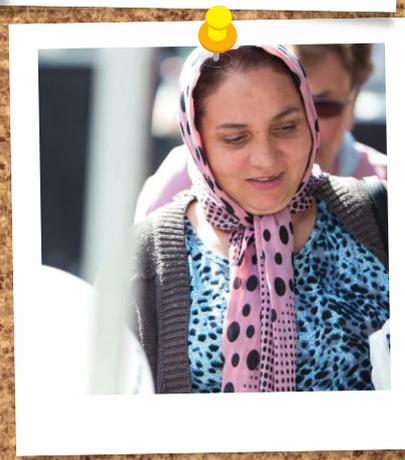
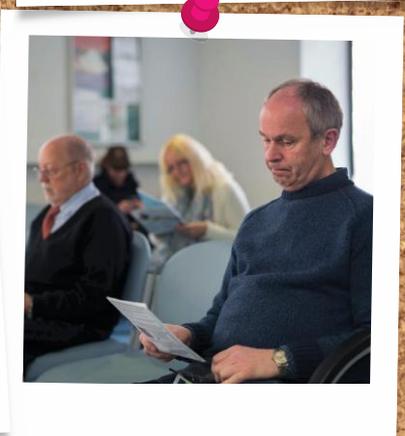
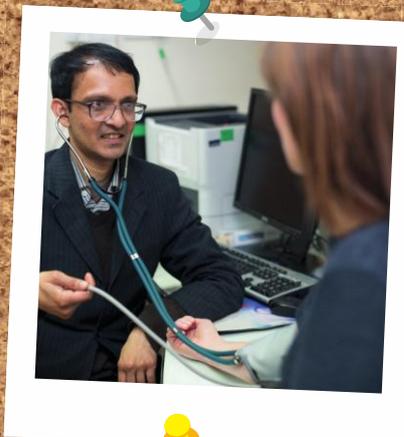
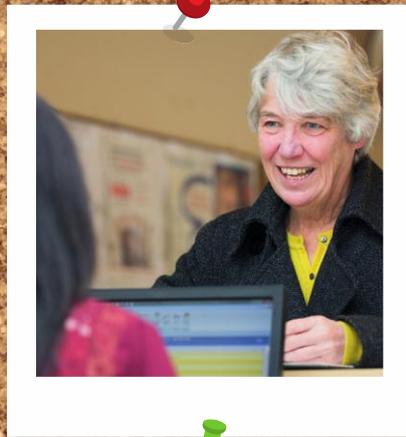


healthwatch

Barking and
Dagenham



Healthwatch Barking and Dagenham
Annual Report 2016/17

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Message from our Chair

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

One of our statutory duties is to represent the views of local people using health and social care services to commissioners and service providers. We have given the local community opportunities to engage and speak with us through a number of ways, by attending outreach events across the borough, through social media and face to face.

During this year Healthwatch has completed 6 Enter and View visits. During one of our visits at the local hospital patients told us they were not being woken up when their lunch was being served. In order to ensure patients have a choice the nurses now ask the patients if they would like to be woken up for their food.

The aim of Healthwatch Barking and Dagenham is to highlight good practice as well as areas for developments. Three of our enter and view reports: Heathlands, Fred Tibble Court and Bennett's Castle Lane contained no recommendations for improvement and we were pleased to highlight the good work taking place in these settings.



Through our information and signposting service we have helped a number of people navigate the health and social care complaints system. Individuals contacted us about a number of issues.

We have completed 6 pieces of project work which included primary research. This is a smaller number than last year and in part is as a result of the professional and public consultation work that we have undertaken in preparation for the coming of the Sustainable Transformation Plan, as well as other proposed local integration work in the BHR area.

In addition we have delivered an extensive training programme in partnership with the Community Education Partnership Network (CEPN)

The training was delivered across Barking, Havering and Redbridge. We worked in partnership with our neighbouring Healthwatch in Redbridge and Havering to deliver the 23 training sessions. The title of the workshops was “The Patient and service user experience of using health and social care services”.

Sessions were attended by practitioners, administrators and managers from 34 different areas of work. Delivering the training gave Healthwatch the perfect opportunity to show the course participants what their patients and service users experienced when they used their services. Participants identified several ways in which they would now try to change their practice as a result of the workshops, but also identified what they thought might be challenges to change. The biggest difficulty was seen to be a lack of resources. However all agreed that having patience and a friendly manner was an inexpensive quick win.

One of our projects looked at the amount of waste there is in the area of prescribed medication. The report highlights that nationally it is estimated that £300 million a year is wasted by patients who discard

prescribed medication. This was echoed in our primary research where people told us that medicines were thrown in the bin, down the sink or flushed down the lavatory. Some people were collecting drugs on repeat prescriptions which were no longer required, but were kept at home in case they were needed in the future.

The intelligence we have gathered has enabled Healthwatch to present feedback to commissioners of local services and influence future planning, giving local people a voice.

I would like to take this opportunity to thank all the board members, staff and volunteers for the work achieved this year as well as all the partners who have worked with us to make this a successful year, and we look forward to the challenges in the year to come.

Highlights from our year

This year we've continued to use social media to encourage people to get involved.



Our volunteers help us with everything from administration to Enter and Views.



We've Enter and Viewed 6 local services.



Our reports have tackled issues ranging from medicine management to air pollution.



Professionals from across the BHR patch attended our workshop on patient user experiences.



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



Who we are



We know that you want services that work for you, your friends and family. That's why we want you to share your experiences of using health and care services with us - both good and bad. We use your voice to encourage those who run services to act on what matters to you.

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

Healthwatch Barking and Dagenham exist to ensure commissioners and service providers listen to the views of local people and take these into consideration when planning, buying and delivering services.

