

Steve Inett
~~steve@healthwatchkent.co.uk~~

Section One: Empowering Local people

Outcome 1

Public views and engagement have led to improvements in services.

The Mental Health in Focus report on the movement of beds from Medway, together with the enter & view report re Emerald Ward at Little Brook Hospital, Dartford were shared with Kent & Medway Partnership Trust before being released to the public.

They have made immediate improvements to the ward environment such as increasing OT activities and installing wi-fi to allow skype with relatives.

They have also agreed to HWK reps on the steering group for moving the next ward from Medway, the Trust Wide Patient Experience Group and the Strategic Planning Group for the Trust.

Outcome 2

Ensure the public are easily able to contact Local Healthwatch

The people of Kent know of Local Healthwatch and the role they play in improving health and social care.

We have held a number of sessions to capture public voice, focussing on the Thanet district:

Thanet CAB at Gateway, Margate

Thanet Support Network Contact Person

Thanet deaf services drop-in Margate

X2 Leaflet session at QEQM

Also; Canterbury & District Pensioners Forum

Meeting with Michael Fallon MP for Sevenoaks

Issues raised are recorded and collated by the I&S team.

Copies of the HW Annual Report have been distributed to HOSC, care homes, opticians, dentists and pharmacies. It has also gone to Kent, District & Parish Council members. To be sent shortly to GPs and Children Centres. To be shared with the Kent Health & Wellbeing Board in September.

367 followers on twitter.

37 like our Facebook page

498 people receive our newsletter.

Outcome 3

Effectively represents all residents of Kent.

As well as the public voice sessions we have also contacted seldom heard groups for their views:

Kent Deaf Community Group Gravesend

Dover Deaf Community group Dover

Ashford Deaf Friends Ashford

We are collating the feedback and have had discussions to support organisations such East Kent Hospitals Trust to be deaf friendly. We will continue our focus on hearing impaired users through September.

Porchlight re homelessness

Catching lives re homelessness

Bridge Trust re homelessness

We are collating the key themes to present to the Intelligence Gathering Group

Outcome 4

Volunteers have clear and varied roles in local Healthwatch and are supported and valued by the organisation.

Current Volunteer numbers:

No. of volunteers - 56

No. awaiting induction - 10

No. awaiting E&V training - 4

No. awaiting Interviews - 9

No. of leavers - 4

- Derek Mitchell - can no longer commit
- Margo Laing - can no longer commit
- Lyn Gallimore - Health reasons
- John Gallimore - Can no longer commit

Training this month: Presentation skills, Induction, and Enter and View

Enter & View planning meeting held.

Intelligence Gathering Group and Deliberations and Directions Group meet monthly. Jointly they have agreed to progress projects on GP management of mental health, mental health care planning, health and social care complaints and GP access.

We are having meetings for internal working groups on the integration agenda, consultations and Joint Strategic Needs Assessment (JSNA) and the Health & Wellbeing Strategy (HWBS) refresh planned for September.

Volunteers continue to contribute to the local HWBBs on HWK's behalf.

Cecilia Yardley for the Dartford Gravesham & Swanley HWB Board,

Fran Holgate is attending the West Kent HWBB,

Caroline Harris is attending the Ashford HWBB,

Helen Stewart is attending the Integration Pioneer meeting with Steve.

Section Two: Vision, Values and Identity

Outcome 5

Public trust, trustworthiness, HWK acts, presents and engages in the expected/ publicised manner

MH report presented to Kent Mental Health Action Group and feedback given by the meeting that it was a balanced, credible report. Report is being updated with feedback from CCGs as per our agreements to be open and transparent.

Carers event to be held in September where the findings of the Carers Report will be discussed with carers, commissioners and providers.

Who are we event held in Canterbury with over 60 reps from voluntary orgs, PPGs and GP surgeries. There are two more events in September in Maidstone & Swanley.

Next public meeting to be held in September in Tunbridge Wells.

Outcome 6

Healthwatch Kent is regarded as a credible, reliable and powerful partner by health and social care commissioners, providers and scrutiny.

HWK contributed to EKHUFT CQC Quality Summit and offered assistance with integrating patient and public involvement in the action plan

Contributed to the quality summit for KCHT CQC inspection, agreed to develop process for visiting patients at home to get experience feedback.

Leading on paper to HWBB in September re providing an overview of quality issues in county.

Positive response from EKHUFT re HWK feedback on EK Outpatients consultation, they have invited us to help design upcoming consultation on urgent care.

Positive response from KMPT to MH beds report.

Good progress on MoUs with various organisations.

Section Three: Governance

Outcome 7

Healthwatch Kent is a self-reflective, learning organisation that assesses its strengths and areas for development in a rational and open way.

An internal team review has been undertaken to evaluate the roles and tasks within the paid staff team.

Recommendations made for additional roles of Information Officer & Admin Support.

