

# healthwatch

Barking and  
Dagenham



## Healthwatch Barking and Dagenham Annual Report 2015-2016



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# Chairs Message

Welcome to the third annual report of Healthwatch Barking and Dagenham.

This year has been a busy and successful year. I would like to take this opportunity to thank all our volunteers, staff and board members as this would not have been possible without them.

Throughout the year we have worked on a number of projects and undertaken 9 Enter and Views across health and social care: The majority of which have had a positive outcomes for service users.

We are especially pleased with the outcomes from the phlebotomy project. This piece of work was shortlisted for the Healthwatch awards. On the night of the awards Healthwatch Barking and Dagenham was highly commended in the category of “the value we bring to the community”.

We are equally proud with the Enter & View undertaken at Morris ward, where patients from Barking and Dagenham were staying longer due to an embargo on housing, since the visit this was uplifted and patients were discharged.

There have been areas where we have had a real impact and areas where more work needs to be undertaken.

This year we have worked with Havering and Redbridge Healthwatch on the Urgent Care Project. We worked jointly



**Frances Carroll**

on some primary research to help Barking Havering Redbridge University Trust (BHRUT) and the 3 local Clinical Commissioning Groups (CCG) to better understand how local people use urgent and emergency care services.

All three Healthwatches spoke to over 1000 people about their views on urgent and emergency care. These views are now being taken into account in the development of the new care model.

The CCG asked Healthwatch to host the annual event on their commissioning priorities. The feedback from this event has contributed to the CCGs decisions on commissioning for the coming year.

Last year our internal review found we needed to engage more with young people. To do this we have attended the Bad Youth Forum and involved the young people in re designing our leaflet. We have also signed up to take on work experience students.

The introduction of the Accountable Care Organisation (ACO), a new way of structuring health and social care services, poses many questions about how this will work best for the local people. We have taken part in the voluntary sector workshops, which looked at the role the sector, will play in the ACO.

Throughout the year, we have set up opportunities to listen and take note of experiences from local people who have used services within the health and social care system. Through these events we have signposted those who needed support in accessing services. The local intelligence has also helped us challenge commissioners and service providers. Furthermore trends captured throughout the year have then used as evidence for our work plan and priorities set for the coming year.

I would like to take this opportunity to thank all the partners and local people who have worked with us in making our local Healthwatch successful and look forward to working with everyone in the coming years.

# The year at a glance

We were highly commended for the “value we bring to the community” in the national Healthwatch awards.



We've met hundreds of local people at our community events.



We have Enter & Viewed 9 local services.



We made 34 recommendations from our Enter & Views and 26 were accepted.



In total we made 26 recommendations in our reports, 23 were accepted.



We registered and taken on work experience students this year.



# Who we are

We exist to make health and care services work for the people who use them.

Everything we say and do is informed by our connections to local people. Our sole focus is on understanding the needs, experiences and concerns of people of all ages who use services and to speak out on their behalf.

We are uniquely placed as a national network, with a local Healthwatch in every local authority area in England.

Our role is to ensure that local decision makers and health and care services put the experiences of people at the heart of their work.

We believe that asking people more about their experiences can identify issues that, if addressed, will make services better.

## Our vision

**We will continue to:**

- Help you to shape and improve the services you use.
- Engage with people in your community & if you haven't met us yet, please get in touch!
- Be inclusive & we want people from every part of your community to join us.
- Tell you what's happening
- Use your feedback as evidence to build a true picture of your local services.

## Our strategic priorities

- Champion the voice of the local community ensuring that we are inclusive and visible to all.
- Use evidence based feedback and make recommendations to service providers and commissioners.
- Continue engaging with vulnerable and disadvantaged groups
- Enable people to monitor and review the commissioning and provision of local care services relating to: the standard of provision; whether they could be improved and how they ought to be improved.
- Promote and support the involvement of people in the commissioning, provision and scrutiny of local care services (Health Care and Social Care).

Under the Health and Social Care Act 2012 Healthwatch Barking and Dagenham have the rights to:

- Have a seat on the Health and Wellbeing Board.
- "Enter & View" premises.
- Request information from providers and commissioners.
- Write reports containing the views of local people on health or social care services.
- Make recommendations and request a response.

# Listening to people who use health and care services



# Gathering experiences and understanding people's need

In order to gather the views of the community and identify local needs, we have taken the proactive role of making it easy for people to share their experiences of health and social care services.

## Public events

Throughout the year we have held four public events.

These events are an opportunity for us to speak to a range of people from the community and understand their needs.

We are able to use this evidence to challenge service providers and commissioners and use the information to identify local priorities.



## Associates and interested individuals

Healthwatch Associates are organisations or groups which are formed around their service users' needs on a particular area of health or social care. We currently have 25 Healthwatch Associates.

The relationship with the organisations enables Healthwatch to share and seek views of those accessing particular services. It also gives those community members who are not confident sharing their concerns, the opportunity to do so, through the Associates.



## Enter and Views

Enter & View visits are carried out by trained Enter & View Representatives. The visits give a reflection of what the service looks like during the visit. Service users, family members and staff are spoken to.

These visits are crucial where individuals are unable to come out into the community to share their concerns.

**We have undertaken 9  
Enter & View visits this year.**

## Project work



There are certain projects we work on where we need to speak specifically to those who have used the service. Therefore we proactively go to where the service users are for example:

- For our urgent care project we attended the A&E department, GPs and Walk In Centres to find out what people know about urgent care in the local area.
- We worked with North East London Foundation Trust by sending out questionnaires on the Intensive Rehabilitation Service as our target audience was those using the service.
- Our volunteers and staff visited all venues where blood testing services are being provided to seek the views of those in the waiting area.

## Other ways we have gathered experiences:

- Through our social media (see page 37).
- Hosting an event for the Clinical Comissioning Board (see page 39)
- We receive a number of phone calls throughout the year; this information is saved on our database. (see page 22 for a breakdown).

### How we engaged with older people over the age of 65.

Public events give us the chance to speak to a wide range of people, recruit volunteers and help signpost people to the correct services. One event was specifically for older people. On the day people mainly spoke about general health and social services, no themes emerged from the day.

Most of the service users accessing the Intensive Rehabilitation Service were over 65. (Please see page 31 for more information on this project and the outcomes.

We also have an older person's representative on the Healthwatch Board, Barbara Sawyer.

Last year a piece of work was undertaken to look at the areas we could improve on. According to the report our Healthwatch needed to involve young people more.

This year we have involved the BAD Youth Forum, (forum of young people) by seeking their views on how our leaflet could be made more attractive to a younger audience. We have designed a new leaflet incorporating the views of those young people.

A work experience student from year 10 has assisted with designing the new version.

To match with our branding a new bookmark has also been produced by the young work experience student!



### *Quote from our work experience student:*

*“Work experience at Healthwatch Barking and Dagenham was an excellent experience for me. The experience certainly opened my eyes and mind about health care in Barking and Dagenham and how it must be improved, to suit all types of disabled patients and able patients.*

*I have done a lot of projects at Healthwatch Barking and Dagenham, one of my favourite projects was the leaflet and bookmark project. I had to redesign the leaflet and bookmark for Healthwatch Barking and Dagenham, so it can be more eye-catching for people of all ages and abilities. I used publisher to make the leaflet and bookmark and I used a range of shapes, colours and fonts to express the point of Healthwatch Barking and Dagenham, and the work they do to improve health care.”*



## How we engaged with people we believe to be disadvantaged, seldom heard or vulnerable.



There are a number of ways in which our Healthwatch have engaged with this group.

