

MEETING	PUBLIC BOARD MEETING 19 September 2018
Agenda item and Paper Number	7 CM/09/18/07
Agenda Title	Healthwatch England update
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PURPOSE OF PAPER:

Actions required by the Board: <ul style="list-style-type: none"> • For the Board to NOTE the update from Healthwatch England

1. This report provides an update on the following:

- Annual Conference
- Healthwatch Network Funding
- Digital
- Campaign
- Governmental Engagement
- Hospital Discharge
- Mental Health
- Health Service Safety Investigations Bill
- Technology
- Intelligence

2. Annual Conference

Planning for the annual conference on 3 and 4 October is continuing, with key Committee members providing strategic input and oversight on behalf of the Committee. The Healthwatch network were invited to submit nominations for awards across seven categories with nominations closing in May 2018. We received 173 nominations from 91 of our local Healthwatch. The seven categories are:

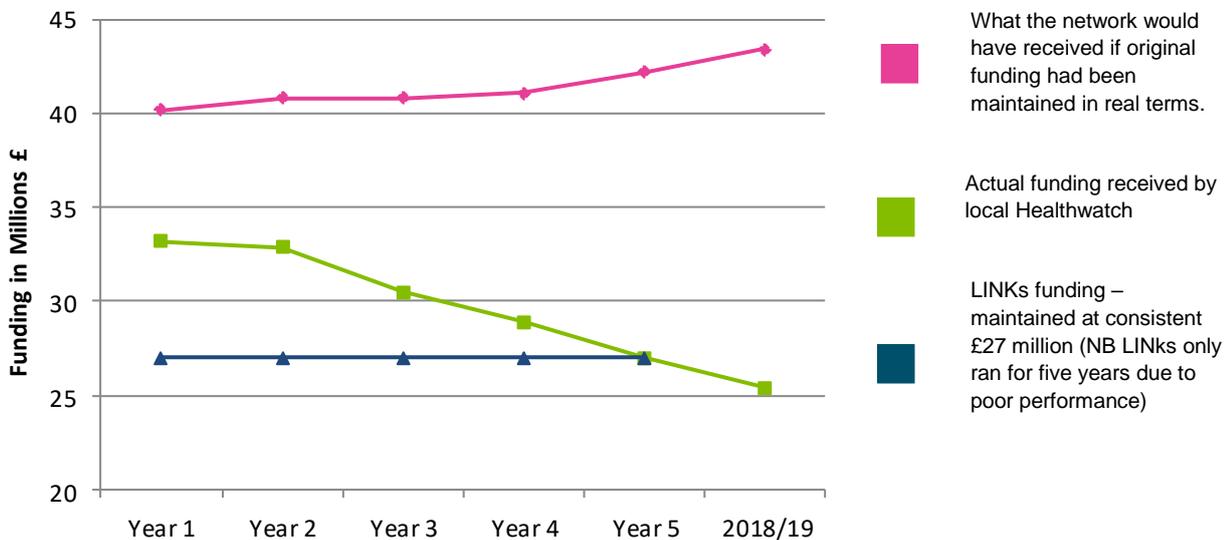
- Giving people the advice and information they need
- Volunteering
- Helping people have their say
- Improving health and social care
- Championing diversity and inclusion
- NHS 70
- #ItStartsWithYou

3. Healthwatch Network Funding

We have reported to the Board in the past on the impact reduced local authority funding is having on the resources available to the network to carry out its functions. This is a major concern and a considerable amount of time and resource has been put into trying to change this situation. The Committee has been keeping a very close watch on this as it was identified as the highest risk to Healthwatch with much of the mitigation being outside of our control. We have established a 'Funding Crisis Taskforce Group' that meets weekly. We are providing advice, information and practical interventions to local authorities and local Healthwatch. In several instances this has led to a reduction:

- Overall there has been a 43% cut to date (10% this year).
- 81 local Healthwatch (53% of the network) now receiving less than LINKs. LINKs (the predecessors of Healthwatch) received £27 million for each of the five years they operated despite having fewer statutory functions.
- 65 local Healthwatch are potentially up for retender this year – 31 of which are currently above the LINKs funding but could now drop below.
- Real impact of low funding and volatile market makes it difficult to retain knowledgeable and experienced staff.
- Reduced staff teams are less able to recruit and support volunteers. Network's volunteer base has already fallen by 20% in the last year.