We do this by:

- Being inclusive and reflecting the diversity of the community we serve.
- Alerting Healthwatch England to concerns about specific care providers, who can recommend further action from the Care Quality Commission (CQC)

- Listening to people who have concerns or who want to complain about NHS services or other health and social care provision.
- Providing authoritative, evidence-based feedback to organisations responsible for commissioning or delivering local health and social care services.
- Having a seat on the Barking and Dagenham Health and Wellbeing Board, ensuring that the views and experiences of patients, carers and other people who access services, are taken into account when local needs assessments and strategies are prepared.
- Providing people with information about their choices and what to do when things go wrong.
- Enabling people to share their views and concerns about local health and social care services such as GPs, dentists, hospitals, day care services and care homes.

Meet the staff



Marie Kearns
Contract manager



Manisha Modhvadia
Healthwatch Officer



Richard Vann
Healthwatch Officer



Roman Lakhera
Healthwatch Officer

Meet the Board



Frances Carroll
Chair



Grace Kihu
Associate



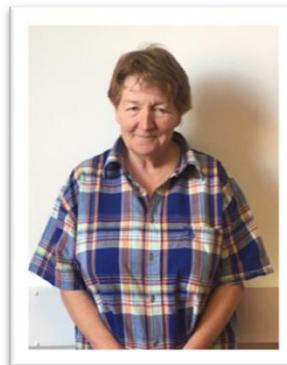
Lorraine Goldberg
Associate



Barbara Sawyer



Ita O Connor



Val Shaw

We would like to thank John Southall who had to resign from the board as he was leaving the area.

Executive Directors



*Your views
on health
and care*

How local people's experiences of health and care services have been collected and their needs identified.

Healthwatch Barking and Dagenham consults with local residents to better understand their experiences of using local health and social care services. These opinions are then used to inform our annual plan.

We have continued to take part in outreach events across the borough, including the One Borough Day, World Mental Health Day and the Young people's listening event. All the events have contributed to obtaining the views of the public. All the feedback we receive is recorded on our database, this is to enable us to follow any trends. Our work plan is determined by what people have told us.

As part of our hub and spoke model Healthwatch Barking and Dagenham have 25 Associate Member groups. These are groups and organisations that focus on a particular area of health or social care for example Carers of Barking and Dagenham.

The majority of our Associates have large followings.

The Associate groups are both a conduit for data gathering and information dissemination.

We also have 104 interested individuals from the public plus a further 103 people from provider and local service organisations to whom we send information and circulate our reports.

This year 6 Enter and View visits were undertaken, during the visits we engaged with residents, staff and service users.

Through Streetlife (a local on-line social media platform) we were able to engage 4769 members of the public each time we posted information. We received replies from conversations that emerged from topics including, breast cancer screening, GP hub services and homelessness.

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

One of our projects this year focused on the how the homeless access local health services. Please turn to page 28 for full details.

Two of our Enter and Views were conducted in settings where some of the residents have dementia. Another visit was undertaken at a learning disabilities complex.

Engaging with people who live outside the borough area, but use the services



There are a number of ways we have engaged and collected the views of people who are not living in the borough but use the services.

Through our Enter and Views we have spoken to staff, residents, patients and services users across different health and social care settings. Not all staff or individuals live within the borough.

We continued to use Street life, an online community which brings people together. This has always proven successful in communicating with people who live the Barking and Dagenham and neighbouring boroughs too.

We have also engaged with a number of individuals and organisations during our outreach sessions especially about cross borough services.

This year Healthwatch delivered 18 workshops across Barking Havering and Redbridge, on the patient experience. The workshops were accessed by a number of workers from a wide variety of disciplines, geographical areas and managerial levels across all three boroughs.

(Please see page 31 for a full report on the workshops)

How we used Social Media to engage the public



This year Healthwatch Barking and Dagenham have continued to use Twitter.

We have 940 followers

We have promoted local and national involvement opportunities, advertised events and news, shared information about healthy eating and many more! This year we sent out 748 tweets. We have had 145 retweets.

How we engaged with older people over 65

Healthwatch Barking and Dagenham has engaged with the older population to seek their views on a number of our projects including breast screening services, medicine management and the GP hub.

We have also undertaken two Enter and View visits where a large proportion of residents were over 65 years of age. We believe that by speaking with older people we are ensuring that their voice is heard and their views are incorporated within our reports and recommendations.



We have found that many older people are on line and get involved through social media or sending an email. However we have not forgotten about those who are not computer literate and therefore we make it our priority to go and speak to older people face to face.

This year we have worked with Silvernet, a local organisation offering a wide variety of support to older people. We attended their Silver Surfers classes as well as several of their luncheon groups.

Barbara Sawyer is our older people's representative on the board, she is well placed to comment and make decisions at board level as she is an active member of the community and involved in a number of other projects across the borough.

We will continue to build strong links with this group as it has proved to be successful in engaging with the older generation.

How we engaged with younger People



In order to capture the voice of young people we have a young person's representative on the Executive Board who brings back any issues or concerns to the board.

This year we also took part in BHRUTs young people's listening event. Grace Kihu our young person's representative attended on behalf of Healthwatch. This was a great opportunity to speak to students and teachers. Please see page 30 for more information.

Healthwatch Barking and Dagenham will be meeting with the college in the coming months to see how we can work with the college and involve students.

We have taken on two work experience students this year.

What we've learnt from visiting services

“Enter & View” is carried out under Section 221 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.

Enter and Views can be announced or unannounced. During the visit 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. We also speak to staff and relatives.

The next step is to write a report which gives an authoritative, evidenced based feedback to organisations responsible for delivering and commissioning services. Those responsible for the service are expected by law to respond back in 21 working days. The reports are then made public.

Authorised Representatives

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

During this year Healthwatch has completed 6 Enter and View visits.

The aim of Healthwatch Barking and Dagenham is to highlight good practice as well as areas for development. Three of our enter and view reports: Heathlands, Fred Tibble Court, and Bennett's Castle Lane contained no recommendations for improvement and we were pleased to highlight the good work taking place in these settings.