- We have spoken directly to parents who have children with Special Educational Needs by attending the Just Say Forum.
- We have undertaken an Enter & View on an Adult Mental Health Unit. (Please go to page 19 where there is a case study of this work).
- The residents of Park View Care Home have dementia, as this group of people are particularly vulnerable, it is important that their views are fully evaluated. Healthwatch representatives therefore spent some time observing resident and staff interaction and spoke to family members. (Please see page 14 for a summary and findings of the report).

## How we engaged with people, who live outside our area, but use services within our area.

Take a look at the different ways we have incorporated the views of people who do not live in the borough but use the services.

- Barking Havering Redbridge Hospital Trust cover a number of areas, when we undertake Enter & View visits we speak to all the patients and the staff. Not all patients and staff live in Barking and Dagenham.
- We use Street life to consult with people who live in the neighbouring boroughs on local services we share
- During public events we encourage staff from other organisations to give their views. All staff do not live in the local area.
- Healthwatch have a database of interested individuals. These individuals receive up to date information relating to health and social care matters. A number of the individuals who have signed up do not live in the borough.
- We have 25 Associates registered. Associates are organisations representing a particular group of people. Individuals working in the organisations are not all from our borough.

# What we've learnt from visiting services



## What is Enter and View?

Enter & View is carried out under Section 221 of the Health and Social Care Act 2012. It allows Healthwatch to Enter & View certain health and social care services.

Authorised representatives observe and gather information through hearing the experiences of service users, their relatives /friends and staff to collect evidence of the quality and standard of the services being provided.

The information is then used to produce a report, which is shared with the service provider asking them for a response to any recommendations made.

We have completed 9 Enter and Views this year.

## Enter & View Authorised Representatives

- Barbara Sawyer
- Val Shaw
- John Southall
- Frances Carroll
- Mary Parish
- Manisha Modhvadia
- Richard Vann
- Marie Kearns
- Roman Lakhera

**34**  
**Recommendations**  
**made.**

**26**  
**Recommendations**  
**accepted.**

### Enter and View at Hanbury Court

We found service users were happy with the services being provided; there were no major issues that emerged at the time of the visit.

It did come to light that the lift/elevator in the home was not fully accessible for people with limited or no mobility. For this reason Healthwatch recommended that the service provider should consider looking at options where this could be made more accessible.

We did not receive a response from the service provider.

## Park View



An unannounced Enter & View visit was undertaken after concerns were raised about the choice of food made available to residents.

Park View is a 24 hour nursing and dementia care home.

During the visit we found:

- The home was recommended by the residents and a family member.
- Oaks 2 garden area was not well-kept and the smell in the corridors was unpleasant.
- Some residents were unaware that there were food choices on offer.

Healthwatch made recommendations based on the findings.

The outcome from our visit has been positive; the service provider has involved residents in tidying the garden and planting flowers. Residents have also been made aware of food choices and the menu has now changed. Furthermore the cleanliness to the unit has been addressed and is regularly monitored by the manager.

3 recommendations were made and the service provider accepted all of these.

## Gardiners Close

We received concerns about the lack of activities being provided to the residents. Due to the nature of the visit, Authorised Representatives decided to undertake an unannounced visit.

Gardiners Close is a supported living complex for those with learning disabilities.

We found:

- Some areas of the home were in need of renovating.
- Staff knew each resident very well including what they liked to eat.
- There was a need for activities to be more stimulating to the mind.

Our recommendations included renovating the home and more activities to be offered that would be intellectually stimulating for residents.

The area manager responded positively and informed Healthwatch that the team are looking at new activities for the residents.

The communal areas are due for redecoration in 2016/17.

2 recommendations were made and the service provider accepted both. As the redecoration is not due till 2016/2017 Healthwatch will ask for an update.

## Fern Ward and Amber Wards Follow up Visits



### Fern Ward

#### Medicine and Elderly Care Ward

On 8 October 2014 Barking and Dagenham Healthwatch carried out an Enter & View of Fern Ward, King George Hospital.

Some of the areas highlighted as needing improvements previously included:

- Information boards not being correctly updated.
- Catering staff not waiting for people who were in the toilet and not asking loudly enough if patients wanted a hot drink.
- People waiting too long when they used the call buzzer.

The trust responded positively, with an action plan to implement changes.

An unannounced follow-up visit was undertaken this year. Authorised representatives could clearly see that improvements were made in the areas previously highlighted. The changes seemed to be having a positive impact on patients on the ward. This was reflected in the feedback received from the patients.

6 recommendations had been made, and feedback from the follow up visit evidences that improvements have been made, having a positive impact on patients on the ward.

### Amber A&B Wards

#### Trauma, Vascular Surgery and Orthopaedics Wards

Healthwatch undertook an Enter & View visit to Amber Wards A&B, Queens Hospital, on 20<sup>th</sup> March 2015. Taking into consideration the feedback from patients Healthwatch recommended;

- Better communication between ward staff and catering staff.
- Protocols to be in place to check finger nails of immobile patients in case of infection.
- More checks on patients who are bedridden to prevent pressure sores.

An unannounced follow up visit was undertaken on 22<sup>nd</sup> September 2015 to see if changes had been made to improve the patient experience.

Healthwatch found that improvements were made and actions implemented from the initial visit.

5 recommendations were made to the trust at the initial visit, during the follow up we found there to be significant changes put in place to ensure all recommendations were acted on.

## Five Elms GP Practice

Healthwatch Barking and Dagenham identified a trend of consistent negative feedback from patients about this GP service. This included staff communication and waiting times for appointments.

An unannounced visit was carried out to better understand what was happening.

During the visit staff informed the Enter & View Representatives that the GP Practice had undergone significant changes since May 2015 and there were a number of changes to staff over a short of period time.

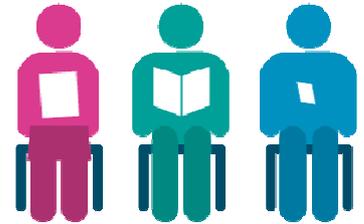
During the visit we found:

Patients were happy with the way they were treated, although there was often a lack of empathy shown to them, during difficult times from receptionists.

**WAITING ROOM**

Information boards within the practice did not display information for patients.

People also commented on the waiting area not being child friendly.



We were also informed that there were issues with referrals being made to BHRUT outpatients. Patients had been referred back and the GP told there were no appointments available. This had a negative impact on the service being provided to patients.

Healthwatch recommended that:

- Consideration should be given to making the waiting area more children friendly.
- Patients should be treated in a professional manner when they attend the surgery.
- More information should be available to patients on the practice website and information boards.

**7 recommendations were made to the practice. We received a response from the GP; however it was based on the services that they provide, rather than addressing the experiences of their patients and the recommendations made by Healthwatch.**

Healthwatch visited the surgery on other business and observed that there was more information made available for patients on display boards.

## Morris Ward

Healthwatch Barking and Dagenham carried out an announced Enter & View visit to Morris Ward; this was in response to relatives' concerns about a lack of activities being provided in the service and the length of time individuals were being detained on the ward.

Morris Ward is a forensic, low secure facility that is part of Sunflower Court - a Mental Health in-patient assessment complex. The service is provided by North East London Foundation Trust (NELFT).

We found that residents from Barking and Dagenham were being kept on the ward much longer than those from other boroughs, who were accessing the same service. The ward manager referred to a housing embargo in place in Barking and Dagenham. This emerged as a barrier to discharging patients back into the community, having been assessed as ready to take that step in their recovery.

We also found that some in-house procedures on the ward were barriers to progress for some patients taking part in activity related initiatives. It was identified that this was caused by a lack of staff being available at times when they were needed to support patients.

