

Healthwatch Tower Hamlets

Impact Report March 2017



Recommendations, feedback and impact March 2017

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GP Access Report

Recommendation	Feedback and Impact
<ol style="list-style-type: none"> 1. Best practice from doctor based phone triage systems should be shared across practices and similar systems adopted where possible. 2. Consider the opportunity that phone consultations could provide to further develop patient knowledge of the urgent care system and where to access reliable health advice and support. 3. Increase the level of information and links to reliable external sources on GP Practice websites to enable patients to self-manage with greater confidence. 4. Use the opportunity of people waiting on hold for extended periods to provide information on common symptoms and appropriate patient action. 5. Put systems in place to better enable working patients, the seriously unwell or vulnerable to access practices appropriately. It cannot be a one size fits all system. 6. Increase the use of online technology for appointments, prescriptions, referrals and the sharing of medical records. 	<p>Draft report was presented to the by HWTH Chief Exec. Well received and they suggested that they work with the GP Care Group to respond to the recommendations.</p> <p>Recommendations were presented to the Local Medical Council and the Primary Care Committee in January.</p> <p>A workshop took place with Healthwatch and the GP Care Group on 7 March to develop a joint response to the recommendations. This will be incorporated into the final report before it is published.</p> <p>Presented to Health Scrutiny Panel 14 March who will use it to inform their review of access.</p> <p>Report to be completed with outcomes of the recommendations and follow up by the end of March.</p>

Recommendation	Feedback and Impact
<ol style="list-style-type: none"> 7. Continue and expand the hub system of referring patients to other network practices on the basis that partner GP Practices have access to patient records. 8. Expand and promote pharmacy services providing reassurance to patients of the qualifications, confidentiality and the professional approach of pharmacy consultations. 9. Healthwatch Tower Hamlets to work with local residents to campaign at a local, regional and national level to increase resources allocated to supporting Tower Hamlets GP services. 10. GP Networks to seek patient agreement to use their mobile numbers for non-medical texts. 	

Young people's ideas for a youth mental health campaign in Tower Hamlets

Recommendation	Feedback and Impact
<ol style="list-style-type: none"> 1 Work with educational establishments across the borough to promote campaign resource materials to every young person aged 11-18. Not enough young people are aware of the campaign and the young people involved in this evaluation would likely not have been exposed to the campaign resources had LiC peer researchers not approached them 2 Create content tailored to different age groups, be aware that young males are less likely to be receptive to content that is heavily text based 3 Create an app from which all campaign content can be accessed from by young people, as many of the young people that took part in this evaluation did so by sharing links to the website via WhatsApp messenger and YouTube for the film. Many young people did not want to carry the pack around with them 4 Rebuild momentum for the campaign, train young people to become mental health champions with targets to promote campaign resources to peers 5 Use campaign resources in a workshop format in schools / colleges, to encourage more in depth discussions on mental health as well as provide a platform for live question and answers for young people 6 Gather more feedback from young people regarding next steps. The current campaign resources provide a broad overview on a number of mental health issues, new content should focus on specific issues as directed by young people 	<p>The recommendations were considered by the CCG/ELFT in the development of a mental health programme for young people in the Borough and the development of the Children and Young Peoples Mental Health Transformation Plan.</p> <p>The young volunteers who will be on work placement with Healthwatch over the next six months will look at how we progress the ideas from a peer led perspective.</p> <p>Plan to meet with the CCG to review impact as part of the annual reporting process.</p>

Mental Health Liaison Team, A&E Royal London (RAID) (Mental Health) NHS East London Foundation Trust (EFLT)

