



To: Healthwatch Surrey Board

From: Kate Scribbins, CEO and Matthew Parris, Deputy CEO

Date: July 2017

CEO's report July 2017

1. Internal

This quarter has seen a significant increase in planning and activity on our project work now that we have a Projects Officer in post; publication of two major reports; lots of ongoing engagement with the public (we are exceeding targets for numbers of experiences gathered); the implementation of new ways of working following our operational review; and implementation of our new communications strategy. In particular:

- Our Helpdesk is up and running at CA Woking and we have run an awareness campaign around this.
- We have been working closely with LHM Media to implement the new Informatics System to store and analyse and report on our evidence.
- We have developed a new website and launched this on 29th June slightly ahead of target date of July 1st.
- We have launched our awareness-raising work including an a campaign on Eagle radio.
- Natasha Ward joined the team as our new Projects Officer and has carried out a review of our project plans as well as consulting with a range of stakeholders.
- We published our Annual Report.
- We have developed new strategies for our work with the voluntary, community and faith sector, in communications and awareness raising and are developing strategies for our work in participating in external meetings and for our new business.
- We have agreed KPIs for all aspects of our 2017/18 work plan.
- All staff and Board getting up to date with a range of training.

2. Progress on our thematic priorities

- We have reviewed the way we set our thematic priorities and refreshed our influencing plan for 2017/18. A separate paper on the influencing plan is attached. Key decision makers have been consulted on our plans. Links have been made with potential VCFS collaborators.

Early intervention in mental health

Following concern over the future of the Safe Haven service for out-of-hours mental health support, we spoke to Safe Haven users about their experiences of the support they receive. Following from our report, 'Keeping the Light on', four Safe Havens have been recommissioned and a number of changes have been adopted by providers in response to service user feedback.

Over the last quarter we have heard frequently from people experiencing mental ill-health about issues with discharge from inpatient services, and accident and emergency, particularly around poorly communicated and inconsistently delivered follow-up care. As a result we are in the process of planning a main project to find out more about the experiences of discharge from services by individuals experiencing mental health issues, with the aim of producing a report with recommendations that can be adopted by providers.

We have also received a number of complaints about Mindsight CAMHS, particularly to do with long waiting times following referral. We are in discussions with commissioners of CYP services to understand how we can best focus our resources to try to address this issue.

We are in the process of finalising the findings of our work with Magna Carta school where we engaged with almost 200 students over the course of a week to find out more about their concerns with health and wellbeing. Findings have been shared at the highest level at the Children and Young Peoples Partnership Board where there was particular interest in the role of parents when young people share concern, and whether we do enough to equip parents to have these conversations.

Amplifying the voice of people living in care homes

Following responses to the 'My Way, Every Day' report, we have produced an impact report showing a selection of outcomes, including a care home closure by the CQC, and provider uptake of recommendations to ensure meaningful activities are run frequently and flexibly. We presented the findings to Surrey Care Association network forum.

We are committed to continue giving care home residents a voice to influence the care they receive, and as such seek to conduct a second programme of Enter and View visits into local homes. Much research emphasises the importance of person-centred care in maximising wellbeing for older people in residential settings. As dehydration and malnutrition have been identified as key risk factors for deterioration of wellbeing for the elderly, we intend to use mealtimes as a focus for our next Enter and View visits, alongside the broader scope of assessing person-centred care. We intend to produce a report with recommendations based on our findings.

Hospital discharge

In June we published the Hospital Discharge Survey, a collaborative project between local Healthwatch served by Frimley Health NHS Foundation Trust to find out more about people's experiences of being discharged from hospital. The full report is now available on our website and we are awaiting formal comment from Frimley Health.

We continue to receive comments about poor experiences of discharge, particularly poor coordination of follow-up care and lack of communication relating to the discharge process. We are currently collaborating with the Epsom @Home service, who provide integrated care for over 65s with multiple conditions, to find out what service users think about this new integrated way of approaching hospital discharge. We are also planning to undertake a smaller project to find out what

discharge leads, patients and families would like to know in order to plan a safer discharge. We aim to collate this information into a checklist that can be used by patients and ward staff.

Accessing GP services

The 'My GP Journey' report has now been published, focusing on the experiences of seldom heard groups, including people with physical disability and those with communication difficulties. Many responses revealed difficulty booking appointments, especially for groups where communication is an issue. We also found a low uptake of online booking services.

As a result of what we've heard so far about GP services, we plan to collaborate with the Good Things Foundation charity for their 2017 'Get Online' week. We will be asking our Healthwatch Surrey volunteers to visit GP surgeries to promote online GP services and gather people's experiences of using these services, and the barriers to online access. We also seek to undertake a smaller project to scope out the appetite from GP surgeries for more information regarding conditions that affect communication, such as dementia and aphasia.

