Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Note from the Chair</td>
<td>5</td>
</tr>
<tr>
<td>About Healthwatch</td>
<td>6</td>
</tr>
<tr>
<td>Our vision</td>
<td>6</td>
</tr>
<tr>
<td>Our strategic priorities</td>
<td>7</td>
</tr>
<tr>
<td>Engaging with people who use health and social care services</td>
<td>8</td>
</tr>
<tr>
<td>Understanding Peoples Experiences</td>
<td>9</td>
</tr>
<tr>
<td>Social Media and Communication</td>
<td>12</td>
</tr>
<tr>
<td>Disadvantaged and Vulnerable and Seldom Heard Groups</td>
<td>14</td>
</tr>
<tr>
<td>Engaging with people volunteering or working in the borough</td>
<td>15</td>
</tr>
<tr>
<td>Engagement with people under the age of 21</td>
<td>16</td>
</tr>
<tr>
<td>Engaging with older people over the age of 65</td>
<td>17</td>
</tr>
<tr>
<td>Enter and Views</td>
<td>18</td>
</tr>
<tr>
<td>Providing Information and Signposting for People to Health and Social Care Services</td>
<td>24</td>
</tr>
<tr>
<td>Helping people get what they need from health and social care services</td>
<td>25</td>
</tr>
<tr>
<td>How we helped people to take control of their own health and social care</td>
<td>26</td>
</tr>
<tr>
<td>Influencing Decision Makers with Evidence from Local People</td>
<td>29</td>
</tr>
<tr>
<td>Safeguarding</td>
<td>30</td>
</tr>
<tr>
<td>Speech and Language Therapy Services</td>
<td>31</td>
</tr>
<tr>
<td>Hearing Impairments Project</td>
<td>32</td>
</tr>
<tr>
<td>Accident and Emergency Services</td>
<td>34</td>
</tr>
<tr>
<td>London Ambulance Service</td>
<td>36</td>
</tr>
<tr>
<td>Duty of Candour project</td>
<td>37</td>
</tr>
</tbody>
</table>
## Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orthotics Children and Adults Project</td>
<td>38</td>
</tr>
<tr>
<td>Maxillofacial Project</td>
<td>39</td>
</tr>
<tr>
<td>Personal Budgets : Social Care</td>
<td>40</td>
</tr>
<tr>
<td>Personal Health Budgets</td>
<td>41</td>
</tr>
<tr>
<td>Stroke</td>
<td>42</td>
</tr>
<tr>
<td>Putting people at the heart of improving services</td>
<td>43</td>
</tr>
<tr>
<td>Impact Stories: Involving mental health service users in decision making</td>
<td>44</td>
</tr>
<tr>
<td>Supporting our Representative on the Health and Well Being Board</td>
<td>45</td>
</tr>
<tr>
<td>Working with others to improve local services</td>
<td>46</td>
</tr>
<tr>
<td><strong>Our Plans for 2015/16</strong></td>
<td>50</td>
</tr>
<tr>
<td>Have you heard of Healthwatch</td>
<td>51</td>
</tr>
<tr>
<td>Opportunities and challenges for the future</td>
<td>52</td>
</tr>
<tr>
<td><strong>Our Governance and Decision making</strong></td>
<td>53</td>
</tr>
<tr>
<td>Our Board and Staff</td>
<td>54</td>
</tr>
<tr>
<td>How we involve lay people and volunteers</td>
<td>55</td>
</tr>
<tr>
<td>Case study: Volunteering Impact</td>
<td>56</td>
</tr>
<tr>
<td><strong>Financial information</strong></td>
<td>57</td>
</tr>
<tr>
<td><strong>Contact us</strong></td>
<td>58</td>
</tr>
<tr>
<td><strong>Making our report public</strong></td>
<td>59</td>
</tr>
</tbody>
</table>
Note from the Chair
Frances Caroll

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

Our second year has been a busy one! We are pleased to highlight the achievements we have made this year and the impact we have had on health and social care services. We have undertaken a number of different projects which have been summarised within the report.

Our Board, “Enter & View” representatives and office volunteers, have all given many hours which have contributed towards our achievements. They help in the office, visit health and social care sites, help with events and have represented Healthwatch on relevant boards and at meetings. Thank you all very much.

We have developed stronger working relationships with commissioners and providers this year, ensuring that the views of the local people have been heard and listened to. We have made recommendations to services when they have not met the needs of service users.

In most areas we have had a real impact whilst in others there is still work to do.

We are especially pleased with the positive outcomes we have had from our Enter and View visits.

Our recommendations, based on patient and user comments, have been welcomed and acted on by providers. These include the Fern and Amber Ward visits and our visit to the George Crouch Centre.

We have also helped a number of people navigate the health and social care complaints system and have found that many have difficulty in finding out who to complain to when the need arises.

Healthwatch have continued to engage with the public by organising public events and undertaking outreach stands. Social media has played a big part in the success of our increased engagement with local people.

This year we have undertaken a consultation about ourselves. We wanted to know if people knew about Healthwatch and what impact our work was having. We had some positive feedback, in particular from residents we had helped to progress their complaints.

We were told that we need engage more with young people and showcase more of our achievements in the local press. These two areas of work will be included in the work plan for the coming year.

I would like to thank all the partners who have worked with us to make this a successful year, and we look forward to the challenges of the year to come.
About Healthwatch

We are here to make health and social care better for ordinary people. We believe that the best way to do this is by designing local services around their needs and experiences.

Everything we say and do is informed by our connections to local people and our expertise is grounded in their experience. We are the only body looking solely at peoples’ experiences across all health and social care.

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

As a statutory watchdog our role is to ensure that local health and social care services, and the local decision makers, put the experiences of people at the heart of their care.

The aim of Healthwatch Barking and Dagenham is to give our citizens and communities a stronger voice to influence and challenge how health and social care services are provided in the borough.

We engage with local people to understand what is working well and where improvements need to be made within services.

It is our statutory duty to champion the needs of local people to enable us to do this:

- We train local individuals to become “Enter & View” representatives, equipping them to visit health and social care services and assist in making recommendations for change.
• We obtain the views of the local community by being out and about.
• Signpost people to information about local health and social care services and how to assess them.
• Signpost people to advocacy services and provide information about their choices and what to do when things go wrong.
• Monitor trends from what people are telling us to take things forward on a particular issue or area.
• Provide evidence based feedback to those who are responsible for commissioning or delivering services.
• Alert Healthwatch England, or CQC where appropriate, to concerns about specific care providers of health or social care matters
• Have a seat on the Health and Wellbeing Board, ensuring that the views and experience of patients, carers and others are taken into account when local needs assessments and strategies are prepared.
• Involve local people in the work areas we will be focusing on.

Under the Health and Social Care Act 2012 Healthwatch Barking and Dagenham have the rights below 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.

Our vision

The vision for Healthwatch Barking and Dagenham is to ensure that the views of the local community influence decision makers who commission and provide health and social care services.

We hope to empower local people to get involved with Healthwatch become a part of the network influencing changes for the better.

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).
Engaging with people who use health and social care services
Understanding Peoples’ Experiences

Healthwatch Barking and Dagenham believe that it’s only by asking those who use the services about their experiences that, we will get a true reflection of they are working and what areas need to be improved.

In order to obtain the views of the community and to better understand their experiences, Healthwatch Barking and Dagenham have taken a pro-active role across the borough, providing opportunities where people can share their experiences of health and social care services.

Targeted Engagement

When we have needed to speak to a particular group of people, targeted engagement has taken place. Examples of these are below:

- Whilst undertaking the stroke project the views of stroke survivors were needed. We visited the stroke club to speak directly with people who had suffered a stroke and been through the system.

- We asked the council if they would send out questionnaires to people in receipt of a personal budget. This was to ensure that all those receiving a personal budget had a chance to share their experiences.

- Healthwatch Barking and Dagenham visited Axe Street Child Development Centre in order to speak to parents on a clinic day about the speech and Language therapy service they receive.

- Barking Havering Redbridge Hospital Trust welcomed and supported us, whilst we were undertaking the Accident and Emergency projects. Staff and volunteers attended the department to speak directly with patients who were using the service.

“Enter & Views”

We have undertaken 6 “Enter & Views” across health and social care services: ensuring people who are receiving in-patient care or are resident at a care or nursing home, have the chance to speak to us.