A patient that Healthwatch representatives spoke with said;

*"I have been on Morris Ward for 2 years - the 'Coping through Football' programme run by the hospital has helped to transform the way I am and how I see things. I have been offered the chance to*

*play for a semi-professional football club and this has helped me think about becoming a coach and getting my coaching badges. One area it could work better for me is that I am expected to be at training by a certain time and be ready to take part in sessions. This is a strict regime. The times coincide with the staff handover here on the ward and because I have to be escorted when I leave the unit, waiting for a member of staff to become available often makes me late by an hour."*

In their response, the ward manager has said that since Health watch's visit, they have employed an additional member of staff to support individuals to participate fully in their activities. For this person, he was able to attend training sessions at the times he needed to.

Since the publication of our report, the housing embargo in Barking and Dagenham was lifted and the 4 individuals from the borough that we spoke with have been discharged back into the community. The issues raised from this has prompted local commissioners and providers of the service to look at new and innovative ways of making suitable housing accommodation available for patients from the borough who are ready to integrate back into the local community.

Both the recommendations were accepted by the trust. Our visit had a positive impact for the patients.

## Enter and Views to the Children's Wards

Both visits were part of a wider programme of work which focused on the views of children and young people's experiences of using health services. These were announced visits.



### Tropical Lagoon, Queens Hospital

#### Findings included:

- Clinical procedures were explained to children.
- Parents spoke of the temperature on certain areas of the ward being too cold.
- Food options were not suited to all children.
- Televisions were not in working order.
- Parents were unaware that they could ask for help, with bathing their children.

#### Recommendations and Outcomes

We recommended the trust to take a look at the temperature issue, ensure all TVs are in working order, make sure parents know if they can get help with bathing their children and consider more food options.

#### Since our visit:

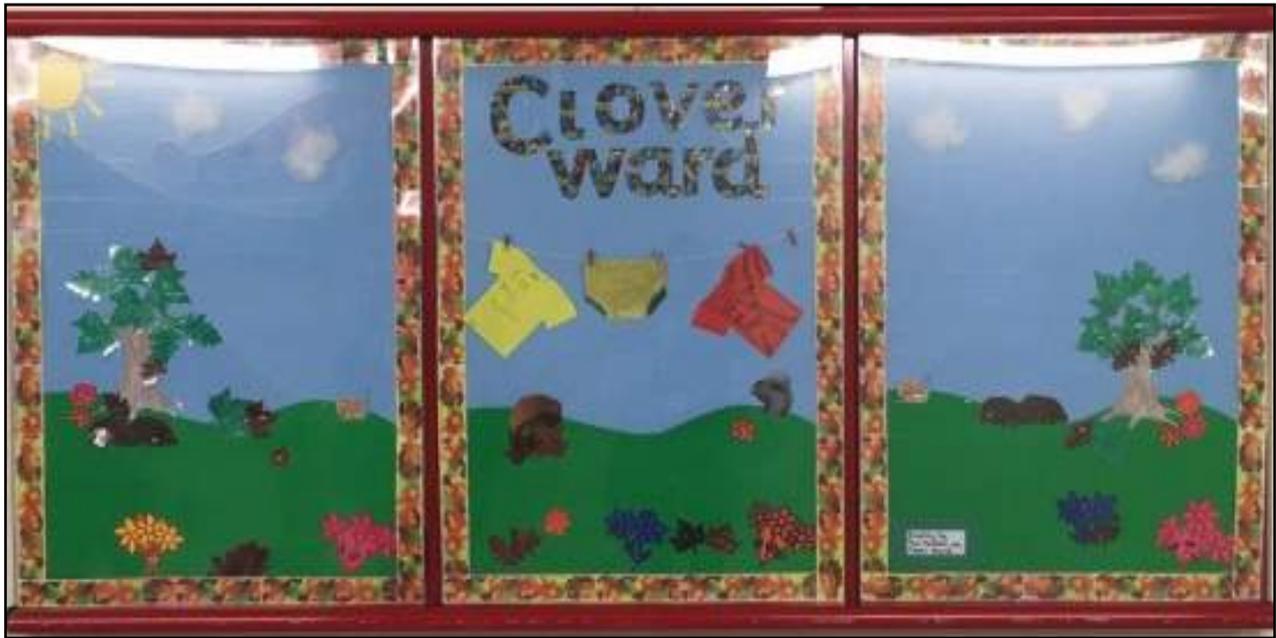
**The heating has been inspected and adjusted; the ward is now warm in all areas.**

**All televisions have been fixed and are in working order.**

**Actions have been put in place in order to implement other recommendations.**

4 recommendations were made to the trust.

All the recommendations were accepted by Barking Havering Redbridge Hospital Trust.



### Clover Ward, King George Hospital

#### Findings included:

- Whilst some children were happy with the choice and amount of food they received, others thought there were not enough food choices available for people from other cultures.
- The bathing facilities are adequate on the ward but parents were unsure what help was on offer if their child needed a bed bath.
- It was felt there should be more activities for older children.
- Parents commented on beds being uncomfortable.

#### Recommendations and Outcomes

- Recommendations included, more activities for older children, parents being aware of facilities available for their children, patients being made aware of the food choices and consideration for better sleeping facilities for parents.

#### Since our visit

**The ward manager has collated a list of appropriate items to purchase for older children.**

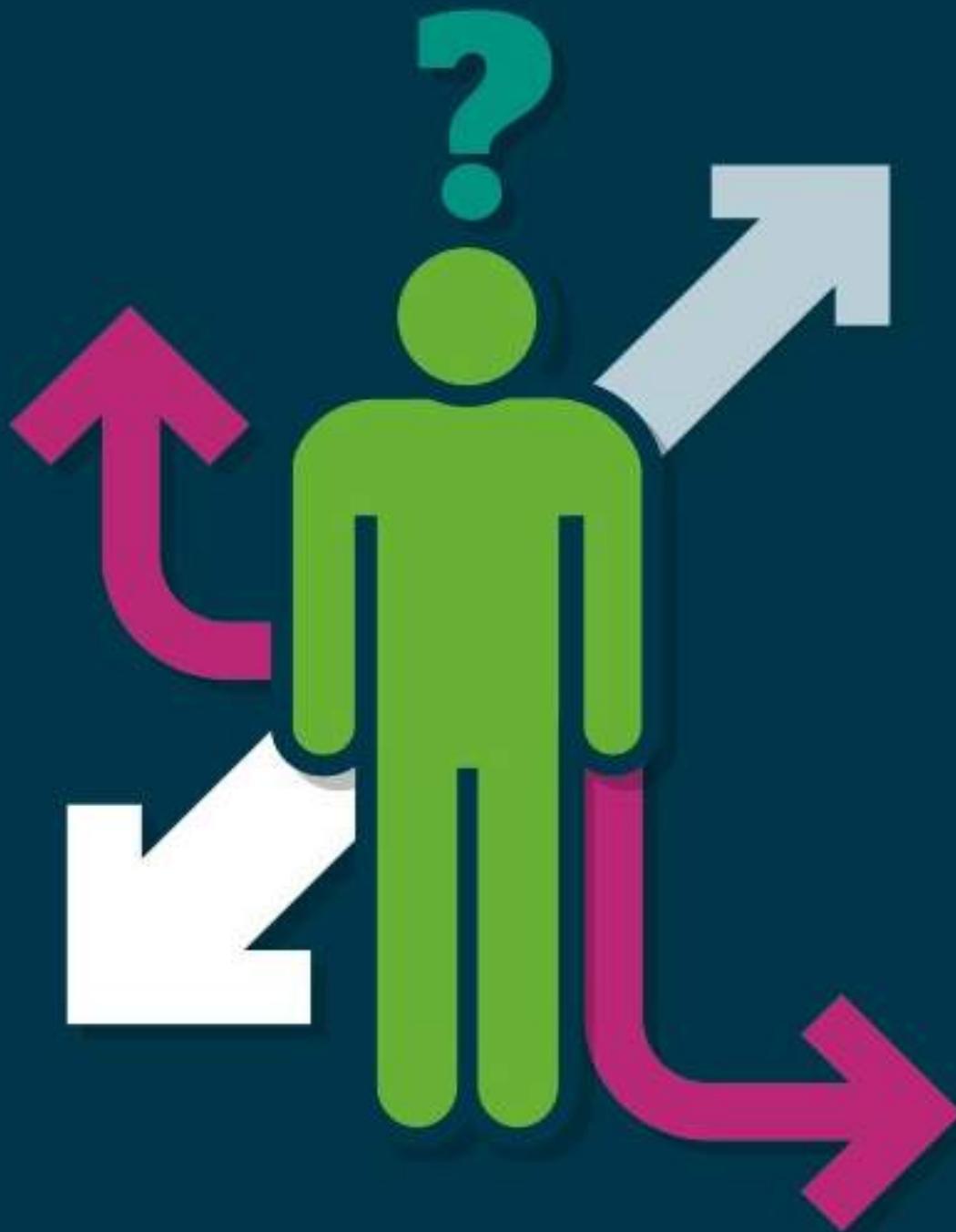
**All staff informed at daily handover to ensure parents know they are aware of the bathing facilities. The information leaflet given to patients will also be updated to include this.**