Feedback from patients over a 3 month period, were received concerning negative experiences they had whilst using and trying to access the services being provided at this GP Practice.

What we found:

- There was plenty of information for patients on the display board, however this needed to be better organised.
- The repeat prescription box was not placed in a secure place and this needed to be relocated.
- Accessibility around the surgery would be a problem for wheelchair users as there is a lack of space.
- The issue of getting through to the surgery by telephone was a problem for most of the people Healthwatch spoke with.

Healthwatch Barking and Dagenham made recommendations based on the findings the GP practice, have now checked their display board and found and removed some out of date notices.

There is also an acceptance that phone lines are busy and therefore they are looking at getting a new telephone system where people can use different extensions for different services within the practice.

The GP Practice has already applied for funding to extend the practice which should help with the accessibility issue.

Cornflower B

Healthwatch Representatives undertook a visit to Cornflower B, after receiving feedback from patients who had used the Early Pregnancy Emergency Service (EPES) and the Gynaecology Emergency Service (EGAU). Patients and family members told Healthwatch the waiting times were far too long.

Three services are situated within Cornflower B. They are

- The Early Pregnancy Emergency Service to cater for women experiencing problems in pregnancy up to 20 weeks gestation
- The Gynaecology Emergency Service which provides a 24-hour, seven days a week service to women who present with a wide variety of gynaecological conditions.
- The inpatient ward is for those who are scheduled in for surgery or those needing to stay for a short while as a result of their emergency needs.

What we found:

Early Pregnancy Assessment unit (EPAU) and the Independent Emergency Gynaecology Assessment unit (EGAU)

- The primary concern of patients was the length of time they had been waiting. Those with appointment times were particularly frustrated as their times were being altered by the arrival of emergency cases.

- The Interaction of staff with patients was more difficult to quantify. Those we spoke to in the waiting were happy with the way they were spoken to by the nurse. However they were still waiting to see the doctor.

The inpatient ward

- Patients were satisfied with the meals provided and felt that they were given a choice of what they would like to eat.
- Clinical procedures were explained to the majority of patients.
- Patients also told us Healthcare Assistants were friendly and they were spoken to politely by staff.
- Furthermore the report highlights that the bathing facilities are adequate on the ward and meet the needs of the women staying on Cornflower B. An issue was raised by patients regarding the cleanliness of the toilets based in Bay 5.

We have made recommendations to the trust based on the findings and are currently waiting for a response. Once a response is received a full report will be made public.



*Helping
you find the
answers*

How we have helped the community access the care they need

One of Healthwatch's statutory duties is to provide and offer an information and signposting service to local people. We have made it easy for people to contact us by offering a number of communication methods.



By post



Facebook



Twitter



Email



Through our website



By Telephone



At the office



Face to face during our outreach stands

Streetlife

Posting on Streetlife

We have assisted and signposted more people to services this year than last year- 686 in total. People made a number of different enquiries.



Local Hospital Services - 336 (49%)

The majority of issues raised about local hospital services refer to problems with delays and poorly communicated changes to planned appointments.

People have consistently told us that their appointments have been changed with no satisfactory reason given. People were concerned that forced delays to their appointments would have an adverse effect on treatment; many citing delays of 6 months or more. Other concerns people spoke about refer to delays in being discharged due to medication not being ready, waiting times to have blood tests done and problems with parking at Queens Hospital.

.....
“I really don’t know what is going on with these appointments at the hospital - this is twice now I have received a letter cancelling my appointment for another 6 months... No reason given, no explanation”
.....



GP Services - 237 (35%)

From the individuals who contacted Healthwatch about issues with their GP, the majority were about not being able to book an appointment for when they needed it. Many people were having difficulty getting through on telephones and when they did, were being frustrated at being told they couldn’t get an appointment for up to 4 weeks. Other causes for concern included rude front line staff and not being able to access on-line booking options owing to faulty systems.

.....
“Trying to get through to the GP on the phone you can forget it. I never get through! When I go to the surgery they tell me all the appointments have gone and if I need to see the doctor I will have to wait 3 weeks to see the doctor! Ridiculous, when at one time not too long back you could get to see a doctor within a few days”
.....



Mental Health Services - 55 (8%)

People have spoken about changes to services being made without it being made clear to them soon enough. They have not had the opportunity to adjust to the changes and what that meant for them. Many people have said how difficult it is to get long enough appointments with their GP to talk about their mental health needs.

.....
‘When I saw the GP the last time, there were other things I wanted to discuss that were important for me. I wasn’t given the chance to discuss these, as the time I was given by the doctor wasn’t long enough. When I spoke with the receptionist about it, she said that when I book an appointment and need to talk about other health issues, I should ask for a double appointment - I didn’t know this’
.....

Social Care Service - 34 (5%)

Most issues arising in this area were people not getting or receiving the right equipment at home; having been assessed as requiring them before leaving hospital. People assessed to receive domiciliary care were among those most satisfied, although there were problems occurring for some people when carers were either not turning up on time or not staying for the time they were supposed to.

.....
‘We are struggling to cope and it’s become very stressful. The carers are making do, but without the right equipment, they won’t move my husband to fully support him. I try to help, but at my age I’m finding it difficult - we shouldn’t be put in this situation’
.....

Other issues

Of other issues individuals contacted Healthwatch about, some people spoke about concerns relating to dental services and who to contact to complain to about private dental practices. A number of people got in touch about services outside of the local area - notably issues around treatment provided at clinics and outpatient appointments in London. Some people spoke about their local Pharmacies not having all their prescription medication in stock.

Advocacy Services

We had a number of people contact us for details about who could advocate on their behalf or provide them with advice and support. All enquiries related to health services. People said that trying to get help and support with this was proving difficult. For local people, access to NHS Advocacy services had changed and none of those that contacted Healthwatch were aware of how they could get the help they needed in the time that they needed it. This was

proving to be a barrier to them for making a formal complaint. It emerged during the last quarter, that a new NHS Advocacy provider called POhWER was providing this service for local people and Healthwatch has referred a number of people requiring their support, to this service.

