

## SWINDON BOROUGH COUNCIL

### NARRATIVE FOR VOLUNTARY SECTOR QUARTERLY PERFORMANCE REPORT

ORGANISATION: **HEALTHWATCH SWINDON**      QUARTER: Q1 2019/2020

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#### **BRIEF DESCRIPTION OF ORGANISATION REMIT:**

We are the independent champion for people using local health and social care services. We listen to what people like about services and what could be improved and share their views with those with the power to make change happen.

Healthwatch Swindon is here to:

- Help people find out about local health and social care services.
- Listen to what people think of services.
- Help improve the quality of services by letting those running services and the government know what people want from care.

#### **OUR PRIORITIES FOR 2019/20:**

The Healthwatch Advisory Board met on 24<sup>th</sup> April 2019 and Primary Care Networks (PCN) and Ageing well / Frailty were agreed as priorities for 2019/20 by the group. This follows on from the priorities agreed by the Bath and North East Somerset, Swindon and Wiltshire Sustainable Transformation Partnership (BSW STP) as focus group priorities for the NHS ten year plan survey carried out by Healthwatch.

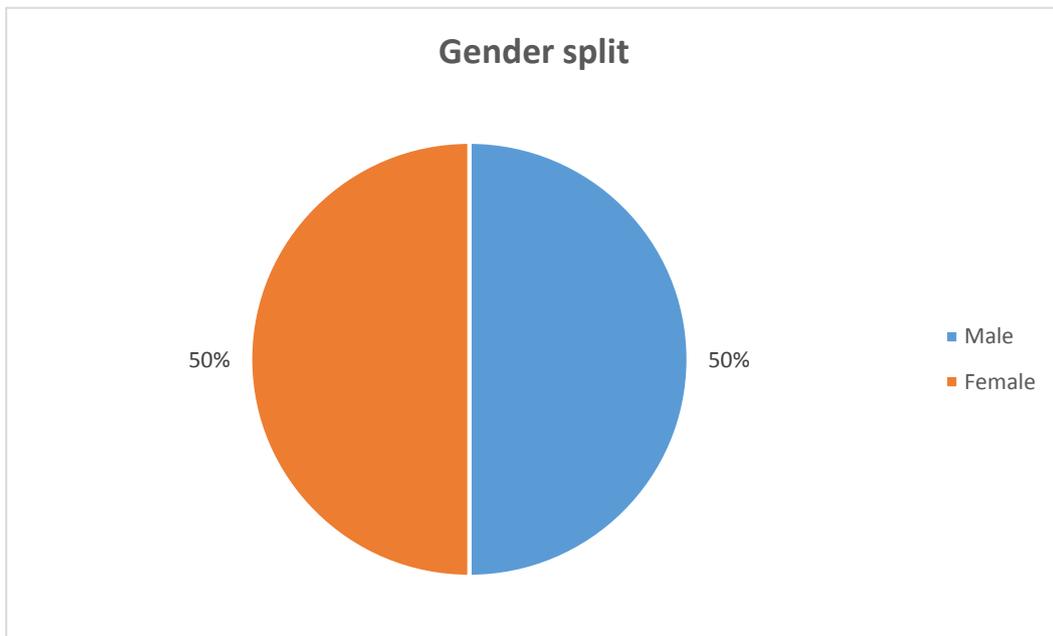
- Supporting people to have their say to help improve health and wellbeing services in Swindon
- Primary Care Networks working better together
- Mental health
- Ageing well / Frailty
- Self-care, prevention and wellbeing

## HOW MUCH IS YOUR ORGANISATION DOING?

*How many people are you working with, what does your demographic data tell us about your client group (for example: ethnicity, sexuality, disability etc.) and how does this data inform and influence your planning and service delivery? What gaps are you working to fill?*

