the Diversity & Inclusion Group meeting where Annie was able to advise and influence how the needs of deaf patients could be better met by the trust. Concerns were also raised about implementing the Accessible Information Standard by April 2017. It was also discussed how Healthwatch could assist with the assessment against the NHS Equality & Diversity System We presented what we had heard about East Kent Hospitals from April 2015 to March 2016 to the Patient Experience Group. We highlighted several themes which the Trust either currently is doing work on or has plans to do so in the future. We also offered to assist in work looking at food and hydration of patients in the trust We also met with the Comms & Engagement team to discuss how we can work more closely.
Maidstone & Tunbridge Wells NHS Trust (MTW)	We shared our April 2015 to March 2016 feedback with the trust
Kent Community Health Foundation Trust (KCHFT)	We took part in a discussion at Tonbridge Cottage hospital about implementing the Home First project

	We met with the Chief Executive Officer for the trust to talk about how we can continue to develop our relationship and do more joint work.
Kent & Medway Partnership Trust (KMPT)	We attended the Carers Charter Consultation event to update on how the Triangle of Care and other carer initiatives are progressing. We had our quarterly meeting with the trust and discussed how to follow up on our report on out of area beds, and get involved in the review of community teams.
South East Coast Ambulance Trust (SECAmb)	We met with the CEO of the Trust and recorded a podcast interview. We presented the Chief Exec with a collective letter of concern from the South East Healthwatches following the publication of their patient impact report.
Clinical Commissioning Groups (CCG)	We attended the Swale Patient Liaison Group where we were involved in discussions on the Sustainability & Transformation Plan and Kent County Councils plans around improving self care. We also raised concerns re Children & Adolescent Mental Health services and we discussed the Enter & View Process Healthwatch uses. We undertook an Engagement Healthcheck with West Kent CCG and will be reporting back the outcomes to them. We met with South Kent Coast CCG to discuss the progress of developing primary care teams as part of the STP. We gave advice about how to involve the voluntary sector and agreed to talk with the Lay Member about how engagement is progressing.
NHS England (NHSE)	We met regarding the closure of Union Row Surgery in Thanet and how we can assure Thanet public that there is sufficient capacity for GPs to offer a service.
Care Quality Commission (CQC)	We met with CQC as part of our regular meetings. We had a productive conversation about the changes in care homes and discussed the upcoming inspection of our mental health trust in Jan.
Kent County Council Social Care (KCC)	We attended the Health Overview and Scrutiny Committee where we fed in our findings re winter preparedness from early this year, commented on the proposed changes to gluten-free prescriptions in West Kent, and the progress on returning people from out of area mental health beds. We met with KCC to review the key people to liaise with and develop our approach to working with the council.
Health & Wellbeing Boards (HWBB)	We attended Ashford HWBB where we contributed to the discussion on the East Kent STP. We attended Thanet HWBB which had a useful presentation on how local care in GP practices could look like. The CCG agreed to an engagement healthcheck.

	<p>We presented a paper with the outcomes of a survey with the voluntary sector on how they want to engage with the HWBB.</p> <p>Presentation on STP which was released today.</p> <p>Influence - we suggested the HWBB should be able to see STP links in local commissioning plans when they come to board for agreement.</p> <p>We also mentioned there is a lot of potential for the public to help communicate the plan effectively.</p> <p>We agreed to be part of the working group to develop the new Health & Wellbeing Strategy</p>
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Section 3: How we reach out to the public, listen to them and work with volunteers

We continue to increase our contacts with the public in a number of ways:

Twitter: 1,182 (1,162 in October)
 Facebook: 891 (893 in October)
 Newsletter: 867 (866 in October)

We work with lots of organisations and groups who are our ‘Community Champions’ that let us know about concerns in health and social care. You can see some examples of what they raise and how we respond in the next section. We currently have 301 Community Champions across Kent.