**The ward manager has requested 13 beds to be purchased for Clover Ward for parents.**

**Actions have been put in place in order to implement other recommendations.**

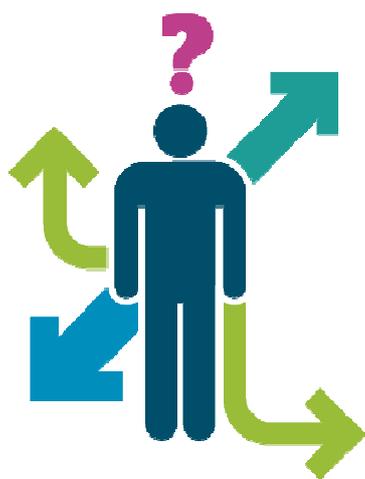
Healthwatch made 4 recommendations. All which BHRUT have accepted and have an action plan in place to implement.

# Giving people advice and information



# Helping people get what they need from local health and care service

It is the statutory duty of every Healthwatch to offer an information and signposting service to local people.



There are a number of ways in which people can make contact with us:

- Facebook
- Twitter
- By Post
- Through our website
- Telephone
- Face to face when we have stands across the borough.
- Streetlife
- Email

## Website

Our website has a dedicated signposting section, where people can find details of organisations that are able to offer them advocacy support and details on how to make a complaint. We also promote new

services that are related to health and well being under the news section.

## Working with others

Healthwatch have a list of organisations that provide services within the borough. This list is used to signpost individuals when they make contact. It's a useful tool and is kept updated as and when there are new organisations that work with Barking and Dagenham residents.

## Outreach sessions and public events

Whilst undertaking public events, we ensure staff and volunteers are aware of the different services available in the borough. A number of individuals approach Healthwatch to seek information about where to go for help.



If our staff and volunteers do not have the correct details of an organisation that is able to assist the individual, then we see it as our duty to find out.

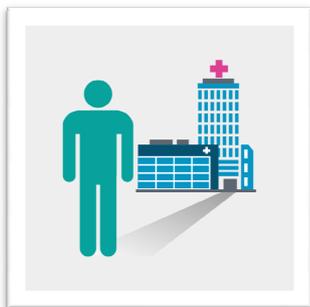
We have assisted or sign posted individuals to a number of services. This year we helped 508 people with a variety of enquiries. The following breakdown describes some of the most common reasons why people contacted us:



#### GP Services - 155 (32%)

The majority of issues raised by people were about not being able to get an appointment soon enough. A number of people said they went to A & E with the notion that they might be seen sooner. Other reasons included not being able to talk about more than 1 health issue at an appointment even though health issues might be linked in some way.

“The service me and my family get from the doctors has generally been good, but I have recently had to go back for separate outpatient appointments about the same thing when it could have all been dealt with at the same appointment - not good use of mine or the doctor’s time”



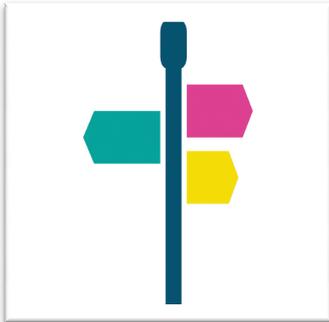
#### Local Hospital Services - 144 (28%)

The biggest factor that prompted local people to raise issues about the service was the delayed and extended waiting times for outpatient appointments. A number of people raised this as the source of most concern and frustration. Other common issues were the waiting time in A& E and the time it takes to have to sit and wait to have a blood test, especially at the Queens Hospital site.

‘Waiting at the A & E department is still too long - they introduced a triage system to move you from one crowded waiting area to an even more crowded area and you still wait hours to be properly seen. The service was good when I eventually received it’

## Other Issues and Services -

Throughout the year Healthwatch was contacted about a variety of services and sources for advice;



### Advocacy Services - 57 (11%)

Individuals looking for someone who can support and advise about rights and navigating complaints processes.



### Mental Health Services - 42 (8%)

People asking for assistance with completing forms, changes to the way services were being provided and concerns about how to access other services for physical health needs.



### Integrated Health & Social Care Services - 30 (7%)

Individuals got in touch to ask about The Community Treatment Team and Intensive Rehabilitation Services.



### Local Residential Care Homes - 26 (5%)

People telephoned or emailed - mostly relatives and community volunteers - raising concerns about local care homes and the standards of care they were providing.



### General Enquiries - 54 (9%)

Most people who contact for general reasons are often looking for information connected with other services and providers where there are out of date details. Also a number of people contact this Healthwatch first as the name can appear at the top of online search engines.

There were 40 people who contacted us and made complaints about services. The figures below show the percentage of complaints we received for each service.

- GPs - 23 (58%)
- Local Hospitals - 5 (13%)
- Mental Health Services -4 (10%)
- Appointment Waiting Times -4 (10%)
- Social Care Services - 2 (5%)
- Dental Service - 1 (2%)

**Examples of how Advice & Signposting from Healthwatch Barking and Dagenham has assisted local people:**

*Miss M has contacted Healthwatch for advice previously - she has had ongoing concerns about how she and family members had been messed around by delays and changes to their out-patient appointments, without any way to resolve issues quickly with the local BHR Hospital Trust. Healthwatch was hosting an upcoming event - an opportunity for senior managers from the hospital trust to engage with local people about their services - and invited her along to take part and speak about her experiences. As a consequence of the contact made, she has been able to navigate to the most appropriate person to assist with appointment related issues.*

*Mr K came to Healthwatch after being referred by another local organisation. He had recently returned from holiday abroad with his family and on arrival home, his young son was taken ill. Rather than take him to hospital first, he sought immediate help from his GP practice and contacted them by phone to arrange an urgent appointment. He was told that if he wanted an appointment, there wasn't one available for a week or alternatively, he would have to go to A&E if he wanted to be seen straight away. Unaware that there was an out of hours urgent GP hub service, Healthwatch advised him to contact his GP practice again, explain in more detail about his son's symptoms and to ask for an urgent appointment slot at the hub.*

*Mr W contacted Healthwatch and came across as agitated and confused during the initial part of the telephone conversation. It quickly emerged that he had been waiting for a particular appointment at the Maudsley Hospital that had not yet occurred and as a consequence of which, he alluded to doing harm to himself. Although from another Healthwatch local authority area, concerned for the person's wellbeing, Healthwatch B&D contacted the local mental health access team; provided them with details and conveyed the conversation that had transpired. The practitioner confirmed they were aware of this gentleman and they would take the necessary action to contact him. They contacted Healthwatch B&D later to confirm they had been to see he was well.*

# How we have made a difference



# Our reports and recommendations



**26 recommendations, 23 accepted**

**Shortlisted for Healthwatch National Award for the work undertaken for the Phlebotomy Project.**

**On the night of the awards. Healthwatch Barking and Dagenham were highly commended for this piece of work.**

**St Francis Hospice Project: More promotion on culture and services is being provided.**

**Intensive Rehabilitation: management highlighted concerns to staff to ensure involvement of service users.**

**Complaints Project: Health & Well Being Board accepted recommendations made by Healthwatch.**

## Saint Francis Hospice

We were approached by St Francis Hospice to seek honest feedback about the services they offer. However, at the start of the project, we found that the majority of Barking and Dagenham residents spoken to had not heard of the hospice before. Therefore we looked at the reasons behind this too.

