

MEETING	PUBLIC BOARD MEETING 12 December 2018
Agenda item and Paper Number	8 CM/12/18/08
Agenda Title	Healthwatch England update
Sponsor	Sir Robert Francis – Chair of Healthwatch England and Non-Executive Board Member
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PURPOSE OF PAPER:

Actions required by the Board:

- For the Board to **NOTE** the update from Healthwatch England

1. This report provides an update on the following:

- Annual Conference
- NHS Long Term Plan
- Digital
- Carers Briefing
- State of Support
- Green Paper
- Mental Health
- Intelligence

2. Annual Conference

Our Healthwatch England conference was successfully delivered on 3 and 4 October. Our speaker's line-up included NHS England National Medical Director Stephen Powis in relation to the NHS Long Term Plan, CQC Chief Inspector of Social Care Andrea Sutcliffe and Izzy Seccombe on social care, and Jenny George, National Audit Office Health Value for Money Director, who described how the NAO is increasingly using Healthwatch insight to inform its work programme as well as its individual reviews and reports.

Presentation slides from the conference can be downloaded from our website.

3. NHS Long Term Plan

In August we engaged with NHS England on initial thinking around the Long Term Plan, and by providing support to help shape the development of the discussion guide. We were able to emphasise the importance of engagement and it was encouraging to see this reflected in the final questions:

We have assisted by participating in two work streams, clinical priorities and engagement and have participated in a number of workshops. We have supported relevant workstreams by providing the following insight.

- **34,000 people's views on mental health.**
Key point - Highlighted recent improvements in people's experiences of accessing mental health support through primary care, but stressing their desire for more peer support.
- **45,000 people's views on primary care.**
Key point – People are very willing to see a variety of different types of health professional, but also pointing at how at times other popular policy initiatives, such as booking appointments online, are making it harder to see anyone other than the GP.
- **6,500 people's views on A&E.**
Key point – The current 4- hour A&E target tells us little about current patient experience. Other factors including how quickly a person is triaged, and whether or not they are kept informed of how long they may wait should also be considered as a way of departments giving a more nuanced view of how they are managing demand.
- **750 homeless people's views of NHS services**
Key point – how administrative barriers, such as the need for proof of address, are still creating serious barriers to access for groups in vulnerable situations.
- **5,500 carers' experiences**
Key point – whilst our carers briefing focused primarily on what councils and the government need to do to improve support, we also highlighted the key role the NHS has in identifying carers earlier and signposting them to support to ensure people seek help before they hit crisis point.

The submissions have been welcomed by NHS England workstream leads and we have been asked to produce further insight briefings in other areas. The value of our contribution so far, and the broader value of the network's connections with local communities, is reflected in the work NHS England is now commissioning us to do in terms of engagement around phase two of the Long Term Plan. This will focus on helping local areas translate the high level national plan in to something that is meaningful for local areas and give local people a chance to shape how it is delivered.

4. Digital

We are continuing to work on our searchable Healthwatch Reports Library, which is moving into live testing and will be fully operational in Q3. This will enable the Healthwatch network to share and learn more easily, give better access to our insight for policymakers, commissioners and providers, and help demonstrate the value and impact of the network.

5. Carers Briefing

On 1 October we published a briefing bringing together the views and experiences of 5,447 carers. It summarises our research into the support available for carers to shape the green paper and to improve the accessibility and quality of support for carers.

6. State of Support

Each year we publish 'State of Support', a report that sets out the funding local Healthwatch have received from local authorities.

While demand is increasing, both from people and professionals seeking our help, investment in our work to understand what people really want from care has fallen by over a third (35%) since 2013.

Our Chair, Sir Robert Francis, has written to the Secretary of State for Health and Social Care to highlight the findings from the latest funding figures and to request a meeting to discuss the need for a sustainable solution to continue to give people a strong voice in the big decisions in health and social care.

7. Green Paper

We have continued to act as an advisor on the Government's forthcoming Social Care Green Paper, supported by our local Healthwatch advisory group.

We understand the Green Paper is due to be published before the end of the year.

We have used the extended timeframe to start publicly setting out our view of what the Green Paper will need to include, publishing the insights we have been sharing behind the scenes during Q1.

For example, the research we reported on last time on 'What people want from the future of social care' has now been released to the media, with continued positive responses from stakeholders regarding our key message of the need for better information and signposting in social care.

8. Mental Health

In August we began the first phase of research in to maternity and mental health by launching three surveys (public/professional/network). The survey has been shared with over 100 stakeholders and we have already had over 1300 respondents. The next phase will involve local Healthwatch undertaking more in depth engagement on the topic.

At the beginning of September we launched the evidence summary report which brought together 34,000 people's views and experiences of mental health. Initial analysis after first month showed report had been downloaded 352 times. The accompanying literature review has been downloaded 125 times.

