



Monthly Update the work of **healthwatch**
Kent

This report gives examples of the things we have achieved in June 2017

Section 1: How we made a difference

ISSUE	Action Taken	Outcome
The information and support available when a GP practice closes	We collated the information that they had received from the public.	We have produced a report with recommendations we would like to see followed in the lead up to a GP surgery closing.
Online appointment System at a GP surgery not working	We contacted the practice manager to understand the reasons for this.	The practice responded by confirming the system was working but they only offer a limited number of appointments online due to low demand.

EKHUFT - we commented on the letters that were being given to patients affected by the move of junior doctors at Kent and Canterbury.

This month we had 352 contacts with the public.

Section 2: How we influenced and worked with others

How we influenced the key strategies across Kent:

We chaired the Patient & Public Advisory Group for the Kent & Medway Sustainability & Transformation Plan where we heard that the recommendations report had been agreed by the board. The group had made four recommendations:

1. Improve information sharing from programme workstreams to the PPAG, in particular, timescales and milestones of workstream plans.
2. Integrate public and patients into programme workstreams
3. Improve engagement with seldom heard groups in Kent & Medway
4. Ensure the pooled engagement resources of commissioners and providers can respond quickly and flexibly to the needs of the programme workstreams

These are all now being progressed.

We took part in the monthly comms and engagement meeting re the Kent & Medway Sustainability Transformation Plan

We held our monthly peoples panel with Kent County Council looking at aspects of their work that would benefit from input from the public. We fed back on the draft Health & Wellbeing Strategy

We participated in the development of the Integrated Impact Assessment on those seldom heard people in the area by the plan's proposals.

We attended the Stroke Programme Board to ensure public views continue to be fed into proposals for services for the first 72 hours of stroke

We participated in the Thanet Integrated Executive Programme board and discussed how patients are being involved in local developments

How we worked with and influenced providers and commissioners (stakeholders):

We contributed to the Single Oversight Group that reviewed the proposal for services staffed by junior doctors to be moved from Kent & Canterbury Hospital, as set out in Steve's Blog on our website: <http://www.healthwatchkent.co.uk/steves-blog>

We met with the Kent Community Health Foundation trust to discuss our plans for a 'help card' for patients with additional needs to use discreetly with their services. We also discussed their new school nursing contract.

We met with the Patient Participation group chairs in Thanet and heard about local concerns and good practice in telephone triage at one surgery.

We participated in discussions about the number of mixed sex wards across the county and how effectively they are monitored.

We met with the comms and engagement leads from providers and shared information on the STP, Accessible Information Standard progress, the ambulance trust and others were interested in our work with gypsy and travellers.

We met with Public health re involving patients in changes to their sexual health services

We attended the patient experience committee at Maidstone & Tunbridge Wells Hospital Trust

We shared our feedback about providers with commissioners across the county at the Quality Surveillance Group

We attended the East Kent Hospitals University Foundation Trust Patient Experience Committee and discussed complaints performance, and also attended their improvement meeting reviewing their progress against their action plan with the Care Quality Commission.

We attended the national Involve conference to look at research programmes Healthwatch Kent can participate in.

We are part of the Deaf Wellbeing & Access Project looking at these issues for deaf residents.

We discussed how the Capped expenditure Process would impact on West Clinical Commissioning Group

We met Virgin Healthcare to discuss their patient and public engagement strategy and discussed plans to gather experiences from their patients.

Section 3: How we reach out to the public, listen to them and work with volunteers

We have had 352 contacts this month via telephone, email and face to face visits.

We have a programme of engaging with the public and hard to reach groups face to face. In June we visited:

East Kent Mencap GOLD Project, Bring & Share Event	Ramsgate	01/06/2017
Maidstone Hospital - Information Stand	Maidstone	07/06/2017
Canterbury PRIDE 2017 Event	Canterbury	10/06/2017
Carers FIRST Wellbeing Event	Tonbridge	13/06/2017
Darent Valley Hospital - Information Stand	Dartford	14/06/2017
Gypsy / Traveller Community Visit	Ulcombe, Nr. Maidstone	22/06/2017
Coffee Caravan	Dover	06/17
Mental Health Carers Support Group	Maidstone	27/06/2017
Canterbury Medical Centre	Canterbury	29/06/17

Section 4: How we use public and stakeholder views

Project report - June 2017

Kent wide

All public facing organisations were legally bound to offer accessible information to all people with additional communication needs by 1st August 2016. We are in discussions with East Kent Mencap to utilise people with a Learning Disability to assist with some mystery shopping to gauge the public's experience of accessing information in the new formats.