### What we found:

- Those who had used the service were very happy with it.
- There was a need for the hospice to showcase the work they do with patients from different cultures.
- Healthwatch found that there is the need for more training for GPs on the palliative care pathways.

### Recommendations and outcome

Healthwatch recommended examples are showcased more through social media networks and religious organisations to help eliminate some of the myth that the hospice is Christian based only. We also recommended that consideration should be given for CCGs to have training on palliative care pathways.

The Hospice welcomed Healthwatch's report and found it was very much in accordance with many of the issues they have identified when planning their five year strategy.

## Medical Dressings Project

Concerns were raised to our advice and information service about the medical dressing's service. Healthwatch investigated the issue and our report found:

- 94% of patients said that their nurses spent enough time with them on each visit.
- Over 90% of patients said that communications with the services is good to excellent.
- 15% indicated they were not given a written care plan.
- Out of hours; the level of satisfaction was low, as some patients said they didn't get any response either to their call or any answer phone messages they left.
- Some people - 7 (21%) - said that when nurses have visited them, equipment and dressings were not available for when it was needed

### Recommendations and outcome

Within our recommendations, we highlighted the need for out of hour's services to be responsive in a timely way and for adequate supplies of dressing items to be made available to prevent wasted visits with unnecessary risks to patients.

We received a response back from North East London Foundation Trust; however Healthwatch felt the response was based on the services that are provided rather than the actions that needed to be put in place in response to the experiences shared within the report.

## Access to Out patients area for disabled people

### Reason for the Healthwatch Inquiry

Healthwatch Barking and Dagenham, initially at the request of the Matron for Out-Patient Services at BHRUT, were asked to look into the experiences of some out-patients using the services at the local hospital trust sites. The focus of inquiry was access for disabled people with visual, hearing or mobility impairments.



This report highlights the experiences of service users and others who helped us to test areas of accessibility at the Queen's and King George's hospital sites.

### Key findings

- Access through the front doors and other doors of each hospital was easy to navigate and was facilitated by a push button or sensor functioning automatic opener.
- In some areas at Queens Hospital, fixed seating didn't allow enough space for wheelchair users to occupy without blocking up the gangways.
- A hand held device for patients was introduced to enable staff to alert patients when it is their appointment time. The device vibrates and also emits a visual signal.
- 
- The communication needs of a deaf patient were overlooked in a waiting area - their name for an appointment was called out from behind a wall.
- At both hospitals, despite indication by signage at reception areas, hearing loop systems were not in use or working.

### Outcomes

The final report for this project is currently being worked on and will be published once the Trust has seen and commented on the findings.

## Intensive Rehabilitation Service

Healthwatch undertook this project after concerns were raised from service users and families about the unmet needs of the service. For example if people wanted the service at home, will there be enough physiotherapists.

### WE FOUND

- 91% would be happy to be treated at home again. This percentage indicates that the service is working well for those who receive it.
- 85% were happy with having treatment at home.
- 76% of the 33 who needed equipment to help with their recovery felt it was brought in a timely way.
- Individuals commented that on some occasions nursing staff either do not turn up or do not tell patients whether they will be coming in the morning or afternoon.

We made two recommendations to North East London Foundation Trust; one was to ensure that the patients are involved with their treatment and are able to talk about their goals to recovery. The second recommendation was for nurses to give either a morning or afternoon slot to service users, so they are not waiting all day.

North East London Foundation Trust accepted the first recommendation and all staff were reminded to ensure the joint goals are signed off by the patient.

In regards to the second recommendation the service provider felt patients may be confusing the IRS nurses with the district nurses. However they addressed the issue with their nurses.



## Phlebotomy Services

This work was taken forward after receiving a large volume of concerns from the general public about accessing phlebotomy services within the borough.

The large amount of interest was a reflection of the concerns and frustrations the public had experienced when trying to access the phlebotomy service. The community felt strongly and were determined to have their say.

Our research showed that whilst the amount of access to blood testing sites might be sufficient, the way in which it was accessed was not evenly spread. The two local hospitals are bearing the brunt with patients waiting anything from two to four hours to have their tests. At the same time less well know sites are operating below their optimum capacity.

The issue of uneven patient distribution, causing a bottle neck in the service, was in part caused by referrers only telling patients about the larger sites and there not being sufficient advertising as to where all the blood testing sites were located.

We made recommendations to service providers, North East London NHS Foundation (NELFT) and Barking Havering and Redbridge University Hospital Trust (BHRUT).



Only BHRUT responded.

**Their response included improvements in marketing and information sharing, a priority system for those fasting, the possibility of service provision in the evening and weekends and improving the patient experience whilst waiting by making guest Wi-Fi available in the waiting area.**

**Likewise the service commissioner has agreed to address public concerns with the service provider.**

Healthwatch believe the research project will make a difference in developing better access for the community through the actions being implemented by commissioners and the service provider. The public will be better informed as to what options they have available and where they can go for their blood test.

5 recommendations were made

The CCG acknowledged all the recommendations.

BHRUT have responded with an action plan addressing all the recommendations.



## WORK OF HEALTHWATCH BARKING AND DAGENHAM RECOGNISED IN NATIONAL AWARD

**Healthwatch Barking and Dagenham were shortlisted for a national award that celebrates the difference local Healthwatch have made to health and social care in the past year.**

**Shortlisted from over 120 entries, Healthwatch Barking and Dagenham were shortlisted for its work on Phlebotomy services, where it brought the experience of local residents to the attention of Barking and Dagenham CCG and Barking Havering Redbridge Hospital Trust.**

**The trust has now taken steps to improve the experience of service users in response to our findings.**

**On the night of the awards Healthwatch Barking and Dagenham were highly commended for the work undertaken.**

## Respite Project

Last year feedback showed that we needed to engage more with young people.

As part of this year's work, we have spoken to young people receiving respite care services.

We received information from the professionals working with children and young people about how these individuals feel when receiving respite care. The views of the parents can differ from the person in respite care. This is also a group that is hard to reach.

Healthwatch undertook some primary research speaking to both parents and young people about respite care and how their views differ.

The themes emerging from parents are:

- Parents said the demand is high for certain activities.
- Parents felt that accessing hydrotherapy sessions for their children in the Borough is an issue and felt that this should be provided locally.
- Most parents of younger children commented that they make the decisions on behalf of their child, as to what activities they will attend.
- Some parents of older children said they speak to their children about where they would like to go.

Themes from younger people are:

- Young people said they enjoyed the activities they were attending.
- Some young people said as they had attended the activities whilst they were young. They have now settled in and therefore decided to continue accessing the activity.
- A few young people said their parents spoke to them about what respite care they would like.

A full report is currently been produced for this project.

## Other projects

There are a number of other projects we worked on this year including:

- Outpatients Appointments
- Access Project
- The Hub

We are currently finalising these reports and they will be published soon.