Recommendation	Feedback and Impact
<ol style="list-style-type: none"> 1. We strongly urge Barts to change the positioning of the two monitors recording the Raid Assessment Room- they should be placed on the front desks facing backward and not on the back desks facing forward. This concern needs to be highlighted by ELFT to Barts. If this cannot be resolved, we would advise RAID service managers to inform Healthwatch. Healthwatch would be happy to raise this issue with Barts senior management. 2. Representatives feel that the ‘Tower Hamlet Crisis Line’ should be a separately funded service with dedicated staff members to man the phones, essentially this will possibly help to reduce waiting times at A&E; there will be more focussed support to help people over the phone in a crisis and staff won’t have to feel that they juggling two roles and need to prioritise patients that need their support. We feel the Crisis Line can play a vital role in helping people to deal with their crisis and should be promoted more widely as a separate service, both patients we spoke with mentioned that if they had opportunities to speak to someone maybe this would have helped them deal with their situation in a different way. 3. We would recommend that all Barts frontline staff working at A&E should be trained in Mental Health First Aid, this will ensure that patients arriving at A&E for mental health support will get a better experience as the frontline staff will be trained to support them with the right attitude. 4. We would strongly suggest that the ‘Assistant Liaison Practitioner’ post becomes a permanent post; we feel this is a vital link whilst patients are waiting in A&E to be seen by the RAID staff. Also, we feel the working hours of this post should be determined by busy times for the service e.g. weekends and evenings. 5. Representative would suggest that ELFT promote the A&E and Crisis line element of the service more widely in the community as not many people are aware of this service. 6. Improve the waiting area experience of patients at A&E e.g. better information sharing to patients, create a more conducive environment, and educate Barts staff on how their behaviour can affect people in a mental health crisis. 	<ol style="list-style-type: none"> 1. Healthwatch contacted Barts and they have changed the positions of monitors. 2. Tower Hamlets Crisis Line: The RAID staff continue to manage the 24 hour crisis line until such time an alternative, suitable arrangement is considered. Follow up with the commissioners needed. 3. Barts frontline staff training: This would be for Barts to respond to. The RAID service provides mental health training to Barts staff. 4. Assistant Liaison Practitioner role: This post was funded using the resilience money from last year. A proposal to the CCG to extend the funding was not granted, unfortunately. 5. Promoting the A/E crisis line service: As soon as the details of the funding are agreed ELFT can certainly take this forward. The RAID patient/carer leaflet does list the Tower Hamlets crisis line number as one of the options of support available to people in a crisis and these are made available to all patients who present to the service. 6. No response as yet from Barts.

Follow up visit to RAID service at A&E

Recommendations following Enter and View 26/07/2016	Updated response at review visit on 27/03/2017
Long waiting times for patients in A/E	<ul style="list-style-type: none"> • There are 2 new, sound proof cubicles being built which were shown to Iain and Claudette which will be used for A/E staff to complete the 1st initial assessment of the person presenting to A/E after being clerked in. This assessment will include directing the person to the most appropriate part of A/E based on the seriousness of their complaint ie mental health or physical health • There is a 15 minute target being introduced in A/E where patients will be required to be seen for the initial assessment.
A/E waiting area not conducive for people in a mental health crisis	<ul style="list-style-type: none"> • The RAID/Mental Health Liaison service room in A/E (P1) has secured funding to have a hope wall painted on the wall which will include messages of hope for those waiting to be seen and will make the room more conducive to people in crisis. • The A/E department are in the process of building two new soundproof cubicles which were viewed by Iain and Claudette. This will work alongside the 15 minute target time for an initial assessment where people will be triaged to the most appropriate area of A/E ie. RAID/Mental health, for further assessment. This should reduce waiting times. • Nina (A/E Matron) and Melanie (RAID Manager) are discussing a business proposal for funding for a band 5 RMN to work in A/E supporting people in crisis whilst they wait for an assessment.
Crisis line is not funded as a separate dedicated service which takes RAID staff away from seeing patients promptly	<ul style="list-style-type: none"> • The CCG are currently agreeing how the crisis line provision will fit into the bigger picture in light of the 5 year forward view for mental health • The RAID/Mental Health Liaison service will continue to take crisis calls in the interim
The monitor in A/E is in a position where patients can be seen in various stages of undress when being examined by anyone who walks past	<ul style="list-style-type: none"> • This has been moved and Iain and Claudette were able to view the changes to the positioning of the monitor and were happy with this
Barts frontline staff working in A/E should be trained in mental health first aid	<ul style="list-style-type: none"> • The first contact for someone presenting to A/E are the reception staff. They limit their communication to name, address and reason for presentation. The open environment is not conducive to a confidential conversation on anything further until the person is seen at the initial assessment.
Continue with the band 3 'Assistant Liaison Practitioner' post in RAID	<ul style="list-style-type: none"> • The resilience funding for this post has not been extended so the post has been discontinued.
Improve the waiting room area	<ul style="list-style-type: none"> • The RAID/Mental Health Liaison service room in A/E (P1) has secured funding to have a hope wall painted on the wall which will include messages of hope