LINKs vs Healthwatch Funding:



We have a detailed programme of work to improve the offer that Healthwatch England gives to the network including a much more comprehensive programme of training and support. We are currently consulting on a new network agreement and quality framework.

4. Digital

There is a considerable amount of work underway to improve our digital offer both to the network and to the public. We have launched a new website and have plans to improve the digital support to the network. We have built the first prototype of the APEX Reports

Library. This will eventually allow great opportunities for the network to share reports, good practice and data with each other.

5. Campaign

In June we launched our campaign #ItStartsWithYou; a campaign to raise awareness of the importance of sharing stories and experiences to bring about improvements. We also launched a video which has been extensively shared via twitter and Facebook. The campaign was kicked off with a twitter Thunderclap that reached 2 million people, up 115% from last year. #ItStartsWithYou will also provide the vehicle for our campaign as part of #NHS70 where we will be asking the public to think about what they want from health and social care in the future.

7. Hospital Discharge

Since our last update to the CQC Board, emergency readmissions continue to be a policy issue. Following the work done by the British Red Cross and the National Audit Office (both of which referenced our findings) on emergency admissions, there was a one off Public Accounts Committee hearing. We submitted written evidence which led to emergency readmissions being highlighted as a key issue. In June the Nuffield Trust and the Health Foundation, as part of their joint QualityWatch initiative, ran a very similar piece of analysis on emergency readmissions using Hospital Episode Statistics data. They found a very similar trend to us. Following the level of interest in this issue we are currently re-running the analysis we did last year and have convened a round table meeting with the above organisations as well as NHS England, NHS Digital and the Department of Health and Social Care.

8. Health Service Safety Investigations Bill

On 18 June we gave evidence to the Parliamentary Joint Committee on the Draft Health Service Safety Investigations Bill.

In the session we outlined the importance of ensuring that investigations were seen to be transparent by patients and their families involved in the complaints; the need to make sure that 'safe spaces' work as a concept at a national level before trusts are accredited to use the power; and the importance of HSSIB's role in setting the right expectations for open and transparent investigations across the health and social care sector.

9. Technology

On the 25 May the NHS patient data opt-out came into force. This follows four years of persistent involvement from Healthwatch, but the result is a policy which largely reflects what people want to see in terms of how their data is used by NHS and social care services.

Shortly before the opt-out website went live we published [our latest briefing](#) on the issue. The main message was that people trust the NHS with their data but it is vital that services do not become complacent with this trust.

Elsewhere on the technology agenda, as members of the DHSC’s National Information Board Social Care Advisory Group, we provided input to that group’s work on influencing the Social Care Green Paper and NHS long-term plan, focussing on digital solutions that providers and commissioners could use to address quality challenges across the sector. This will be submitted to the teams who are working on the green paper and the long-term plan to influence their work.

10. Intelligence

Overview of what we have heard in the last quarter

26,814 peoples view have been received by Healthwatch England and reviewed in Q1 18/19. This includes 168 publications involving the views of 23,167 people and an additional 3,647 individual pieces of feedback.