### Current Campaign

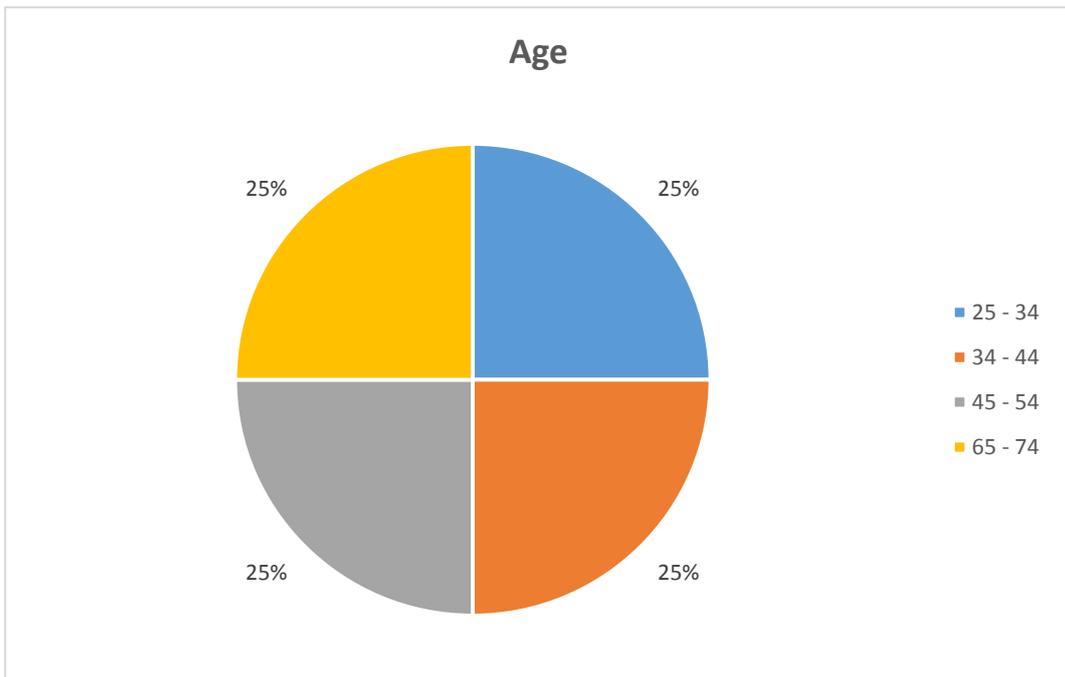
This quarter we have received **four** pieces of feedback from our on-line campaign. Two were from people who identified as female and two as male.



The reason we had a lower response rate in quarter one, compared to other quarters, can be attributed to the work we were doing to promote NHS Long Term Plan campaign, which invited people to take part in one of two surveys.

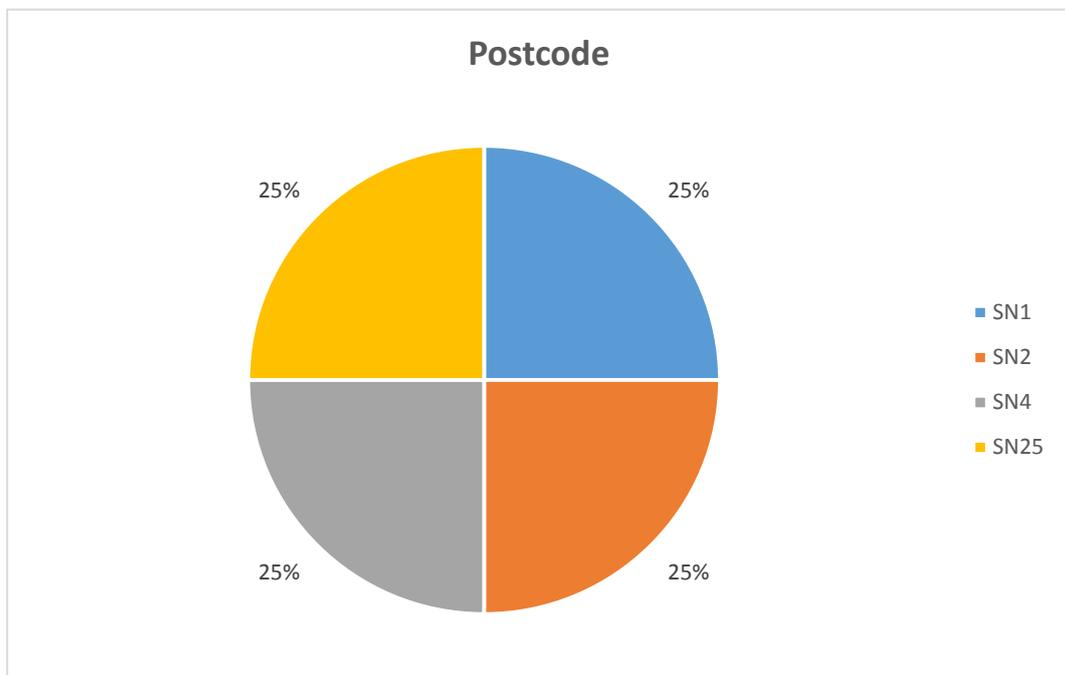
More information about our engagement around the Long Term Plan survey can be found after our commentary on ethnicity.