Outreach Stands at Queens Hospital

Outreach Stands at Queens Hospital have enabled Healthwatch to directly receive feedback from patients, friends and family.
Working with others

We have worked in collaboration with a number of statutory organisations to obtain the views of the public on particular areas of work: including the Clinical Commissioning Group on their priorities for the coming year. More information for each of these can be found on the working together section page 46.

Public events

This year we undertook four public events, each one at a different venue; Vicarage Field Shopping Centre, Kingsley Hall, Dagenham Library and Barking Learning Centre. The events gave members of the public the opportunity to find out more about Healthwatch, get involved in projects and share their experiences.

Organisations from across the borough were also invited to come along and promote their services.

Outreach and Promotional stands

Over the last year we have continued to build on our engagement activities, and have had stands at a number of events including the World Mental Health Day. This was a real chance to speak to mental health service users and their families and friends about the services they receive and aspirations for those in the future. We spoke to over 60 people.

Healthwatch have also had outreach stands at other events including;

- CVS Voluntary Sector Open Day;
- Be Healthy Stay Safe Day
- International Day of Disabled People
- North East London Foundation Trust Sports Day
- Learning Disabilities Week

All of which have contributed to obtaining the views of the public.
Associates

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.

Associates share information about Healthwatch projects with their service users’ enabling us to capture the views of some individuals who may not have otherwise engaged. In working in partnership with the Associates, some have advertised the Healthwatch service through their e-bulletins and newsletters.

This year we held an Associates Day. There were seven representatives from organisations in attendance. The meeting was to clarify the role of Healthwatch to Associates; the intention to forge closer working links and request input and feedback to issues that affect their organisations and the people they represent.

The day went well and Healthwatch were able to obtain the views from our Associates about what specific issues their service users were having in relation to health and social care services.

Your Voice Cards

Healthwatch Barking and Dagenham have “Your Voice cards” which are cards that are used for people to write down their stories. We have found that where people do not feel comfortable in talking about their experience of health or social care service, they like to write it down.

Through all our engagement activities we have engaged with over 272’279 members of the public. This includes all our projects, consultations and events and signposting service and social media.
Social Media & Communication

Healthwatch uses a wide range of communication methods. They are developed not only to promote Healthwatch but keep the local community updated on opportunities for involvement and to influence service change.

Our communication methods have also been used to encourage service users to call us and tell us about their experiences of using services especially if they are unsure where to turn to when things don’t go so well.

Website

We have continued to develop the website this year. It contains information on projects that Healthwatch have undertaken including “Enter & View” reports, Executive Board minutes and national and local news in relation to health and social care.

We have had a number of enquiries through the “Contact Us” section of the website. These have included areas such as volunteering, experiences that people have encountered and responses to consultations we are running. Some individuals prefer to use the website as a way of expressing their concerns and views.

Twitter and Facebook

The sites are used to promote activities and relevant health and social care news and updates. We have used both to ask questions directly to followers and have also received feedback through this mechanism. This year the involvement for users has been more active than the previous year and we have had more retweets and likes!

Our followers on Twitter have doubled since last year and now we have 619 followers and 333 Facebook friends.

Streetlife

Healthwatch have been using Streetlife over the last year. There are currently 3908 members on Streetlife. We have had increased interest from the local community and discussions have taken place online on a number of issues such as, the appointment system at the local hospital, blood test services and hydrotherapy services in the borough. Streetlife has proved to be successful in engaging with members of the public. In total we have put up 55 notices.

Feedback from Streetlife users shows that Healthwatch has kept them informed and it has been a good portal for consultation when they are unable or do not want to attend a specific event but would like to share their views.

Posters in the Vicarage Shopping Centre

Posters of Healthwatch are displayed in the shopping centre. Members of the public have seen the poster and called us as a result.
**E-bulletin**

The e-bulletin is another way of keeping stakeholders and people who are interested up to date. Regular e-bulletins have been sent to the members and various other stakeholders.

**Bookmarks**

To ensure that people, who have repeat prescriptions and are housebound, know about Healthwatch: we worked with The North East London Pharmaceutical Committee and local pharmacies to put our bookmarks in the repeat prescription bags. We have had members of the public call us after receiving the bookmarks.

**Local Media**

We have had a 6 month run in the local paper advertising Healthwatch as well as a number of events and consultations.
Disadvantaged, Vulnerable and Seldom Heard Groups

Safeguarding Project
During our adult life we may find ourselves vulnerable through illness, frailty or old age, disability, mental illness, learning difficulties or dependency on others in some way. These situations may mean that others could take advantage of us. It has been known for vulnerable people to be physically and emotionally abused as well as financially exploited.

It is the responsibility of the Local Authority and Health Services to ensure they have measures in place to prevent abuse from happening or to deal with it effectively when it does.

In order to know if the Local Authority is doing their part well enough, Healthwatch were asked by the Safeguarding Board to work on a project. More information on the findings of the report can be found on page 30.

We spoke to a wide range of people some who found themselves vulnerable.

People with Learning Disabilities
Healthwatch have developed a good relationship with people with Learning Disabilities, who have been encouraged and supported to take part in a number of areas including the “Have your say event”, which focused on the priorities for the CCG in the coming year and the Refresh of the Health and Well Being Strategy.

“The event was really good and we said what we thought on the video, this was easier for us because we did not have to write our feelings and could just say it! Healthwatch told us about the event and we were happy to come and say how we felt about things that matter to us.”

Hearing Impairments
We have undertaken two projects which capture the views of people with hearing impairments; one is focused on adults and the other is on parental views of the services provided to their children.

We went to the audiology department at the Axe Street Children and Family Centre; to talk to the parents about their children and the services they receive.

Mental Health
Healthwatch has worked very closely with mental health services users and were able to get some of them involved with the Mental Health sub-group. The summary of the report can be found on page 44.
Engaging with People Volunteering or Working in the Borough but may not Live in the Borough

We have found that people working or volunteering in the borough but do not live in the borough are passionate about the services that are available to residents.

There are a number of ways in which Healthwatch have captured the views of this group and given them a voice.

Duty of Candour Project
The Duty of Candour project looked at the duty that all staff in health & social care settings has, to speak up if they suspect that another staff member is mistreating patients or residents. For this project staff at the nursing home were given surveys to obtain their views in relation to the duty of candour. Staff were also given details of how to make contact with Healthwatch in the future if they would like to share their views on other health or social care matters.

Voluntary Sector Open Day
Healthwatch attended the Voluntary Sector Open Day, which is run by the Council for Voluntary Services. The day offered Healthwatch an avenue to speak to volunteers and staff members working in the borough as well as consult with the general public.

Enter and Views
When undertaking Enter and Views, staff are given the option to share their opinions of the care being provided and assured that information will stay anonymous.

Associates and Interested Individuals
Anybody can sign up to Healthwatch Barking and Dagenham. Signing up means receiving updated news on local and national health and social care services, receiving our e-bulletin and information on our projects. We have a number of professionals and individuals who have signed up who do not live in the borough but want to be kept informed. Currently we have over 100 interested individuals.

Volunteering Week Celebration
This year Healthwatch Barking and Dagenham took part in the Volunteer Celebration day. Healthwatch had an outreach stand and spoke to volunteers obtaining their views on a number of issues. Some volunteers lived in the borough whilst others did not.

Streetlife
Healthwatch have used Streetlife over the last year to consult and inform community members. Some members do not live in Barking and Dagenham and are from the neighbouring boroughs.
Engagement with Young People under 21

In order to capture the voice of young people we have a young person’s representative on the Executive Board. This year Healthwatch have engaged with young people to obtain their views on a number of projects.

Healthwatch undertook a project on Safeguarding; we engaged with a wide variety of people and are pleased to say that 40% of the responses came from young people who use the services of the Vibe youth centre. For this valuable contribution we are grateful to our Associate Board member Grace Kihu who represents young people.

Healthwatch have also attended the BAD Youth Forum, to speak to young people about the role of Healthwatch and the projects being undertaken.

We undertook an evaluation to look at how many people have heard of Healthwatch and the impact we have had for them, 66 of the overall questionnaires were received via our young people’s representative, Grace Kihu, 64% said they had not heard of Healthwatch.

