



Healthwatch Greenwich Annual Report 2016/17



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# Message from our Chair

This year has seen
Healthwatch Greenwich
successfully transition into full
independence. As an
independent organisation, we
are best placed to support
Greenwich residents to have a
strong voice across all health
and social care services in the
Borough.



Over the last 12 months,
Healthwatch
Greenwich has been through a number of significant changes. Not only are we now constituted and contracted as a fully independent not-for-profit company, but we

have also developed a new vision and mission. We have completely refreshed our organisational priorities, and have appointed two new members of staff, including our first chief executive.

Through the changes, I am pleased to say that the work has continued apace, seeking the views of local residents, patients and service users, finding out what's working and what isn't working, representing the community's views at strategic meetings, and carrying out research into specific issues.

Against a backdrop of ever increasing challenges for the NHS, it is vital that Healthwatch continues to provide a strong, independent voice for patients and service users in Greenwich.

This report will give you a snapshot of the work we have undertaken over the last 12 months. It will also give you an idea of what we look to achieve over the next 12 months and beyond.

My thanks go to our staff, volunteers, board members and community partners (including the Royal Borough of Greenwich) who have contributed so much over the year to ensure that Greenwich residents continue to get the best possible services.

I now look forward to seeing all the outcomes of the work planned for 2017/18.

Leceia Gordon-Mackenzie, Chair, Healthwatch Greenwich Ltd.

# Message from our Chief Executive

I am delighted to present my first Healthwatch Greenwich annual report and the fourth one for the organisation.

I joined Healthwatch Greenwich in July 2016, a few months after the organisation transitioned into independence. Since then, Healthwatch Greenwich has gone from strength to strength, building on the strong reputation and positive relationships developed over the previous three years.

Throughout 2016/17 we have worked hard to maintain, develop and progress our work, whilst at the same time ensuring that we have strong governance arrangements, stable finances, a clear focus and an ambitious but pragmatic operational plan.

I am privileged to work with two excellent members of staff. Firstly, Clive Mardner, our Volunteer and Engagement Officer, has been with Healthwatch Greenwich since the beginning. He holds a wealth of knowledge and experience - in fact, Clive knows almost everyone in the Borough! Secondly, Sophie Patterson, who joined us from Healthwatch Central West London in November 2016 as our new Community Research Officer. Sophie has been instrumental in developing our work plan and coordinating our research activities. I'd like to thank our fantastic volunteers who

support us, undertake work for us and represent us across the Borough.

2016/17 was a year of financial and operational turmoil for the Greenwich health economy, which inevitably led to additional pressures on our health services. As a



result, Healthwatch Greenwich and the role we play in making sure the patient and services user voice is heard, continues to be crucial.

It is absolutely vital that commissioners and service providers go above and beyond when it comes to engaging, involving and listening to patients and service users. I am excited about our plans for the next 12 months. Healthwatch Greenwich will be there to ensure people are heard and to support, encourage, monitor and challenge commissioners and providers.

Rikki Garcia, Chief Executive, Healthwatch Greenwich Ltd.



# Highlights from our year

This year
we have
had
a quarter
of a
million
views and
more than 200 new
followers on
social media

Our volunteers help us with everything from focus groups to Enter and View visits



We've carried out eight Enter and Views visits and attended more than 200 strategic meetings



Our reports have tackled issues ranging from children's continence to GP accessibility



We've spoken to
500 people across
South East London
about their
awareness
of local health
services

We've met hundreds of local people through our outreach sessions



# 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.

### Our team

Healthwatch Greenwich has gone through a significant change in the last 12 months, from being part of a larger charity with a management committee, to becoming a fully independent organisation with a board of directors, contracted directly by the local authority. In addition, we have had a change of staff, appointing our first Chief Executive (Rikki Garcia), new Community Research Officer (Sophie Patterson), and an existing member of staff in a new role as Volunteer Development and Engagement Officer (Clive Mardner).

healthwatch
Greenwich

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Count
Have your say on health and social care in Greenwich

The Healthwatch Greenwich team,
Sophie Patterson, Clive Mardner and
Rikki Garcia

We would also like to recognise the hard work of the three members of staff who have left us this year and thank them for their significant input and hard work:
Rosaline Mitchell (Manager), Jade Landers (Policy and Research Officer), and Sharon Legae (Communications Officer).

### Our board

Healthwatch Greenwich Ltd. is now overseen by a board of directors. They set the strategic direction of the organisation and have overall responsibility for all legal, financial and governance aspects of the organisation. The board is:

- Leceia Gordon-Mackenzie (Chair)
- Karen Wint
- Lola Kehinde
- Roger Hendicott
- Samira Hashi (youth representative)
- Mike Thomas (resigned January 2017)

### Our vision

We want a Greenwich with high quality services, consistent levels of public engagement and an excellent patient/service user experience.

To achieve our vision:

- We listen.
- We act.
- We influence.

# Our mission

We are the consumer champion for health and social care in the Royal Borough of Greenwich.

