

## Monthly Update on our work from Healthwatch Kent

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

### Section 1: How we made a difference

Date	Issue	Organisation	Action Taken	Outcome
Aug 2016	Night staff response times	East Kent Hospitals University Foundation Trust	Raised with East Kent Hospitals University Foundation Trust in provider team catch up	Response times are being timed during in-house ward visits. At the minute these happen during the day. Consideration being given as to how they can do this at night.
Oct 2016	Emergency Button in toilet not working	Maidstone & Tunbridge Wells NHS Trust	Fed into area teams to raise with Trust in catch up	Maidstone & Tunbridge Wells NHS Trust checking all emergency buttons on the ward are working properly.
Oct 2016	Nutrition and Hydration-people being left to eat meals themselves . From I&S 2015/16 report	East Kent Hospitals University Foundation Trust	Raised with East Kent Hospitals University Foundation Trust in provider team catch up	Nutritional and hydration steering group has been set up. Considering befriending scheme to help patients who need help eating at meal times. Also, looking to stagger mealtimes on different wards so enough resource to help everyone without food getting cold.
Oct 2016	Staff attitudes. From Information & Signposting 2015/16 report	East Kent Hospitals University Foundation Trust	Raised with East Kent Hospitals University Foundation Trust in provider team catch up	Lots of work going on with reinforcing hello my name is and associated best practice
Oct 2016	A&E waiting times and communication. From I&S 2015/16 report	East Kent Hospitals University Foundation Trust	Raised with East Kent Hospitals University Foundation Trust in provider team catch up	Work being undertaken on keeping people informed what is happening when they have been waiting for long periods in order to diffuse frustration. Regular reminders are being sent to staff, although the current environment and pressures can make it difficult.

## 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)	We met with Glenn Douglas, the Senior Responsible Officer of the Kent & Medway STP, where we stated we wanted to be better integrated into the STP. Glenn stated we would be part of the Patient Participation Sub group. We also shared our best practice guides on consultations and engagement and suggested they be adopted by the STP.
Kent County Council (KCC) Transformation Plan	<p>We had our quarterly catch up with KCC accommodation services commissioners to discuss the Transformation Plan which is now in Phase 3 of the Accommodation strategy which is now part of Adult Social Care Strategy</p> <p>Phase 1 - getting house in order and being more efficient</p> <p>Phase 2 - assessing and meeting acute demand (ongoing). Your Home, Your Life programme for LD patients.</p> <p>Phase 3 is current phase - integrating better with health such as reviewing care home contracts.</p> <p>3 main areas:</p> <p>Wellbeing includes public health</p> <p>Promoting Independence - inc equipment and enablement</p> <p>Supporting Independence - long term care homes</p> <p>All services are being organised into these 3 main areas</p> <p>Outcome: the team are very pleased with Healthwatch Physical Disability forum. Christy will soon start reviewing physical disability services and wants to take them to the group for discussion</p>
Clinical Commissioning Group Co-commissioning of GPs	<ol style="list-style-type: none"> <li>1. Continuing to develop performance dashboard for Primary Care.</li> <li>2. Other discussion around general contractual issues not of particular relevance to patients</li> <li>3. Also specific discussion of circumstances in specific surgeries where significant problems and CCG response.</li> </ol>
Kent Health & Wellbeing Board Workplan	The next update on the workplan looks at dementia services. We advised the board that we did not have sufficient feedback on this issue to give a robust contribution.

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

Stakeholder	Update
East Kent Hospitals University Foundation Trust (EKHUFT)	We attended the Patient Experience Committee where we discussed work happening around end of life care, pain clinics and we discussed good practice on Dolphin Ward with young people. We also met with the Trust to share the intelligence we had received and follow up on outstanding actions.
Dartford & Gravesham NHS Trust (Darent Valley Hospital) (DVH)	We met with the Director of Nursing to discuss issues we have found with discharge and agreed to have an engagement healthcheck
Kent Community Health Foundation Trust (KCHFT)	We held our Regular relationship meeting with the Patient Experience Team Communication coming to us soon re Home First. This is a new national programme which is being pushed by NHSE and the STP as a bid to address Winter pressures and Discharge challenges Patients will be proactively sought out supported to be discharged Needs to be in place across Kent by Dec 1st KCHFT are key leads in this work.
Kent & Medway Partnership Trust (KMPT)	We attended the Health Overview & Scrutiny Committee where the Trust presented an update on their progress in reducing out of Kent placements.
South East Coast Ambulance Trust (SECamb)	Following the news that our ambulance service is in Special Measures, we have taken a proactive role in working with our South East Healthwatches to support the Trust as they move forward. We organised to meet with SECAMB and lead discussions around how all six Healthwatch will work with the Trust. We have nominated Healthwatch West Sussex as the lead for our discussions with SECAMB and we have been ensuring we are invited to the Single Oversight Group meetings with all other organisations involved in the improvement plan
Clinical Commissioning Groups (CCG)	We met with north Kent and Medway CCGs and shared intelligence on Medway Hospital, and new care models. We attended the Dartford, Gravesham & Swanley CCG Finance, Performance And Quality Committee where we discussed the transfer of services from KCHFT to Virgin, performance of Darent Valley Hospital, and new inspection regime for services for people with special educational needs. We attended the Ashford & Canterbury Comms & Engagement group where we offered to assist testing a new website for the CCGs. We got an update on Encompass, the Whitstable Vanguard, and raised concerns that the engagement strategy needs to be updated and agreed for an engagement