This highlights that more work needs to be done with young people in the borough. Therefore next year Healthwatch will be attending the BAD Youth Forum on a more regular basis and also producing young people friendly material.
Engaging with Older People over the Age of 65

We have engaged with older people in a number of ways to ensure their views and experiences are taken seriously and not missed. We have not only provided opportunities at events across the borough but have ensured that “Enter & Views” give older people the chance to express their opinions.

Enter and View

We have undertaken 6 “Enter & Views” across health and social care services this year, one of the visits was at Fern Ward, mainly for older people. The majority of the patients on the ward were over 65 years of age. Patients feedback, informed the recommendations made in the report, all these were taken up by the provider and the voice of the older people was heard.

Kallar Lodge was also mainly older residents with dementia.

Older Peoples Day Event

Healthwatch Barking and Dagenham took part in the Older People’s Event which was organised by the London Borough of Barking and Dagenham.

We had a stand with information on who we are and spoke to the older people about the service they receive and how they feel about them. This was a fantastic event where older people had a chance to voice their concerns but also the chance to celebrate Older People’s Week.

Healthwatch Public Event

Healthwatch ran an event at Kingsley Hall Community Hall. The day was spent by staff speaking with the older people about their experiences and opinions of the health and social care services they had used recently. The Barking Bathhouse was with us and offered free massages and nail painting which was something the older people loved.

Older People’s Representative

We also have an older person’s representative on the Board, Barbara Sawyer. Barbara gives a lot of time volunteering for the local community. She is an authorised representative for “Enter & View” and brings a lot of experience from the lay person’s perspective. Barbara ensures that the older people’s views are heard at Healthwatch Board meetings.
Enter & View

“Enter & View” is carried out under Section 186 of the Health & Social Care Act 2012. It imposes duties on certain health and social care providers to allow authorised representatives of local Healthwatch organisations to enter premises and carry out observations for the purposes of Healthwatch activity.

Authorised representatives observe and speak to service users about their experiences of the visited home or ward in order to collect evidence of the quality and standard of the services being provided.

To do this we:

- Enable people to share their views and experiences and to understand that their contribution will help build a picture of where services are doing well and where they can be improved.

- Give authoritative, evidenced based feedback to organisations responsible for delivering and commissioning services.

- Are able to alert Healthwatch England or the Care Quality Commission, where appropriate, to concerns about specific service providers of health or social care.

Healthwatch have 6 “Enter & Views” representatives, all staff are trained to deliver the “Enter & View” programme and undertake visits.

Authorised Representatives

Frances Caroll
Barbara Sawyer
Val Shaw
John Southall
Mary Parish
Tayo

All staff are “Enter & View” trained
Fern Ward, Older People’s Medicine and Medical Ward, BHRUT

Last year Healthwatch undertook an “Enter & View” visit to Sunrise A &B ward that provides in-patient hospital services for older people - Healthwatch made relevant recommendations. BHRUT had taken on the changes and a follow up visit was undertaken to evidence that the changes had been made.

Healthwatch undertook the visit to Fern ward to determine if changes previously recommended were implemented on other wards across the trust. This was part of the wider work plan.

The purpose of the visit was to find out patients’ views on the choice and quality of the food and drink they receive; to ask patients and their visitors about the staff interaction with them and to get views and comments about the quality of personal hygiene support that patients receive.

Taking into consideration the views of patients and relatives Healthwatch made recommendations focusing on the improvement of catering staff distributing tea and coffee, assistance with filling out food options and reading menus, bedpans and the amount of time patients are waiting and lastly recommendations on repairs of call buttons.

We are pleased to report that BHRUT responded positively with an action plan to implement the changes.
Amber Ward

This was an announced visit to find out from in-patients about their experiences of using the wards’ services. Healthwatch Barking and Dagenham were given feedback by people from the borough, concerned about some of their experiences of using the services on these wards.

The areas that Healthwatch representatives focused upon were: Nutrition, Personal Hygiene, Patient and Staff Interaction.

The patients we spoke with were in the main complimentary about the service and support they had received however there were areas that could be improved.

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
- Clear communication between ward staff, consultants and doctors where a relative has the power of attorney for the patient.

We are pleased to report that BHRUT responded positively with an action plan to implement the changes.
George Crouch Day Centre & Lodge Avenue Care Home

Both “Enter & View” visits were part of a wider programme of work being undertaken by Healthwatch Barking and Dagenham - to gather views and experiences from residents about the standard and quality of care and support being provided to them.

At both visits Healthwatch looked at four areas;
- personal hygiene,
- nutrition,
- social activities
- staff interaction.

George Crouch Day Centre

In all areas service users made positive comments about George Crouch Day Centre. Service users were happy with the staff, food and leisure activities.

The Centre is well recommended by those who attend it and feedback shows it’s a good resource within the community.

Taking into consideration the feedback Healthwatch concluded that this is a very good service and is underused.

Healthwatch wrote to the manager overseeing George Crouch Day Centre.

We received a response from the manager.

The response from the manager states

“In 2015 we will be implementing an action plan to involve more services with George Crouch so as to widen our referral routes.”

Lodge Avenue Care Home

Healthwatch representatives felt this was a positive visit.

There were no negative points about the standard and quality of the care and support being provided.

The residents Healthwatch spoke with said they were well looked after, had no complaints and didn’t want their support changed.

Although residents have choice and control over their lives from day to day, it did emerge that individual circumstances inhibited access to some activities for some residents.

From the feedback received from them, conversations with staff and observations carried out Healthwatch Barking and Dagenham made no recommendations for the 4 areas of enquiry focused upon during this visit.

An “Enter & View” visit has also taken place at Alexander Court; currently the findings are unable to be shared.
Healthwatch Barking and Dagenham undertook a visit to Kallar Lodge Residential Home, to gather and record service users’ views on 4 areas: nutrition, personal care, social activities and hobbies and staff interaction.

Healthwatch representatives found that the service users spoken to on the day were happy with all four areas that were being looked at. However, due to the nature of their disability (dementia), their views did not always seem clear or completely accurate.

As this group of people are particularly vulnerable, it is important that their views are fully evaluated.

From the feedback and the observations, it was clear that Kallar Lodge Residential Home provide a very good service which provides a pleasant and comfortable life to its residents.

Taking into consideration all the feedback received Healthwatch recommended

- Current bi-annual meetings with friends and family of residents should take place more frequently.
- Information on proposed regular and exceptional leisure activities should be advertised on posters pinned in the communal areas and/or at reception on a notice board.
- Exceptional outings or events could also be circulated on a website/social media such as Facebook as well as via letters to those especially interested.

Response from Manager at Kallar Lodge.

“Thank you for the report and the suggestions, I only wished our families were better represented at the time of your visit as we do have activities that include puzzles and painting. We arrange annual events through the hire scheme of a community bus that takes our residents out on day trips and these are advertised on all unit boards and invites relatives and friends to attend. These are summer events are advertised nearer the time.

I hope you enjoyed your visit and thank you again for your prompt report.”
Impact Stories

Involving Lay people in Statutory Duties

Val has been volunteering with Healthwatch Barking and Dagenham for over two years. She also volunteers for other services in the Borough.

She has a lot of knowledge of local services in the borough which is an asset for when she takes part in Healthwatch activities.

Val is involved in the statutory duties that we undertake especially Enter and View. Val says that the training for “Enter & View” representatives was delivered in a way that was easy for lay members to understand, and that support has always been available when needed.

She feels that it is important that we do follow up visits as this enables the team to see if changes have really taken place or not.

Quote from Val Shaw

“The training provided by Healthwatch Barking and Dagenham gave me a good understanding of what the law says about what I can do as a representative and what I should be looking for during a visit. The impact of visits depends on the provider, sometimes they do make changes and at other times they say they will but similar situations still occur.

I got involved in “Enter & Views” to help services have an insight of how people really feel and to make a difference.

I think that people who have an interest in talking to the local community about health or social care services should consider being an “Enter & View” representative. You can be involved as little or as much as you want, sometimes we do one visit in 3 months”
Providing Information and Signposting for People to Health and Social Care Services
Helping People Get what They Need from Local Health and Social Care Services

As part of the statutory service we offer information and signposting to the local community. People can contact us in a number of ways, by phone, post, email, through the website and social networking sites.

Public Events
We have invited organisations who provide health and social care services to promote their service at our public events, giving the public the chance to find out about what is available to them. Some of the organisations, who have taken part in our public events, include Voiceability, Carers of Barking and Dagenham, DABD UK.

