



healthwatch

Healthwatch Bracknell Forest Monitoring Report July - September 2017



This report is about the work we have done from July 2017 to September 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



- 40% reduction in contract value
- Savings achieved by co-commissioning arrangements between BFC and WAM for SIGNAL and Healthwatch services



New contracts were agreed with both Bracknell Forest Council (BFC) and the Royal Borough of Windsor & Maidenhead (RBWM) for both Local Healthwatch and SIGNAL (carers support service). These were signed in a timely manner with Bracknell but only finalised on the 28th September with RBWM.

In order to make savings, all stakeholders worked to develop a monitoring format for all 4 projects that ensured consistency of reporting but allowed for locality difference.

The lead commissioner left BFC at the end of the quarter and future monitoring and reporting lines will need to be agreed.



- To provide BFC with a quarterly update which can be circulated and published

Project Support Board



- Reduction in contract value will have an implication to payments made to consortium members' organisations and meeting frequencies
- Cuts to other organisations' funding and services and changes in service contract holders (such as advocacy) the membership of the consortium is depleted
- Difficulties getting members of the public, without conflicts of interests, and with the time to attend meetings



As agreed in Quarter 1, a volunteer with the skills and experience necessary, has led a piece of work during this quarter to review the purpose of the board, its development going forward with the challenges mentioned above and how it will work with the board of Healthwatch WAM and the other local Healthwatch services. The volunteer chaired a development meeting with consortium members and representatives and met with all Healthwatch staff during the quarter.

Agreed outcomes of this development work:

- Hold board meetings every two months (in line with Healthwatch WAM)
- Training for board members to include how local health and social care system works
- Continue to be primarily driven by patient feedback, but align work programme to ensure the public are aware of the big changes that are coming

- Project Support Board to have an independent chair 6 Board member groups from main care groups (CVS organisations)
- 3 general public
- 3 expert users of health and social care
- Board Meetings will be about;
 - Upcoming changes
 - Leads from other organisations and projects to present at board meetings
 - At Board Meetings;
 - Members will;
 - Provide feedback
 - Challenge and question
 - Shape the future development work programme
 - Daytime meetings to continue

To help facilitate these outcomes members of the public will be able to volunteer and be co-opted onto the board at any point and a senior manager from a national company, based in Bracknell, will be approached about chairing.



- Invite identified potential chair to attend October meeting
- Identify local organisations to be invited to become part of the board

Website



- To meet the Accessible Information Standard
- To keep the website up to date with all relevant health and social care information



995 people visited our website. These people had 1,174 sessions and visited 2,611 pages. The home page has the most visitors, followed by a news story about NHS prescription charges, about us page, news, reports, meet our board page, contact us, get involved and a news article about not stopping antibiotics.

Google Analytics was able to record demographics of 56% of the people who visit our site in this period. 18-24 year olds had 8% of the sessions, 26% 25-34, 23% 35-44, 20% 45-54, 13% 55-64, 9% 65+. Males made up 64% of the visitors, 36% were female.



- Publish further website content
- Later in the year to update the look and design of the site to ensure that the website is more accessible but still meets Healthwatch branding requirements

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



“Cost of the NHS poster” to inform of the different primary care services available distributed to all GP surgeries.

Co-produced one Healthwatch poster for all acute units across the Frimley STP footprint.

38 people were provided with specific information and signposting information via the website, email, social media and face to face. Information and signposting information given in these cases included: How to make a complaint (health), contact details for Head of Adult Social, details of local befriending services, social activities locally for people with learning disabilities and how to get the self-care stress balls.

No referrals were made to Adult Safeguarding Team or to advocacy services by Healthwatch BF 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, 1299 people were signed up to receive mailings of health and social care information.

There has been a decrease in information and signposting and we believe that this is due to a decrease in activity over the holiday period (less community engagement and presence on social media)

A senior member of staff has received training from the LeDer programme and is now both a member of the steering group and a reviewer in the Learning Disability Mortality Review Programme.



- Identify further community locations to distribute materials and replace old posters and leaflets as made aware of them
- Reintroduce the bi-weekly bulletin to collate information (while still sending urgent information in between if necessary)

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.
- Summer holiday period (staff holidays etc.)