# Working with other organisations

## Healthwatch England

We have continued to attend the Healthwatch Network London meetings.

We also attended the National Awards Conference and were shortlisted for the work in improving access to Phlebotomy Services.

## Clinical Commissioning Group

There are a number of ways in which we work with the CCG.

### Patient Engagement Forum (PEF)

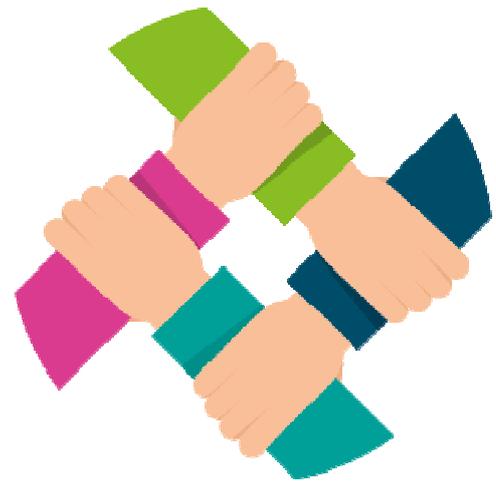
A Healthwatch Representative attends the Patient Engagement Forum on a regularly basis, to inform, update and seek views from patients.

### Contract manager and CCG meetings

The Healthwatch Contracts manager and Chair meet with the CCGs lay representative and the Chief Operating Officer on a regular basis.

### Responses to reports

We also asked the CCG for an official response to our Phlebotomy project.



## Care Quality Commission (CQC)

Our working relationship has grown with the CQC this year. Our local representative attended the Healthwatch Board to give a briefing about how we can work together and the role of the CQC.

There has been no need to escalate reports for action.

We have not made recommendations to the Care Quality Commission and they did not undertake special reviews or investigations following our recommendations.

The CQC receive up to date reports that we publish for both our projects and Enter and Views.

CQC made contact with our Healthwatch to see if there was any evidence we could provide for their inspection on the North East London Foundation Trust (NELFT). NELFT covers both mental health and community health services in our borough. We submitted our reports which covered these two areas.

## Health and Wellbeing Board

The Healthwatch Chair has a seat on the Health and Wellbeing Board. The Health and Wellbeing Board have four sub groups:

- Children and Maternity Sub-Group
- Learning Disabilities Partnership Board
- Integrated Care Sub-Group
- Mental Health Sub-Group

For each of the sub-groups a Healthwatch representative attends and contributes to discussions, ensuring the voice of the service users are heard and taken into account when decisions are made.

### Complaints project

This piece of work was undertaken by Healthwatch Barking and Dagenham at the request of the Public Health Department of Barking and Dagenham. We were asked to compare and contrast the outcomes for complainants in a variety of organisations.

Healthwatch Barking and Dagenham have also conducted primary research amongst complainants from a variety of services.

Looking at the evidence our recommendations included

- That service providers make it a priority to engage with complainants at least once a year and the views and experiences of complainants contribute to any re-design of complaints procedures.

- Complainants should be advised of agencies or advocates who can help them with their complaint.
- Organisational annual complaints reports should be clearer about what their analysis is saying and what changes will be brought about as a result. This should be fed back to complainants who have contributed through highlighting the situation

The report was presented and accepted by the Health and Wellbeing Board. Organisations were requested to take action on the recommendations made.

## London Borough of Barking and Dagenham (LBBDD)

We have a seat on the Safeguarding Adults Board, which we attend on a regular basis.

## Health and Adult Services Select Committee (HASSC)

Healthwatch attend the HASSC on a regular basis. The time is used to update members of outcomes from the projects completed and any raise areas of concern. The work is well received. Healthwatch also have an interest in the work the HASSC take forward and the topics being discussed at the meetings.

## Accountable Care Organisations

Accountable Care Organisations will be a new way of structuring health and social care services. They were referenced by NHS England chief executive Simon Stevens in his Five Year Forward View (5YFV).

Health and social care partners across Barking and Dagenham, Havering and Redbridge will put forward a business case to the Government to allow the three boroughs, the three CCG, BHRUT and NELFT to work collaboratively to meet local needs.

A workshop took place in May 2016 to explore ways of working and discuss how the Voluntary Sector can support some of the key areas of focus that are emerging from the Accountable Care Organisation, in particular in the restrictions of primary care.

Healthwatch took part in the workshops to understand more about the ACO and also contribute to discussions of how Healthwatch can be involved and what we have to offer. It was an opportunity for the wider Voluntary Sector meet with the 3 CCGS and the local authorities and to better understand how an ACO would work and the role of the voluntary sector.

In summary the workshop identified:

- That there is a number of examples best practices across the Voluntary Sector but these need to better understand.
- There needs to be a single approach to commissioning of Voluntary Sector services, this should be streamlined, with a clear vision of the needs of the population to ensure that gaps are addressed and that there is no duplication. **Services need to be more consistent** so that confidence in them can be built.
- Everyone needs to work to a single vision and to address a commonly agreed and prioritised set of needs, being clear of our roles within the wider system. This will make best use of limited resources and support people in BHR to live longer, healthier, happier lives.

A follow up from the workshop for Healthwatches was that Barking and Dagenham, Havering and Redbridge Healthwatch would meet with the ACO lead to discuss ways of working together and the role of Healthwatch during these initially stages. Two meetings have taken place.

## Urgent Emergency Care

Barking Havering Redbridge System Resilience Group (SRG) drives improvement in urgent care across the BHR system. The SRG believes there is a need to do things differently as patients make increasing demands on already stretched services.

The research was being commissioned on behalf of the BHR Systems Resilience Group. The objective of the research was to gain a better insight into local people's understanding of what urgent and emergency care services are, what is available to them, and why they have chosen a specific service in the recent past.

The three Healthwatches came together and successfully won the tender.

Each Healthwatch undertook engagement in their local boroughs and in total engaged with over 1000 people. This included one to one questionnaires and focus groups delivered to different groups.

At the same time the CCG contacted 3000 people and undertook telephone interviews.



### Redbridge

361 1:1

- 6 GP Surgeries
- KGH A&E
- Urgent Care Centre
- 3 GP Hubs
- Walk in Centers
- 2 Homeless Shelters
- Church Group

3 Total number of focus groups

- 2 Carer's groups
- Deaf Group

### Barking & Dagenham

298 1:1

- 5 GP Surgeries
- Queens A&E
- 2 GP Hubs
- Walk in Centre

3 Total number of focus groups

- Mental Health Hub
- Young People
- Work place

### Havering

307 1:1

- GP Surgeries
- UCC at Queens
- Harold Wood Polyclinic/GP

4 Total number of focus groups/Workshops

- Queens Court Workplace
- Havering Over 50's Forum
- Havering Health Overview and Scrutiny Committee
- The Training and Learning Centre-Romford

Some of the key research findings from both pieces of work included:

### Signposting and advice

- 39% of those who had visited A&E did not seek prior professional advice.
- Of those who sought advice from an NHS source, 87% said the advice was to go to A&E.
- A&E is seen as a reliable 24/7, same-day service for urgent care needs - long waits are not a deterrent.
- In comparison, people said they have to wait too long for a GP appointment.

## How does this inform the co-designed model?

- To change behaviour, triage or streaming at the hospital/ED front door is needed to reinforce the signposting and advice given at first contact.
- Consistency is key. The same advice must be given regardless of the service or setting (NHS 111, GP practice reception, A&E)
- NHS 111 needs to be enhanced to provide patients with specialist clinical advice to help direct patients appropriately to other services and to provide people with greater assurance.
- Review capacity in primary care - to meet the demand from patients to see their GP (their first preference).