We have also started to produce content on mental health issues drawn from the evidence summary to encourage more people to talk to their local Healthwatch – see this, published on world suicide prevention day.

9. Intelligence

Overview of what we have heard in the last quarter

17,172 people's views have been received by Healthwatch England and reviewed in Q2 18/19. This includes data collected from 109 publications which involved the views of 12,662 people and an additional 4,510 individual pieces of feedback received through the Healthwatch CRM.

This quarter we have added in a summary of what we are hearing from the LGBT+ community and prisoners. This forms part of a more focused review of what people who often find it difficult to be heard have told us about their experiences of health and care services.

If you are interested in reading the more detailed version of this report it can be found on our website:

<https://www.healthwatch.co.uk/report/2018-10-15/what-people-have-told-us-review-our-evidence-july-september-2018>

Primary care	
Emerging themes	<p>In Q2 we received increased levels of feedback on the following areas:</p> <ul style="list-style-type: none"> • People having trouble communicating with health professionals particularly around delays in their referrals to see a specialist. • People wanting a more empathetic approach from clinicians and staff when discussing issues such as medication. • Administrative issues in pharmacies resulting in wrong medication being dispensed or repeat prescriptions being stopped in error.
Ongoing themes	<p>In Q2 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. • Would like to know how to register with a GP when they move area or their GP closes or merges. • 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 are working with IPSOS MORI and NHS England to help review and develop the survey in time for next year and understanding how the new questions can be used to assist us with our work on underrepresented groups. • The scale of evidence we hold on this area, combined with the analysis we have done to date, has secured interest from CQC for a piece of work next year on how people are experiencing variation in care. • We have used our intelligence process to date to process 45,000 people's experiences of primary care. This has been put through the policy filter of the Long-Term Plan in order to inform our operational

Primary care	
	<p>planning and we have also shared this insight with those working on the Long Term Plan.</p> <ul style="list-style-type: none"> We have asked the teams developing the Long Term Plan to consider what our insight means for: <ul style="list-style-type: none"> How the NHS designs technical solutions that work with people Patient experience of extended opening hours What people mean by continuity of care The growing issue of GP closures and mergers Better use of pharmacy
External opportunities	<ul style="list-style-type: none"> There is an opportunity for us to raise the profile of challenges faced by those not registered with a GP, e.g. homeless people. We have raised this as part of our evidence submission for the NHS Long Term Plan and we are planning to release a publication on the challenges that homeless people in particular experience before the end of the year.
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 this service and incorporate it into our work on the NHS long term plan.

Secondary care	
Emerging themes	<p>In Q2 we received increased levels of feedback on the following area:</p> <ul style="list-style-type: none"> Staff in A&E, GPs and on hospital wards have not given timely diagnoses of conditions such as cancer or broken bones. This has meant that people have had to attend more appointments than necessary to get the treatment they need. People in crisis who are attending A&E are not receiving adequate mental health support and are just being treated for any physical symptoms. We have heard of two cases where patients in crisis overdosed on medication whilst in A&E. People struggle to access interpreters for hospital appointments which is compounded by responsibility for this being pushed back and forth.
Ongoing themes	<p>In Q2 we continued to hear that people:</p> <ul style="list-style-type: none"> Wait too long in A&E and for urgent care - however we are starting to receive more positive experiences of people receiving treatment within the four hour target waiting time with A&E departments. Have positive feedback about their interaction with staff in urgent care

Secondary care	
	<p>and A&E departments and are feeling listened to and being given detailed explanations about their treatment. However, this is not the case in non-emergency hospital departments where we heard problems about communication between staff and patients.</p> <ul style="list-style-type: none"> • Are continuing to wait long times for appointments with consultants or to have operations. We have heard some cases of patients facing multiple cancellations.
What are we doing?	<ul style="list-style-type: none"> • We have shared 6,500 people's experiences of A&E with NHS England to inform the long-term plan. This focused on the need for meaningful targets and systems for people to help set expectations around waiting times and support patient choice. These targets would also tell a more sensitive story about demand management in the NHS. • A roundtable has been held at which we shared our early findings on this year's data on emergency readmissions work. Our findings will be published in October. We continue to work with the Department of Health and Social Care to ensure that they deliver on their commitment to publishing this data on an ongoing basis.
External opportunities	<ul style="list-style-type: none"> • Develop insight on people's views on waiting times, potentially through national research. This would enable us to build on our suggestion in relation to the NHS Mandate that current waiting time targets don't tell the full story of what it is like to be a patient. • CQC has announced that they will undertake 3 new Local System Reviews and 3 repeat visits. We will continue to support them with this. We have suggested that there are ways in which our network could enable future activity to be undertaken more cost-effectively. This does not form part of CQC's immediate future plans but we will continue to explore this over the next few months.
Internal next steps	<ul style="list-style-type: none"> • We will be looking at how the feedback about empathy towards patients across services has changed over time, as this is integral to good quality health and care service delivery. • We will also begin an annual tracker to chart any changes in feedback received on people's experiences of A&E waiting times.