3 community events were attended in this quarter.

At the end of quarter one The Ark purchased a mobile, accessible information vehicle to be utilised in all projects. During this quarter we have been arranging the necessary licences and permits to allow it to operate (Heavy Goods Vehicle Operator - Restricted), arranging overnight parking and recruiting volunteer drivers.

During this quarter we have undertaken a recruitment process to replace the member of staff involved with community engagement who resigned.



- Finalise recruitment and training of new Community Engagement Worker
- Identify events in the community to attend
- Identify locations that can accommodate the Mobile Information Vehicle and seek permission to park. Develop a regular schedule that can be published on the website and promoted

Social Media



- Unable to comment on local community groups as Healthwatch



Twitter

During the period of July 2017 to September 2017 we tweeted 26 times. People saw these tweets 4,237 times. We also retweeted 10 messages by others, which mostly related to CCG health campaigns including eating well, vaccines, Healthmakers and patient experience meetings.

The most popular (popular being the tweets viewed or interacted with the most) were about a diabetes survey being carried out by Diabetes UK, Healthwatch England led #itstartswithyou campaign, memory walks and our annual report.

At the end of September 2017 we had 1,701 followers, an increase since the last reporting period of 61. 34% of these are male 66% are female, which is basically the same as last time. The majority of our followers are aged 18 to 54, 35 to 44 year olds are now the largest age group at 29% of our followers.

Facebook

During the period of July 2017 to September 2017 we posted 26 messages to Facebook. People saw these messages 7,904 times.

The most popular were about a survey being carried out by the PPG at Heath Hill Surgery, flu jabs, guided walks at South Hill Park, don't stop antibiotic use and our annual report.

At the end of September 2017 we had 209 likes on Facebook an increase of 5. 73% of our fans are women, 25% are men. 3% are aged 18-24, 15% are aged 25-34, 30% are aged 35-44, 28% are aged 45-54, 14% are aged 55-64, 10% are aged 65+.

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 no volunteers left the service and 2 were recruited.

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

One Level 1 Safeguarding Adults training session was held during the quarter with an online version also available.



- 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)
- Security issues within Broadmoor Hospital



Although no Enter and Views were completed in this quarter we have been involved in the planning of a pan Berkshire Enter and View (scheduled for October) of all acute wards in Prospect Park Hospital (mental health). This has involved 3 meetings and email correspondence. We took the lead on publicity (posters and leaflets).

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

A survey concerning access to primary care and physical health services has been designed and distributed within Broadmoor hospital. These will be collected and the results collated in quarter 3.

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
- Undertake Prospect Park Enter & View with other Berkshire Healthwatch (October)

Representing patients & public



- Risk of engaging and obtaining feedback from the same members of the public multiple times (see community engagement)
- Lack of community engagement in quarter (holiday period) results in less feedback and evidence collection



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

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) and discharge from hospital.

As mentioned in the Enter and View section, from discussions with patients a survey on access to primary care and physical health services is currently being undertaken with the patients of Broadmoor hospital.

36 such meetings have been attended in this quarter. These include Primary Care Operational Group (CCG), Communications Toolkit Development (CCG), Adult Safeguarding Board (BFC), GP Council (CCG), Patient Involvement Group (Frimley Health), Health & Wellbeing Board (BFC), Community Nursing Review (Berkshire

Healthcare Foundation), Mental Health Partnership Board (CMHT), Patient Experience Group (Broadmoor), CQC (including local area review briefings with BFC), and Community Partnership Forum.

There have also been 2 regional meetings with other Healthwatch and Healthwatch England to share information.

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 still remains a concept that some people and organisations have not been able to grasp.

Representing 2 East Berkshire Healthwatch services means we are often asked to represent or lead on East Berkshire strands of work. 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 4 meetings to develop working relationships e.g. with elected members, GPs and Heads of service (BFC).

We have also reached an agreement with CMHT about establishing an Independent Mental Health Forum for patients and carers. This will be launched in quarter 4 (January 2018).

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

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 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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