Website
There is a dedicated section on our website which provides information on local and national services, including advocacy services. This is split up in order to make it easy for those who are looking for services.

Volunteers
Our volunteers who assist with outreach are trained and are aware of the different services available in the borough to help signpost people. We also keep leaflets on other services on our stands.

Where a new service is being provided we are happy to add this to the website promote the service to our associates and through the e-bulletin.

Communication and Social Media
Healthwatch Barking and Dagenham are on Twitter, Facebook and Streetlife, so people are able to make contact with us through all three. We also have a regular E-bulletin which is produced every two months.

More information on social media and the use of this can be found on page 12.

Working in Partnership
We have worked in partnership with a number of organisations to ensure that people better understand the health and social care system and voice their concerns. Feedback from these events show that members of the public have not only enjoyed the events but their knowledge has also increased on how the system works.

Associates
New services are promoted to our Associates to ensure the word is spread as widely as possible.
How we helped people to find local services and take control of their own health and social care

One of our main areas of work is to provide local people with the correct information in order for them to take control of their own health and social care. Sometimes things go wrong and people want to be signposted to the correct service to assist them. We have assisted and signposted many individuals through our service, in total around 450 people.

Through feedback Healthwatch Barking and Dagenham found that a number of people were frustrated as they had tried to establish where to go for assistance and were not always given the correct information. Many of the cases that came through to Healthwatch had initially contacted other organisations and were signposted to us.

We have assisted or signposted individuals to a number of services.

The following is a breakdown:

**GP related - 71 (51%)**

A number of people told us about their issues in relation to their GP practice, a number of areas were mentioned, such as files going missing, issues with prescriptions, patients not being able to get through on the telephone and staff rudeness. A large number of requests for assistance were from people unable to get an appointment at their surgery in a timely way. We are limited to the kind of advice and signposting we can give in that situation, individuals were given details on the complaints process and the contact details of how to make a complaint. The information we gave enabled individuals to choose the route they would like to take and who to contact if they needed assistance in writing the complaint or support to do this.

Quote from lay member trying to get a GP appointment:

> “Getting an appointment when I need it is ridiculous - waiting 9 days is too long”

**Hospital Appt issues - 104 (23%)**

A total of 104 people told us about hospital appointments issues including; receiving letters for appointments and then the appointment being cancelled numerous times and two or three letters coming through for the same appointment. People also told us their appointments were being cancelled and no notification was given, and lastly the attitude of staff at the call centre was dependent on who you spoke to.
One individual told us:

“On 3 occasions my appointment has been changed without any reason given on the letter, when I eventually get to speak with someone, they tell me it’s changed by the clinic but don’t know why”

The patient was advised to refer to the contact number on the appointments letter that they received concerning their query. This was cause for their comment and the alternative suggested speaking with their consultant’s secretary directly about it. They were also given the details of how to make a complaint should they wish to do so.

Local Authority Services - 27 (6%)

There were a small amount of people who spoke about services provided by the local authority. Areas that people did contact us about included, who they should contact about housing, where to go for support as their parents need help and who to contact in regards to having an assessment for a personal budget. Some people wanted to be signposted to certain departments of the council and just wanted different department names.

An individual accessing local authority service told us:

“Although the help did eventually happen - waiting for someone to make a decision about the assessment was very slow - too many people involved”

Help with Housing Issues - 4 (3%)

Only 4 people contacted us to find out where to go for housing issues.

Comment made by lay member who we assisted:

‘I didn’t know who to speak with, but thank you for the information for the local advice bureau’

Mental Health Needs - 41 (9%)

The people who contacted us were mental health users and their families and carers. There were a variety of issues brought up including, housing, advocacy services, what support groups are available and the feeling that services do not listen to what they have to say.

Advocacy Services - 11 (8%)

We had a small amount of people who contacted us for details on who could advocate for them. They were mainly signposted to Voiceability, Citizens Advice Bureau, Carers of Barking and Dagenham and DABD UK.
There were 40 people who contacted Healthwatch and made complaints about services. The below gives figures in terms of 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%)
- Community Services - 1

Quotes from service users who made contact with Healthwatch

**Examples of people Healthwatch have supported:**

*Mrs O contacted Healthwatch on behalf of her elderly mother who relied on regular delivery of continence nursing products. These hadn’t been delivered, causing much stress to her and leaving her mother vulnerable in the circumstance. Healthwatch provided her with current contact details for the Continence Team dealing with patients from the borough and also gave advice to contact her mother’s GP initially, to complain about the service.*

*Mr R contacted Healthwatch via a colleague - he contacted his GP by phone to book an appointment and was told there wasn’t one available for 2 weeks. He was appalled by this - although his need was not urgent; having to wait for 2 weeks to see a GP could make it so. How can the NHS say prevention is better than cure, then set services up like this where getting a cure is a struggle, let alone help with prevention? Healthwatch provided him with contact details for Voiceability and how to contact NHS England.*

*Mrs S had cause to visit her Dentist 5 times in 6 weeks because of the same issue and still it wasn’t resolved. She said she did not know who to turn to or contact and so contacted Healthwatch B&D. She was provided with the contact details for the local representative of the London Dental Committee to assist with her complaint and also the contact details for Voiceability.*
Influencing Decision Makers with Evidence from Local People
Reports

We have produced 20 reports including all our projects, “Enter &Views” and reports on consultations we have undertaken in partnership.

Safeguarding Project

This Safeguarding project contributed to the public consultation undertaken by the Safeguarding Adults Board (SAB) as part of drafting the Adult Safeguarding Strategy for the London borough of Barking and Dagenham.

We received 149 questionnaires and from talking to members of the public it became clear that people do care about the abuse of vulnerable adults. The injustice of it and a keen dislike of it were often expressed.

Broadly speaking two thirds of respondents were confident they would recognise if an adult was either suffering abuse or at risk of abuse, whilst a third thought they might not recognise the signs.

Whilst a wide variety of answers was given for where the abuse might be reported, 40% of respondents did not know or were unsure of where or who they would report it to.

Two thirds of respondents said they felt confident to report an incident of possible abuse, and a third said they did not with the main reason being a fear of reprisals against themselves.

A large number of respondents (84%) felt there wasn’t enough information around to help the public to report incidents.

In response to the results of this survey Healthwatch Barking and Dagenham made two recommendations; one for more information to be made widely available to the general public to recognise the signs of abuse and who to contact. The second to address the public’s fears of possible reprisal, it would be helpful if literature could contain a statement about confidentiality.
Speech and Language Therapy Services

In past years, Barking and Dagenham has had a history of delays in providing Speech and Language Therapy (SALT) services to the children in the borough. Healthwatch therefore decided to investigate the current service to see if the remodelled service of 2008 had been able to keep up with the increased pressure caused by the increased number of children now resident in the borough.

Healthwatch looked into the history of the service and interviewed parents, carers and SALT professionals and found that:

- The area of need has shifted from gaps in specialism to one of capacity. When in the past there were not enough specialist Speech Therapists (ST) it has now been remedied and the SALT team has access to enough specialism within their team and nationwide.

- The difficulty now resides with a longer waiting time than the expected 18 weeks between referral and treatment. The SALT department aims to keep an 18 week wait between referral and initial assessment as there is not enough staff to see all patients within a shorter time frame.

- Parents and carers, whilst happy with the quality of the service, have to wait for up to 8 months for the therapy to start. Parents also requested more therapy sessions as they felt that an increase, in what is given as standard, would improve the outcomes for their children.

- The lack of capacity within the SALT team has meant that keeping up with increased demand, created by the increase in population and the new schools opening in the borough, has added to their pressure. It is proposed that between now and 2020, 11 new schools (6510 places) will be provided in the borough.

Healthwatch therefore recommended that the borough of Barking & Dagenham:

- Continues to fund the Early Intervention service.
- Continues to fund Teaching Assistants within schools.
- Continues to fund two teaching posts for speech and language within The Education Inclusion Team.

Healthwatch also recommended that the Clinical Commissioning Group:

- Increases its funding to the SALT team in line with increased referrals to the team. This should reflect the increase in the child population of the borough and the undoubted increase in the number of school sites between now and 2020. The complexity of need is a further pressure.
Hearing Impairments Adults

We took this project forward after individuals with hearing impairments chose to tell us about their experiences of GP services, audiology services, urgent care and services provided by the Local Authority.