Social care	
Emerging themes	We have not identified any new social care themes in the quarter.
Ongoing themes	<p>In Q2 we continued to hear that people:</p> <ul style="list-style-type: none"> • Have trouble finding consistent and accessible information about care at home services • Ask for information about equipment services and care assessments. • Find significant variation in the quality of care delivered across care homes, including hygiene and activities for residents
What are we doing?	<ul style="list-style-type: none"> • The Healthwatch England National Director is acting as an independent advisor on the Social Care Green Paper. As we move closer to publication we will be initiating a working group to manage our overall contribution. • We published 'What people want from social care' in September. In addition we have completed our analysis of the experiences of 5000 carers, which we published on the first day of Q3.
External Opportunities	<ul style="list-style-type: none"> • The development and publication of the Social Care Green Paper presents multiple opportunities for Healthwatch to potentially make a difference. However in order to be most effective the Green Paper must answer these questions: • Is it understandable by the public and people who work in social care? • Will it support people to plan and make decisions about their care, will the public have access to high quality advice and information to help them make good decisions? • Does it facilitate quality and a wide range of choice in social care, do we have plans for a stable and varied social care provider market including care homes and support in the community, and will we have enough people with the right skills working in the sector? • Are the funding, charging and access thresholds fair, affordable and transparent? • Will it support families and carers? <p>We will use these tests to frame our next stages of policy work on social care.</p>

Mental Health	
Emerging themes	<p>In Q2 we received increased levels of feedback on the following area:</p> <ul style="list-style-type: none"> • People in crisis who are attending A&E are not receiving adequate mental health support and are just being treated for physical symptoms. As recorded in the secondary care section above, we have heard of two cases where patients in crisis overdosed on medication whilst in A&E.
Ongoing themes	<p>In Q2 we continued to hear that:</p> <ul style="list-style-type: none"> • There is no straightforward pathway to access services for young people and that there is a lot of variation between areas. • Adults as well as children and young people are waiting for a long time between asking for help and getting it; meaning that some people are reaching a point of crisis with no support.
What are we doing?	<ul style="list-style-type: none"> • We have started working on two specific areas of mental health support, maternity, and mental health services for people transitioning from childhood to adulthood. • We have designed and released three surveys to gather the experiences of people, practitioners and stakeholders to formulate key questions for our network to ask their local communities, with unprecedented take up. The next phase is to mobilise local Healthwatch to collect evidence on our behalf. • We have held a workshop to develop options for the Mental Health Programme Steering Group to consider our approach to researching some of the areas highlighted in our literature review. This will inform the next phases of work for the programme. • We have used 34,000 personal experiences to inform the development of the NHS long term plan. This is helping the NHS understand services that need to be put in place – e.g. additional peer support – but also the targets used to measure performance.
External opportunities	<ul style="list-style-type: none"> • 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. • Having reviewed the evidence gathered by local Healthwatch since January 2016 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. In particular this quarter we have done some work on suicide and have planned activity around prisons and homeless people.

People who find it hardest to be heard	
LGBT+ Community	<p>The following key themes have been identified this quarter on the challenges that people within the LGBT+ community face, particularly in relation to mental health:</p> <ul style="list-style-type: none"> • People fear the stigma that often accompanies conversations around mental health and sexual orientation. • Health care professionals can sometimes lack awareness of the different types of support available for the LGBT+ community, • At times, GPs make assumptions about people’s sexual orientation and gender identity alongside making homophobic remarks. • People experience long waiting times to access gender identity services
Prison Population	<p>In Q2 we have heard from 113 people about health and social care for people currently in prison or who have recently left prison.</p> <p>The following key themes have been identified in this feedback:</p> <ul style="list-style-type: none"> • There are pockets of good practice in most of the prisons visited by local Healthwatch, however these are balanced by poor access to appointments and treatment. • The biggest barriers to receiving treatment were lack of staff to enable prisoners to attend appointments, poor administration, and long waiting times.
External opportunities	<ul style="list-style-type: none"> • NHS England has made significant commitments to dealing with health inequalities and we know that our insight will be useful in the Long Term Plan process. This can include general commentary on all health inequalities as well as specific evidence such as the work we are conducting on the experiences of homeless people or our planned work on prisons.
Internal next Steps	<ul style="list-style-type: none"> • We have already published some of our findings on the feedback we receive on LGBT+ issues on our website and will be looking at this community more closely in relation to mental health support as part of our mental health programme. • We will be undertaking development work to understand experiences of prisoners and the impact that Healthwatch can have with this vulnerable population.