We also have a programme of ‘Public Voice’ visits which ensure we engage with people face to face. We focus visits in a different district every month as well as events elsewhere in the county. This month we were in Dover:

Paddock Wood Library	Paddock Wood, Tonbridge	02/11/2016
BME Café, Ladies’ Coffee Morning	Maidstone	10/11/2016
Darent Valley Hospital - Information Stand (Volunteer Event, I&S reserve)	Dartford	16/11/2016
Dover Community Hub, Eastern European Support	Dover	17/11/2016
Gypsy / Traveller Community	Aylesham, Dover	28/11/2016
Speakup CIC, Mental Health Support Drop-in	Phoenix Centre, Sandwich	29/11/2016
Buckland Hospital - Information Stand (Volunteer & I&E)	Dover	29/11/2016

We have had contact with 304 people this month via telephone, email and face to face Public Voice visits.

Volunteers

Healthwatch Kent has 75 volunteers across the county who have a wide range of ages, backgrounds and experiences and who have been involved in a variety of roles. 13 Volunteers were involved in building our relationships with the providers and community

groups. These included meetings with hospital and mental health trusts, Ashford Community networks, Thanet Social care partnership and the Swale Urgent Care group. Others helped us to engage with different communities including a school family liaison session in Thanet looking at issues specifically encountered by Eastern European families and a ladies and toddler BME coffee morning.

In addition, 6 volunteers spoke to members of the public as they were accessing QEQM and Darent Valley hospitals.

3 of our Authorised Visitor volunteers carried out Enter and View Visits to 6 pharmacies around the South Kent Coast to find out people's opinion of their pharmacist and how changes to repeat prescriptions were affecting them.

6 Volunteers attended training to enable them to work with Patient Participation groups to help them represent patients more comprehensively.

11 volunteers attended their local area team meetings to decide how to take forward local issues that we have heard about.

17 Volunteers together with staff took part in a Development Day to review the successes of the past year and look at how Healthwatch Kent will be moving forward over the coming year.

3 Volunteers provided essential background research on topics as diverse as Equality and Diversity case studies, the availability of provision for people with Learning disabilities in Gravesend, Swanley and Dartford, and categorization for DBS checks.

As part of an ongoing commitment to ensuring our volunteers have an input into how they are involved with Healthwatch Kent, 3 annual and one 3 month reviews were carried out.

No volunteers left this month.

Section 4: How we use public and stakeholder views

Project Progress:

As requested by Darent Valley Hospital a second phase of the discharge project is currently underway, to increase the number of patient experiences gathered when using the discharge process. Sadly, we have not been able to complete the planned visits to date, due to lack of communication with the hospital staff. This project is now running over time, but we are hoping to undertake one more visit before completing this project. Dates have still to be confirmed.

The General Practitioner (GP) project visits have now been completed. Our volunteers visited 3 surgeries on the South Kent Coast and spoke to several staff and patients to find out how easy it was to make an appointment, how the triage of appointments works and how complaints are handled. Our findings are currently being drafted with a report due to be published by Tuesday 13th December.

Healthwatch Kent carried out an initial End of Life Care project earlier in the year. The findings of this project mainly focused on data and interviews with providers and organisations providing the care. One of the recommendations from this initial work was to carry out a second phase of the project to gather public views about the end of life care process. However, it appears that there is a lot of work currently being undertaken across

Kent with the Trusts and Hospices looking at the end of life processes, so it has been decided to put our project on hold at the current time to save duplication.

The Mental Health Out of County Bed project has now been published. It has been well received by Kent and Medway Partnership Trust and the actions are being incorporated into new ways of working. The Trust have already reduced some out of county placements because of our report. Healthwatch Kent will continue to work with the Trust and keep carers groups and other organisations up to date with the outcomes.

The first official meeting of the county wide Physical Disabilities forum will take place on 6th December 2016 at Lenham Community Centre. There are a mix of commissioners, service users and other organisations attending the meeting. This meeting will decide the way forward for the forum, set terms of reference, attendees, the frequency of meetings and dates for future meetings. The Wheelchair Procurement team have requested that they attend the next meeting to discuss their current processes.

Healthwatch Kent are looking at how volunteers could assist some Patient Participation Groups (PPGs) who are struggling to achieve their aims. We have produced a framework for our volunteers to use to assess how PPGs are progressing. We are currently identifying some practices that would like a visit from our volunteers to see if we could assist in the PPG's becoming more credible.

The Five Health Trusts and Kent County Council (KCC) completed a table showing how they were progressing against the Public Ombudsman for Health and Social Care 'Five step Plan to Complaints' which all organisations have signed up to. We shared our findings with the Trust's and KCC and have not received any significant comments back, therefore the project report will be published on 6th December 2016. The project report will be tabled at the next complaints managers network meeting taking place on Friday 9th December.