	<p>for those waiting to be seen and will make the room more conducive to people in crisis.</p> <ul style="list-style-type: none"> • The A/E department are in the process of building two new soundproof cubicles which were viewed by Iain and Claudette. This will work alongside the 15 minute target time for an initial assessment where people will be triaged to the most appropriate area of A/E ie. RAID/Mental health, for further assessment. This should reduce waiting times.
<p>Signage at the entrance to A/E regarding behaviour suggests anyone with verbal or aggressive behaviour will be removed from the department. The concern was whether this also applied to someone in a mental health crisis with behaviours which could be interpreted as 'deliberate'.</p>	<ul style="list-style-type: none"> • Nina explained to Iain and Claudette that this signage will not be removed and that it is directed at people who have control over their behaviour. Anyone behaving in this way who is in crisis or has a mental health problem will be assessed by the clinical staff and the clinical lead for the A/E will engage the RAID/mental health liaison staff in managing this. Iain and Claudette were reassured that anyone with a mental health problem or in crisis will not be removed from A/E without a thorough assessment first.

Donny Brook Extra Care-Sheltered Accommodation (Social Care), Creative Support

Recommendation	Feedback and Impact
<ol style="list-style-type: none"> 1. We would like to suggest that the provider offer pendants (as emergency buzzer) to residents that might have mobility issues (in a wheel chair). 2. We would strongly urge that the furniture in the garden is replaced as it poses a health and safety hazard- this concern needs to be raised with the housing provider (Circle 33). The care provider should also take active steps to make the garden accessible as it is a vital part of resident's experience of living there e.g. residents can go and socialise in the garden, do activities, etc. There are organisations such as East London Business Alliance (ELBA) that can support the refurbishment and cleaning of the garden area. 3. We would recommend that day trips/outings are affordable to residents- residents should be consulted on such things as cost as part of organising process. 4. To tackle loneliness, there should be initiatives that offer residents more one to one time with staff e.g. one care home we visited has a scheme called 'resident of month', once a month every resident gets special treatment for a day e.g. staff take them out, do somethings that they like, etc. 5. The managers should encourage care staff to actively engage with the residents. 6. The management should provide better information to residents so they feel like they are in the know e.g. provide contact details of Creative Support managers, what is happening in terms of recruiting a new manager, etc. 7. To better inform residents of befriending support and any groups that can help or support residents to tackle isolation and loneliness e.g. take people out, come and help them cook. 	<ol style="list-style-type: none"> 1 This is already in place, when a resident moves in we carry out a risk assessment and if there is a need for a pendant, we request Housing to provide the pendants or wrist band. 2 Creative support has raised the concern with the housing provider and continues to do so. Also, due to the safety reasons Creative staff have removed all the broken furniture's from the garden. Frances, Senior Development Officer is working with different organizations to get the resources for the garden. 3 Quarterly events forums are held where we discuss ideas, activities and potential trips. Some residents may not be able to access these forums. They are consulted individually to ensure they are able to be involved in a way that suits them. Many residents enjoy going to the seaside and have different budgets and support needs. In 2016 we went to the seaside on six separate occasions and cost varied from free to £12 depending on budget and support needs. Other trips such as going to the farm, opera concerts have been kept to a maximum of £5 which service users say they are happy with. 4 We have key workers who can do different activities with key tenants, such as take them shopping/ lunch and to establish one to one relationship with the resident. Staff involve with resident as much as the time allows. We do teas in our main lounge for resident at 11 am and 3pm every day, which all resident can take part in and socialise. 5 Staff have allocated time to support resident with activity such as Bingo during the weekend. Staff also visit resident on one to one basis to encourage/support them to join the activity available. 6 Residents have monthly meetings and such information is given/ passed on to residents. Also, minutes of the meeting are on display so everyone can have access to the information. Providers details are always on display in communal area. 7 We run different activities running every week and Frances works in good partnerships with other organizations and volunteers.