3. Engagement, evidence and insight

Evidence & Insight

- We are increasing the return on investment in 'Listening Events' and our partnership with Citizens Advice, with increasing amounts of evidence being gathered.
- Volunteers that make up the Surrey Heath Team participated in a Listening Event at Camberley Mall (we are developing training for volunteers by our Engagement Officer to ensure experiences are gathered with sufficient detail to enable us to share and influence as a result).
- New informatics system is operational. We are now exploring ways in which we introduce a bigger and wider audience to our data through the new reporting functionality.
- Work is continuing with LHM to ensure product changes, required by the SLA, are implemented in time.
- We carried out a review of our Enter and View panel and renamed it Escalations panel to more accurately reflect its role in escalating experiences in a range of ways to ensure maximum impact.
- We were invited to host a HWE Conference session at which we shared the pioneering work of our Escalations Panel which is delivering outcomes for local people, some quotes from participants included "such a good session, so much to take away" and "there's a lot we can learn from what you've done".

Engagement

- Our outreach activity has increased awareness of Healthwatch Surrey amongst people accessing Sexual Health services and led to us championing the voice of these users in relation to an important service change. We have written two letters to commissioners asking question around engagement and what plans are in place to mitigate concerns.

- Reactive engagement events have commenced. Of the two completed so far, one has substantiated emerging themes identified by the Escalations Panel. NHS England have put in place an action plan with a GP service in response to the information we shared.
- We participated in a new pilot method of CQC inspection which involved Healthwatch Surrey facilitation of focus groups with children, young people and adults in mental health hospitals and rehabilitation services. The report will be published later this month and a review of the pilot will follow. Our participation was critical in ensuring the participation of some of the people using the service.
- The Community Cash Fund is now open for applications
- Held Complaints Managers Forum, leading to a day of tweets about the ‘pledges’ made by Complaints Managers about why complaints are important
- Issued statement to Children’s Rights Department of Surrey County Council to raise awareness about issues, particularly with access to Child and Adolescent Mental Health Services

4. Escalations

13 particularly concerning experiences were escalated promptly to the Care Quality Commission (2), Adult Social Care Quality Group (2), CCGs (7) and Providers (2).

5. Working with others

- We have continued to meet on a regular basis with all the CCGs in our patch and shared overall themes and cases of particular concern. The CCG leads met to review how effective we are in obtaining outcomes from these meetings and learnings have been applied.
- We met with CQC to share what we’ve heard and have worked with them on a pilot form of engagement (see above).
- We have continued to attend the Joint Strategic Needs Assessment Strategic Review and have helped develop proposals for the Health and Wellbeing Board on how JSNA evidence can be used to set priorities.
- SECAMB: We provided data to West Sussex who lead for the local Healthwatch in relationships with SECAMB and who sit on the Oversight Board. CEO attended a SECAMB member event in Box Hill and made contact with lay governors (to be followed up in Q2).
- We have continued to work closely with Kent Surrey and Sussex Academic Health Sciences Network to help recruit 6 Patient Leaders who will help the Network with its work around safer discharge as part of the Surrey Heartlands STP. Patient Leaders is about recruiting and supporting local people in roles with direct participation in improvement and innovation programmes and is something we are keen to see spread more widely in order to involve local people in shaping services. Two Patient Leaders have been supported to participate on improvement programmes; one has already secured important outcomes for local people by steering the programme toward more patient-centred objectives.

- We have worked with Surrey Heartlands STP to produce a similar model for citizen representation within the work streams, and hope to be involved in supporting this on an ongoing basis.
- We have worked with the voluntary sector in Surrey to argue for increased representation of the voluntary, community and faith sector (VCFS) on the Health and Wellbeing Board. The decision was taken at the Health and Wellbeing Board on July 7th to give the VCFS a seat on the Board and Surrey Community Action will fulfil this role.
- We produced a two-page summary of “What is Healthwatch Surrey” to be used for the induction programme for all new councillors. We are planning, with the support our Commissioners at SCC, to hold an event for new councillors in the autumn.
- Quarterly meetings have been held with CAB Managers and SDPP. SDPP’s NHS Advocates have attended a HWSy team meeting to build mutual understanding of each other’s work.
- Through our membership of the Safeguarding Adults Board we have contributed a report to, and taken part in, a Hospital Discharge Scrutiny Panel. The findings and recommendations of the panel will be reported to the main Safeguarding Surrey Adults Board.