Over the last year 28 people contacted Healthwatch Barking and Dagenham to complain about local services.



The number of complaints we received for each service.

Example of how Advice & Signposting from HW has assisted local people:

Miss P contacted Healthwatch about the way the local hospital trust had treated her by not informing her at the right time concerning the death of a close relative. She had formally complained to the hospital trust; however she was not satisfied with the outcome in the response she received. To assist her with this further Healthwatch provided her with the contact and referral to the organisation that can give help to support people and advocate on their behalf for health related issues.

Mr B contacted Healthwatch by telephone and said that he wanted to make a complaint about the local mental health service. He was reluctant to give more details about the nature of his complaint and this was fine. Healthwatch provided him with the contact details for making a complaint about North East London Foundation Trust Services and he was given the contact information for the local NHS Advocacy Complaints Service.



How the experiences of local people are helping to influence change



The aim of our local Healthwatch in 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.

All work undertaken by the Healthwatch team is driven by public opinion or where we have been asked specifically to look at a service.

We have completed 6 projects this year.

Prescribed medication: waste management and disposal



Healthwatch consulted with the local community to find out what areas should be a part of the work programme for 2016-2017.

One of the areas people wanted us to look into this year was prescribed medication focusing on waste management and disposal.

The findings of this piece of work highlights that nationally it is estimated that £300 million a year is wasted by patients who discard prescribed medication.

This was echoed in our primary research where people told us that medicines were thrown in the bin, down the sink or flushed down the lavatory.

Some people were collecting drugs on repeat prescriptions which were no longer required, but were kept at home in case they were needed in the future.

Individuals reported not taking their medication for a number of reasons including being nervous about the side effects, the medicine did not agree with them or they no longer felt ill. A large number of respondents would like to see some thought given to this situation with a view to finding a way of being able to safely recycle at least some of these expensive drugs.

People felt that more information about the safe disposal of medicines should be displayed in easily accessible formats in pharmacies and doctor's surgeries and more needed to be done in regards to medications that can no longer be used.

We have made recommendations to the CCG and the North East London Local Pharmaceutical Committee and are awaiting a response.

Breast Cancer Screening

Free breast screening is offered to all women who are registered with a GP and between the ages of 50 and 70. An invite is sent every three years. At age 73 women longer receive an invite but can call the local screening office and make an appointment.

The national target for breast screening is 70%, London's uptake rate is 65.1%. In a local context Barking and Dagenham rates are lower than London and England's at 62.6%.

Healthwatch undertook some primary research to find out:

- The reasons why women in the borough do not take up the offer of free breast screening.
- Experiences of those women who do attend.
- If women are aware of the symptoms and signs of breast cancer.

This piece of work was to help identify the reasons why some women do not attend the breast screening appointments. We only received 55 completed questionnaires and 48 of the respondents had attended the screening. Although the response rate was low some interesting trends emerged.

Fear of being diagnosed with cancer and having no pain were the two main reasons given by women who did not go for the screening. This is worrying as this highlights that some women associate only pain with breast cancer.

Women, who took up the offer of the screening, had only positive experiences to report.

Respondents indicated this was due to the nature of practitioners explaining what would happen during the screening and the steps after.

One potential barrier highlighted by women was not knowing if a male or female would undertake the screening, some women felt nervous thinking male nurses may undertake the screening.

Furthermore respondents told Healthwatch that receiving a letter with an appointment was a helpful reminder that it had been three years since their last screening and it was time to go again.

Our findings also show that whilst 50% of women did not experience any pain during the screening 50% did.

Women did not know all the symptoms and signs associated with breast cancer. Whilst women were familiar with the obvious symptoms such as a lump in the breast, they were less likely to know that constant pain in the armpit was a sign. This highlights the need for awareness raising in the borough so that women can identify both signs and symptoms. Our findings were similar to a report published by Breast Cancer Care in 2015.

Our recommendations are based on the findings and include the delivery of workshops to educate women on the signs of breast cancer and the need to inform women that female radiographers will be undertaking the screening. The full report will be published once a response is received from NHS England.

GP hub

Through general consultation with the public it came to the attention of Healthwatch that many local people were unaware that out of hours urgent GP appointments were being provided through GP hubs at Broad Street and Barking Hospital.

Healthwatch Barking and Dagenham have recently provided training to a wide cross section of health and social care professionals in the borough. Through this process it also became apparent that many professionals were unaware of the hub, and that it provided urgent GP appointments.

Healthwatch therefore undertook this primary research to better understand how the hub service is being used and how easy it is for local people to access it.

There are currently two GP hubs in Barking and Dagenham: one at Barking Community Hospital in Upney Lane and the other at Broad Street Medical Centre in Dagenham.

The purpose of the hub service is to provide out of hours urgent and emergency appointments for patients registered with a Barking and Dagenham GP practice. In doing so, it was envisaged the hubs would relieve pressure from both stretched GP surgeries and A&E departments at local hospitals.

In conducting this research Healthwatch consulted with a random sample of the public drawn from a variety of sources. In total we had 84 respondents.

What we found

- Almost half of our respondents had not heard of the GP hub service or were misguided as to how it could be accessed.
- Almost all our respondents said it should be advertised more widely.
- Many respondents who had accessed a hub, or attempted to, found that there were long waits of up to an hour when trying to call the service by telephone.
- Another issue identified as a possible barrier to accessing the service was the distance that the hub might be from the patient's home address. A second hub was opened in Dagenham specifically to address this issue. However, in cases of real urgency most people are grateful that help is at hand within a reasonable travelling distance.

Our recommendations were based on the findings and included, more advertising, more capacity added to the administrative teams and GP surgeries to routinely advice patients of the hub service when appropriate.

Response from the CCG

Thank you for sharing the GP HUB report with us, we have shared this with colleagues working on urgent care. We are currently reviewing urgent primary care capacity and would like to come back to you in July to discuss future plans and next steps.