Primary Care	
Emerging Themes	<p>In Q1 we received increased levels of feedback on the following areas:</p> <ul style="list-style-type: none"> • People who have long-term conditions who need to take regular medication are having issues with their medication not being ready on time, or have issues booking a regular appointment for medication review due to the limitations of the appointment system. • Significant variation in the level of service provided by NHS 111. In some regions we are hearing people attending A&E services after failing to receive any practical advice from NHS111.
Ongoing Themes	<p>In Q1 we continued to hear that people:</p> <ul style="list-style-type: none"> • Have issues with GP appointments; this includes problems using telephone appointment systems and waiting too long for appointments. • Have difficulties registering to a GP. • Struggle to find and access dental services as well as concerns over the cost of dental treatment services.
What are we doing?	<ul style="list-style-type: none"> • We currently sit on the GP Patient Survey Steering Group. We will be working with IPSO Mori to promote the findings and use of the survey due for publication in early Aug 2018. • Due to the volume of feedback we receive on this area, we are undertaking a more in-depth analysis at a local and regional level.

Primary Care	
External Opportunities	<ul style="list-style-type: none"> • One of the main aims of the GP Forward View is to increase the number of appointments made available to patients at evening and weekends as part of general drive towards 7-day services. It also sets a clear ambition to increase the use of online booking systems to make things more convenient. • However, our evidence suggests that two years in to the GP Forward View these initiatives are not yet substantially changing the feedback we receive from people about their experiences of accessing the GP. • There is therefore an opportunity to map the evidence we gather against the national statistics on access to help provide a more detailed view on progress from the patient perspective.
	<ul style="list-style-type: none"> • There is an opportunity to raise this analysis directly with NHS England and also the Regulation of General Practice Programme Board which has prioritised ‘access’ as a key issue for 2018/19. • There is also an opportunity for us to raise the profile of challenges faced by those not registered with a GP - e.g. homeless people, migrants, students. The experience of these groups is not picked up by the GP patient survey as this only covers those registered. This therefore causes a gap in the current system insight.
Internal next steps	<ul style="list-style-type: none"> • We will be using the large volume of feedback we receive to identify regional variation in people’s experiences of GP services comparing against our previous findings on Primary Care. We will also be looking at what works highlighting initiatives that have generated positive experiences for patients. • We will review feedback on NHS111 to identify any geographical variation and correlation between providers of the NHS111 service.

Secondary Care	
Emerging Themes	<p>In Q1 we received increased levels of feedback on the following area:</p> <ul style="list-style-type: none"> • Access to British Sign Language (BSL) interpreters. People told us that services put the responsibility on the patient to get an interpreter. This information is sometimes only given to patients when they arrive for appointments.

Secondary Care	
Ongoing Themes	<p>In Q1 we continued to hear that people:</p> <ul style="list-style-type: none"> • Wait over 4 hours in A&E before receiving any urgent care or treatment and wait up to 11 months to receive non-urgent hospital appointments. • It is generally recognised that hospital staff are very busy but could show more empathy towards patients.
What are we doing?	<ul style="list-style-type: none"> • Insight on A&E shared with DHSC cross system insight group - multiple references to our findings were made in the final report in understanding the pressures on the system. • Emergency readmissions work resulted in DHSC/NHSE agreeing to publish this data again. Since this agreement the National Audit Office, the Public Accounts Committee and Quality Watch (joint initiative by the Health Foundation and Nuffield Trust) have all referenced our work and the need to address the data issue as a priority. A roundtable has now been called with key players for July.
External Opportunities	<ul style="list-style-type: none"> • Develop insight on people’s views on waiting times. This would enable us to build on our suggestion in the NHS Mandate that current waiting time targets don’t tell the full story of what it is like to be a patient. This insight should be developed ahead of the winter period to enable the organisation to engage effectively in the winter pressures debate and focus attention on what matters most to people. • The CQC’s Local System Review has been supported and promoted by Healthwatch over the last 12 months to encourage a move away from focus on DTOC and for whole systems to look more at patient flow to review performance. The final report was published in July but the CQC is looking to extend. We will continue to work with local Healthwatch to support the development of this approach.
Internal Next Steps	<ul style="list-style-type: none"> • We will be looking at how the feedback about empathy towards patients in hospitals has changed over time.