Who we met with in Q1

- All CCGs
- CQC
- CEO and Chair of Royal Surrey Hospital
- David Munro Police and Crime Commissioner for Surrey
- SCC Childrens’ Rights Dept
- New National Director of Healthwatch England, Imelda Redmond – CEO took part in network meeting of SE HW to help develop HWE strategy.
- Kate Sawdy new CEO of Surrey Heath Citizens Advice
- Epsom Health and Care
- North West Surrey CCG PCCC and Quality Committee
- Surrey Heartlands Primary Care steering group
- Claire Fuller and Charlotte Canliff
- Surrey County Council Partner Update – SCC commissioners; Helen Atkinson, Kathryn Piper, Jane Bremner, Rebecca Brooker
- Surrey County Council Partner Update – VCFS CEOs; Jamie Gault, Carol Pearson, Sue Zirps
- Mental Health Commissioners; Diane Woods and Janine Sanderson
- Care Home Managers at the Surrey Care Association Network Meeting
- Care Homes Commissioner, SCC: Jennifer Henderson
- Head of Quality Assurance for Adult Social Care, SCC: Julian Temblett-Wood
- Family VOICE VCFS Network Meeting: gaining introductions to Community Groups supporting children and families with additional needs who are interested in working with us on the Community Cash Fund and supporting our outreach work
- Officer of the new Adults & Health Scrutiny Committee; Andrew Spragg
- Took part in informal lunch as part of recruitment process for new Joint Accountable Officer for Surrey Heartlands STP
- Quality Surveillance Group

6. Communications

Web Activity

The number of individuals visiting the website slightly dipped in Quarter 1, however, the increasing 'page views per visit' shows that people are spending longer on the site and engaging with more content.

The most major spikes of activity this quarter are likely to relate to

Web Analytics	Q1	Q2	Q3	Q4	Q1
Page views	5,966	6,871	8,504	8,427	7,379
Visitors	2,792	3,278	3,068	3,315	2,581
Unique visitors	1,938	2,181	1,903	2,144	1,688
Page views p/visit	2.14	2.10	2.77	2.54	2.86
Bounce Rate	54.69 %	49.51 %	41.75 %	46.49 %	47.15 %
New Visitors	1,797	2,025	1,731	1,959	1,505

Q: What is 'Bounce Rate'?

A: The 'Bounce Rate' is the number of single page sessions on the site divided by all sessions. Single page sessions are when a visitor views one page before closing the browser or clicking away to another site.

the launch of the Annual Report, 'My GP Journey' report, 'My way, every day' impact report, and BBC Surrey coverage of our work with Safe Haven users.

E-Bulletins

Over the quarter, three e-bulletins were distributed to now more than 710 stakeholders and members of the public. Around 30% of subscribers open the e-bulletin each month.

Social Media (Facebook, Twitter, Streetlife)

The total number of Twitter followers has slightly increased this quarter. Our activity on Facebook continues to grow. Over the quarter, 69 posts have yielded 364 likes. This has also resulted in a 7% increase in the number of organisational likes (from 222 to 237).

Twitter Characteristics	Q1	Q2	Q3	Q4	Q1
Followers	2100	2163	2165	2197	2248
Following	1048	1082	1115	1128	1154
Total Tweets	3481	3744	3901	3981	4273
Impressions	27.7 K	49K	30K	18K	23.9 K

Media

- This quarter, purdah (the pre-election period), which ran from 22nd March till 8th June limited our ability to undertake media activity.
- However, we did issue 5 press releases or responses in relation to the West Surrey Stroke consultation, Surrey Heartlands Devolution announcement, publication of our 'My Way Every Day' Impact Report, 'My GP Journey' report, and our nomination for a Healthwatch England national award.
- These led to 3 radio interviews and 5 articles in local press (as far as we are aware).

Raising Awareness

May saw the first meeting of the Comms Sub-group of staff and volunteers coming together to discuss awareness-raising strategy and messaging ahead of our Eagle radio campaign. Together with

other intelligence, this group has helped shape the development of the Awareness-raising Strategy which will come to the board in July.

There has also been a lot of work in conjunction with LHM to plan and develop the structure and content of our new website ahead of Healthwatch Awareness Month and the launch of the eagle campaign. The new site launched on 29th June, and has so far been met with very positive feedback.

The Comms team has also been preparing for the launch of the Eagle Radio campaign at the start of July, including the content for the radio advert, web banners and 30-second video, shooting the video plus finalising and launching the campaign.

We have been busy putting together our Annual Report 2016/17 and successfully met the publication deadline of Friday 30th June. The report summarises our statutory activities over the last year, and focussed on the impact that Healthwatch has had through bringing together and championing the experiences of local people. The report has been shared with stakeholders and is being presented to the Health and Wellbeing Board on 6th July.

Communications Strategy update

April/May – New Helpdesk

Due to purdah restrictions, we decided to take the opportunity to raise awareness of our new partnership with Citizens Advice Woking who as of April, now run our telephone information and advice helpdesk. This also instigated the production of new leaflets about our Information, Advice and Advocacy services which will be available in early July 2017, to coincide with our awareness campaign.