Air pollution

In the London borough of Barking and Dagenham it has long been known that the residents suffer with disproportionately higher levels of long term illness, such as heart and lung disease, when compared to those living in other parts of London and the United Kingdom.

The reason for this is often attributed to unhealthy life styles including high levels of obesity, smoking and lack of exercise. The borough's industrial past is often cited as a possible cause as well.

Healthwatch Barking and Dagenham were interested to know if local air pollution could be a contributing factor to the area's poor health outcomes, and to what extent pollution is monitored and its effects mitigated in the borough.

Some of the findings:

- Exposure to various forms of external air pollution over a sustained period of time impacts upon health conditions such as Diabetes, COPD, Asthma, Dementia, Heart Disease and some forms of Cancer.
- The Royal College of Physicians has found evidence linking long term exposure to air pollution with the development of asthma in children and adults. The College say the most harmful pollutant to peoples' health is PM2.5.

- Over the last 3 years, the air quality in the borough has improved for monitored levels of Nitrogen Dioxide (NO₂).
- During 2016, there were 13,419 people from Barking and Dagenham who were treated by the local hospital trust for long term health conditions that could be affected by air pollution.

Some of our recommendations included:

- The link between long term health conditions and air pollution should be recognised and cited alongside other causes for long term health conditions such as smoking and lifestyle choices.
- Consideration should be given to a study of the likely impact of air pollution on the health of local people and the data reflected in the JSNA.
- The healthy new town and other growth initiatives should include some modelling that gives a clearer indication of how increases in traffic could affect the health of local people.

The full report has been sent to the public health team. Once a response is received, the full report will be made available to the public.

The Homeless

As homelessness becomes a growing social issue affecting more people living in London, evidence from the homeless charity Groundswell indicated that homeless people encountered difficulties and barriers when they needed to access health services.

Healthwatch wanted to find out the experiences of homeless people in Barking and Dagenham when accessing local health services.

We sought feedback by speaking face to face with people who used services provided by the Salvation Army in Barking and we were assisted by a representative from the local organisation - Hope 4 Barking & Dagenham - to engage and get feedback from local homeless people using their night shelter.

Some of our findings:

- The homeless people that Healthwatch engaged with were, in the main, able to access local health services when they needed to.
- When needing urgent care services, homeless people go to A&E as they do not know or are unaware about alternative places they could go to. None of the people Healthwatch spoke with knew about contacting NHS 111.
- Many people said they preferred to go to a Pharmacy for their health needs. Some individuals are better

informed about local health services than others.

- Collaboration between the homeless charity, Groundswell and the NHS Healthy London Partnership, produced a card for homeless people to inform GP practices of their right to access their service. This was distributed to organisations supporting homeless people in several London Boroughs; including Havering and Redbridge. It was not sent to any organisations in Barking & Dagenham.

Some of our recommendations included:

- Local pharmacies providing more relevant information to homeless people, promoting better health and specific ways to help homeless people with this for example: Keeping warm in the winter, information for diabetics about wound care and treatment.
- The NHS information card about accessing GP Practices should be made available and distributed to organisations supporting homeless people in the borough to ensure that this is available as it is in neighbouring boroughs.

This report has been sent to London Borough of Barking and Dagenham's Housing Department, The North East London Local Pharmaceutical Committee and Groundswell. Once a response is received we will publish the full report.

Safeguarding Adults Board

We have a seat on the Safeguarding Adults Board. Healthwatch are required to give a statement on the Annual Report of the Safeguarding Adults Board. Our statement included these two major points:

1. Healthwatch are committed to ensuring that service users' views are central to improvements made to the safeguarding process.
2. We are committed to working in partnership with the Board ensure this continues to happen.

Barking Havering Redbridge University Trust (BHRUT)

Healthwatch Barking and Dagenham gave feedback on the Quality Accounts of BHRUT. Our response included the need to increase and sustain the workforce and improving how hospitals work in general practice.



This year our young people's representative went along to Barking and Dagenham College to engage with students as part of the BHRUT listening event.

Students were very interested and wanted to find out more about Healthwatch especially those who are taking Health and

social care courses. They were happy to learn about Healthwatch and its purpose.

Our leaflets and book marks went like hot cakes with some students wanting them as a learning tool for their portfolios and others to take home to their parents. Some tutors and mature students wanted to know more about Healthwatch. Overall the event was productive and engaging.

Meetings and Boards



Our Representatives attend the following boards and contributes to discussions, ensuring the voice of the service users are heard and taken into account when decisions are made.

- The Health and Wellbeing Board
- The Learning Disability Partnership
- The Mental Health Sub Group
- The Health and Adult Services Select Committee
- Joint Overview Select Committee
- Quality Surveillance Group
- Carers Strategy Group
- The London Healthwatch Group and Healthwatch England
- Sustainable Transformation Plan
- North East London Healthwatch Meeting.
- CCG Governing Board Meeting

The Patient and Service User Experience of using Health and Social Care Services in the Barking, Havering and Redbridge area



In September 2016 Healthwatch Barking and Dagenham won a tender to deliver a training programme on behalf of the Community Education Providers Network (CEPN)

The title of the training to be delivered was “Understanding the patient and service user experience”. As the local Healthwatch for Barking and Dagenham we thought we were well placed to deliver the programme. It is the role of local Healthwatch to be a champion of local people, giving a voice to their concerns then using that information to be a critical friend to service providers and commissioners.

Healthwatch felt this was a perfect opportunity to feed back to clinicians, practitioners and administrators the experiences and views of local people using their services.

The workshops were delivered across the three local boroughs of Barking and Dagenham, Havering and Redbridge. There were 23 sessions to be delivered and complete was to be completed before the end of March 2017.

We worked in partnership with our neighbouring Healthwatch in Redbridge and Havering to deliver the 23 training sessions.