	healthcheck to be carried out. The CCG also told us about pressures in out of hours services. We met with West Kent CCG to undertake and engagement healthcheck
NHS England (NHSE)	We attended the Quality Surveillance Group and exchanged intelligence about providers.
Kent County Council Social Care (KCC)	We met with Graham Gibbens, Cabinet Member for Adult Social Care & Public Health, where we raised concerns about Deprivation of Liberty assessments and updated about our work on consultations and engagement. We attended a care home provider forum to get feedback on discharge from hospital in north kent.
Health & Wellbeing Boards (HWBB)	We attended the West Kent HWBB where we discussed how we could contribute to the assurance framework evidencing the outcomes of the board.

### 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 : 1,162 (1,144 in September)

Facebook 983 (986 in September)

Newsletter 866 (864 in September)

We launched our programme of Engagement Healthchecks to review and guide organisations to ensure they are meeting their obligations around engaging with the public and patients effectively. Maidstone & Tunbridge Wells NHS Trust were the first to take up the offer with many more booking in.

Our Physical Disability Forum launched this month with great success. Over 100 people wanted to attend and the strength of desire for the forum was felt by everyone in the room. Already services are wanting to come and talk with the Forum and hear the views of people with physical disabilities. In the meantime we are working to progress the logistics and governance of the group. They will meet again in December to progress some of these issues.

We work with lots of organisations and groups who are our 'Community Champions' that let us know about concerns in health and social care. We currently have 301 Community Champions across Kent, an increase of 5 on the previous month.

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.

Kent Physical Disability Forum	Maidstone	05/10/2016
Gypsy / Traveller Community Visit	Sevenoaks	07/10/2016
Kent Mental Health Festival	Folkestone	11/10/2016
NHS West Kent CCG, AGM	Maidstone	12/10/2016
Dover Community Hub	Dover	13/10/2016
Darent Valley Hospital - Information Stand	Dartford	19/10/2016
East European Family Liaison Group Meeting	Margate	20/10/2016
Maidstone Library	Maidstone	24/10/2016
Gypsy / Traveller Community Visit	Barnfield, Sevenoaks	31/10/2016

**We have had contact with 415 people this month via telephone, email and face to face Public Voice visits.**

### Volunteers

We have 76 volunteers currently active. 2 new volunteers were inducted and one was interviewed. We have held a review as part of the ongoing support offered to volunteers.

Several volunteer training sessions were provided. Presentations from Kent Integrated Care Alliance and Kent Community Hospital Foundation Trust’s research team as well as a review of the Sustainability and Transformation Plan (STP) was attended by 9 volunteers as well as staff.

Further training on the Health and Social Care landscape and Patient and Public Involvement was well received and attended by 8 and 9 volunteers respectively, some coming to both days.

Sixteen volunteers took part in their local area meetings discussing a range of issues and in West Kent they were joined by representatives from the CCG.

Information stands were held at QEQM and Darent Valley Hospitals where 5 volunteers spoke with patients about their experiences.

Around 15 volunteers were involved in talking to community groups like the school Family liaison group in Thanet, meeting with providers such as the hospital Trusts, sitting on Health and Wellbeing boards, assisting with Public Health’s Healthy Lifestyle programme and MTW’s Home First scheme. Others have been following up on previous Enter and View visits looking at patients experience of discharge from Darent Valley Hospital. We have had help contacting pharmacies as part of our project looking at the repeat prescription service, whilst others have been helping distribute our Carers Assessment surveys or providing behind the scenes administration assistance.

## **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. These visits were completed by the end of October and a draft report of the findings will be compiled and published by the end of November.

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 the end of October.