The three borough research has influenced the co design model of urgent care. It proved to be successful in making the voices of local people heard.

# Involving local people in our work

## Social Media and Communications

Healthwatch use social media via Facebook, Twitter, Streetlife and our website to share information and encourage participation about health and social care issues. This includes information on opportunities to get involved.

### Twitter



**784 Followers**

**139 Tweets**

**It's used to send out quick messages providing followers with links for more information.**

**We have used Twitter to seek and encourage involvement in a number of consultations and Twitter has proved to be successful once again.**

### Streetlife

**Streetlife is a social network used to connect with local people and neighbouring boroughs. It's used to share news and views. Healthwatch have found this has been a great way to connect with people about local services.**

**60 Notices**

**2805 people accessing Streetlife**



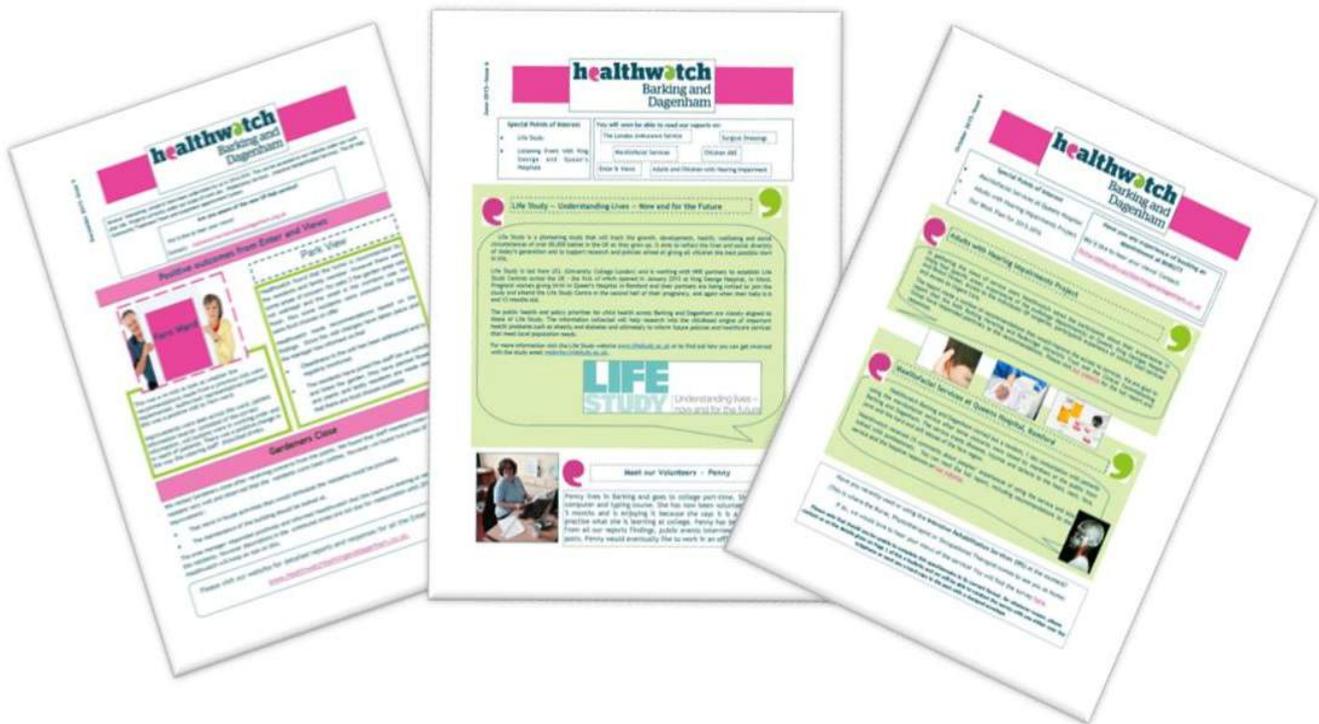
**National and local health and social care news and events are uploaded on the website giving people the option of keeping up to date and get involved.**

**There is also a section on local services that individuals can access.**

## 6 E-bulletins sent

## 50 Notices sent to Associate Groups

## 220 Subscribers



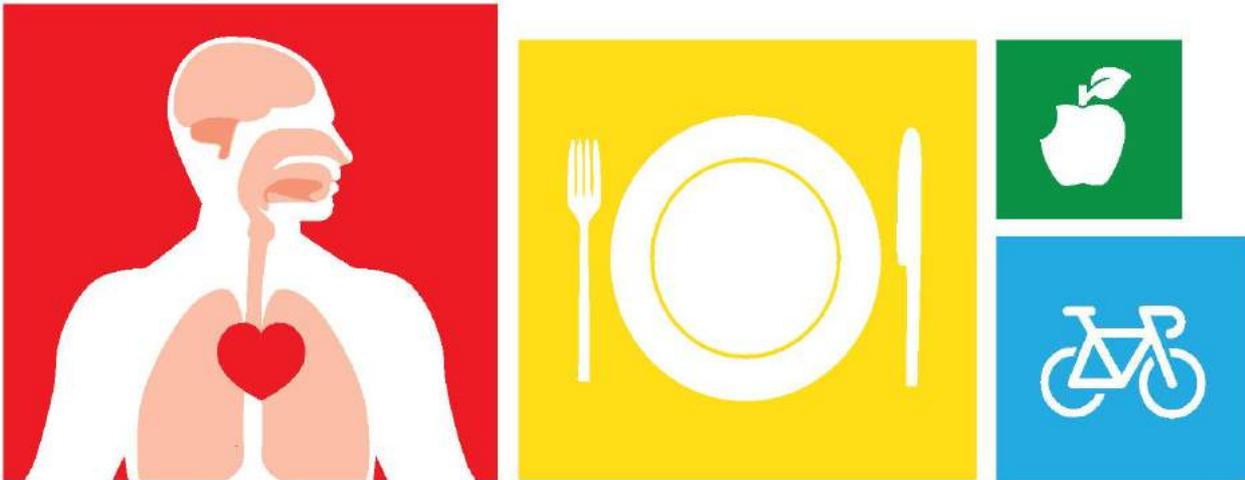
- Healthwatch Barking and Dagenham currently have 220 interested individuals and Associates.
- Our E-Bulletin is published on a monthly basis; its main aim is to keep interested individuals and associates updated with local and national Healthwatch news and opportunities of involvement.

We also send out notices to inform and encourage people to get involved and have their say. Examples of some notices sent:

- London Ambulance Service Consultation Report
- King George Hospital Elective Care Centre Briefing Document
- Barking Havering Redbridge Stroke Services Consultation
- Notice of Care Quality Commission Inspection of North East London Foundation Trust

## Outreach and Engagement activities

### Healthy Living Event



Healthwatch hosted an event to give local people a say on the Clinical Commissioning Group's plans for 2016/2017.

The event was informal, allowing people to learn about services that showcased the CCG's priorities for the coming year and tell the different services what they think. It was also an opportunity to seek views about CCG priorities and how the CCG can improve services offered in the borough.

The feedback contributed towards the commissioning priorities.

The main themes for the CCG to consider were:

- Services working together on linking mental and physical health needs.
- A better model of urgent care.
- Better advertisement of the GP Hub.
- More focus on young people's health for the duration of exams,

for example what foods can give you energy and what can help you sleep better.

- The use of interactive methods and health education to improve lifestyles.

#### *Response from the CCG*

"The CCG were very pleased with the responses received to the event and the information given by local people to priorities and services. Many of the comments support our continued focus on improving our urgent and emergency care system, connecting physical and mental health together and focusing on preventing ill health. The event also helped us to understand where there is more to do - particularly in raising awareness of local services such as the GP hubs and IAPT"

## Supporting our representative on the Health and Wellbeing Board to be effective.

The chair of Healthwatch Barking and Dagenham is our representative on the Health and Wellbeing Board (HWBB). The Chair attends the Board and the contract manager attends in a supporting role.