In gathering the views of service users Healthwatch asked the participants about their experiences in these four specific areas:

- Experiences of the Audiology department(s) at Queens and King Georges Hospital and Broad Street.
- Access to the individuals GP surgeries
- Participants experience of council lead services.
- Access to Urgent Care

The findings highlight that there are issues with not only accessing GP appointments but also confusion over treatment and diagnosis.

Majority of respondents (52%) go to their surgery to make an appointment and 33% call the surgery.

Nearly half of the respondents (45%) said that they would prefer an alternative method to make appointments which is not available.

It was highlighted that a visual screen with the patients’ name is a better way of communicating when it’s the patients turn to be seen by the GP/nurse.

In terms of audiology services, issues highlighted were about the access to repairs and batteries for hearing aids.

53% said they did not find it easy to make an appointment when they had issues with their aid. The main reason highlighted was the waiting time for the appointment.

Participants’ main area of concern was accessing urgent care services.

Feedback about Local Authority services varied; for some people the experience was positive and for others the services needed to make some improvements. Positive comments were made in terms of some people’s experiences accessing equipment and signposting to other services. Questions were raised about the London Borough of Barking and Dagenham and the website, mainly on the fact that there was no test phone or Mincom number.

We have made recommendations to service providers and are currently waiting for a response.
Once receiving feedback from adults with hearing impairments and the issues they were having accessing health and social care services, Healthwatch decided to see what it was like for parents accessing services for children with hearing impairments.

Some of findings from the report were:

- Three quarters of (76%) of parents were happy with the staff at the audiology department (Axe Street Child and Family Centre).
- Parents (29%) told us that their experience was positive when they accessed the service for issues with equipment. Only 5% felt that the service could improve. (52% did not comment and 14% were unable to comment as they had experienced no problems with the equipment)
- A large number of parents felt that when you attend for an appointment the waiting times are far too long. Parents would like to see the time reduced.
- Feedback also highlighted that parents would like to see the same consultant when they take their children for their appointments.
- Parents spoke about different support mechanisms in place at school; these included the speech therapy service at school once a week, children sitting at the front of the classroom and the positive experience of the Additional Resource Provision School.
- The majority (76%) of the parents feel that the school their child attends meets the needs of their child.

Taking into consideration the feedback, Healthwatch Barking and Dagenham made recommendations to North East London Foundation Trust:

- To consider if children can have the same consultant whenever they attend.
- To investigate why clinics are not running on time and find a way forward.
- To see if the T.V can be put on and provide small activities for children.

Healthwatch asked LBBD to consider the recommendations below:

- To continue to fund both the Teacher of the Deaf for children in school and the Teacher of the Deaf for the pre-school children.
- Additional Resource Provision (ARPS) sites to continue in the borough and consider increasing the provision when needed.
- With the support of LBBD, all ARPs to run a monthly/bi-monthly parent group as a pilot.

This report has been sent to the service providers and we are waiting for a response.
Adults A&E

All trusts have to meet the four hour waiting time limit which is currently at 95%. Our local trust Barking Havering Redbridge University Hospital Trust (BHRUT) was number other trusts at the end of 2014, who were not reaching their target of the four hour A&E wait.

Healthwatch wanted to find out why people choose to go to A&E, if they were aware of alternative services that could be used and how long they waited for.

Generally patients told us they did not have to wait too long to be seen and were waiting for test results. Overall most patients were seen in less than 2 hours.

Patients were asked how they felt unnecessary A&E attendance could be reduced and if anything could be done in the local community to help. Respondents told us that there needs to be better access to GP appointments and there should be more x-ray facilities available in the borough.

Patients who were sent by a professional felt justified in being there and felt they were in the right place.

Taking into consideration the feedback from patients Healthwatch recommended:

- The x-ray facilities within the borough need to be promoted more widely to ensure that patients and health professionals are aware of the choices. We recommend the CCG to send updated content to health professionals/services about local facilities to be shared with their patients and for professionals to use when signposting.

- The CCG need to work with the GPs to address the access issues that have been raised.

We sent the report to the CCG and have received a response

“Thank you for sharing your report looking at why people go to A&E. This is a very helpful report which gives us an insight into the way people view A&E and the reasons they attend”.

Please see response below in relation to the x-ray recommendation.

“X-ray facilities - as you know there are X-ray facilities at the Walk in Centre at Barking Community Hospital. The service has had some technical difficulties over the last few months which may account for some patients needing to attend A&E. We believe these difficulties have now been resolved and on that basis we will be raising the profile of the X-ray facilities at the WIC as part of our ongoing development work with the service to manage more minor injuries and fractures at Barking Hospital.”
Children’s A &E

The Child Health Profile of Barking and Dagenham (March 2014) indicates that in 2011/12 there were 12,152 attendances at Accident and Emergency Units (A&E) by children aged 4 years and under and resident in the Barking and Dagenham area. This rate is higher than the England average.

There were also discussions at the Child and Maternity sub-group about the high attendance rates of under 4 year olds at A&E and this was a concern for the sub group.

Healthwatch Barking and Dagenham wanted to look at the reasons behind parents attending A&E and also if they are aware of alternative services they can use instead.

Barking Havering and Redbridge University Trust (BHRUT) runs two paediatric emergency care departments. We attended both the emergency departments and children’s centres to speak to parents.

In conclusion, parents choose to attend the A&E department for various reasons.

Some of the reasons given by parents were that they were unable to get a GP appointment for their child, they had called 111 and were told to go to A&E or they were sent an ambulance, their child needed an X-ray or everywhere else was closed. 42% of parents went straight to A&E before trying another service and gave different reasons as to why.

Parents (28%) felt that more needs to be done in terms of the promotion of services that can be used. This includes clear information for example “can you have an x-ray at a Walk-in Centre for under five year olds”.

Furthermore, parents wanted to know what else is available for the under 2s as they felt the only option is for parents to take their child to their GP or A&E.

Taking into consideration feedback from parents Healthwatch recommended that the CCG produces information, with the involvement of parents, focusing on the options of urgent care available.

Clarity is needed for what is available for under 2s and to consider a drop in centre specifically for children.

One recommendation was made to the North East London Pharmaceutical Committee: to work with the local pharmacies that offer the minor ailments scheme and to promote this to their residents.

This report has been sent to the CCG and we have received the response below:

“We welcome the report by Healthwatch - improving urgent care services is a priority for the CCG and it is important that we hear about patient experiences of urgent and emergency care. The report identifies some recommendations for the CCG which we will feed into our plans to improve access to urgent care services.”
Healthwatch Barking and Dagenham decided to look into the London Ambulance Service (LAS) as we had received feedback from service users about long waiting times. The LAS have also received a lot of bad press recently and have frequently been in our local newspaper.

Healthwatch Barking and Dagenham met with the Head of Patient & Public Involvement and Public Education at the LAS and with the Lead Duty Station Officer at the Romford Complex. We also spent a day with an ambulance crew.

We gathered patients’ feedback on Streetlife and surveyed people at both the A&E departments who had used the ambulance service.

We found that:

- There is a difference in views between the managers and staff within the London Ambulance Service.

- The effectiveness of NHS 111 is disputed by staff. However we are not able to comment on the service as we were not given any official figures from the PELC.

- The general feeling is that the LAS service is good. A minority of people complain mainly when displeased with the waiting time. There seems to be a misunderstanding about what a life-threatening emergency really is.

- The LAS are experiencing a significant lack of staff. This is thought by crew to be a result of the training being too long and overqualifying for the job.

- Transfer times from an ambulance to A&E are problematic in BHRUT and a cause of frustration for the staff.

Healthwatch therefore recommended that:

- There needs to be an increase in publicity to define the proper use of the ambulance services.

- It is difficult for Healthwatch to comment on the effectiveness of the 111 service. However it remains the firm conviction of staff that NHS 111 has contributed to the increased demand of the LAS service.

- It would be helpful if this mismatch of perceptions could be addressed by the managements of both LAS and 111.

- Transfer times at the A&E department at Queens Hospital remain high and should be addressed by both the LAS and the A&E department.

The report has been sent to the London Ambulance Service and we await a response.
Healthwatch Barking and Dagenham

Duty of Candour Project

The Duty of Candour project looked at the duty that all staff in residential settings have, to speak up and be open and honest if they see or suspect that their fellow employees are mistreating patients or residents. We wanted to discover how the duty of candour is understood and applied in one of the care homes.