Recommendation	Feedback and Impact
	<p>Various activities such as cooking club, parents and babies' visits, art classes, seated exercise classes, fish and chip nights ensure that a variety of communal activities are on offer. Birthday and other celebrations such as Easter, Christmas etc. are celebrated with parties and food.</p> <p>The service is well networked and service users are supported to access other local community activities such as tea dances, pantomimes and theatre, concerts, art galleries, farm visits, sports session, football games, and local pub visits.</p> <p>We recognize that not all service users wish to engage in a communal way. We have excellent links with local befriending agencies Age UK and Tower Hamlets Friends and Neighbour's. We have referred many of our service users and they have befrienders allocated through these services. The need for this is often raised at key working sessions or through support staff observation. We will promote this service at our next team meeting and display on the noticeboard to ensure all service users are aware of this.</p>

Pat Shaw House - Residential Care Home (Social Care) Gateway Housing

Recommendation	Feedback and Impact
<ol style="list-style-type: none"> 1 We would recommend that management should ideally resolve the recruitment and staff reassessment programme issues of permanent staff within a specific timeframe to ensure stability within the home- although we are aware that recruitment is a challenge and ongoing, it would be useful to have some indication how recruitment will be achieved to reduce the number of agency staff (plans for the next six months) and what they are doing to recruit permanent staff - we would like regular updates on this. 2 We would recommend that the management organise more regular activities and outings for residents. During our visit in November 2014, activities were a strong element of the service; however it appears that this has declined since our visit. Examples of activities organised by another care home: Fairy Tales (Stepney Farm), 	<ol style="list-style-type: none"> 1 We thank TH Healthwatch team for investing some time with us last summer. Our care practice continues to improve. The impact of employing an experienced care manager is starting to have an impact with improved consistency of care. 2 We have increasing occupancy levels at Pat Shaw House. This helps to make the business viable to continue to provide a care service to customers. 3 Gateway is disappointed that LBTH does not include the London Living Wage as part of the baseline care fees awarded to providers. This contributes to the operating deficit as Gateway is an ethical employer. 4 Gateway is concerned that LBTH intends to reduce fee levels from April 2017 causing uncertainty about the future financial viability of care. 5 Recruitment to care and support roles has now returned to business as usual levels. The industry average in London for registered care is 26% per year. There is an ongoing programme of attracting people into care, led by the Head of Corporate Services.

Recommendation	Feedback and Impact
<p>Streetwise, Good Gym, Circus Project, the Geffrye Museum. We would recommend that the management speak to the activities co-ordinator at Silk Court to get further information on these.</p> <p>3 We would recommend that Pat Shaw House link up with other befriending schemes such as 'Amend' in the case that the 'Magic Me' plans to extend the befriending scheme does not come to fruition. We were led to believe that the Magic me befriending scheme has been beneficial to residents; therefore, we would recommend that such schemes are encouraged and pursued by management.</p> <p>4 We would recommend that Pat Shaw house link up with community groups and schools as previously, it seems that all the community links under the previous manager has been lost since our previous visit</p>	<p>6 The views of staff about the re-structure and re-design of the service are surprising. Gateway prides itself on staff engagement and consultation on changes. We held a very successful staff conference and Christmas celebration that included care staff. Feedback was positive about the events helping staff to integrate, including many staff from the Care Homes.</p> <p>7 Gateway worked with HR, Union and staff representatives through the process of change to ensure it met best practice on consultation and included views of staff. The change programme has now concluded and staff are settled in role. Training for the care certificate has begun.</p> <p>8 Activities offered at the Care Homes have been praised by the Regulator at their recent inspection at our home for people living with dementia. Of particular note has been our work with our Team Up volunteers (a Health Education England supported volunteer programme for medical trainees) to carry out a piece of research exploring evidence based ways to improve the wellbeing of residents at Peter Shore Court. The learning and resources from this project will also be applied to Pat Shaw House.</p> <p>9 In line with our commitment to improving the quality of care at our care homes, Gateway believes that promoting stimulating activities should be a core part of the roles of <i>all</i> staff members. All of our residents are different and engage in different ways therefore we offer a combination of more traditional group activities e.g. a weekly singer and weekly bingo sessions as well as more personalised 1-2-1 activities; for example cards, dominos and nail art. This form of interaction may not be immediately recognised as an activity however this approach is more responsive to the preferences and mood of the residents.</p> <p>10 We are proud to have taken part in the Action on Loneliness in Care Homes pilot befriending project. We greatly value the impact the volunteer befrienders had on the wellbeing of our residents and as a result have committed to supporting the volunteers to continue visiting our residents. Following the end of the funding for the pilot project, the befriending programme started through Magic Me is now supported in-house. Volunteers transitioned to be managed by Gateway Housing in November 2016 and continue to visit residents regularly.</p> <p>11 Moreover Gateway, through the Community Investment Coordinator, has actively developed community links between our care homes and other local organisations including; Sir John Cass Red Coat Secondary School & Sixth Form</p>