The age split is:



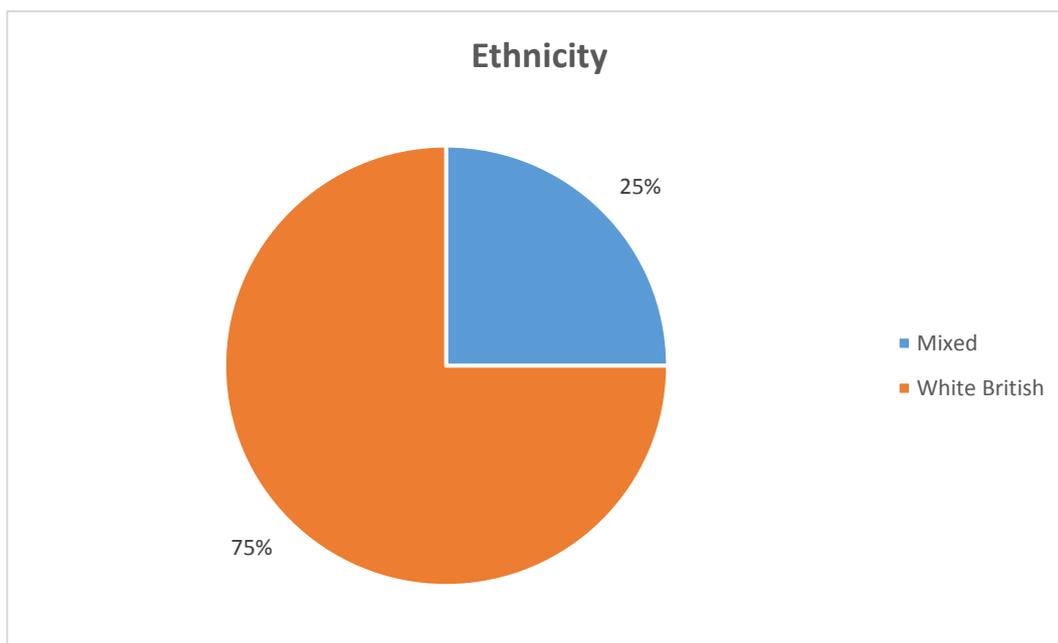
The proportion of feedback from different **age ranges** was evenly split for this quarter.

We are gathering feedback from the following **postcodes**:



There was an even split between four postcodes.

The ethnicity split is:



Three quarters of our general feedback is once again from white British residents and one person saying they were mixed ethnicity.

Given the low numbers of feedback received for this quarter it was not possible to pick out **key themes** from the additional comments made by respondents. The nature of the feedback, however, was an even mix of positive and negative.

Of the positive comments there was not enough information provided to ascertain which services were being referred to. From the negative comments one person was unhappy with the POD service and another was very unhappy about having waited for dental treatment since 2017.

### **NHS Long Term Plan Survey**

Healthwatch England commissioned Healthwatch Swindon to lead across the Bath and North East Somerset, Swindon and Wiltshire Sustainability and Transformation Partnership footprint (BSW STP). We were set a target of engaging with 750 people across the BSW STP and run two focus groups in each of the areas. Swindon completed 191 general surveys and 79 condition-specific surveys. The STP agreed priorities were Ageing Well / Frailty and Primary Care Networks. We also ran the focus groups at the following organisations in Swindon:

- Mervyn Webb Place
- Age UK
- Live at Home Group
- First City

- PPG Forum for Primary Care Networks

Swindon also wanted to speak to people with learning disabilities and autism to feed into the Autism Strategy. To facilitate this we ran a focus group at Swindon Advocacy Movement (SAM).

We also held an engagement event at New College and spoke to 80 students to gather views from young people, in order to inform this survey.