Healthwatch found that there needed to be one easy message that communicates clearly to all staff working in the service - whether permanent or bank staff - what the duty of candour is and when it is appropriate to use the policies and procedures set out by the employer.

The findings showed that not all staff are made aware of what the outcome to a referral and what this means. Staff were also unclear that reading the policies and practices is part of their terms of employment.

The findings also highlighted that some staff are concerned about reporting incidents, out of fear of being penalised, isolated or bullied in their jobs. There should be written assurances, that for any incident they report, their managers will fully support them through the process.

This report has been sent to Adults Safeguarding Board and we await a response.
Orthotic Services

The orthotic services for both adults and children in the borough of Barking and Dagenham have had a history of long delays in providing patients with their required support. Healthwatch decided to enquire and find out whether they are meeting the needs of the residents.

Children

We spoke with professionals and interviewed 17 parents or carers of children between the ages of 18 months and 15 at Axe Street Child and Family Centre.

Overall we found that parents were happy with the service. Most parents had to wait no more than 2 months to receive their first orthotic support from the initial assessment and felt it had made a positive difference to their child’s life.

All parents commented positively regarding the staff and said they felt listened to.

We discovered there is a big issue with ‘Did Not Attends’ regardless of all the efforts to encourage patients to keep appointments.

Based on the feedback we received, two recommendations were made; one was for the service users to be contacted after the appointment has been missed, this was to see if a trend could be identified. The second was to work with other services who have similar issues to look at ways to bring the percentage of Do Not Attends down.

Adults

We found it more challenging to gather the views of adult service users. We tried to engage those using the services of the Long Term Medical Centre in Harold Wood.

We provided 100 questionnaires with stamped addressed envelopes which were distributed to patients, but no responses came back.

Attending the clinic in person to interview service users was decided not to be time efficient, because Havering as well as Brentwood and Barking and Dagenham patients use the service at this location.

Taking these reasons into consideration, Healthwatch decided not to pursue the enquiry but will reconsider whether this service requires further investigation if residents give us negative feedback in the future.
Maxillofacial

Healthwatch Barking and Dagenham carried out a 1 day consultation with patients using the Maxillofacial Service after some concerns were raised by members of the public from the borough.

The Maxillofacial service treats diseases, injuries and defects to the head, neck, face, jaws and the hard and soft tissues of the face region.

The views of service users highlighted areas of concerns, especially in terms of appointments.

The issues, and recommendations, have been highlighted below:

- The number of people having their appointments cancelled and re-booked was noted to be extremely high. The appointment process and for the Maxillofacial Service should be reviewed to reduce the number of re arranged appointments.

- Service users said that the time they had to wait for their first appointment to access the service was too long: Healthwatch recommended that a review should be carried out by the hospital trust, to reduce this waiting time.

- Consideration should be given to providing the option for patients who might prefer the choice, to choose and book their appointment on-line.

- The exchange of patient information between the Maxillofacial department and the appointment booking centre is reliant on a manual postal service. The hospital trust should consider putting a process in place that exchanges patient information for this service, without the use of a paper based system.

The report has been sent to the trust and we are waiting for a response.
This project was taken forward as a direct result of information given to us by personal budget holders. One example being individuals in receipt of personal budgets were unhappy with the influence their social workers have over how their budgets were spent.

Personal Budget holders told us they were not fully aware of what they could use their budget for. Others told us they were not happy with the way their budget was managed. Therefore Healthwatch Barking and Dagenham wanted to find out more about the views of personal budget holders.

Feedback from the questionnaires shows that personal budgets are having a positive impact on the lives of the respondents. It has made a difference to many aspects of their daily life. For the majority of individuals it has given them choice, control and independence.

Respondents were asked if there were services/activities they wanted to access but were unavailable. Many of the respondents said there was nothing else they wanted to access. Some residents mistakenly named services that they thought were restricted to them.

Many respondents said they did not have enough information on what services are available. This highlights the need for communication and promotion of what can be accessed.

Taking into consideration the views of the respondents we recommended:

- Adult Social Care services in the borough, needs to promote the Care and Support Hub to all personal budget users, as there is lack of awareness of it.

- The boroughs Arts and Leisure department could consider offering hydrotherapy sessions, locally, even on a trial basis to gauge local support.

There were 10% of respondents who said they wanted to access hydrotherapy sessions.

We have written to the Head of Leisure Services and await a response on the hydrotherapy sessions.
Personal Health Budgets

What are they?
When are they coming?
What does this mean?

During this year we have been monitoring the transformation of primary care services in the borough and the impact this might have for local people in future.

Healthwatch wanted to understand the way services might be offered to patients in the borough i.e. individuals with long term and enduring health needs. One emerging way, was the provision of personal health budgets from NHS England, to be commissioned by the local Clinical Commissioning Group (CCG).

What we found was that uncertainty surrounds the criteria that will be used to decide who will be eligible to be offered a personal health budget beyond April 2016.

There is concern that people in Barking and Dagenham could be subject to inequality if service provision for personal health budgets is shared across Barking and Dagenham, Havering and Redbridge.

Healthwatch have produced a summary report which consists of what we found and the conclusions please visit www.healthwatchbarkinganddagenham.co.uk
Stroke

This project emerged as Healthwatch received concerns about the borough not having enough provision in terms of stroke services. Furthermore there were issues raised about the two neighbouring boroughs having additional services that Barking and Dagenham do not commission.

The main aim of this project was to find out from stroke patients their experiences of using discharge services from hospital.

Areas highlighted from the service users included issues with discharge plans, information being exchanged between the stroke departments and primary care and the need for better community based services.

Taking into consideration the views and feedback received Healthwatch recommended:

• When a patient record has been created on the SSNAP system, an administrative follow up action should be put in place to ensure that patients who might eventually be diagnosed as not having a stroke, have that flagged up on their medical records or the record removed entirely.

• All patients should have a personalised, clearly understood and completed discharge plan that includes consideration for the needs of their family/carers. This should be shared with their GP.

• A robust and seamless method of exchanging patient information between Stroke and Primary Care GP services should be put in place for when stroke patients are discharged home. Timely prompts should be implemented - perhaps using IT systems - to alert GPs about a patient’s changing clinical and social support needs.

• Consideration should be given to providing a community based service with dedicated support co-ordination and advice for stroke patients and their carers from Barking and Dagenham. The gap and inequality in service for stroke patients from the borough, compared with those living in Havering and Redbridge who access the same hospital stroke pathway should be closed.
Putting Local People at the Heart of Improving Services

We have promoted and supported the involvement of local people in the commissioning, provision and management of local health and social care services. We use all our communication methods to promote news and events in relation to commissioning. We also ensure that people have adequate information to get involved.

Healthwatch have supported mental health users to get involved in the Mental Health Needs Assessment, a case study and the impact of this can be found on page 44.

We have trained individuals to become “Enter & View” representatives. The involvement of the representatives has influenced the recommendations made to providers and the changes that have been made to service provision.

For more information on the “Enter & View” visits we have conducted, please go to page 18 of the report. Alternatively, you can see a full report and the response from the providers on our website: www.healthwatchbarkinganddagenham.co.uk

Healthwatch were also involved in consulting with the public on the Clinical Commissioning groups priorities for the coming year and the Health and Well Being Strategy refresh, both documents will play a role in what is commissioned.

Quote from a lay member

“I heard about Healthwatch through Streetlife. Yes I have given my views on lots of different aspects of health and social care. I have also attended the event on the Health and Well Being strategy where I had my say on the priorities for next year. Through Healthwatch I have had a chance to give my views.”
Impact Stories

Involving Mental Health Service Users in Decision Making

The mental health needs assessment

For the mental health needs assessment, Healthwatch was involved in the initial planning for the event and ensured that 2 service user representatives were included at the planning stage.

This influenced the scope of who should be consulted within the borough; who should be invited to the events and what their format should be. Healthwatch made sure a reasonable lead-in time for invitations was in place for people to be able to plan to attend. Healthwatch was consulted during the needs assessment and had a stand at the World Mental Health Day events.

The outcome for Healthwatch Barking and Dagenham has been to influence the addition of 2 further patient representatives onto the HWBB MH Sub-Group.

“I had no idea that Healthwatch existed. I was first informed about Healthwatch after I contacted the Mind organisation and spoke to a member of staff in their legal team.