Social Care	
Emerging Themes	<p>In Q1 we received increased levels of feedback on the following area:</p> <ul style="list-style-type: none"> • Requests for information about social care services, particularly questions about assessments, access to care at home, care home entry and equipment services.¹

¹ This comparison is between financial year 2017/18 and 2016/17; the data used for 2016/17 is from Jun 2016. However, proportionality has been considered.

Social Care	
Ongoing Themes	<p>In Q1 we continued to hear that people:</p> <ul style="list-style-type: none"> • Have issues accessing appropriate home care services that are reliable and where adequate time is allowed. • Find significant variation in the quality of care delivered across care home.
What are we doing?	<ul style="list-style-type: none"> • Healthwatch England National Director is acting as an independent advisor on the Social Care Green Paper. • Meeting with Minister of State for Care, Caroline Dinenage MP, to highlight the poor level of information available when seeking care. • Conducted primary research to explore people’s needs and wants around social care and shared with DHSC and other key stakeholders. • We have provided feedback to the CMA on their guidance around care homes. We were broadly supportive of the guidance and our comments focused on implementation and consistency of application. • On schedule to publish the ‘single complaints statement’ for social care developed in partnership with the LGO. This is part of the Quality Matters Initiative.
External Opportunities	<ul style="list-style-type: none"> • The Green Paper has been moved back from July to align with the publication of the NHS long term plan, likely to be November. This means we may well need to factor in additional research activity on the proposals for Q3 and Q4. • Continue to work with DHSC to discuss their upcoming feedback strategy for health and social care. Our contribution to include review of current provision of complaints advocacy in social care and the extent to which the social care system is learning from complaints.
Internal Next Steps	<ul style="list-style-type: none"> • As part of the wider strategy we are continuing to look at what types of information people are requesting to help improve our signposting services.

Mental Health	
Emerging Themes	<p>In Q1 we received increased levels of feedback on the following area:</p> <ul style="list-style-type: none"> • IAPT service and predominantly about the limited number of sessions offered. People felt this was not enough and had to start the whole referral process again to get further support.

Mental Health	
Ongoing Themes	<p>In Q1 we continued to hear that:</p> <ul style="list-style-type: none"> • Children and young persons are still facing problems gaining access to timely support from Child and Adolescent Mental Health Services (CAMHS). • Adults also face long waiting times to access help and are seeking alternative support mechanisms whilst they wait.
Policy Context	<ul style="list-style-type: none"> • On CAMHS specifically the role local Healthwatch can play in providing insight on user experience to inform decision making was highlighted by the CQC in their recent report.
What are we doing?	<ul style="list-style-type: none"> • We have conducted a scoping of the patient experience we have received, literature review and focus groups to determine the areas we want to work on as part of the Mental Health Work Programme. • We plan to publish content on this initial phase of work in the forthcoming months. • We have started working on two specific areas of mental health support, maternity and mental health and support for people transitioning from childhood to adulthood.
External Opportunities	<ul style="list-style-type: none"> • Stakeholders are increasingly interested in using user feedback to inform service change in this area to test out if the Mental Health Forward View is achieving the outcomes intended. • On maternity and mental health, we understand there is significant new investment in this area which aims to see new services implemented by March 2019. This provides a useful context for our findings to help highlight how effective these services are meeting people's needs. • On CAMHS specifically, the CQC is launching a campaign in October to push for young people to share their experiences with services to help them improve. This could provide an opportunity for us to join forces and support the wider work around transition. • Having reviewed the evidence gathered by local Healthwatch since January 2016 (engagement with over 35,000 people) there are also opportunities to share content on a broader range of mental health topics. The focus here will be on sharing insights which add something new to the mental health policy debate.
Internal Next Steps	<ul style="list-style-type: none"> • We are using criteria developed with the Healthwatch England Mental Health Programme Steering Group to prioritise further areas for work as part of this work programme.

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