The training was attended by practitioners, administrators and managers from 34 different areas of work. Delivering the training gave Healthwatch the perfect opportunity to show the course participants what their patients and service users experienced when they used their services.

Each session was supported by a professional actor from a local Arts Company: the Boathouse who are based in Barking. Each session was also supported

by volunteers from across the three Healthwatch areas. The volunteers, and sometimes the presenters, mostly took the role of the patients.

In order to offer the widest choice possible to potential course participants, a variety of venues and times were made available across the three boroughs.

Outcomes from the training

Participants in general felt that they had received relevant information and knowledge from attending the sessions: in particular about other services existing in the area. Many participants, particularly those in front line services, said the workshops had helped them to see situations from the patient and service user's point of view. As a result they were going to change their approach when dealing with the public.

Many participants were surprised to find out about the number of services that are available in the BHR area: especially for patients needing urgent or emergency care. As a result they were prompted to find out more information and use it to signpost patients and service users more effectively.

Participants identified several ways in which they would now try to change their practices as a result of the workshops, but also identified what they thought might be challenges to change. The biggest difficulty was seen to be a lack of resources. This included shortages of time, staff or money. There was a general feeling that change was needed and worthwhile, but the pressures of every day service delivery got

in the way. Whilst help in dealing with service users with hearing impairments was necessary, it is also costly and time consuming to send staff on BSL training courses.

The second biggest barrier to change was seen as not being able to get support from others in the team. Team members often said that they were unsure if their manager would allow them to change their working practices. Conversely, managers felt that it would be difficult to get team members to change their traditional attitudes and ways of working.

As can be seen from these final quotes practitioners, managers and front line staff were all able to find something in the workshop which related to their own work setting. Above all they found something to improve the experiences of their patients and service users.

.....
"Look at training for receptionists regarding BSL and providing a communication book"

"Input findings (of AIS) into needs assessments... and into commissioning statements for new services"

"Putting a smile on my face when dealing with patients"

"Voice some of the patient experiences seen in one of the role plays in future planning of the service"
.....

How we've worked with our community

How you have promoted or supported the involvement of local people in the commissioning, provision and management of local health and care services.

Healthwatch Barking and Dagenham have supported the involvement of local people in a variety of ways.

Through face to face consultation we have involved just under 900 people. Using digital platforms such as twitter, Facebook and the local Streetlife we have posted 1,022 notices to our total number of 7,062 followers. The trends from these contacts are used to direct our work. Through our project work and Enter and View visits we have been able to raise user's views about specific services. Our reports include findings and recommendations which are feedback to the service providers and commissioners.

Examples of involvement include:

- Consultation New Disability Service in B & D
- Consultation on Spending Money Wisely
- Better Health & Care - Developing a Plan for London
- Community Equipment & Wheelchair Services Survey

How we have supported our representative on the Health and Wellbeing Board to be effective.

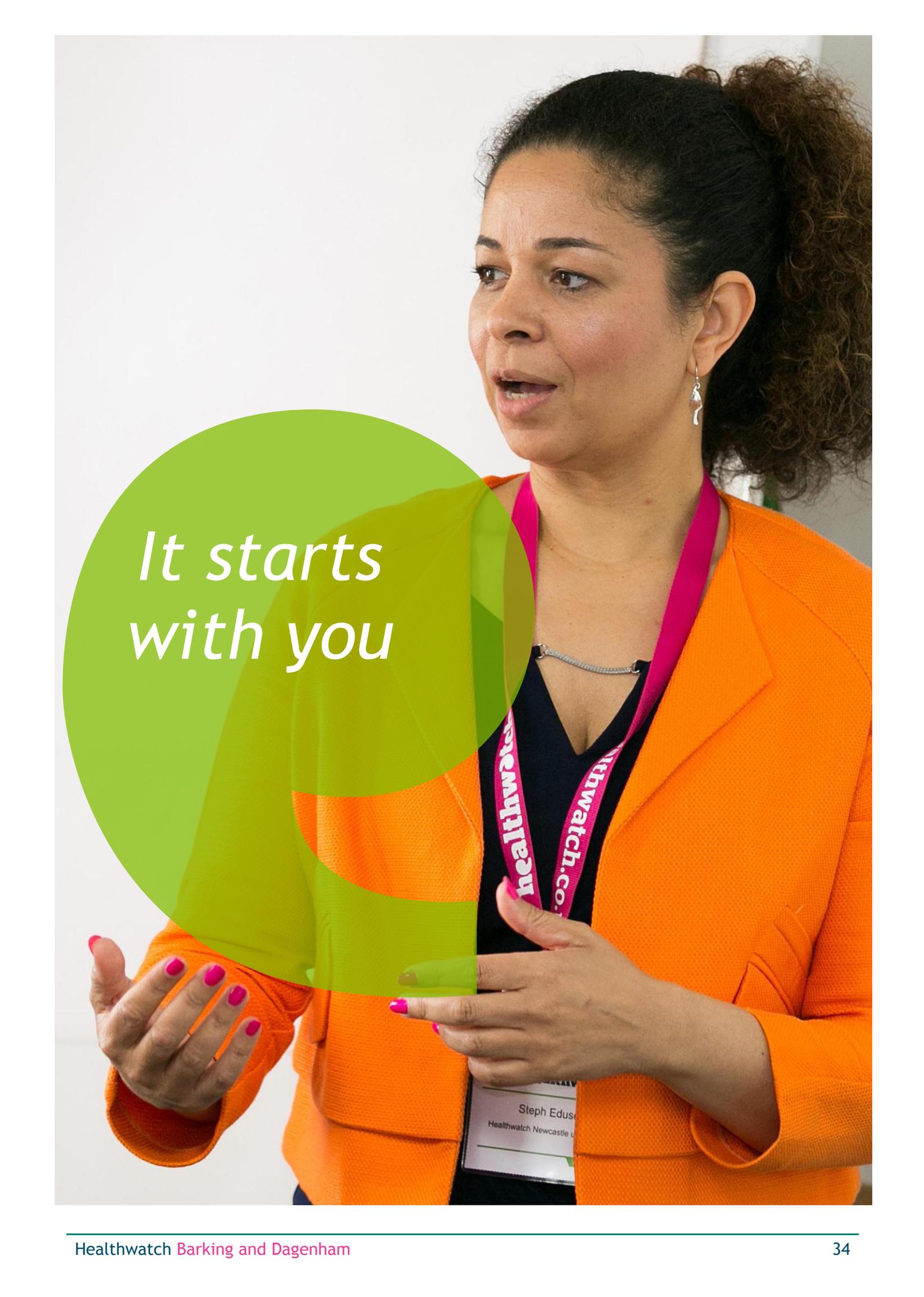
The chair of Healthwatch Barking and Dagenham is our representative on the Health and Well Being Board (HWBB).

