



healthwatch

Healthwatch Bracknell Forest
Monitoring Report
October - December 2017



This report is about the work we have done from October 2017 to December 2017



This report is broken down into the key areas of service delivery and operations



This report identifies challenges faced



This report summarises work to date



This report provides details of the next steps

Contract and monitoring



- Change of commissioner(s) responsible for contract
- A recent court ruling regarding provision of local Healthwatch and VAT has raised issues about what is under the scope of registration. This is a potential issue for any service provided under a contract (not just Healthwatch) by the community and voluntary sector.



The lead commissioner left BFC at the end of last quarter and future monitoring and reporting lines are currently being established.



- To continue to provide BFC with a quarterly update which can be circulated and published.
- To work with commissioners, HMRC and NCVO to seek clarity on the VAT situation.

Project Support Board



- Capacity implications from reduction of funding for service and consortium / potential consortium organisations
- Loss of independent chair from local business (after 1 meeting) due to organisational re-structure and priorities within his employer's business



Board is now held every 2 months. New public board member is currently undergoing the necessary checks and training.



- Identified a new independent chair
- Identify local organisations to be invited to become part of the board

Website



- Healthwatch England are the providers of the website and they are planning a new site



Healthwatch England provides a basic website to local Healthwatch. It is currently a Drupal based site. They are planning a new site and are currently in a phase of user engagement relating to the way the new site's navigation system will work. This user feedback/engagement has been requested from visitors to our site as well as contacts.

1439 people visited our website. These people had 1,675 sessions and visited 3,073 pages. A survey we ran about GP appointment booking had the most visitors followed by the home page, a news story about NHS prescription charges, about us page, news, contact us, speak out and reports.

Google Analytics was able to record demographics of 58% of the people who visited our site in this period. 18-24 year olds had 5% of the sessions, 20% 25-34, 25% 35-44, 23% 45-54, 17% 55-64, 10% 65+. Males made up 29% of the visitors, 71% were female.



- Publish further website content
- Prepare for new website template/format

Information, Advice and Guidance



- Other organisation's providing similar advice diluting this role, which is a statutory duty of local Healthwatch
- Potential duplication in monitoring and reporting with carers



42 people were provided with specific information and signposting information via the website, email, social media and face to face 63 times (separate sessions/cases). Information and signposting information given in these cases included: How to get a social care needs assessment, how to make a complaint (health), enquiries about the changes in domiciliary care arrangements, social activities locally for people with learning disabilities and help to access Talking Therapies.

One referral was made to Adult Safeguarding Team and 3 to advocacy services in this quarter.

Informal signposting takes place constantly on social media groups linked to Bracknell Forest; staff post reliable sources of information for people to utilise when making health and social care choices (e.g. NHS choices website when choosing a GP to register with)

All cases of feedback, information, advice and signposting where an individual identifies themselves as a carer are recorded under the carers project (SIGNAL) but Healthwatch Bracknell Forest draws upon them as evidence and feedback to enable them to represent the public.

By the end of quarter two, 1323 people were signed up to receive mailings of health and social care information which have gone back to regular mailouts every 2 weeks unless emergency information, such as Cold Weather alerts, need distribution.

There has been a decrease in information and signposting and we believe that this is due to some activity being 'counted' by SIGNAL and cross over/duplication by other services.



- Identify further community locations to distribute materials and replace old posters and leaflets as made aware of them and emphasise IAG element of service

Community Engagement



- Dual promotion (as agreed with commissioners) has led, in some cases, to perception from public and stakeholders that Healthwatch is not being promoted
- Lack of new opportunities to promote projects; attendance at similar events leading to engagement with the same audience and a risk of emphasis on the views of these members of the public.



The recruitment process for another Community Engagement worker was completed and, after references were taken up and DBS checks completed, the new member of staff started at the end of November.

4 community events were attended in this quarter.

Mobile Information Vehicle - We have successfully applied for and been granted our Restricted Heavy Goods Vehicle Operators licence and during this quarter have attended an all-day training seminar to enable us to meet all the requirements of the licence. We now have 2 volunteer drivers and 3 members of staff who can drive the vehicle. This will allow us to provide access to the service across the borough

Unfortunately, while charging overnight at our Ascot building someone attempted to break-in to the vehicle. The bus is currently being repaired but this has meant it has missed its first two engagements.