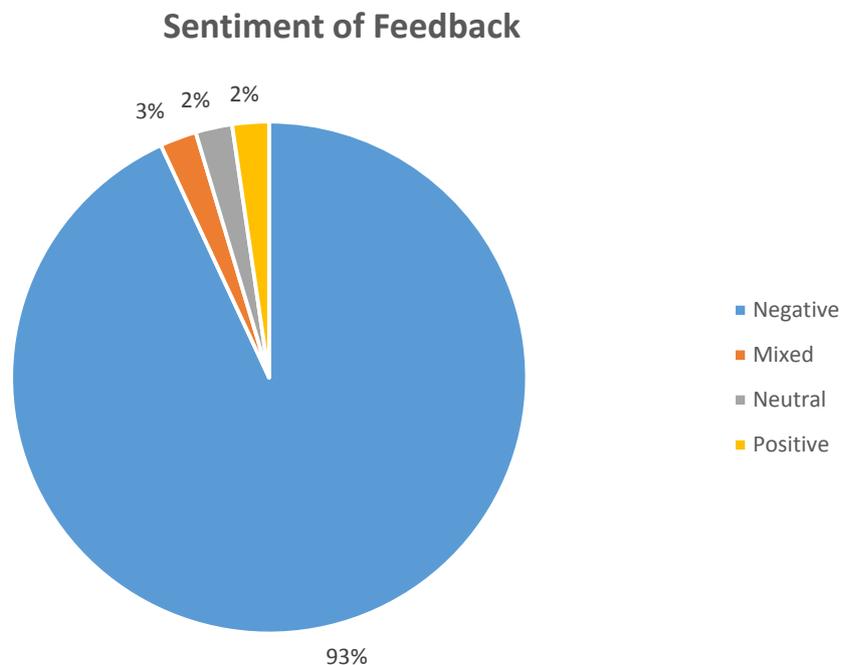
Healthwatch Swindon has collated the data and produced a report for the BSW STP. This is due for publication during July. We will continue to use the information that this report has produced to influence and improve local and STP priorities.

### **Data Collected through our Civi CRM Database (Healthwatch Database)**

All feedback gathered from telephone calls, e-mails, via our volunteers out in the community, at meetings and through some social media is recorded on this database.

We collected 87 pieces of information (this is 8 less than Q4). The majority of the feedback we received – 81 comments in total - was negative. We do not gather demographic data during this process.

Whilst the sentiment of the feedback was mainly negative, there was some positive feedback, as well as neutral comments and people expressing concerns rather than logging a complaint.



**Key themes** emerging from Civi CRM are:

- People continue to raise concerns about the service provided from the IMH hub of surgeries. 18 people spoke to us about this.
- There has been an increase in negative comments regarding GWH with 22 people expressing concern.
- Four people are concerned about mental health services
- Four people are not happy with the service from Prescription Ordering Direct (POD).
- Non-emergency transport is also causing people to contact us, with people calling in to find out why they are no longer eligible for transport. The contract has changed from Arriva to E-Zec. Healthwatch are arranging to meet with E-Zec and we are also trying to get clarification on the eligibility criteria. Once confirmed we will publish this information on our website.

All information is relayed back to the relevant provider for their action/comment within a 48 hour timeframe.

### **IMH Update**

This quarter we continued to monitor the feedback from the surgeries within the IMH group prior to their withdrawal in June. This information was recorded on our database and forwarded to CQC and CCG for action/escalation.

We agreed to work with the IMH Practice Manager at Moredon to form a Patient Participation Group (PPG) and encourage people to attend, during this withdrawal process. IMH also approached Healthwatch to support them with this. During their CQC inspection it was picked up and reported on that the staff did not know how to run meetings. Healthwatch put them into contact with a community tutor who provided training on how to run a meeting, which included minute taking, roles within a meeting, chairing etc. The tutor was then going to provide further training in assertiveness. This has since been cancelled due to IMH withdrawing from the contract.

Healthwatch are continuing to support IMH during this withdrawal process to form a PPG. We have set a meeting for August, printed posters and hand-outs to encourage patients who are registered there to come along and join the PPG. The idea is then to role this out to the other surgeries in the group.

**“Intelligence provided by Swindon Healthwatch – for example the Enter and View reports and personal patient accounts contributed to creating an accurate picture of the health care situation experienced by patients who used IMH practices”**

**Patrick Ismond, CQC Inspector**

## **Access Issues – Swindon Health Centre**

We are continuing to communicate with NHS Properties to see that the recommendations



are implemented from our Enter and View report of improvement to the steps with a hand-rail is carried out. This is now with the owners of the building (NHS Properties and the building contractors) and was due to start w/c 8.4.19.