Healthwatch Kent were in the process of carrying out a project to ask members of the deaf community what their experience have been when using the British Sign Language. On reflection, it has been decided that this project would have no tangible outputs to warrant doing this work. It has therefore been put on hold for the time being. In the New Year, we will explore doing some work around the Accessible Framework Standards, this would be in place of the British Sign Language project.

The Care Act 2014 came into effect on 1st April 2015 which entitles all main carers who have caring responsibilities to request a Carers Assessment. This assessment is a key gateway for accessing help and support services to assist carers with their caring duties. We are currently in contact with the carers organisations to identify how many Care Assessments have been completed, what the wait is for an assessment and the wait for a support plan. Healthwatch Kent have also put online via Survey Monkey a questionnaire for members of the public to complete, asking if they knew they were entitled to a carers assessment, if not would they like to find out more and if they have had an assessment, how useful has it been. The survey closed on 1st December and a report will be drafted for publication before Christmas.

Healthwatch Kent were hoping to carry out a project test what impact the integration of health and social care has made to recipients of the services. Given the number of projects currently underway, it has been decided to postpone this project for the time being.

Our report on Children & Adolescent Mental Health service (CAMHS) was published on 23rd November 2016. Some 302-young people, their families and professionals gave detailed feedback about their experience of using the service. Although the report had some negative

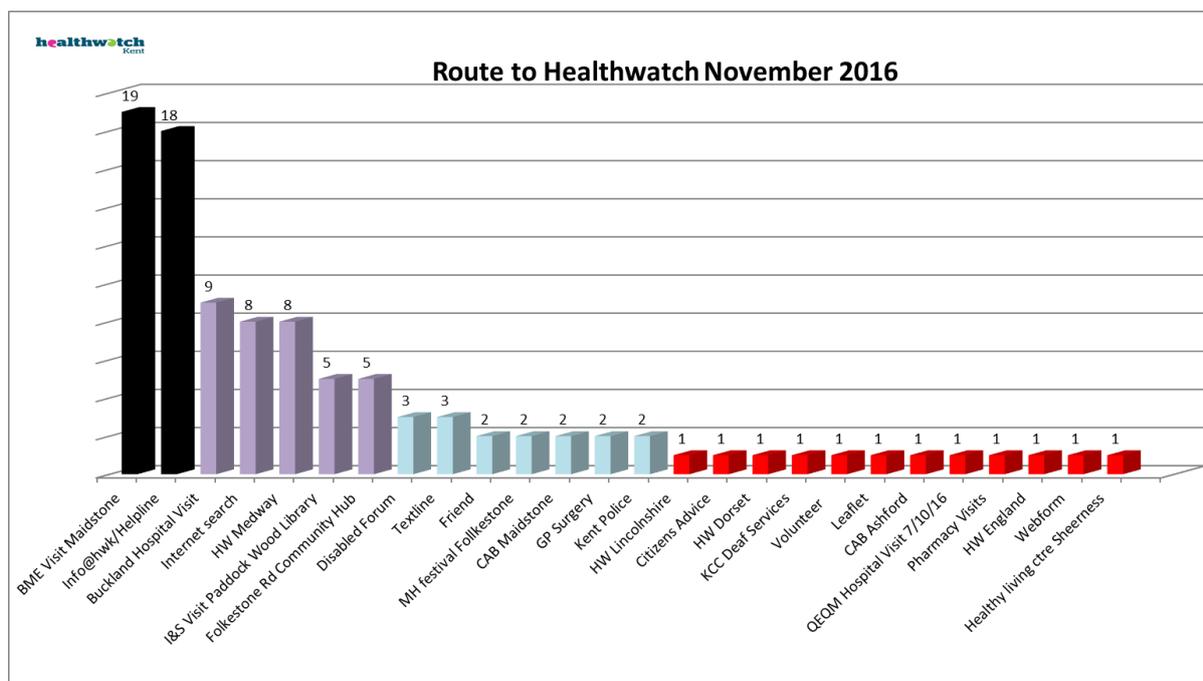
feedback the provider of the service is already making changes to their service to improve young people experiences.