Recommendation	Feedback and Impact
	<p>College, East Exchange Time Bank, East London Chinese Community Centre and the Women’s Environmental Network and Gift of Knowledge.</p> <p>12 Residents also take part in the monthly Cocktails in Care Homes event with Magic Me</p> <p>13 Staff also organise regular seasonal events for residents; for example, Halloween, Christmas, Breast Cancer Awareness and a MacMillan Coffee afternoon.</p> <p>14 As a housing association Gateway also offers a broad range of training opportunities which are open to our care home residents. One resident at Pat Shaw is currently attending an introduction to spreadsheets course at our head office.</p> <p>15 We also recognise the need to improve the physical health of our residents and support them to experience different environments. In response to this one of our staff members has recently completed a walk leader training course and will work closely with the local walk leader network to offer fortnightly walking routes for residents.</p> <p>16 We are always keen to explore new activities and are committed to involving volunteers in the care home to increase social interaction of residents, improve mood of residents, help residents develop skills and build relationships. We have spent some time developing the infrastructure to adequately accommodate volunteers in the care homes and will be expanding our volunteer programme over the next couple of months.</p>

Westport Care Centre - Residential Care Home (Social Care) Excel Holdings Ltd

Recommendation	Feedback and Impact
<ol style="list-style-type: none"> 1. Representatives would like to strongly recommend that Westport Care Home develop a ‘structured activities’ programme/timetable, a structured programme will ensure staff are actively thinking about how to keep residents engaged, we feel this is important tackling loneliness and isolation more proactively. 2. Representatives feel that the garden area should have a ‘designated smoking area’, which is away from the central areas of the garden; we feel some residents and carers might be discouraged to use the garden because of the smoking. 3. Representatives feel to improve the image/appearance of the outside of the 	<ol style="list-style-type: none"> 1. Westport as I previously said is not a prison and nothing is structured which allows the home to feel like a home. By giving each individual the opportunity to do what they want and when they want to combats loneliness and isolation. 2. This has been written on an assumption and to have a designated area would have to be at the back of the garden and some people are unable to walk that far. 3. This is a personal opinion. Wood cladding is in sound condition.

Recommendation	Feedback and Impact
building (front and back), that the owners should repaint and restore the wood cladding areas.	The manager said 'I will not be actioning any of the recommendations'

Silk Court - Residential Care Home (Social Care) Anchor Trust

Recommendation	Feedback and Impact
There was ' No Recommendations ' for the service, Representatives feel that is an exceptional service.	There was ' No Recommendations ' for the service, Representatives feel that is an exceptional service.

Day Surgery (Royal London), Barts Health

Recommendation	Feedback and Impact
<ol style="list-style-type: none"> 1. There needs to be clear information supplied to patients in the appointment letter so they are fully prepared for the day e.g. highlighting that 7am is not time of their operation, clear information on the Chaperone Policy, a guide to what happens on the day written from a patient's perspective. 2. There should be a notice on the reception desk to say 'not to queue' as all that is required is the letter. 3. There also needs to be information on the reception area to highlight that being front of the que to hand in your letter does not might mean that they will be seen quicker, currently the queuing up process creates a misleading understanding that patients at the front of the que might be seen quicker. 4. Staff should repeat the information that friends and family are not required until discharge, this information is also more so relevant for late arrivals. 5. The ward should do its bests to conform to its 'Chaperone Policy', as highlighted the ward is not actively implementing this policy and this is making a lot of patients and family members unhappy. 6. As highlighted in the 'Concerns' section, Barts management should identify and be firm with departments that are 'block booking' their patients to attend only the morning sessions (there is two appointment sessions), this situation is creating longer waiting times for patients and making it difficult for ward staff as they have to deal with the logistics and also complaints of the patients. 7. The ward should be able to inform patients/ family members the actual time of operation/procedure; this will allow patients to be more prepared for the operation and family members be prepared for the discharge process. It could be the case that a family member says goodbye to their loved one and leaves and could be asked to come back if operation/procedure is completed quickly- 	<p>This report was submitted to Barts on the week of the 23rd January 2017. We are waiting for a response to the recommendations and expect by 17 February 2016</p> <p>Feedback and recommendations from the report were mentioned by RLH Managing Director at the CQRM. It was agreed that clearer information should be provide to patients on the general running of clinics and what to expect. There was also discussion on providing links to trusted websites where patients could find information on their condition or surgical procedure. There are some sights where you can watch a video if you would like.</p> <p>The RLH Way Finding Meeting which Healthwatch volunteers attended discussed there being volunteers or staff available early in the mornings when patients arrived to direct them to the right place.</p>