Since, I have been in touch with Healthwatch I have felt supported and understood. Healthwatch gave me the opportunities to take part in important events which have changed my life.

When I contacted Healthwatch for the first time it was after I had exhausted all other avenues for some help. I felt that I had got to the point in my life when I started to realise that no one really cared about mental health.

My opinion soon changed after my first phone call to Healthwatch.

The officer I spoke to was understanding and took the time to listen to what I had to say, but most importantly was never judgemental.

Quote from a mental health user who wished to remain anonymous.
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 Well Being Board (HWBB). The Chair attends the Board and the contract manager attends in a supporting role.

The agenda for the Health and Well Being Board consists of a lot of items, therefore to support the Chair, the agenda is taken to the Healthwatch Executive Board where items are distributed between staff and Board Members, and feedback is then given to the chair with any comments or queries on the particular areas that will be discussed at the HWBB.

The Chair has attended meetings where representatives from a number of Healthwatches get together to discuss challenges they are having in being a representative on the Health and Well being Board. This is a support mechanism for the chair and is valuable for sharing good practice.

Staff meet with the Healthwatch chair on a regular basis to discuss trends, concerns, reports and best practice, enabling the chair to raise health or social care issues at the Health and Well Being Board. The chair is also kept updated with any responses received from commissioners or service providers so she is able to use the evidence to influence change or question where necessary, during discussions at the Health and Well Being Board.

All Board members are also sent notices of national and local news including training, events, consultations and information days. Where members attend these, they report back to the whole board and team by providing a summary of the day. This method of communication is effective and the whole Healthwatch Team are kept updated.

The Health and Well Being Board have sub-groups which report back to the HWBB, Healthwatch have a representative on each sub-group. Representative’s feedback at the Board meetings, so the chair has an update on the contribution from Healthwatch and can therefore offer constructive feedback when items are brought forward at the Health and Well Being Board.
Healthwatch have continued to develop partnerships this year to engage with various providers, stakeholders and commissioners.

We have worked in collaboration with local statutory organisations on a number of topics, including the Health and Wellbeing Strategy, The Barking and Dagenham Clinical Commissioning Group (CCG) priorities for next year, BHRUTs listening event and the Mental Health Needs Assessment.

The entire Healthwatch programme is designed to have the maximum impact on the service user’s experiences of the health and social care services in Barking and Dagenham. By reporting back the views of the public to this and other relevant Boards we can ensure that the consumer is at the heart of all decisions made about their health and wellbeing,

The Hub Event
Barking and Dagenham Clinical Commissioning Group (CCG) asked Healthwatch Barking and Dagenham to host a focus group to listen to and give feedback about, proposals to set up and provide additional GP services in the borough.

The group was attended by 18 people made up of local residents; other service providers; Healthwatch representatives; General Practitioners (GPs) and staff from the CCG and the Nuffield Trust.

A summary report of participants’ feedback and of the questions raised during the session was produced.

The CCG have provided a written response to the questions raised and these are included in the summary.

Quality Surveillance Group (QSG)
Healthwatch attends the QSG on a regular basis. The QSG brings together commissioners, regulators, local Healthwatch representatives and other bodies on a regular basis to share information and intelligence about quality across the system. The aim is to proactively spot potential problems as early as possible.

Barking and Dagenham Clinical Commissioning Group (CCG)
We have meet with the Chief Operating Officer and the Lay representative of the CCG a number of times and also have a non- voting seat on the Clinical Commissioning Group Patient Engagement Forum which we regularly attend.

North East ‘London Foundation Trust (NELFT)
NELFT are the providers for community health services and Mental health Services in the borough. We are involved in the mental health sub-group to ensure that the patients’ voice is taken into account.

This year we were invited to attend the Integrated Patient Experience Partnership Meeting. Only one meeting has taken place so far. Healthwatch anticipate attending on a regular basis.
Impact Stories

*Working in Partnership with the Local Clinical Commissioning Group and Public Health Influencing Plans for the Future*

Have your Say

Earlier this year Healthwatch hosted an event to give local people a say on the Council’s Health and Wellbeing Strategy and the Clinical Commissioning Group’s plans for 15/16. This was delivered in partnership with the Clinical Commissioning Group (CCG) and the council.

The event was attended by over 100 local residents and organisations. A number of key themes emerged from the day.

The main areas highlighted were:

- **Access to GP appointments needs to be addressed for example;** some GPs open their doors at 8.30am but their phone lines open later which means people who are unable to get to their GP practice are unable to see their GP for an urgent appointment.

- **Consideration needs to be given to re-using aids and equipment.** It was felt that some equipment can be cleaned easily and should be re-used.

- **There needs to be clear communication with the public about new services.** Participants felt this is crucial if the borough wants to improve the health and well-being of local residents.

- **Physical and mental health are seen as separate issues by services and professionals rather than having an impact on each other.**

- **There were both positive and negative comments about the Intensive Rehabilitation Teams.** Some participants felt that there is a clear choice when choosing to stay in hospital or going home and others felt that there is no real choice.

The feedback will contribute to inform the commissioning priorities and the outcomes of the Health and Wellbeing Strategy.

*Quote from Clinical Commissioning Group, Senior Member*

“We were delighted with the really high turnout at this event facilitated by Healthwatch and to hear so many different views from people about their health services.”
Barking Havering Redbridge Hospital trust (BHRUT)

"Enter & Views"

Both King George Hospital and Queen’s Hospital come under BHRUT. We have undertaken 2 “Enter & View” visits at the trust this year.

The trust accepted all the recommendations for both visits and have put an action plan in place, to ensure the changes take place.

Please see pages 18 and 19 for a summary of both visits or alternatively visit our website for a full report.

www.healthwathbarkinganddagenham.co.uk

Listening Event

Together with BHRUT we co-hosted the event and did a presentation to the public about Healthwatch and our work in relation to the services provided at the trust and how local peoples’ views are represented.

Several senior staff from the trust were present including the CEO Matthew Hopkins.

It was a good opportunity for the public to pose direct questions to decision makers about different elements of the service.

The outcome for Healthwatch was a positive message in terms of people understanding what we do and our role.

The feedback from the event has prompted the trust to hold a follow up event in the borough in July 2015, to let local people know what action they have taken based on what people said.

www.healthwathbarkinganddagenham.co.uk
Health and Wellbeing Board
The Healthwatch Chair has a seat on the Health and Wellbeing Board. The Health and Wellbeing Board have five sub-groups:

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

For each of the sub-groups except the Public Health Programmes Board a Healthwatch representative attends, contributes to discussions and ensures the voice of the service users is not missed.

London Borough of Barking and Dagenham (LBBD)
We have a seat on the Safeguarding Adults Board, which we attend on a regular basis. At the end of last year Healthwatch were asked to engage with the local community to find out if they know how to raise a safeguarding concern. This work was completed and the Board have accepted the recommendations made.

Joint Overview Scrutiny Committee (JOSC) - North East London
Healthwatch have attended JOSC meetings and given input at these.

Health and Adult Services Select Committee (HASSC)
Healthwatch attend the HASSC on a regular basis. This year we presented the “Enter & View” report on Fern Ward to the committee. This was well received and members would like to be kept updated future developments.

Care Quality Commission (CQC)
We ensure that the CQC are up to date with our findings from “Enter & View” visits as well as other services they monitor. We have had no need to escalate reports for action, although have shared “Enter & View” reports to representatives from the CQC who attend the Quality Surveillance Group.

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

Healthwatch England
We have continued to keep Healthwatch England informed of the work we have undertaken.

We also attend The London Healthwatch Network. This gives a perspective on issues that Healthwatches are facing across London. It is an opportunity to share information and tackle issues London wide, cross borough organisations.

Other points to note.

- Where we requested information from Barking Havering Redbridge Hospital Trust and North East London Foundation Trust we have received a positive response. None of the providers refused us information.
- We have shared our reports with Healthwatch England; we have found no reason to escalate any matters to Healthwatch England.
Our Plans for 2015/16
Healthwatch Barking and Dagenham (HW) believe it is only by listening to people who use the services that we can discover where improvements can be made. We use this information to hold services to account and share with the community where services are working well. In order for Healthwatch to assess if we are taking the right steps to engage with the local community, we undertook a survey “Have you heard of Healthwatch?