June – Care Homes/GPs

With purdah over, June was an incredibly busy month for our communications team, with both the publication of our 'My Way, Every Day' impact report and 'My GP Journey' report and videos. Both reports were covered by local news media.

Upcoming campaigns:

July – Healthwatch Awareness Month & national HW campaign #Itstartswithyou

August – GP Access

September – Hospital Discharge.

7. Volunteering

This quarter our volunteers have recorded 413 hours (against a target of 1200 for the year).

Activities included within these hours:

Activities	No. of volunteers	Hours
PLACE Assessments	5	39
CCG Meetings	4	13.5
Engagement	5	15
Training	9	25
Patient Leaders	4	99.5
Surrey Heath Volunteer Group	5	68
Attending other meetings on behalf of HWSY	6	22
Escalation Panel	1	7

We have had 16 active volunteers during Q1, including 2 new volunteers. We also have received an expression of interest from two further volunteers who we will meet with in Q2.

We have 13 other registered volunteers who have not taken part in any activities during Q1.

Highlights during Q1:

Volunteer Strategy: this was finalised and agreed by the Healthwatch Surrey Board.

Surrey Heath Volunteer Group:

In line with the Volunteer Strategy a Healthwatch Surrey Volunteer group has now been developed in Surrey Heath. There are so far 5 members and they have been holding regular meetings to decide on group priorities and helping with implementing Terms of Reference. Following training they have so far attended an engagement event in Camberley Mall where they had 33 interaction and recorded 58 experiences. Following this engagement work we will be carrying out a feedback workshop in Q2 with them so we can use their experiences to help us mould volunteer engagement training in the future. They have also attended CCG meeting and have diarised other local CCG events.

Escalation Panel:

One of our volunteer has been recruited to sit on Healthwatch Surrey's Escalation Panel. The purpose of this role is to be a part of the Enter & View panel to decide on actions to take in regards to service providers with above average negative sentiment as well as individual cases of concern.

Feedback received about this volunteer: "Maria has the knowledge and a perspective that is going to be really valuable in making effective decisions about what to do about the stories we hear. On a couple of occasions yesterday I felt she steered us toward better decisions and I'm really grateful for

her contribution. But beyond that, and as importantly, I got an impression that she would be able to work with us to shape how the panel maximises its effectiveness – and ultimately impact on how local services are experienced”.

Epsom Health and Care @home:

During Q1 we successfully recruited and trained 7 volunteers for the Epsom Health and Care @home project. The volunteer will be carrying out interviews in pairs to the patients and careers to giving the patients and their career the opportunity to independently feedback on the Epsom Health and Care '@home which will be fed into a formal evaluation of the service and help shape and improve it for other patients in the future.

PLACE Assessments:

During Q1 we supported 2 acute trusts and 4 community hospitals in carrying out PLACE Assessments. The assessments give patients and the public a voice that can be heard in any discussion about local standards of care, in the drive to give people more influence over the way their local health and care services are run.

April 2013 saw the introduction of PLACE, which is the new system for assessing the quality of the patient environment, replacing the old Patient Environment Action Team (PEAT) inspections. The assessments apply to hospitals, hospices and day treatment centres providing NHS funded care. The assessments involve local people going into hospitals as part of teams to assess how the environment supports patient’s privacy and dignity, food, cleanliness and general building maintenance. It focuses entirely on the care environment and does not cover clinical care provision or how well staff are doing their job.

The assessments take place every year, and the results are reported publicly to help drive improvements in the care environment. The results show how hospitals are performing nationally and locally.

8. New business

- We have submitted proposed costings for two pieces of work around citizen representatives for the Heartlands STP and to promote public engagement in a Public Health initiative around data sharing. We are awaiting responses to these.
- We have had a conversation with one hospital department about assisting with the engagement aspect of an accreditation programme.
- We approached the team responsible for re-procuring NHS 111 to offer assistance with their engagement.
- We approached North West Surrey CCG with a proposal around building capacity of their PPGs.
- We are sowing the seed of the idea that HWSy can be commissioned for engagement work at all regular meetings with CCGs.

9. Finance

A statement of the Healthwatch Surrey CIC financial position this quarter is detailed below:

External/SCC Reporting

	Full Year	Budget to	Actual to	Variance By	Balance
	Budget	Jun-07	Jun-17	Jun-17	to March
					2018
Staffing Costs	£314,679	£78,669.75	£64,852	£13,817	£249,827
Direct Delivery Costs	£95,447	£23,861.75	£8,656	£15,205	£86,791
CIC Costs	£10,000	£2,500.00	£3,810	-£1,310	£6,190
Citizens Advice Bureau	£46,470	£11,617.50	£11,618	£0	£34,853
SDDP	£97,160	£24,290.00	£21,174	£3,116	£75,986
SILC	£37,545	£9,386.25	£9,386	£0	£28,159
	£601,301	£150,325.25	£119,497	£30,829	£481,804