Recommendation	Feedback and Impact
<p>this can result in inconvenience for family members as they would have to return within a short period.</p> <p>8. It would be helpful if the Sister in charge that gives patient information at 7.15am could be highlighted that she speaks more slowly, clearly and takes on questions from patients.</p> <p>9. A written sheet information sheet should be provided to all patients covering the areas covered by the Sister in charge; some people might not understand or might be too tired to concentrate on what she said.</p> <p>10. There should be two opportunities to handle over valuables, one at initial changing and the other prior to going into theatre, this will allow people to hold on to things such as mobiles, which can keep them occupied whilst waiting for their operation/procedure.</p> <p>11. The ward should deploy volunteers; volunteers could be used to offer patients company and help to explain the processes in more details (expectations for the day e.g. what will happen, discharge).</p> <p>12. Representatives feel that surgical stockings are not compulsory for all patients; they feel that this policy should be reviewed. Thousands of pounds could be saved by not using them plus some hospitals don't use them at all. Also, stockings are not comfortable for all.</p> <p>13. There should be 'easy read pictures or instructions (large print)' on how to operate the beds/couchettes in the theatre areas, these instructions should be made available to patients when admitted there initially.</p> <p>14. Representative feel that there is glaring lighting in the waiting room, they feel the lights should be softened.</p> <p>15. Healthwatch Co-chair would like to meet with the Medical Director/ Chief Surgeon to review the recommendations, it would be helpful if a meeting could be arranged to discuss these recommendations and potential actions.</p>	

Your Voice Counts Event Harford Centre

Recommendation	Feedback and Impact
<p>1 That strategic partner's review current activity to raise awareness of healthy snacking and exercise with parents and children and how this could be promoted more widely. A group of parents in a number of schools are working in this area and this could be a chance for us to</p>	<p>Tower Hamlets Together - These kinds of activities are at the heart of Tower Hamlets Together. The Population Health work stream is focused on preventing ill health through the promotion of healthy lifestyles and working with residents from early years onwards to do</p>

Recommendation	Feedback and Impact
<p>move the community intelligence bursary programme on to communities leading change approach under the new Health and Wellbeing Strategy approach.</p>	<p>this. The aim of the Children’s service model is ‘to ensure that all children and their families have access to high quality, ‘joined up’ services and opportunities in order to optimise physical, social, emotional and cognitive development, improve life-long health and wellbeing and mitigate the effects of socio-economic deprivation’. The model is being developed in 2016/17 with the aim of implementation from 2017/18 onwards.</p> <p>A key aim will be developing Children’s Centres as local hubs from early years onwards. There are three work streams, one of which is ‘Integrated Early Years Transformation’. This has Nutrition (Oral Health and Healthy Weight) as one of its priorities.</p> <p>One of the current Staff Innovation Fund projects being supported by THT is GROW which is developing the links between William Davis Primary School and Blithedale GP Practice to help improve an understanding of healthy lifestyles for parents and children.</p> <p>Healthwatch Tower Hamlets Smithy Street school are piloting a stay and play scheme led by parents to encourage family exercise and healthy eating. Healthwatch are developing this as a co-production pilot.</p> <p>No response from London Borough of Tower Hamlets</p>