*Unfortunately this piece of work did not commence – Healthwatch are continuing to communicate with NHS Properties to make sure*

*that this work is completed. We have been notified of a new start date of 10<sup>th</sup> July.*

## **Grassroots Meetings**

The following grassroots engagement activities have been attended:

- Swindon College
- New College
- First City Consumer Group
- LGBT Charter Group
- Mervyn Webb Place
- Age UK Tea and Coffee Group
- Swindon Advocacy Movement
- Get Active
- LD Forum – Confidence
- Ex-railway Workers Group
- Mind Support and Connect Group
- Stroke Support Group
- Ophthalmology Patient Group
- Nepalese Association
- Goddard House Residents
- Ridgeway/Wroughton PPG
- Old Town PPG
- Purton/Wilts PPG
- Oxfordshire PPG
- Swindon Live at Home Group
- Lift Psychology

## Outcome 1

### **To develop/maintain strong working relationships with Commissioners, key Boards and Partners**

The following key meetings have been attended this quarter:

- Health and Wellbeing Board
- Autism Partnership Board
- Primary Care Commissioning Committee
- Refugees and Asylum Seekers Forum
- Threshold – Healthcare of the Homeless
- LDPB Forum
- Local Offer launch Steam
- Monthly meeting with CQC Inspector to improve delivery and share intelligence in influence inspection
- Sanford House Tenants Meeting
- JSNA Meeting
- Oral Health Steering Group
- Primary Care Network regional event
- PPE Forum
- Local Safeguarding Adult & Children Board – new multi-agency event
- Quality Surveillance Group, South West North Meeting
- Adult Services Commissioner Meeting
- Swindon Equality Coalition AGM
- BSW Thrive Event
- Transition Roadshow

### PPG Forum

A focus group, was held on 2 May, with 21 members of the Patient Participation Group (PPG) Forum. The focus during the meeting was the development of primary care networks (PCN). This was carried out in addition to our routine PPG Forum to gather feedback for the NHS Long Term Plan survey, PCNs were one of the priorities identified as one of the priorities for BSW STP.

The objectives of the forum meeting were to:

- Ensure members of the PPG were aware of PCNs. Information from the Kings Fund was distributed prior to the meeting, along with an infographic showing a timetable of required action by GPs.
- Make members aware of changes already happening in Swindon regarding this.

## **What we did and what we heard**

It was explained to the 21 members who attended the meeting that it was understood the three groupings of GP practices in Swindon (Integrated Medical Holdings (IMH), also known as Better Health Partnership, Wyvern Health Partnership and Brunel Health Group) had been following the expectations from NHS England and preparing to establish PCNs within the terms set out in recently received documentation. The expectation was that PCNs would cover a population of between 30,000 to 50,000 people it was likely that the Brunel group would establish two or three PCNs whilst IMH and Wyvern were within the prescribed population range.

Discussion followed about the two outlying IMH practices of Eldene and Phoenix surgeries and how they would relate to the rest of the IMH group of Abbey Meads, Moredon and Taw Hill. Two other practices were not within the existing three groups and it was understood they were likely to be encouraged to join up because of the financial incentives and potential benefits to patients.

Whatever the organisation of GP practices, members felt the following would be vital to ensuring the successful development of PCNs:

- Communicate to patients clearly and well in advance of changes. IMH was cited as an organisation that had failed to do this when introducing its call centre.
- That patients understand that they may not (need to) see a GP and that other clinicians may be most appropriate.
- That reception staff are known and understood by patients to be trained to an appropriate degree in order to ask (the right) questions and respond to callers.
- There was mixed views on the options of travelling between different surgeries for services, those with transport were willing to travel, whilst those reliant on public transport would prefer not to.
- There was a general acceptance that PCN's, in principle, are a good idea to improve access to services. However, in Swindon there has already been issues with IMH and the implementation of a 'hub' which is managing the 'back office' activities. This includes a call centre that has been inefficient for the last 8 months. There has been a general lack of communication to the public from both the practices, IMH and CCG with any changes that have or will take place. There is real concern that this would continue to happen. At the moment there seems to be no clear accountability for the issues.

There were questions about the availability of home visits, extended hours, out of hours, weekend appointments and whether nurse practitioners were able to refer people to secondary (hospital) care.

By way of example of developments and improvement encouraged by the NHS Long Term Plan, it was explained that the Brunel Health Group had already started to recruit two

paramedics who would undertake some home visits to patients of practices in the group. The intention was also to recruit some mental health practitioners, similar to a number of practices in Swindon which already have one.

PCNs were required this year to recruit social prescribers, similar to Swindon's existing [community navigators](#). People felt that this was a good idea and were aware of the existing provision of the community navigators.

There was brief discussion about the work of PCNs with other organisations in their locality and the development of integrated care systems, as well as about the challenge of recruiting GPs to Swindon – albeit some practices were training practices and might be able to retain the services of doctors at the conclusion of their training.

For this forum the debate about arrangements for PPGs within and between PCNs was important and would be the subject of continuing consideration as the PCNs emerge.