Healthwatch Kent heard that In the South Kent Coast CCG area, the CCG had decided that they no longer wanted pharmacists to be able to order repeat prescriptions on behalf of their patients. They have worked with GP surgeries on this and about two thirds have elected to withdraw the ability of pharmacists to order repeat prescriptions from their surgery. Most patients must now order their repeat prescriptions from their GP directly instead. We undertook some enter and view visits to 6 pharmacies to gather the publics views about this change. We also put a questionnaire on line using survey monkey to gauge pharmacist's views. This project is currently live and will close on Wednesday 14th December 2016.

Section 5: Providing Information & Signposting

<p>Number of Contacts This month:304</p> <p>Accumulative Year 4 To month end: 2539</p> <p>Total accumulative: 6546</p>	<p>Public Enquiries: Telephone: 22 E-Mail: 25</p> <p>Public Voice contacts to Helpline: Telephone: 3 Email: 5 Forms: 34</p> <p>HWK General Contacts:</p>
<p>Public contacts response rates:</p>	<p>Telephone: Same Day: 20 1 day : 5 2 days : 0 3 days+:0</p> <p>Email: Same Day: 18 1 day : 10 2 days : 2 3 days+: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: 20 B: Rights/responsibilities: 11 C: Complaints: 14 D: Complaints Advocacy: 22</p>
<p>Provide a quality service that meets range of needs using a variety of formats.</p>	<p>1: Provision of contact info: 16 2: Research information: 21 3: Referral: 22</p> <p>Case Study: Access To Hearing Equipment</p> <p>Client feedback: Out of 22 clients who were invited to comment 16 responded and were very satisfied with the service they received.</p>

Provide A Quality Service Accessible to All:	Route to the Helpline Year (Chart attached)
Public Voice:	Your Comment Counts Forms: 34 Events Attended: 7 Total number of individual feedback contacts collated: 50 (Incl. Letters/Tel/Email/Feedback from External visits and Forms)
First point of contact service activity:	HWK General (volunteers/engagement/invitations/info-sharing by external organisations): Tel & Email: 125 Admin (internal signposting/info sharing) Tel & Email: 51



Case Study
Access to Essential Hearing Equipment and NHS Individual Funding

Enquiry;

Client has a BAHA (Bone Anchored Hearing Aid) and is officially registered deaf. Client states 'My present BAHA came to the end of its guaranteed life earlier this year and on previous occasions, I would have received a replacement. This hasn't happened even though my hearing tests have been updated and the Audiology Department at William Harvey Hospital have done their best to get a replacement. My present BAHA still works but very inefficiently.

'I've now been told (off the record) that the only way I will get a replacement BAHA is through a 'Qualified Private Provider' and that I'll have to pay. Once I accept to go down this avenue, I will be permanently in the private sector - including ENT. I receive continual medication for mastoids and have been a permanent patient with the ENT department for 60+ years. For these reasons, I have no wish to even consider private treatment as my deafness and associated problems will never be resolved. I rely heavily on my BAHA and I am an OAP.

Client asked; 'I've been told that if an NHS provider cannot provide an important piece of health equipment in my own area, then they are obliged to refer me to a provider that can, is this correct?'

Healthwatch Kent response;

We confirmed with client that they come within the catchment area for the South Kent Coast Clinical Commissioning Group (CCG). Following our research via their website into BAHA and NHS Individual Funding Requests (IFR) we could confirm to the client that an NHS Individual Funding Request could be made on client's behalf by the ENT Consultant for a replacement BAHA based on individual need and assessment. The consultant would need to apply to NHS England for this as they now held commissioning responsibility for this NHS treatment.

We informed client they should speak to the ENT Consultant about this or could contact their GP for re-referral to another ENT Consultant (if no longer with an NHS Consultant) for an up-dated consultation and assessment for an IFR.

Client feedback;

Positive response received from client who stated 'Just to let you know that I followed your advice and have been fitted with a new BAHA. Thank you again.'

Section 6: Working with Healthwatch England and other local Healthwatch

We attended the HW England Information & Informatics Group to help with developing a quality checklist for research projects and peer assessing the projects of other healthwatch.

we secured Councillor Roger Gough to take part in a national STP conference organised by Healthwatch England. At that debate, Roger stated that Healthwatch Kent should be actively involved in the delivery of STP engagement.