Recommendation	Feedback and Impact
<p>2 That more work is done to understand the motivating forces for encouraging families to play outside on a regular basis and what are the barriers. Apps and electronic devices that record how far you've walked and calories burnt etc. can be a very good incentive for people to walk more. Something like the 'beat the street' walking swipe cards and the 'Healthy Mile' programme could form the basis of a schools competition that included parents. Could a group of local people help public health to design and develop this?</p> <p>3 Encourage more group walking activities that also enable people to socialise and meet their neighbours. Parents at some local schools have organised to walk in the local park after they've dropped children off at school for instance.</p> <p>4 We develop a greater understanding of what the community can do to tackle air pollution and where they need to put pressure to improve conditions particularly for children.</p>	<p>Tower Hamlets Together - Work is currently underway on developing an outcomes framework for THT with the key headings of place, system and people. Under place there will be outcomes for the environment including:</p> <ul style="list-style-type: none"> • 'Individuals have clean air to breathe' measured by the fraction of mortality attributable to particulate air pollution, quality of air measurements and air pollution morbidity • 'Individuals have access to green space' measured by the percentage of people who do. <p>The aim is to agree the outcomes by January 2017 and they will then be used to measure the overall quality of THT services. This work will help services begin to address the issues raised by 1.4, 1.5 and 1.6 below.</p> <p>No response from London Borough of Tower Hamlets Healthwatch Tower Hamlets Smithy Street parents are piloting a drop and walk scheme led by parents where parents drop kids off and then go for a walk and a chat.</p>
<p>5 Is there any work being done to tackle the competing usage of some public spaces e.g. walkers and cyclists on the tow paths, young people and mums and children in the parks?</p>	<p>Fed into the Open Spaces strategy. Parks team to attend the next community event.</p>
<p>6 Local people should be involved in co-designing the information systems providing advice on accessing local services particularly any changes in urgent care and community services. If not people will continue to default to their GP and A&E. This should be built into the Single Point of Access development.</p>	<p>Planning is now under way for a Single Point of Access which is being set up by Tower Hamlets Together, Health and Wellbeing Hubs (Public Health) and the Patient Portal (Vanguard). The proposed principles of the SPA are to:</p> <ul style="list-style-type: none"> • Integrate access to local health and social care; • Act as a one stop shop with 'no wrong front door'; • Provide an up to date directory of services for the whole system; • Easy to access and responsive with choice of method including telephone and internet; • Available on a 24/7 basis with web access for appointments, self-assessment and referral, and providing supporting information; • Support self-management & assessment; • Supports different languages.

Recommendation	Feedback and Impact
	<p>It will include: - Mental Health; Children’s Centres; Schools & Colleges; Acute; Primary Care; Community; Patients and Carers; Social Care; <u>Voluntary Sector</u>; <u>Ambulance</u>, 111 and Care Homes/Agencies. Healthwatch is working with the SPA group to ensure that residents are involved in the design of information systems.</p>
<p>7 That we form a stronger partnership with Housing associations such as HARCA, Tower Hamlets Homes, Tower Hamlets Community Housing, and East End Homes etc. to engage with residents and to promote health messages.</p>	<p>Tower Hamlets Together THT is exploring with the Tower Hamlets Housing Forum how to build a stronger partnership in governance, the development of service models, improving population health and the longer-term future of housing locally.</p>
<p>8 Consider how we better facilitate and empower people to develop their own health prevention activities e.g. boot camps in the park, walking groups, looking after local green space, creating more community gardens and allotments. How can we promote this at the next Locality event?</p>	<p>The Tower Hamlets Together Population Health work stream is working to develop self-care and self-management as intrinsic to local lifestyles. Doing this successfully (which will help address many of the recommendations above) demands co-production and the empowerment of local residents. Currently the Community Research Network is exploring the views of residents about how best to do this.</p>
<p>9 Feedback on outcomes from Urgent Care engagement</p>	<p>Clinical Commissioning Group The feedback helped the CCG to shape some of the questions they are now asking within their Urgent Care engagement Strategy. It was also clear that many people did not know what ‘urgent care’ meant, so this has informed their wider strategy about how they communicate the changes to the public and how they ultimately brand urgent care services in the future.</p> <p>The CCG also gained more clarity on the fact that they need to take the pressure off of the public to decide what service to use when they need urgent attention by creating a single point of access and clearer communications about what this is and how to access it.</p> <p>All of the feedback gathered will also be used to shape and finalise all of the changes and improvements to Urgent Care in Tower Hamlets.</p> <p>A final report that includes information gathered from all</p>