Board members and staff support the chair in the following ways:

- The staff and the board all take responsibility of reading sections of the Health and Wellbeing Board agenda and then feeding back highlights, concerns or questions to the chair.
- Staff provide local intelligence. This enables the chair to challenge and question the Health and Wellbeing Board.
- Healthwatch have a representative on each sub-group of the HWBB and attend various meetings, feedback is provided back to the chair.

How we have involved volunteers in specific roles to help carry out our statutory activities.

Volunteers are involved in undertaking Enter and Views, outreach activities and our board, please see page 41 for more information.



*It starts
with you*

#ItStartsWithYou

Healthwatch undertook the visit after receiving feedback from Relatives and friends that the ward came across as very busy and that some staff were uncaring.

We asked patients a number of questions focussed on nutrition, personal hygiene and staff communication. Whilst undertaking the visit we found that patients were satisfied with the food, management of personal hygiene and the interaction with staff.

The issues highlighted as needing improvement included: the lack of hot drinks, patients not being woken up to eat and that staff during the day were more caring than those on the night shift.

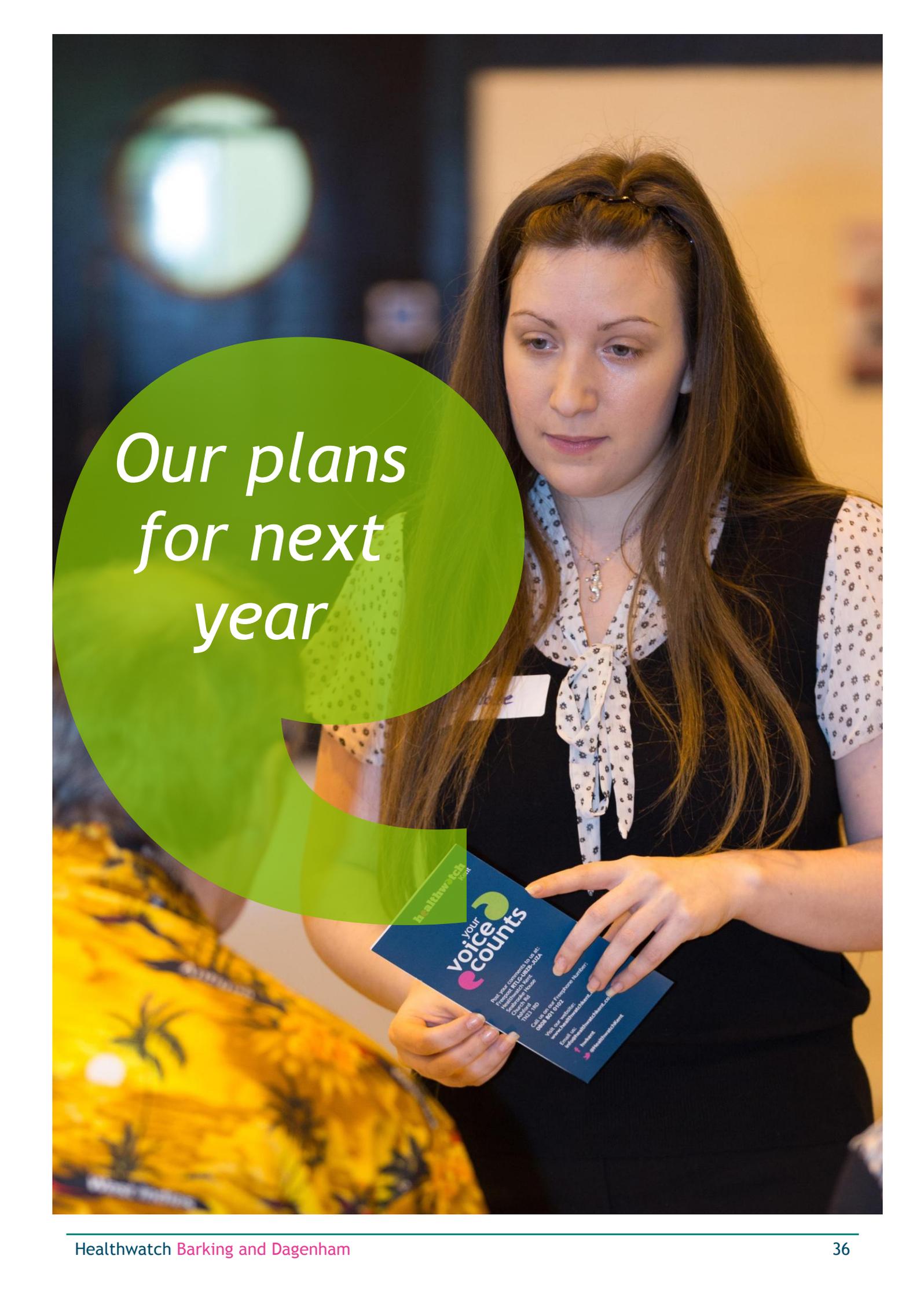
Our recommendations included:

- Senior staff to examine if there is a difference in the quality of care, and the attitude of staff on the night time shifts on Mandarin A ward
- Explore the possibility of hot drinks being provided to patients later in the evening.
- Ward staff to ask patients early in the day if they would like to be woken up at meal times, or if they would prefer to remain asleep.