#### To achieve our mission:

- We listen to people, especially the most vulnerable, to understand their experiences and what matters most to them.
- We empower and inform people to get the most from their health and social care services and encourage other organisations to do the same.
- We influence those who have the power to change services so as to better meet people's needs now and into the future.
- We carry out Enter and View visits to talk to patients, services users, carers and staff.
- We research people's experiences through surveys, focus groups and face to face discussions.
- We provide an information and signposting service to help people choose which services are right for them.
- We work with the Healthwatch network to champion service improvement and to empower local people.

# Our priorities

Each year, we choose a number of priorities for further investigation. These priorities are chosen based on talking to local people about what matters to them, feedback from the local Health and Wellbeing Board, Healthier Communities and Adult Social Care scrutiny panel, voluntary sector partners and information from the Care Quality Commission (CQC) and Healthwatch England. This year our priorities were GP accessibility, hospital discharge, maternity services and mental health services.

# GP accessibility

Following feedback from the public, and our partnership work with the Greenwich Migrant Hub, Healthwatch looked into the issue of people who were unable to register with a Greenwich GP. This was frequently as a result of GP practices requiring photo ID or proof of address.

### What we did

We undertook an audit of all the GP practices in Greenwich, checking their websites and calling each practice to find out their policy. NHS guidance clearly states that a lack of ID shouldn't be a block to registering with a GP.

#### What we found out

We discovered that around a third of all Greenwich GP practices still require photo ID or recent proof of address before they will allow someone to register. This has a potentially negative impact on various groups in the community, including, but not limited to:

- recent migrants to the country and the borough;
- people who are homeless, including street sleepers and sofa surfers;
- people living in temporary or supported accommodation;
- people with mental health difficulties;
- people fleeing domestic abuse and violence; and
- young people and students.

#### Our recommendations

We have recommended that all GP practices in Greenwich review their policies in light of the NHS guidance, provide further and regular training to all reception staff and practice managers and display accurate information for new registrations more prominently in each practice.

# Hospital discharge

Difficulty with hospital discharge has been identified as a problem across the country, and Greenwich is no different. Poor quality discharge processes, delayed discharge, being discharged too early or not having the correct support in place prior to discharge from hospital can all have a profoundly negative effect, especially on vulnerable patients.

Hospital discharge is a complex issue, with a number of variables throughout a patient's journey, from increased pressure on admissions to reduced numbers of care home places following CQC embargoes. We narrowed our investigation down to one aspect of the discharge process - the process of discharge from hospital.

### What we did

We undertook a series of Enter and View visits to the hospital discharge lounge at Queen Elizabeth Hospital, where we spoke to patients and staff.

### What we found out

We discovered that patients generally found the discharge a positive experience, but there were sometimes problems with communication, both between staff and patients, and between staff from different departments. The discharge lounge was occasionally being used as an over flow ward.

#### Our recommendations

We recommended better communication with each patient, with a specific focus on medication, what their home situation is, what support they have access to, and what happens to them after discharge.

# Maternity services

People's experiences of maternity services, with a particular focus on mental health support during and after pregnancy, was raised as an issue for Healthwatch.

#### What we did

Working closely with the Maternity Voices Partnership (formerly the Maternity Services Liaison Committee, MSLC), we carried out Enter and View visits to the maternity department at Queen Elizabeth Hospital, where we spoke to staff and patients and carried out a survey.

#### What we found out

We were pleased to find that the feedback from patients was very positive, with the large majority of women and their partners having a positive experience of the services. In particular, the staff were highlighted as being supportive and of a consistently high quality.

### Our recommendations

We produced a series of recommendations on the issues that came across less favourably. In particular, the amount of time women sometimes wait for appointments and the communication they receive about this, as well as the need to communicate more effectively with women on the labour ward if their birth preferences are not followed.

"Your recommendations have been very helpful, and they were discussed at our last Maternity Voices Partnership meeting. I will ensure that the action plan is sent to the Greenwich MVP. Once again thank you for the time you have spent in helping us to improve our service."

Helen Knower, Head of Midwifery, Lewisham and Greenwich NHS Trust

#### Mental health services

Mental health services are consistently raised as a concern in the Borough. Greenwich has one of the lowest funding levels for mental health services in London. This has the knock-on effect that whilst the available services are generally of a high quality, access to them can be severely limited.

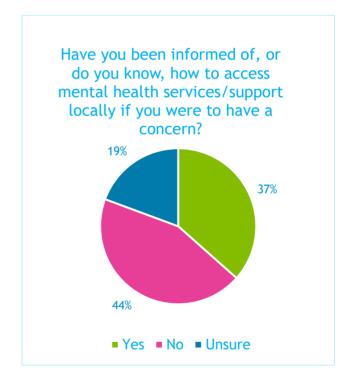
In addition, Greenwich Clinical Commissioning Group (CCG) is having to make large cost savings, which is having a further impact on mental health services, including preventative services such as the recovery college delivered by Bridge Support, which will experience a 70 per cent cut in funding from 2016/17 to 2017/18.

