



healthwatch

Healthwatch Bracknell Forest  
Monitoring Report  
April - June 2017



This report is about the work we have done from April 2017 to June 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 still not finalised at the end of Quarter 1 with RBWM.

The savings in this new commissioning agreement were based on sharing of resources, including staff, between all 4 projects and dual representation (geographically or project wise). A member of staff from the previous provider of Healthwatch WAM joined the staff team to work across both Healthwatch services.

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.



- To provide BFC with a quarterly update which can be circulated and published
- To continue to work with WAM commissioners to complete and sign contracts to provide assurance for us as a provider and therefore security of the 4 projects

# 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



The Project Support Board continued to meet monthly in Qtr 1 but with decreased attendance. The challenges to the board were identified and a member of the public, already a volunteer for Healthwatch, came forward to not only sit on the board but to lead the work reviewing the board, its purpose and role and recruitment of new members.



- In Qtr 2 to undertake a review of the board and its purpose and recruitment of new members and how it will work with the board of Healthwatch WAM.

# Website



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



1,015 people visited our website. These people had 1,207 sessions and visited 2,263 pages. The home page has the most visitors, followed by a news story about NHS prescription charges, about us page, our contact page, meet our board page, the main news section, the reports section and the events section.

Just after the quarter end Google Analytics changed the way it collects people demographics, wiping all previous data. This has been reactivated and will take some time to populate again to any meaningful data.



- 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



New posters and banners designed and printed. (Different colours from the available Healthwatch palette used to show distinction between HWBF & HWWAM)

New leaflets designed and printed to incorporate feedback form and refresh of design (Accessible etc.)

Posters and leaflets distributed to local authority, GPs and hospitals. Handed out at community events attended and at community locations.

Designed "Cost of the NHS poster" to be distributed in Qtr 2 to help inform public in a different way than previous campaigns, to inform of the different primary care services available; others were unwilling to undertake this piece of work.

50 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 access health records, how to find an emergency dentist, dental charges clarification, how to find a care home, complaints about accessibility of services, how to complain about a GP, how to find a GP with experience in specialist conditions, how to choose a primary care

provider (GPs and Dentist and information about the Green Gym project.

1 individual was also signposted to SEAP advocacy services. No referrals were made to Adult Safeguarding Team 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 Qtr 1, 1288 people were signed up to receive mailings of health and social care information.

To assist in their signposting role members of the staff team have completed Gypsy & Traveller Awareness Training, Effective Form Filling training (Reading CAB), Mental Capacity Act Training and Domestic Abuse Awareness training.



- Identify further community locations to distribute materials and replace old posters and leaflets as made aware of them.

# 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.



5 Community events were attended in this quarter. In addition during Carer Week Healthwatch was also promoted at the events and stands around the borough; Bracknell were 11<sup>th</sup> in the National League table of event/activities provided during this week as registered with Carers UK.

Bracknell Forest is a borough with distinct neighbourhoods and in previous feedback from the public there has been a criticism that health and social care events generally (not just Healthwatch) tend to be held in the central parish of Bracknell Town. Finding accessible, suitable venues during the day are difficult as most community centres and buildings have a regular schedule of activities (playgroups etc.). It was therefore agreed by the management team to purchase a mobile accessible information unit. This purchase was made at the very end of the quarter.



At the end of the quarter, a member of staff involved in community engagement handed in their notice.



- Seek new events with new audiences to attend utilising community and voluntary sector resources such as online Involve event diary
- Complete licensing requirements to operate Mobile Information Vehicle and recruit volunteer drivers
- Recruit replacement community engagement member of staff

# Social Media



- Unable to comment on local community groups as Healthwatch

## Twitter



During the quarter we tweeted 22 times. People saw these tweets 8,200 times. We also retweeted 11 messages by others which mostly related to health campaigns including back pain, hydration, skin cancer and diabetes.

The most popular (popular being the tweets viewed or interacted with the most) were about the CCG public engagement events, health awareness events, parks and countryside events, Stroke Association and Rotary International and local activities.

At the end of June 2017 we had 1,640 followers. 33% of these are male 67% are female. Majority of our followers are aged 18 to 54, 25 to 34 year olds are the largest age group at 30% of our followers.

## Facebook

During the period of quarter we posted 34 messages to Facebook. People saw these messages 7,125 times

The most popular posts were about mental health advocacy, Thames Valley NHS 111 contract award, changing places toilet at Royal Berks Hospital, GP retention scheme, Sport in Mind activities and Learning Disability week.

At the end of June 2017 we had 204 likes on Facebook. 73% of our fans are women, 26% are men. 15% are aged 25-34, 30% are aged 35-44, 28% are aged 45-54, 15% are aged 55-64, 9% 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 pages 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 2 volunteers left the service; one had not completed all training so had never been active.

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

No new volunteers were recruited in the quarter.

Two Level 1 Safeguarding Adults training sessions were held during the quarter with an online version also available and one Mental Capacity Act training session held.



- 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 Healthwatch staff and volunteers have been involved with Patient Led Assessments of the Care Environment (PLACE) in St Mark's Hospital and Prospect Park Hospital and have visited the Eden Unit and Paediatric Unit at Wexham Park Hospital.

Healthwatch has also been working closely with Heath Hill Surgery to resolve issues highlighted in previous visits and issues regarding capacity following changes in staffing. We have also provided additional support to Easthampstead and Ringmead surgeries.

Issues with two buildings managed by Berkshire Healthcare Foundation and rented to GP's - Great Hollands Health Centre and Skimped Hill Health Centre were identified during last year's Enter and View Programme. During this quarter, Healthwatch formed part of the Infection Control Inspection team that assessed these buildings as a result.



- 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)



Over 401 pieces of individual feedback/evidence have been collected this quarter. Because of the risk of engaging the same members of the public multiple times social media and local community pages have been utilised. 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), finding dental services (particularly in an emergency or with nervous patients), delay in being seen by CAMHS, Mental health services (issues with crisis team and also lack of rehabilitation services), discharge from hospital and concerns about care homes and access to CHC funding.

28 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, Access Advisory Board and Community Partnership Forum.

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.

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 8 meetings to develop working relationships e.g. with GPs and Adult Safeguarding Board chair.

We also started discussions with CMHT about establishing an Independent Mental Health Forum for patients and carers.

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 work with the CCG about communication, engagement and involvement of the public about all the upcoming changes
- To collect more feedback, and from more diverse sources, to better inform representation

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