Our feedback on the accessibility of each of the Trusts and KCC websites was due to be tabled at a meeting on 9th June, but due to several apologies this has been cancelled another meeting will take place in September. We have committed to KCC and the Trusts to do some focused work on what patient's views are in terms of a 'good experience' of making a complaint - this will not take place until the Autumn 2017

Further to the feedback from KCC and the carers organisations about our draft report, we agreed to meet with the care organisations to discuss in more detail. The Operations Manager attend a 'carers assessment' appointment, but the carer did not want another person present, so time was spent with a carer assessor to gain a firmer understanding of what is involved. A second project plan needs to be drafted for the Steering Group for agreement

We shared the feedback from our volunteer survey with the volunteers this month, to date we have not had any feedback

West Kent

We have completed our second phase of the discharge project. We have received more than 80 completed questionnaires and have drafted our report. It was sent to MTW for comment which we have received. We have agreed to do one further visit to gain further feedback

Following our publication of the Mental Health Out of County Bed project, Healthwatch Kent continues to work with Kent and Medway Partnership Trust to improve service provision and continues to keep carers groups and other organisations up to date with the outcomes.

East Kent

We have published our access to GP appointments and Thanet GP closures reports this month. Further work is being planned on how we take the recommendations forward

July activity planned

Kent wide

We should hear this month if we have been successful in gaining our 'Investors in Volunteers award'

The Physical Disability Forum Working Group will meet on 20th July. The focus of the meeting will be led by KCC to discuss the tender process for the pot of money they are looking to re-allocate to an Information and Signposting service.

We are setting up a project planning meeting with East Kent Mencap to take the Accessible Information Standard project forward.

Further to the feedback from KCC and the carers organisations about our project draft report, we have agreed to meet with the care organisations to discuss in more detail. The Operations Manager attend a 'carers assessment' appointment but the carer did not want another person present A new project plan needs to be drafted and sent to the Steering Group for agreement on the additional work that is required to enhance the current data in the draft report

We are currently mapping all the Forum activity that takes place around Kent, with a view to ensuring Healthwatch Kent has visited all the relevant forums to raise our profile. This work is ongoing

We will publish our Gypsy and Traveler report

We have still not heard from the equipment store about a visit to Aylesford. We will repeat the request

We are organising dates for volunteers to attend patient transport across all three areas of the county, it will be a 'day in the life of those working directly on the front line, to gain patient feedback and experience first-hand the service offered. The feedback from this work will feed into our 'Discharge' project.

Our care home survey to care home managers went live during the first week of July with a closing date of 21st July. Once feedback has been collated we will start planning phase 2, which will involve enter & views to a sample of care homes across the County

We are meeting Strode Park on the 11th July and EKHUFT on 2nd August to gain some background into Neurological services in Kent, to find out how services are planned and managed prior to undertaking some project work.

We are planning to ask up to 100 members of the public a series of questions about how they find the right service for them, is information readily available? what do they do if they are unsure? and how is the best way to communicate with them? We will also be asking the providers and commissioner how they communicate with the public

Our Big Red Bus replacement is currently being planned by our sister company 'Engage'

West Kent

We will attend one more visit to West Kent Hospitals to gain further feedback from patients with a delayed discharge - the outcomes of this will be added to our draft report

East Kent

We are starting to think about carrying out a discharge project in the East of the County, discussions are ongoing with the Trust.

Following our interim update on access to health and social care focusing on the Eastern European population in Thanet, we are attending a Practice Manager meeting in July and talking to Thanet CCG about how things can move forward