- Continue to identify locations that can accommodate the Mobile Information Vehicle. Develop a regular schedule that can be published on the website and promoted.
- Explore possibility of providing a drop in service at local libraries.

Social Media



- Unable to comment on local community groups as Healthwatch



Twitter

During the reporting period of we tweeted 44 times. People saw these tweets 9,000 times. We also retweeted 6 messages by others, which related to flu campaigns, cold weather alerts and CCG events.

The most popular (popular being the tweets viewed or interacted with the most) were about trialling a new frailty questionnaire at Frimley Park, Carers Rights Day, BBC Berkshire radio broadcast, local parks and countryside information, survey about our website and draft pharmaceutical needs assessment reports.

At the end of December 2017 we had 1,748 followers, an increase since the last reporting period of 47. 35% of these are male 65% are female, which is basically the same as last time. 7% of our followers are aged 13-17, 11% 18-24, 20% 25-34, 24% 35-44, 20% 45-54 and 8% are 55+.

Facebook

During the reporting period we posted and shared 97 messages to Facebook. People saw these messages 7,000 times.

The most popular were a Shelter report on homelessness, our monitoring report, selfcare week, Age Concern day centre, carers rights day, local parks and countryside information, CQC area review and the community network.

At the end of December 2017 we had 223 likes on Facebook an increase of 14. 74% of our fans are women, 24% are men. 3% are aged 18-24, 15% are aged 25-34, 28% are aged 35-44, 30% are aged 45-54, 12% are aged 55-64, 110% are aged 65+; all figures very similar to the last period.

There are numerous community groups on Facebook (e.g. We Love Bracknell, People Help The People) which we are members of individually (a page cannot be) and we take part in discussions on health & social care issues and signpost people to trusted sources of information such as NHS choices. We also signpost people to the Healthwatch page.



- To build relationships with administrators of online community groups so they will post information on our behalf rather than staff doing so on their personal accounts

Volunteers



- Due to Safeguarding policies, volunteers from the start of the service are due to undergo a further DBS and refresher training in Adult Safeguarding



During the quarter 4 volunteers left the service and 3 were recruited and are in the process of checking and training.

Volunteer opportunities are promoted at all community engagement events and on the Do-It-All website.



- To ensure all existing volunteers complete renewal of Enhanced DBS and refresher Safeguarding training within the 3 year period (best practice)
- To recruit new volunteers.

Enter and View



- Capacity of time and resource (including volunteers)

We have been involved in the planning of a pan-Berkshire Enter & View programme of Prospect Park which took place, over a week (including evenings and the weekend), in October.

Our main contribution included: design of pre-visit publicity materials, planning, leading some of the visit teams, debrief and raising immediate concerns.

The full report will be available in Quarter 4 but the main findings were:

- 81% of people said they felt hospital staff treated them with dignity and respect
- 80% of people said they had not been given a date for their discharge from hospital
- 75% of people said they took part in activities at the hospital
- 69% of people said they had been told about their right to have an independent mental health advocate
- 67% of people said they had been in contact with a community service before coming into hospital
- 62% of people said they had not had their care and treatment plan explained to them in hospital
- Staff attitude, care or friendliness was the most common response from patients asked to identify one good thing about the hospital, followed by getting treatment they needed, feeling safe,

support from other patients, the environment, the hospital's location and the care on Rose Ward

- More staff was the improvement most suggested by patients followed by different treatment, more escorted trips, environment changes, nearby smoking area, better food, more information and peer support

Healthwatch has also been working closely with Heath Hill Surgery following on from work in the previous quarters; attending meetings and advising on patient communication.

Healthwatch also met with and provided information and evidence to the CQC as Bracknell Forest was subject to a Local Area Review.