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. We had a project planning meeting on 12th September with the volunteer sponsors of the project. We were hoping to use National data compiled by all the Trusts using the VOICES survey, however, only one Trust completed this work and the other Trusts do not hold such data. Therefore, we are currently identifying community groups to visit to ask the public for their experience of end of life care and what they would wish for, when facing the end of their life.

The Mental Health out of County Bed project has now been completed and the report is awaiting publication. An action plan has been drafted to take forward the recommendations which will be shared with the provider of the service, Kent and Medway Partnership Trust. Healthwatch Kent will discuss the recommendations with the Trust and keep carers groups and other organisations up to date with the outcomes.

On the 5th October 2016, the first county wide Physical Disabilities forum took place at the John Gallagher Football Stadium in Maidstone. This was well attended by service users, commissioners and other organisations. Several people put their names forward to sit on the forum which has its initial planning meeting on 6th December 2016 at Lenham Community Centre. This meeting will decide the way forward for the forum, set terms of reference, attendees and frequency of meetings

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 draft framework for our volunteers to use to assess how PPGs are progressing.

Healthwatch Kent asked the Five Health Trusts and Kent County Council (KCC) to fill in a table showing how they are progressing against the Public Ombudsman for Health and Social Care 'Five step Plan to Complaints' which all organisations have signed up to. This report was drafted by 31st October 2016 and is awaiting feedback from Comms prior to publication.

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

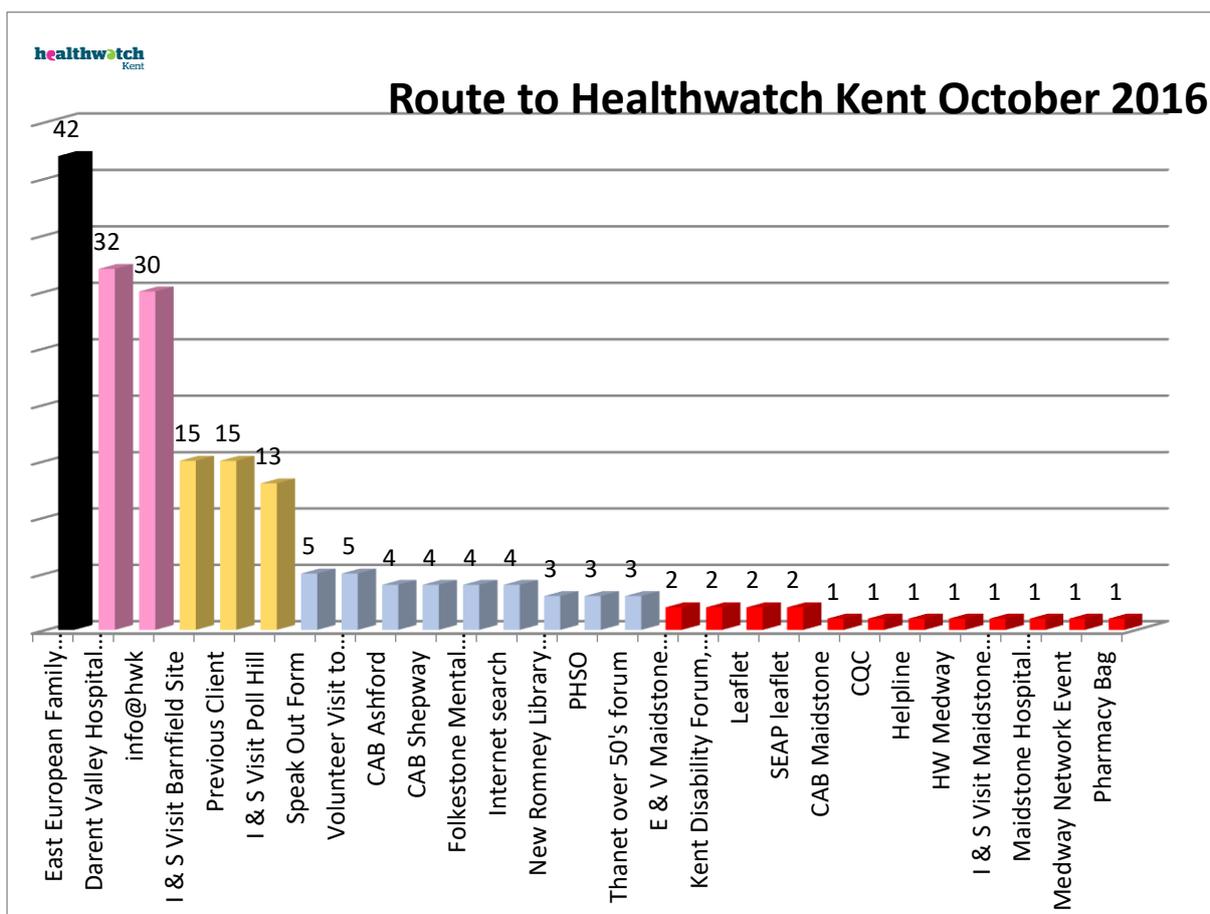
the public to complete, asking if they knew they were entitled to a carers assessment, if not would they like to find out more and if they have had an assessment, how useful has it been. The survey closes on 17th November and a report will be drafted for publication before Christmas.