Recommendation	Feedback and Impact
	engagement activities will be available at the end of November that they will share with Healthwatch.
Recommendations on the event	
1. Continuation of a partnership based community engagement approach at a locality level that is co-ordinated through the Tower Hamlets Together partnership structure.	Agreed by the HWB and THT User and Stakeholder Group. Next event will be to gather feedback on the Health and Wellbeing Strategy.
2. That the events happen on a quarterly basis (one in each locality per year) and are linked to the Health and Wellbeing Board meeting schedule.	Agreed
3. That we clearly identifying where community intelligence can influence outcomes and have an impact and we report back to local people the difference they have made.	Information on what difference the information is included in this report.
4. That events are as interactive as possible and not presentation focused as this seemed to engage a wide range of attendees. Important that next time everyone feeds into the priorities for the engagement and the best mechanisms for gathering intelligence.	The Health and Wellbeing Board and Tower Hamlets Together partners are meeting to identify issues and develop interactive activities. Next event on 26 November at Whitechapel Ideas Store.
5. That people who attend locality events and who agree to share their contact details can be included on a central database of local citizens that can be engaged in co-production either jointly or separately by partner organisations. They can form practice, network, locality, user, patient or specific disease user groups depending on the need and interest of partners. This allows: <ul style="list-style-type: none"> a. a larger pool of citizens to be engaged on an ongoing basis; b. the intelligence gathered to be held and shared centrally; c. us to build on, rather than duplicate, engagement and intelligence; d. for feedback on impact to be fed back to the people involved; e. for citizens to develop their own knowledge, expertise and initiatives. 	People who attended the Harford St Your Voice Counts Event will receive a copy of this report and will be invited to the next event on 26 November. Healthwatch propose to adopt a new data management system that allows us to better engage specific patients on the issues that interest them and the issues which are important to commissioners and providers.
6. Consider Healthwatch continuing to manage the events and the membership as they have access to a regular pool of volunteers that allows the events to remain independent and community driven.	Healthwatch to organise the next event and then review.
7. We also consider developing a 'Big Survey' of jointly agreed key questions that could be widely circulated once a year to judge progress against the HWS areas and key areas of individual partners	To be discussed at a later date as the system and approach develops.

Recommendation	Feedback and Impact
work.	

Health and Wellbeing Strategy Consultation

Recommendation	Feedback and Impact
1. Develop a stronger strategy for linking health and wellbeing of all citizens to greater use of parks and open spaces. This was a cross cutting theme running across all five priority areas of the HWS and was linked to exercise, socialising, relaxing and being able to breathe clean air. Parks are very highly valued community assets which cut across generations, ethnicities and culture. They present the potential to bring people together more frequently through providing more equipment, activities and events	Our views have been incorporated in the Councils Open Space Strategy. They have been included in the summary of findings on the consultation on the Health and Wellbeing Strategy. They are influencing the development of Public Health's Community Development Programme and commissioning. <i>Just wanted to add my thanks for making Saturday such a fantastic event with many valuable insights to inform and shape the strategy.</i> Director of Public Health Somen Banerjee
2. Develop a Borough wide walking campaign - 'Get Out and Walk'. With the aim of encouraging people to get out of their cars and walk, particularly around small journeys to school, shopping, family visits. This would cut down congestion, provide exercise for adults and children and potentially build neighbourhood support networks in Tower Hamlets. Focus on enabling and facilitating local people to set up the walking groups themselves	CCG have agreed to support Healthwatch to look at the potential to develop a community driven walking campaign across Tower Hamlets. Linking to existing activity and Public Health. This has been highlighted as a priority at the HWB by other members.
3. Childhood obesity education programmes need to move their focus to helping parents to develop the skills and tools to apply what they know e.g. sharing tips on getting children to eat vegetables or encouraging young people to make healthy food choices	The Great Weight Debate data is supporting this approach. Public Health and LBTH healthy schools programme is working with parents to develop schemes.
4. More work to be done on how to support informal volunteering independent of any statutory or voluntary sector service provider.	Partners working on the new Health Creation model through Tower Hamlets Together and Public Health are building this approach into the 'Communities Driving Change' priority. This is based on how we build community networks.
5. Greater involvement of local people in making decisions around services change and funding decisions.	To build a community engagement event around the STP and CCG Commissioning intentions to enable local people to have more involvement in the decision making process.

Mental Health Users Experience of Medication

Recommendation	Feedback and Impact
1.	

Recommendation	Feedback and Impact
2.	

Reablement Service

Recommendation	Feedback and Impact
1.	
2.	