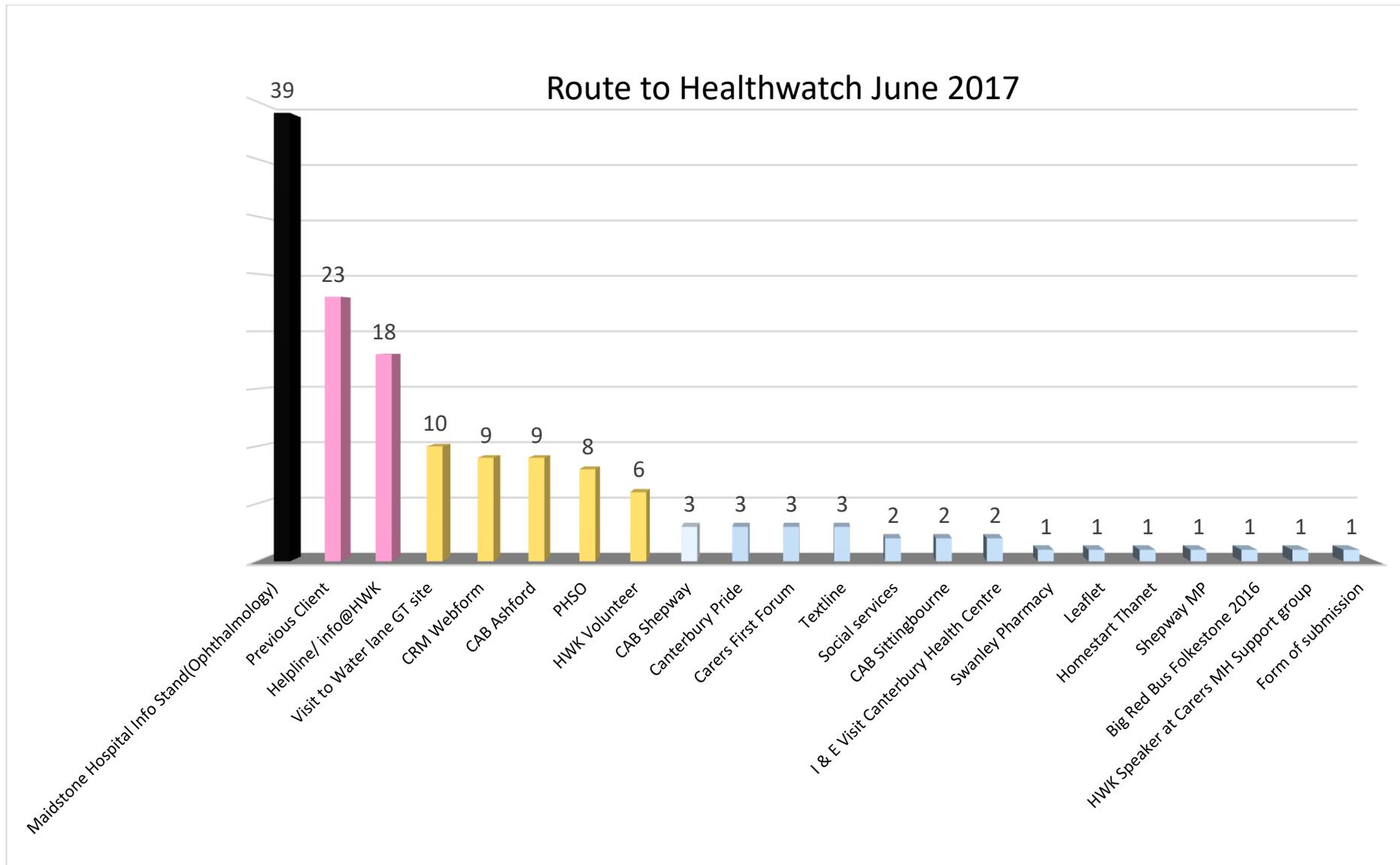
North Kent

We are talking to Virgin Healthcare about the nursing care people are receiving at home which is provided by their company in the North of the County. We plan to send out packs to those in receipt of care to gain feedback on the quality of service provision. These will be posted by Virgin with responses coming back directly to Healthwatch Kent.

Section 5: Providing Information & Signposting

<p>Number of Contacts This month: 352</p> <p>Accumulative Year 4 To month end: 4535</p> <p>Total accumulative: 8937</p>	<p>Public Enquiries: Telephone: 22 E-Mail: 3 Webform: 11</p> <p>Public Voice contacts to Helpline: Telephone: 23 Email: 21 Texts: 1 Forms: 52 Webform: 2</p> <p>HWK General Contacts:129</p>
<p>Public contacts response rates:</p>	<p>Telephone: Same Day: 22 1 day : 0 2 day+: 0</p> <p>Email: Same Day: 24 1 day : 2 2 day+: 0</p>
<p>Signpost and advise the public to assist navigate the health & social care services in Kent.</p>	<p>Enquiry Themes (Multiple topics can arise per contact) A: Local Health/Social Care Services: 10 B: Rights/responsibilities: 4 C: Complaints: 1 D: Complaints Advocacy: 32</p>
<p>Provide a quality service that meets range of needs using a variety of formats.</p>	<p>1: Provision of contact info: 1 2: Research information: 14 3: Referral: 32</p>

	<p>: Out of 25 clients who were invited to comment 14 responded and were very satisfied with the service they received.</p> <p>:Year 4 Data Review Extract: Increased Ethnic Representation in data through Engagement; White British 73% (reflects17% increase in Contacts) Anon/Declined 19% (lower, better form filling) White Roma/ Gypsy Traveller 4% (Up) White Other 2% (Up) Asian 2% (Up)</p>
Provide A Quality Service Accessible to All:	Route to the Helpline (Chart attached)
Public Voice:	<p>Your Comment Counts Forms: 52 Events/visits Attended: 6 Total number of individual feedback contacts collated: 105 (Incl. Letters/Tel/Email/Texts/Feedback from External visits and YCC Forms)</p>
First point of contact service activity:	<p>HWK General:129 (volunteers/engagement/invitations/info-sharing by external organisations):</p> <p>Admin Tel & Email: 66 (internal signposting/info sharing)</p>



Section 6: Working with Healthwatch England and other local Healthwatch

We made two submissions for national Healthwatch Awards:

1. Kent is home to 1.52 million people making it the most populated county in England. It is also seen as an affluent county and so it surprises people that we have some of the biggest populations of prison inmates, unaccompanied asylum seekers and traveller communities.