- Continue to recruit volunteers and provide Enter & View training
- Plan Enter & View schedule based on patient feedback

Representing patients & public



- Risk of engaging and obtaining feedback from the same members of the public multiple times (see community engagement)



128 pieces of individual feedback/evidence have been collected this quarter. In addition to this feedback on services has been obtained from community groups that form part of the project support board, SIGNAL carers support service and attendance at community and voluntary sector events.

Main issues identified: Access to GP surgeries (making an appointment at a suitable time, accessing surgery by telephone to make an appointment), Mental health services (issues with crisis team and also lack of rehabilitation services), concern from parents about the diagnostic of Autistic Spectrum Condition (the waiting list is long) and the impact on children's education and discharge from hospital.

In response to the amount of feedback we were receiving about access to GP surgeries, particularly about one surgery, we ran a small survey on the website for 10 days. We received 178 responses in this time. This highlighted repeated issues with at least 4 local surgeries. The raw anonymised data has been sent to the CCG Quality team to be encompassed in a wider 'soft' intelligence report they are compiling and surgery specific data has been sent to the 5 surgeries who have requested it. We have also decided to publish the results as a small report which will be available in Quarter 4.

We have been working and meeting with the Community Mental Health Team to re-launch the Mental Health Forum (CMHT). 2 planning meetings have been held with patients and carers in addition to these. CMHT will cover the costs of the room hire and lunch but Healthwatch staff will organise, chair and administer the forum. Anonymised feedback from the forum will be passed to CMHT and other providers of services and also become a place where information can be shared by professionals with patients/carers. The first meeting will be held in January.

A survey on access to primary care and physical health services was undertaken with the patients of Broadmoor hospital but, due to the security constraints, this has proven difficult.

This feedback and knowledge of regional issues has informed Healthwatch BF representation of patients and the public at meetings attended.

32 such meetings have been attended in this quarter. These include Primary Care Operational Group (CCG), Communications Toolkit Development (CCG), Adult Safeguarding Board and working groups, GP Council (CCG), Patient Involvement Group (Frimley Health), Health & Wellbeing Board (BFC), Mental Health Partnership Board (CMHT), Patient Experience Group (Broadmoor), CQC (including local area review briefings with BFC), and Bracknell Forest Help Yourself Online Reference Group.

As well as the Prospect Park planning meetings held with other Berkshire Healthwatch services in the quarter, we have also attended 2 Thames Valley Healthwatch events which gives the local Healthwatch network a chance to share best practice and local intelligence and also meet with Healthwatch England staff.

Due to the co-commissioning arrangement this amount of meetings is possible as the resource burden is shared, (Often representing both local Healthwatch services or Healthwatch and SIGNAL) This has been a concept that others have not always been able to grasp. It is essential that clerks and minute takers, as requested, correctly record what service(s) staff are representing at meetings as sometimes being incorrectly minuted.

Representing 2 East Berkshire Healthwatch services means we are often asked to represent or lead on East Berkshire strands of work. In some meetings, such as Quality and Constitutional Standards, we are a quorate member. We share information with Slough and, where relevant, other local Healthwatch services to allow this. This arrangement is reciprocated, for example Healthwatch Slough are leading on a piece of work with South Central Ambulance Service.

In addition to these meetings and community engagement events we have also attended 5 meetings to develop working relationships e.g. with elected members, GPs and Heads of service (BFC).

We are also involved with the communication work stream around people with learning disabilities with Berkshire Healthcare Foundation following their CQC inspection.

We were asked to join Frimley Health Foundation Trust Frailty network and have spent a day trialling their in-house patient questionnaire on hospital wards and then provided feedback leading to changes in the design. We have been asked to attend a future National Frailty Network meeting to present on patient experience.

Project Support Board members also attend meetings where they represent people's views such as the Learning Disability Partnership Board (Mencap)



- To continue to work with the CCG about communication, engagement and involvement of the public about all the upcoming changes (merger into East Berkshire CCG for example)
- To hold 2 public meetings, open to all in the borough, with key personnel from the Accountable Care System, Sustainability and Transformation Programme and Clinical Commissioning Group to inform the community of the changes in health and social care and give the public opportunities to ask questions
- To collect more feedback, and from more diverse sources, to better inform representation
- To ensure in the minutes of meetings that the correct service(s) being represented are recorded

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