Staff support the Chair by providing local intelligence that has been collated through Healthwatch's statutory duties. This helps the chair to challenge the Health and Wellbeing Board when necessary.



## The way we have involved volunteers in specific roles to help us carry out our statutory activities.

### Enter & View

Many of our Enter & View Representatives are volunteers. Their role is to observe how local health and social care services are being provided at the time of the visit. Please refer to page 46 for more information about their role.

### Board Members

All our Executive Directors on the Board are volunteers. Please see page 44 for more information.

# Our plans for next year



## Future priorities

Every year Healthwatch Barking and Dagenham look into the feedback we have received from the local community in order to plan projects for the following year. We also invite the public, professionals and organisations to comment on the project areas that have been identified.

Once we have received feedback the final work plan is approved by the Board.

Areas for next year include: (these may be amended once we receive feedback).

- Homeless people; how they access services
- Implications of prescribed medication that is unused.
- Mental Health (Young people)
- Air Pollution
- Community Equipment
- Better Care Fund
- Choose and Book
- Breast Screening and survival rates

# Our people



# Decision making

## Board and Team

Our Healthwatch is governed by our Executive Board. The Board are responsible for the strategic decisions of Healthwatch.

We have 8 seats on the Board which includes the Chair, 4 Executive Directors who are members of the public and 3 Associate members who represent local groups.

Each Director represents one of the areas:

- Health
- Social Care
- Children and Young People
- Older people

To ensure the Healthwatch activities are delivered in an open and transparent way, board meetings are open to the public; dates are published on the website, through the e-bulletin and the social networking sites. Furthermore all minutes are published on the website.

Staff undertake the role of ensuring the statutory functions of Healthwatch are carried out. Volunteers and Board members support the delivery of this.

## Our Board Members



Frances  
Carroll  
Chair



Barbara  
Sawyer  
Executive  
Director



Harjinder  
Jutle  
Executive  
Director



Lorraine  
Goldberg  
Associate



Grace  
Kihu  
Associate

We would like to take this opportunity to welcome some new board members: Val Shaw, John Southall and Ita O'Connor

## Meet the staff



Marie  
Kearns  
Contract  
Manager



Manisha  
Modhvadia  
Healthwatch  
Officer



Richard  
Vann  
Healthwatch  
Officer



Claire  
Gooch  
Healthwatch  
Officer



Roman  
Lakhera  
Healthwatch  
Officer

## How we involve the public and volunteers in our governance and Healthwatch decision making.

### Involving the Public and Volunteers in Enter & View

#### An Enter & View visit is undertaken:

- If we have received concerns from a family, carer or resident/service user about a particular social care or health service.
- If a visit is part of our wider work-plan, for example if we have specific work priority on children's services, we may undertake a visit to a children's ward.

All our Enter & View Representatives are volunteers. All Representatives are trained according to guidelines provided by Healthwatch England.

They are involved in planning the visit, undertaking the visit and ensuring recommendations are based on the findings.



**Have  
your  
say**

### Involving the Public and Volunteers on our Board

All our board members are volunteers. Please see page 44 for more information about the set up of the board.

All meetings are in the public domain, we promote all board meeting dates through social media and our outreach stands. All minutes are also available on our website.

### Our Work Plan

Healthwatch is all about local voices being able to influence the delivery and design of services. We are here to ensure that local people's views are heard. As we are here for the people of Barking and Dagenham the areas of work we look at must come from them, or gaps in services highlighted by local publications such as the JSNA.

Every year we look at the intelligence we have and communicate with local stakeholders and the public about the areas of work we should focus on for the following year. From the comments received, a final work plan is produced.

### Associates and Interested Members

We also have lay members who have registered their interest with Healthwatch. They give their opinions on the work-plan, consultations, receive e-bulletins and feedback to Healthwatch on health and social care services they have accessed. They also share Healthwatch information to groups and family members.

## Have you heard of Healthwatch?

Everything that Healthwatch Barking & Dagenham does should bring the voice and influence of local people to the development and delivery of local services; putting local people at the heart of decision making processes.

Local people need to feel that their Healthwatch belongs to and reflects them and the local community.

We challenge services providers and commissioners to make improvements to better the experience of service users. However, how do we know if as a Healthwatch, we are doing our best and offering a good service to the people who use it or may use it in the future.

To find out how well we are doing as a Healthwatch in 2014-2015 we undertook a piece of work "Have you heard of Healthwatch"? We wanted to know:

- *If people have heard of us.*
- *How they heard of us.*
- *If they have used the service and what the outcome was for them.*
- *Any ideas on what Healthwatch could do to reach the local community.*

The findings highlighted some good areas of work and also identified where we needed to improve. The three areas were:

- *Work better and more often with young people.*
- *Make more people aware of Healthwatch*
- *Create an understanding amongst the community that Healthwatch do*

*not deal with individual complaints but monitor trends.*

We used the findings from the report to help build on the areas that needed improvements:

To work more with young people:

- This year we have taken the step to engage more with young people.
- We signed up to take on young people from local schools, sixth forms and colleges for work experience.
- Our first student started in February 2016 for two weeks.

*Make more people aware of Healthwatch*

- We have continued to hold public events to promote and consult with the local community.



*Create an understanding amongst the community that Healthwatch do not deal with individual complaints but monitor trends.*

- Last year people were under the impression that Healthwatch are able to offer advocacy services. We have worked hard to inform people about what we can offer.

The involvement of young people has increased this year, to ensure this is consistent: Healthwatch will continue to:

- take on work experience students
- attend the BAD Youth Forum at least twice a year

Although all our reports are shared on our website, through our Associates and through various Boards, feedback shows that Healthwatch should showcase their work more broadly. To achieve this we will.

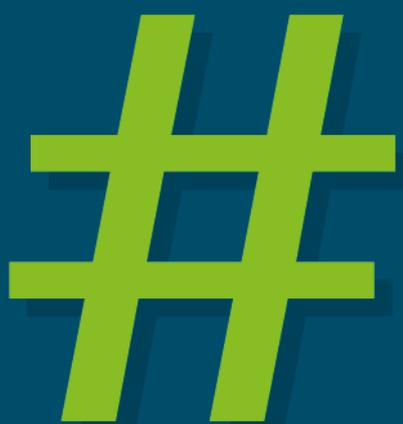
- advertise the service through the local paper
- have more stands at events taking place across the borough to engage, involve and share our findings with the local community and professionals. This will be a way of widening our audience.

# Our finances



INCOME		£
Funding received from local authority to deliver local Healthwatch statutory activities		£125,000
Additional income		
Total income		£125,000
<b>EXPENDITURE</b>		
Operational costs		£12,800
Staffing costs		£81,150
Office costs		£31,050
Total expenditure		£125,000
Balance brought forward		

# Contact us



## Get in touch

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Harmony House Dagenham  
Dagenham  
RM9 6XN

**Phone number: 020 8526 8200**

**Email: [Info@healthwatchbarkinganddagenham.co.uk](mailto:Info@healthwatchbarkinganddagenham.co.uk)**

**Website: [www.healthwatchbarkinganddagenham.co.uk](http://www.healthwatchbarkinganddagenham.co.uk)**

### Address of contractors

Harmony House Dagenham  
Dagenham  
RM9 6XN

We will be making this annual report publicly available by 30th June 2016 by publishing it on our website and circulating it to Healthwatch England, CQC, NHS England, Clinical Commissioning Group/s, Overview and Scrutiny Committee/s, and our local authority.

We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

If you require this report in an alternative format please contact us at the address above.

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