There are 11 permanent Traveller sites in Kent and many more unofficial sites spread around the county. We have visited seven of these during the past year.

The purpose of these visits has been twofold;

- To provide information and support directly to these communities and ensure they are aware of the services that are available to them
- To listen and capture their experiences of local health and social care services

We have worked in partnership with the Gypsy & Traveller Unit at Kent County Council to plan our visits and ensure the communities were informed and willing for us to visit.

During the visits, we spoke face to face with 47 people who raised 85 issues, mainly regarding NHS services. We shared with them bespoke information particular to their needs and listened in depth to their experiences.

We put 120 information packs through the doors of everyone we couldn't meet at the time, which included details of how to access urgent services like 111.

From these visits particular themes emerged including:

- Access to a GP can be difficult. We heard about a lady with complex health needs who was unable to register with a GP in Kent and so was travelling 20 miles to Surrey for her appointments for the past 7 years. We were able to advise her about her rights to a more local doctor and contact details for NHS England.
- Information about emergency dentists was not widely known. Our Healthwatch Kent leaflets about access to dentists and dental charges were very popular

- We consistently heard that Gypsy & Travellers find it difficult to access NHS services and felt there were barriers in place for them.

We were able to support individual cases too such as a child of nine who is asthmatic and extremely anxious of the dentist. The family had tried several NHS dentists but not received the additional support that they needed to overcome his severe anxiety. Healthwatch were able to research the eligibility criteria for a specialist service. The Information & Signposting Team kept in contact with them and they are now receiving the correct service.

Everything we have heard has been shared with the relevant providers and commissioners. We are publishing a report in June summarising all the findings.

Based on what we have heard, we are now producing a 'Help Card' which will be freely available to anyone from the Kent Gypsy & Traveller community. This card can be used by the patient to discretely indicate to a health or social care professional that they may need additional support or information in a different format. We have already produced similar cards for Deaf people to request a British Sign Language translator which have proved to be very effective.

In 2017, we will visit the remaining four sites and extend visits to the District Councils who also run their own sites in Kent.

2. Kent has worked closely with local and national organisations to ensure best practice in public engagement in service change, and have shared our work with the Healthwatch network and thereby improved practice across the country. We developed our **Best Practice Guide to Consultations** with The Consultation Institute, which clearly outlined the legal process and stages that organisations must follow when planning a service change. Our Guide formed the basis for Healthwatch England's own 5 Steps and is also being used by many local Healthwatch such as Staffordshire and Dorset, where it was adopted as policy for their STPs, as well as Wiltshire, Harrow, Birmingham, Derbyshire and Devon.

We also identified further gaps around the engagement with the public prior to a consultation. This led us to work with local commissioners, providers and voluntary sector to co-produce our **Best Practice Guide to Engagement & Pre-consultation**, to support organisations to better understand and appreciate the importance and value of engaging and involving patients.

We conducted **Engagement Healthchecks** with the key NHS organisations in Kent to review their engagement processes and made recommendations to their Boards. This has succeeded in significantly raising the profile of the need to engage the public effectively.

Both of these guides have given us strong influence in our conversations with the Kent & Medway STP and our case for engaging with the public. They asked us to help create a **Public & Patient Advisory Group (PPAG)** to support the STP. The group is made up of 12 members of the Public plus the CCG Lay Members and vol sector reps, and is now a key part of the Governance structure of the STP. Over 90 people were interested in applying to be part of the PPAG. Established and chaired by Healthwatch Kent, it is already proving to be a key driver for better involvement and engagement as we move towards significant service change in Kent & Medway. Although in its infancy, the group have ensured patients are to be involved in every STP workstream and produced a recommendations report that challenged the development of plans that to date have had little public involvement.

We have also developed a similar group called the **Peoples' Panel** which will support Kent County Council with its own need to engage better with people plans for social care. Our aim is that it becomes a key part of the service change process and will help support KCC to think about engaging and involving people much earlier and more effectively.

While there is still much to do, our work is clearly influencing both NHS and Local Authority to engage and involve people better. We have also supported many other areas across the country where Local healthwatch have benefitted from using our work directly, and Healthwatch England have used our work to inform their guidance for the network and national stakeholders.

Our next project is to engage with seldom heard communities in an innovative, cost effective way to showcase to the STP and the partner organisations how powerful good engagement can be.