## Outcome 2

**Working in partnership with other providers to influence commissioners to improve services by using data to identify health inequalities and solutions to addressing gaps. Work to improve the integration between health services in Swindon.**

## Current Campaigns

### **NHS Long Term Plan**

#### **What would you do?**

Healthwatch England have tasked local Healthwatch across the country to gather feedback from local people on how they would like to shape delivery of the NHS Long Term Plan. Healthwatch Swindon are the lead Healthwatch across the Swindon, Wiltshire and BANES STP and have worked with the CCG's to agree local priorities for focus groups. We have agreed to focus on:

- Primary Care Networks
- Frailty

Across the STP footprint we will be gathering 750 (250 for each area) surveys and running 6 (2 in each area) targeted focus groups on the agreed priorities, as well as targeting groups within Healthwatch England's priorities of:

- Learning Disabilities
- Autism
- Cancer

- Dementia
- Mental Health
- Lung and Heart Diseases

This engagement process is now complete, the work on this has taken a considerable amount of time this quarter. I would like to thank the team for the extra work that has gone into achieving this. The report is due for publication week commencing 15<sup>th</sup> July. The information in this report is already being used, for example to inform the recent JSNA on autism. It will also be used to inform an STP wide digital strategy.

### Projects

Our current projects were decided at our Advisory Group on 24<sup>th</sup> April 2019.

- **NHS Long Term Plan** - we have worked during the last quarter to complete engagement for the Long Term Plan and will continue to work to implement and influence how services are delivered in Swindon. The BSW STP set the following as priorities for the STP. Healthwatch will continue to work with these priorities for the coming year.
  - **Ageing well / Frailty** – we carried out a survey with First City for those receiving care in their own homes. We have since met with First City and will continue to work with them to gather feedback. We also engaged at Age UK and Mervyn Webb Place.
  - **Primary Care Networks** – we ran an extra PPG Forum to gather feedback on Primary Care Networks and provide local PPGs with information and give them the opportunity to ask questions. We are also continuing to work with IMH whilst they withdraw and are holding an open meeting in August with a view to forming a PPG in the Moredon Surgery to gather feedback from patients at the surgery and help influence improvement.
- **First City** – a survey for those receiving care in their own homes. Healthwatch volunteers carried out surveys with clients in their own homes. This information has been collated and returned to First City, who also carried out their own surveys. First City will produce a report from this collated information. Building on this work, First City Nursing has developed a new model of care and support that is outcome focused and person centred. Emphasis will be given to preventing the need for registered care by making better use of community resources, telecare and building on the strengths of individuals and delivering a support service that assists people to be as independent as possible. Healthwatch will be listening to user groups and gathering feedback with a view to making service more accessible.

- **Swindon Advocacy Movement (SAM)** – the final report for this project has been presented and published on our website. It was also ran as an article in Swindon Advertiser.

<https://www.swindonadvertiser.co.uk/news/17760246.report-highlights-barriers-people-living-learning-disabilities-access-practices-swindon/>

- **Direct Payments** – not yet started.

Projects and themes detailed above are agreed at the Advisory Group and link in with The Care Forum and Healthwatch England priorities and KPI's. We also have an element of 'reactionary' work from issues that arise.

#### Influencing Commissioners

Continual working with NHS Properties and Swindon Equalities Group to implement and improve access issues at Swindon Health Centre, see above for update.

Continuing to feedback comments regarding IMH to CQC and CCG. Working with IMH to form a PPG for continual feedback and improvement in this area prior to them leaving.

Healthwatch volunteers and staff are gathering feedback from the public using the Walk in at Swindon Medical Centre to find out why they are using the Walk in. It is known that the public use the service to get on the day health care, but it may also be that some of these could be dealt with at the doctor's surgery or elsewhere. This information will be used to influence any further decisions around this service.

#### Outcome 3

**Delivery an effective and responsive NHS Complaints Advocacy Service, improving patient and user experience and providing information and advice to local residents.**

We have had 28 requests for advocacy information during this quarter, which remains high.

There are 18 ongoing case, 4 new cases opened during this quarter and one case was closed.

Remarks from client following the closed case:

Client was satisfied with the support he had received from Healthwatch. Stated that he did not think that there would be anything that Healthwatch would be able to assist with due to the timescale, but was grateful that we had taken the time to listen to him

We have increased the opportunities to carry outreach with the Engagement Officer and have visited the Nepalese Association and ex-railway workers group during this quarter, and will look for other opportunities to promote advocacy out in the community.