Healthwatch Kent are currently talking to pharmacies on the South Kent Coast to find out how repeat prescriptions are being managed following the decision to stop automatic repeat prescriptions. We are in the process of planning how best to gain patient and pharmacy feedback on the changes.

## Section 5: Providing Information & Signposting

<p><b>Number of Contacts</b>  <b>This month:</b>  <b>415</b>  (includes Engagement contact types, beating last month's high of 356)</p> <p>Accumulative Year 4  To month end:  <b>2234</b>  Total accumulative:  <b>6241</b></p>	<p><b>Public Enquiries:</b>  Telephone: 23  E-Mail: 5</p> <p><b>Engagement contacts to Helpline:</b>  Telephone: 4  Email: 29  Forms: 119</p> <p><b>HWK General Contacts: 127</b></p>
<p><b>Public contacts response rates:</b></p>	<p><b>Telephone:</b>  Same Day: 17  1 day: 10  2 days:0  3 days+:0</p> <p><b>Email:</b>  <b>Same Day: 8</b>  1 day: 27  2 days: 2  3 days+: 0</p>
<p><b>Signpost and advise the public to assist navigate the health &amp; social care services in Kent.</b></p>	<p><b>Enquiry Themes (Multiple topics can arise per contact)</b>  A: Local Health/Social Care Services: 5  B: Rights/responsibilities: 7  C: Complaints: 15  D: Complaints Advocacy: 10</p>
<p><b>Provide a quality service that meets range of needs using a variety of formats.</b></p>	<p>1: Provision of contact info: 2  2: Research information: 5  3: Referral: 21</p> <p><b>Case Study:</b> Darent Valley Hospital</p> <p><b>Client feedback:</b> Out of <b>61</b> clients who were invited to comment <b>43</b> responded and were very satisfied with the service they received.</p>

<b>Provide A Quality Service Accessible to All:</b>	Route to the Helpline Year (Chart attached)
<b>Engagement:</b>	Your Comment Counts Forms: <b>119</b> Events Attended: <b>9</b> Total number of individual feedback contacts collated: <b>200</b> (Incl. Letters/Tel/Email/Feedback from External visits and Forms)
<b>First point of contact service activity:</b>	<b>HWK General</b> (volunteers/engagement/invitations/info-sharing by external organisations): Tel & Email: 127  <b>Admin</b> (internal signposting/info sharing) Tel & Email: 51



### **Client Stories:**

#### **Call back following a visit to Gypsy/Traveller Site, Dental services for children with anxiety**

Client's nephew is Asthmatic and very nervous of going to the dentist, he needs more time to relax before he can be treated as he becomes anxious and uncooperative. His dentist referred him to Guys but this was refused with no reason given.

Client wanted information on hospital dentist services for children. Healthwatch Kent rang Medway Community Healthcare re dental services at Sevenoaks hospital and was informed that they do treat children there and that client's nephew seemed to fit criteria.

They contact parents before appointment to fill in questionnaire as to what triggers the child's anxiety and also what helps calm the child. Patients need referral from their GP, rang client and gave her the above information Client was v. happy with the outcome.

#### **Access to G4s booking Service:**

Client rang the helpline he had tried unsuccessfully to access the booking for Patient Transport, he had an appointment the following day at the William Harvey Hospital.

Client is Italian and his knowledge of English is poor, he could not understand the directions given to access the service.

Healthwatch Kent called the Booking line and listened to the directions given then called the client back and gave him details of how to access the service by informing him press 2 after first set of instructions, press 1 after 2<sup>nd</sup> then when music starts he is in the queue.

Client was very happy with the information.

### **Section 6: Working with Healthwatch England and other local Healthwatch**

We attended the South East Healthwatch network and once again shared our Best Practice Guide to Consultations. This is now being used by our South East colleagues as the standard for their STP plans in their areas. Our Best Practice Guide to Pre-consultation and engagement will be launched next month.