We spoke to 176 people, out of those 48% had heard of Healthwatch and 52% had not.

66 of the questionnaires received were from young people. From the responses received from young people only 36% were aware of HW. This highlighted the need for targeted engagement with young people.

The main ways in which people had heard about Healthwatch were:

- 23% found out from the Youth worker at the Vibe
- 12% of respondents came to know of Healthwatch through the advert in the post.
- 8% came to know about HW through the stand at the Vicarage Shopping Centre

Themes also showed how people used the Healthwatch service, the main areas were:

- finding out how to make a complaint (23%),
- involvement with the personal budget survey (6%) and giving their views on
- health and social care services (6%)

Questionnaires also consisted of information on how HW made a difference to the service users. Many of the respondents (22%) made contact to find out how to make a complaint. Their feedback indicated that HW provided them with the information needed enabling them to make an informed decision and receive the help they needed.
Furthermore 16% of respondents felt that HW gave them the opportunity to have their say on health and social care issues and 13% felt that they were given the chance to set priorities for the CCG. As part of the survey, respondents had the opportunity to tell HW how we could improve in the future. The three main areas highlighted were:

More adverts in the local paper about the results of what HW have done.

Larger advert in the paper

Marketing material for young people needs to be friendlier.

Taking into consideration the feedback received we are planning to:

• To establish better working links with the BAD youth forum. To meet with the forum every three months.
• Work with the BAD youth forum to design young people’s friendly your voice card.
• Work with the BAD forum to see what areas of health/social care Healthwatch could potentially look at in the future.
• We will also take steps to ensure our work is showcased to the local community.
• Continue to have 4 public events per year.
• Continue to have stands across the borough in various sites, ensuring that there is a mixture of venues, including care homes and community centres.
• Have editorials within the paper which highlights reports from projects and “Enter & Views” inform the public of what Healthwatch has found and changes we have made.

Opportunities and Challenges for the Future

Every year Healthwatch Barking and Dagenham look at the feedback received from the local community to help us plan work for the following year.

Healthwatch created a work plan from the trends that emerged. We asked the public, professionals and organisations to comment on the project areas identified and any changes they would like to make.

Projects included in the draft work plan are. (These may change once the feedback period ends.)

• Phlebotomy Service
• Saint Francis Hospice
• NHS private treatment
• BHRUT Appointment System
• Duty of Candour
• Mental Health: Young People
• The HUB
• Intensive Rehab Service and Community Treatment Teams
• Have you heard of Healthwatch?
• Healthwatch Project follow ups.
• “Enter & Views” at Health and Social Care Services
Our Governance and Decision-Making
Our Board

Our structure looks to ensure that local residents and stakeholders can influence how decisions are made and what priorities are taken forward. The Board takes the strategic lead in developing priorities of Healthwatch Barking and Dagenham ensuring the views of the community are listened to.

The Executive Board is set up with 8 seats. Membership is broken down into two main areas to ensure broad representation including lay members.

This includes the Chair, Executive Directors and Associates. There are 4 seats for Executive Directors. These seats are open only to individuals and not organisations or groups.

Each Director represents one of the areas below: • Health • Social Care • Children and Young People • Older people

Associates

There are 3 seats for Associates. These seats are for organisations or groups representing a particular health/social care issue.

Board meetings take place on a monthly basis and are open to the public; dates are published on the website, through the e-bulletin and the social networking sites.

Staff

The Chief Executive of Harmony House is the Contract Manager for Healthwatch.

We have three staff members who are Healthwatch Officers.

The Board & Staff

Marie Kearn
Contract Manager

Frances Caroll
Chair

Grace Kihu
Associate Director

Lorraine Goldberg
Associate Director

Harjinder Jutle
Executive Director

Barbara Sawyer
Executive Director

Healthwatch Officers

Manisha Modhvadia
Claire Gooch
Richard Vann
How we involve lay people and volunteers

Workplan
Healthwatch is all about local voices being able to influence the delivery and design of local services. We believe that the work we choose to undertake should come from local people.

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 then produce a work plan; which goes out to consultation to seek views from lay members and stakeholders. From the comments received a final work plan is produced for the year.

“Enter & Views”
We encourage lay members to inform us of any services they feel we should “Enter & View” and why. We are very clear that they can stay anonymous as we are fully aware that for some they fear this will have an impact on service they receive.

We have received feedback from lay members which in turn has lead us to undertaken “Enter & Views” at various health and social care settings.

Our “Enter & View” representatives influence the questions and areas that will be looked at when the decision to undertake a visit is made!

The representatives come together for a pre-meeting to discuss how the visit should be taken forward and a group decision is made. They also play a big role in the recommendations that are made, once looking at the evidence gathered from visits.

Executive Board
We have lay members who represent the local community at strategic level. They are involved at Board level ensuring the lay perspective is listened to and influence the work of Healthwatch.

Interested Participants
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.

Healthwatch Projects
When Healthwatch are undertaking projects, we ask the public to see if they are interested in volunteering for a particular area of work. For example whilst undertaking the Hearing Impairments project a lay member heard about the project and came forward to help us complete questionnaires and gather feedback from people using the services. She played an active role in ensuring people knew that Healthwatch were undertaking the project and their views were important.

Interested in volunteering
Call us on 020 8526 8200
Case Study

Volunteering Impact

Penny has been volunteering with Healthwatch Barking and Dagenham. Penny is deaf and has not been in work for over 10 years.

She saw our volunteer advert at Barking and Dagenham Council for Voluntary Services, Penny was very interested and took the advert to the job centre to show her advisor. Her advisor made contact with our volunteer lead and passed on Penny's contact details informing us to use email as a way of contacting Penny as she has a hearing impairment and prefers text or email.

The volunteer lead arranged with Penny to come in for an informal chat, we ensured there was a BSL interpreter to support her. She now comes to volunteer once a week and has been with us for over 6 months.

Penny volunteers in the office and is slowly learning about office skills, she also feeds back about the services her friends and family have accessed.

She is currently taking a typing course and feels she needs to improve her typing skills; we have therefore worked with Penny to work with her on the areas she would like to develop.

We are glad Penny has chosen to volunteer for Healthwatch and we hope that we will be able to support her in the understanding the system better and to meet her future ambitions.

Penny says “I have gained knowledge about services for example I’m beginning to understand more on how clinics across the borough offer the same services and who they are run by. Volunteering at Healthwatch is helping me to understand more about Health and Social Care Services. I am keen to update my administration skills and volunteering at Healthwatch is helping me to work towards my goal. I still have a lot to learn and need to build my confidence but the Healthwatch team support me and this is helping me, there are challenges because of my hearing but we overcome them as they come”
## Financial Information

### INCOME

<table>
<thead>
<tr>
<th>Description</th>
<th>£</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funding received from local authority to deliver local Healthwatch statutory activities</td>
<td>£125000</td>
</tr>
<tr>
<td>Additional income</td>
<td>£0</td>
</tr>
<tr>
<td><strong>Total income</strong></td>
<td><strong>£125000</strong></td>
</tr>
</tbody>
</table>

### EXPENDITURE

<table>
<thead>
<tr>
<th>Description</th>
<th>£</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staffing and associated costs</td>
<td>£83,950</td>
</tr>
<tr>
<td>Accommodation costs</td>
<td>£20,000</td>
</tr>
<tr>
<td>Equipment and stationary</td>
<td>£3550</td>
</tr>
<tr>
<td>Consumable/Administration</td>
<td>£5,000</td>
</tr>
<tr>
<td>Other Overheads</td>
<td>£2,500</td>
</tr>
<tr>
<td>Marketing costs</td>
<td>£5000</td>
</tr>
<tr>
<td>Engagement and outreach costs</td>
<td>£5000</td>
</tr>
<tr>
<td><strong>Total expenditure</strong></td>
<td><strong>£125000</strong></td>
</tr>
<tr>
<td>Balance brought forward</td>
<td>£0</td>
</tr>
</tbody>
</table>
Contact us

Address: Healthwatch Barking and Dagenham
Harmony House
Baden Powell Close
Dagenham
RM9 6XN

Phone number: 020 8526 8200

Email: Info@healthwatchbarkinganddagenham.co.uk
Website: www.healthwatchbarkinganddagenham.co.uk
Making our report available

We will be making this annual report publicly available by 30th June 2015 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.

©Copyright (Healthwatch Barking and Dagenham 2015)