#### Outcome 4

**Improve the awareness and profile of Healthwatch Swindon and engage the public (including less heard groups) in informing the shaping of health services in Swindon to ensure there is a greater patient, carer and public satisfaction with these services.**

#### **HOW WELL IS YOUR ORGANISATION DOING?**

***Example:** This is about the quality of the service that you provide to your client group, what do you have in place to deliver a good service, how well trained and supported are your staff, how do you ensure that the interventions you provide meet the needs of your client group? What evidence do you have for this?*

#### NHS Long Term Plan Feedback

- This quarter we have been engaging with the public for feedback on the long term plan. This report is due for publication before the end of July and contains lots of quotes and feedback from local people. Running focus groups and engagement events has enabled us to engage with lots of different groups and helped to raise the profile of Healthwatch locally.

#### Raising Awareness of Healthwatch

- 3 'Health Bite' bulletins have been sent out this quarter, one per month.
- We have been out to 21 'grassroots' events this quarter, an increase of 4 events this quarter.
- Promotion of the Long Term Plan increased our presence out in the community engaging with local people. We will be working with stakeholders and agencies across the STP to implement recommendations made within the report.

#### Staff Training and Support

Team meetings are held monthly – one for the Swindon team and one strategic meeting held for Team Managers in Bristol.

A Volunteer Meeting is held a couple of weeks prior to the Advisory Group meeting so that intel gathered can be fed into the Advisory Group process and decisions made on our work plan for the year and where we will carry out Enter and View visits.

Supervisions are held monthly for all staff.

All staff have an individual work plan which they work to on a day to day basis. Each Healthwatch project under The Care Forum works to a dashboard which is presented to the Board and RAG rated to show our KPI's.

**WHAT DIFFERENCE IS YOUR ORGANISATION MAKING TO THE USERS OF YOUR SERVICE?**

*What outcomes are you delivering and sustaining for your client group? How do you know you make a difference?*

Volunteers

We currently have 19 volunteers. No enter and view visits took place this quarter. We have met with Swindon Borough Council Commissioners for Adult Services and are planning to do a series of enter and view visits at care homes that have been flagged to us by Swindon Borough Council. The first one has been complete at The Orchards and the report is being finalised for publication during Q2.

Sam Baker the new Volunteer Support Officer is doing a sterling job in working with the volunteers and has increased the input hours this quarter to the highest it has been in the whole of last year.

A training event – Five Ways to Wellbeing – was attended by staff and volunteers and delivered by Mind.

Engagement Events attended by volunteers this quarter

**George - 8.5 hours**

Volunteer meeting  
Training  
Attended 5 Ways to Wellbeing

**Nazma – 19.5 hours**

Training  
Lift Psychology  
Citizen’s Assembly, South West  
Volunteer meeting  
Swindon Equality Coalition AGM

**Andrea - 3 hours**

Volunteer meeting

**Norma - 12.5 hours**

AWP Forum  
LSAB  
5 Ways to Wellbeing  
Volunteer meeting  
Training

**Moya - 20 hours**

Opening Toothill Community Centre

PPG meeting  
Oxford Brookes University  
Safeguarding Adults  
Training session Enter and View, equality, Safeguarding Adults  
Transitions Roadshow  
5 Ways to Welling  
Healthcare and the Homeless

**Paul - 24 hours**

Citizens Assembly  
Senate  
Volunteer meeting  
SWAT

**Joe - 30 min**

30 min catch up with Sam

**Alan - 30 min**

30 min catch up with Sam

**John - 3 hours**

Volunteer meeting

**Harry - 14 hours**

Volunteer meeting  
Training  
SWAT  
PPE deep dive on PCNs

**David - 3 hours**

Volunteer meeting

**Maria - 9.5 hours**

5 Ways to Welling training  
Volunteer meeting  
PPG meeting IMH

**Katie - 12.5 hours**

5 Ways to Welling training  
Volunteer meeting  
New College  
Training  
Social media training

**Pauline - 10 hours**

Volunteer meeting  
Induction  
Training

**Steve - 3 hours + additional as a trustee of TCF**

Volunteer meeting

All volunteers also feedback intel from different community groups and attend routine meetings.

### **WHAT ARE THE CHALLENGES FOR YOUR ORGANISATION?**

- **Staffing Issues/Opportunities**

There are challenges of capacity to meet all demands, with the additional pressure created by the engagement and report producing for the NHS Long Term Plan. This has taken up a lot of the time during Q1.