Review undertaken of I&S contract arrangements now completed.

Complaints process now on website.

Outcome 8

Local Healthwatch will act in an open and transparent manner.

Annual report now completed and being distributed. Public meetings continue.

Papers from IGG & DaDs as well as policies such as complaints process now on website.

Agreed approach to launch of first project report, on mental health acute beds. We are meeting with the provider on 21 July to discuss the report and invite their response. Report will be 'soft launched' on website and with commissioners and interested groups.

MoUs progressing

Papers for the governance meetings of the Intelligence Gathering Group and Directions and Deliberations Group now on website.

Outcome 9

The Healthwatch Kent Board takes responsibility for a) implementing the relevant recommendations of the Francis Report in its own internal working and b) monitoring providers and commissioners implementation of relevant their recommendations

Healthwatch is taking a lead role in developing a quality overview report to be presented to the Kent HWBB which will look at how services meet need, performance information and patient experience feedback.

A working group led by HWK will produce the report twice a year.

A paper proposing this will be discussed at the Kent HWBB in September.

Outcome 10

Projects are effectively managed so that time and money are well spent.

Projects being closely monitored by Jo as interim Programme Manager on secondment from KCC.

Jo has accepted the post of Programme Manager on a permanent basis.

All projects now have regular highlight reports

Business cases currently being drafted

Section Four: Relationships and Representation

Outcome 11

Effective collaboration with voluntary and community organisations across Kent.

Engagement events for voluntary sector, GPs and PPGs arranged for 21 July, 8 September, 30 September.

See also outcome 3.

Regular meetings now in place with KMCS to discuss CCG upcoming priorities and activities

Outcome 12

Healthwatch Kent works well with other Local Healthwatch organisations and takes advantage of the help and support offered by Healthwatch England.

South East Healthwatch network continues to be an effective platform for debate and collaborative work between local Healthwatch.

HW England have set up a social network on Yammer which allows local Healthwatches to communicate and assist each other.

Outcome 13

Healthwatch Kent has helped shape the Joint Strategic Needs Assessment, The Pharmaceutical Needs Assessment and the Joint Health and Wellbeing Strategy to reflect the needs and expectations of the people of Kent.

Heavily involved in engagement around the HWBS and ensuring the public are aware of the strategy. Promoted the opportunity

Contributing to meetings re PNA review

Part of the Assurance Framework Group for the HWBS

Outcome 14

Significant issues of concern, especially around safeguarding issues, are reported to the relevant commissioners and providers in an appropriate manner.

One concern raised, anonymous complaint re care home, escalated to safeguarding team and CQC, no action taken as no residents named. Enter & View carried out, awaiting confirmation of findings.

Safeguarding policy updated and distributed to staff and volunteers

Section Five: information Gathering and Giving

Outcome 15

Healthwatch Kent provides information to help people make an informed choice about the health and social care services that are right for them.

See attached figures for July

Number of calls taken <i>See Chart 1</i>	10 (+10)
Work Category: * 1- Contact details 2- Research 3- Referral (to SEAP for example)	1 : 1 2: 9 3: 1
Enquiry Types: A: Local Health or Social Care Services B: Rights & Responsibilities C: Complaints D: Advocacy E: Healthwatch Engagement <i>See Chart 2</i>	A: 1 B: 0 C: 9 D: 1 E: 10
Call response time 0 = same day 1= next day 2= 2 days or 3 = more than 2 days	0 : 7 (+10) 1: 2 2 : 1
Number of email queries	7 (+ 17)
Work categories : *as above	1 : 7
Enquiry Types: A: Local Health or Social Care Services B: Rights & Responsibilities C: Complaints D: Advocacy E: Healthwatch Engagement	A : 6 C: 1 E : 17
Email Response : (Normally do respond within 2 working days of receipt at I&S)	MET
Number complaints/ dissatisfied with NHS health services	11

Number complaints/ dissatisfied with social care services “ “ “ “ Other “	3 0
Where are people getting our number from?	See Chart 4

Outcome 16

Balanced, cost-effective work programme.

Currently finalising summary documents that describe all aspects of the programme:

Workplan that summarises:

- Hot topics - issues where we have a watching brief and may become priorities
- Ongoing involvement - where we are involved in ongoing forums such as the Quality in Care Project or issues that we have developed working groups to aid involvement
- Consultations - current consultations we are monitoring
- Public Voice engagement timetable
- Seldom heard engagement timetable
- Enter & View visit timetable
- Current and planned projects

Outcome 17

Healthwatch Kent gathers and collates information from a range of sources.

Agreed at Intelligence Gathering Group there is a hierarchy of sources for potential priorities:

1. Public feedback
2. Strategic priorities across Kent and nationally
3. Crisis issues e.g. from media

I&S providing trends for issues raised by public

Volunteer Readers providing info and researching topics