Outcomes

- The trust worked with their facilities management company to take forward potential improvements regarding the possibility of more hot drinks availability in the evening in addition to looking into the proposal of further diabetic food options.
- In addition to this the Specialist Medicine Division were working to implement a process where the patient's choice is clear regarding their wishes to either remain asleep, without being disturbed during mealtimes or whether they wish to be awoken. This will be made clear on the patient boards at the head of each bed, with protected meal times remaining in place to reinforce the importance of meal time support and supervision.
- Evening spot checks to be implemented on the ward to see why there is a difference in care.



Our plans for next year



What next?



During the coming year there is to be a reconfiguration of health and social care services in North East London as the Strategic Partnership plan is rolled out in full. In addition our two local boroughs of Redbridge and Havering together with our own of Barking and Dagenham have plans to work in closer partnership as part of the Barking Havering Redbridge University Trust area.

Healthwatch Barking and Dagenham will work to ensure that the voice of local people is heard and forms part of all future developments in the area. In particular we see equity of service delivery and outcomes across the area to be of prime consideration in all future planning.

As part of the overall integration of health and social care services Healthwatch Barking and Dagenham would like to track the outcomes of the Better Care Fund in our area. The outcomes for patients and value for money achieved may provide an insight into the proposed larger integration programmes.

Both nationally and locally large cuts have been imposed on local authorities, and there is a more stringent expectation that health trusts should be able to balance their books within the wider health economy. It is inevitable that a re-prioritisation and reduction in services will follow. Healthwatch Barking and Dagenham want to ensure that the voice of local people is heard in those decision making processes.

The complete annual plan for the coming year is not finalised in detail as yet as the commission to deliver Healthwatch Barking and Dagenham will change hands at the end of July 2017.

The current service providers are working with the incoming organisation to ensure a smooth hand over of all aspects of this local Healthwatch in Barking and Dagenham.



Our people

Decision making

How decisions about local Healthwatch activity are made in an accountable, open and transparent way.

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

How we involve the public and volunteers in our governance and how we make decisions about local Healthwatch activity.



Board

Healthwatch Barking and Dagenham's Board is governed by an Executive Board. The Board consists of 8 seats. The associate directors represent our associate groups whilst our executive directors are individuals who take responsibility for one of four areas on the board: older people, children and young people, health issues and social care issues. The Board have overall responsibility for the work the team undertakes.

Our Work Plan

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 invite the public, professionals and organisations to comment on the project areas identified.

Healthwatch Barking and Dagenham keeps in regular contact with people through an online chat site called Street life.



First we look into the feedback we have received from the local community in order to plan projects for the following year.

We use our database to help identify any themes that are emerging.



A draft work plan is produced using the feedback received from the community.

This is then formatted into a table which consists of the reasons why each area has been picked.



The work plan goes out to consultation giving local people, organisations and stakeholders the option to comment on the potential areas of work.

The draft plans are distributed with the support of volunteers.



A final work plan is produced based on the feedback from the consultation.

Associates

Healthwatch Barking and Dagenham use the hub and spoke model as a way of engaging the community in our management and delivery processes. Local groups can become Healthwatch Associates. It is through this network that we send out information such as the latest updates. We now have 25 associate groups that cover a wide range of interests. Our associates also provide us with information from their members around their experiences of health and social care services. Through the Associates we are able to share the work plan and receive feedback from service users who may not have engaged with us.

Enter & View

Members of the public are encouraged to inform us of any services they feel we should “Enter & View” and why. Our visits this year have all been undertaken after receiving feedback from lay members.

Our Enter & View” representatives have a big influence on the questions and areas that are looked at when the decision to undertake a visit is made!

The below shows our Enter & View Process

1	Theme emerges from feedback received from the public, or the visit is part of a wider piece of work.
2	The representatives come together for a pre- meeting to discuss how the visit should be taken forward and a group decision is made.
3	A time and date is set for the visit. If the visit is announced, then the service provider receives a letter notifying them of the details.
4	Visit is undertaken
5	The findings are analysed and a report is produced. Authorised Representatives are involved in the making any recommendations.
6	The report is sent to the service provider and commissioners for a response. They have 21 working days to respond.



Our finances

Our Finances

Income	£
Funding received from local authority to deliver local Healthwatch statutory activities	£125,000
Additional income	£56,200
Total income	£181,200
Expenditure	
Operational costs	£24,985
Staffing costs	£121,507
Office costs	£26,444
Total expenditure	£172,936
Balance brought forward	£8,264



Contact us

Get in touch

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Address of contractors

Healthwatch are based in the same building as the organisation (Harmony House) holding the local Healthwatch contract with the local authority as of 31/3/2017. Therefore the address details are the same.

We will be making this annual report publicly available on 30 June 2017 by publishing it on our website and sharing it with Healthwatch England, CQC, NHS England, Clinical Commissioning Group/s, Overview and Scrutiny Committee/s, and our local authority.

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

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

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Your Voice Counts

Have you used a health or social care service recently?

What was it like? Good/Bad/Could be better?

We want to hear from you!

Talk to us at Healthwatch Barking & Dagenham!

Email: Info@healthwatchbarkinganddagenham.co.uk

Web: www.healthwatchbarkinganddagenham.co.uk

Volunteer for Healthwatch Barking & Dagenham

The aim of local 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. Healthwatch is keen to recruit volunteers who have an interest in health and social care.

Healthwatch has many volunteer opportunities, some are regular, others short term and some may be for one off events.

Volunteers will be recruited through a selection procedure.

A full induction will be provided and training given for specific activities. Out of pocket expenses will be paid.

Email: Manisha@healthwatchbarkinganddagenham.co.uk

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