The team format remains the same:

Manager	37 hours	Carol Willis
VSO	18.5 hours	Samantha Baker
Engagement and Development Officer	18.5 hours	Jo Osorio
Advocate	20 hours	Jim Hogg
Information and Marketing Worker	18.5 hours	Vanessa Scott

The volunteers remain at 19, four of which are Quality Checker volunteers employed through SAM for an LD perspective on enter and view (we are continuing to work with these volunteers).

Team meetings (both Healthwatch Swindon, and a Strategic Manager's Meeting) are attended monthly. Supervisions are held once per month and team members are expected to follow a work plan agreed with the Team Manager and working towards the overall KPI's.

- **Advisory Group**

After discussing the format of this meeting with Sam Baker the new Volunteer Support Officer and Steve Barnes, The Care Forum Trustee we decided to

downsize the Advisory Group to make it easier to make the needed decisions. Alongside this we have introduced a Volunteer meeting. This meeting will meet a couple of weeks prior to the Advisory Group to feed in intel.

The Advisory Group will consist of: two members of Staff (the HW Manager and VSO), two volunteers, one Sanford House Tenant Rep and representation from any partner we are currently work with. Once this is established will see if any further volunteers need to be present.

- **IT** continues to be an issue. We have all fed back to Healthwatch England via their training needs analysis that we need further training on their Civi CRM database to enable us to be more effective in how we use the feedback we are receiving.

**Coming in Q2 2019/20**

- Long Term Plan – final report to be published and recommendations to be implemented.
- E&V visits for Swindon Borough Council at Care Homes.
- Work with First City Nursing to gather feedback on community services.
- Engagement work with the Nepalese Association. Will use our community budget to produce an impact report on the services received by the Nepalese Association and identify any gaps and ways to improve service.
- Direct payment feedback.

Provider Specific Data				
	Q1	Q2	Q3	Q4
<b>Number of paid Staff delivering contract</b>	5			
<b>Number of paid Staff hours spent delivering contract</b>	1342.5			

<b>Number of paid Staff hours lost through sickness</b>	1			
<b>Number of Volunteers delivering contract (added value)</b>	19			
<b>Number of Volunteer hours spent delivering contract (added value)</b>	141.5			
<b>Number of complaints received against the service</b>	0			
<b>Number of complaints resolved</b>	N/A			
<b>Number of complaints upheld</b>	N/A			
<b>Number of current DBS checks</b>	8			
<b>Number on waiting list (if applicable)</b>				

KPI	Measure	Q1 FIG	Q2 FIG	Q3 FIG	Q4 FIG	RAG	Customer FEEDBACK / HEALTHWATCH COMMENTS
Number of contacts providing feedback on services and gaps in service each month.	150 individual contacts.	169					
Increase social media presence.	3000 website visits* excludes long term plan	2807					We have not started to use Instagram yet
	At least 3 posts on Facebook per week (36 per quarter). Likes	53					
	At least 3 posts on Twitter per week (36 per quarter). Followers	339					
	At least 2 posts on Instagram per week (24 per quarter).	137					
One current survey running and published on website.	Attend 2 events to encourage completion of current survey.	2994					
		What would you do 'NHS Long					

		Term Plan'					
Advisory Group Meeting.	1 per quarter.	24.4.19					
Produce e-bulletin 'Health Bites'	Produced monthly, looking to increase subscription	1522					
Meeting attendance	100% representations at: Health and Wellbeing Board Scrutiny Committees Primary Care Commissioning Committee Volunteer representation details in report	N/A N/A N/A					Health and Wellbeing Board and PCCC was postponed due to purdah. Scrutiny was not attended due to sickness.
Support one engagement event per annum with LDPB	Co-delivery of LDPB Forum	21.5.19					
PPG Forum	Facilitate and develop. 1 per quarter.	2.5.19					

Influencing service improvement	1 per quarter.						
Enter and View	3 carried out per quarter.	0					No E&V were carried out during this quarter. Volunteers attending E&V training and we will be carrying out a series of E&V at care homes.
Advocacy Support	70% NHS advocacy service users felt satisfied with the support received from Healthwatch regardless of the outcome.	N/A					
Advocacy Support	20 advocacy supports provided. On-going cases Brief Intervention packs provided						
A baseline stakeholder survey to establish what the service is doing right and where it can consider changes.	Annually	To be complete Q2.					

Annual Report Produced	Annually	Complete and on website					
		Q1	Q2	Q3	Q4		
<b>Value Added</b>							
<b>Number of volunteers supporting delivery of contract</b>	Plans to increase to a maximum of 25.	19					
<b>Number of hours</b>		141.5					
<b>Value (using minimum wage £8.21)</b>		£1,161.71					This is the highest it has been in the past year.