#### What we did

Since November 2016, Healthwatch has embedded two mental health questions across all our surveys and work streams to identify people's understanding of the services available to them.

#### What we found out

Of the 93 people who answered the question, only 37 per cent had either been informed of, or knew how to access mental health services should they need them.



"Healthwatch has helped to keep a focus on mental health, one of the Borough's highest priorities. I am looking forward to continuing work with Healthwatch, reading their reports and helping them to influence improvements in local delivery."

Raymond Sheehy, CEO, Bridge Support



# Listening to local people's views

Healthwatch Greenwich's primary goal is to seek out, listen to and represent the views and experiences of local people. Over the last year, we have attended more than 200 strategic meetings, carried out eight visits to local health services, attended various different external events, and have had more than 200 responses to five different surveys. More than 50 people have called or emailed us, we've spoken to several local community groups and have delivered ten outreach sessions in libraries across the Borough.

Where issues have been raised with us we either signpost people to the relevant service or help them to resolve the issue with direct support.

We have significantly increased the use of social media to communicate with a wider group of people. This has led to a 25 per cent increase in the number of Twitter followers and a 200 per cent increase in the number of views of our tweets.

We have changed the way we send out email updates, moving from long detailed bulletins to shorter, more regular, easier to read emails.



We understand that digital methods are not available to everyone, so we are increasingly out and about in the community offering advice, seeking feedback and listening to people's experiences. We have worked with Greenwich libraries to ensure we are in a library at least once a month.

Following contact from a concerned parent about the closure of Greenwich Children's Continence Clinic service in the summer, we intervened, ensuring that the issue was investigated and the service was re-commissioned.

"Thank you for your help. I am sure without your intervention we would have lost the service."

Greenwich Children's Continence Clinic service user

We have provided feedback to the council's Healthier Communities and Adult Social Care Scrutiny Panel on a range of issues including the commissioning of a private healthcare provider to deliver local musculoskeletal services.



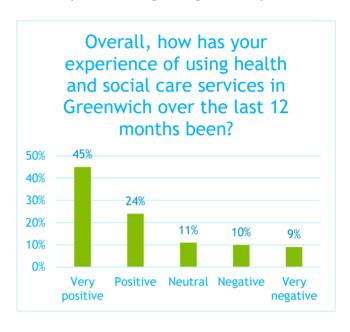
We have delivered regular monthly sessions at Greenwich Migrant Hub, informing people of their health rights, listening to problems regarding access to primary health care, and helping to ensure people get the health care they need.

We have met with a range of local community groups to forge relationships and gather feedback, including the Caribbean Social Forum, Nepali Voice, Pensioners Forum, Greenwich Youth Council and Greenwich Area Inclusion Network, a mental health service user group.

We have worked closely with the five other Healthwatch across the South East London region on joint responses to the local Sustainability and Transformation Plan, NHS Trust's quality accounts, and a commissioned piece of work to evaluate NHS London's winter communications programme.

# What we've learnt

Overall, people have a broadly positive experience of using health and social care services in the Borough. Fewer than 20 per cent express having a negative experience.



Mental health and maternity services are well thought of by patients and service users. People value the support and efforts made by staff and are generally forgiving about delays for appointments and other issues.

However, recent and ongoing cuts by Greenwich CCG are having a significant impact on some sections of the community. The closure of The Source, a nurse-led health provision on the Horn Park estate, the de-commissioning of Stroke Association services and significant reductions to the local mental health recovery college (amongst other things) have reduced access to important services and caused anxiety and distress amongst local people.

Over the last year, six Greenwich GP practices have been closed down for various reasons. There is concern amongst patients that there is a deliberate shift away from smaller, local, community based practices, to fewer, much larger practices. The CCG has stated that this is not their approach, although their Estates Strategy does state that they will only provide capital investment to practices with more than 10,000 patients.

Poor practice in several care homes has led to negative CQC inspections and subsequent embargoes on admissions. This has increased pressure on hospital discharge, which can ultimately have an impact on admissions to hospitals, with high numbers of patients having to wait in ambulances outside emergency departments. The council, CCG and hospitals are working towards resolving the problem, but progress is slow moving and communication is not as joined up as it could be.

#### Communication and engagement

Many of the concerns expressed by patients and service users have been compounded by a lack of good quality engagement from the CCG, with patients, carers and service users often only being informed after commissioning decisions have already been made. The CCG has recognised this and are now making strides to improve their engagement and consultation, and are working closely with Healthwatch Greenwich to achieve this. The best, most effective and most efficient services are the ones that have been developed with service users, for service users.

Communication is a persistent issue raised across all our work. In particular, staff not always communicating effectively to patients, for example, letting people know about hospital discharge after care or changes to medication; and organisations not communicating effectively with each other, for example when planning an older person journey through health and care services. Delivery across many services could be improved with a greater emphasis on joint planning and commissioning across organisations, as well as better service user engagement.

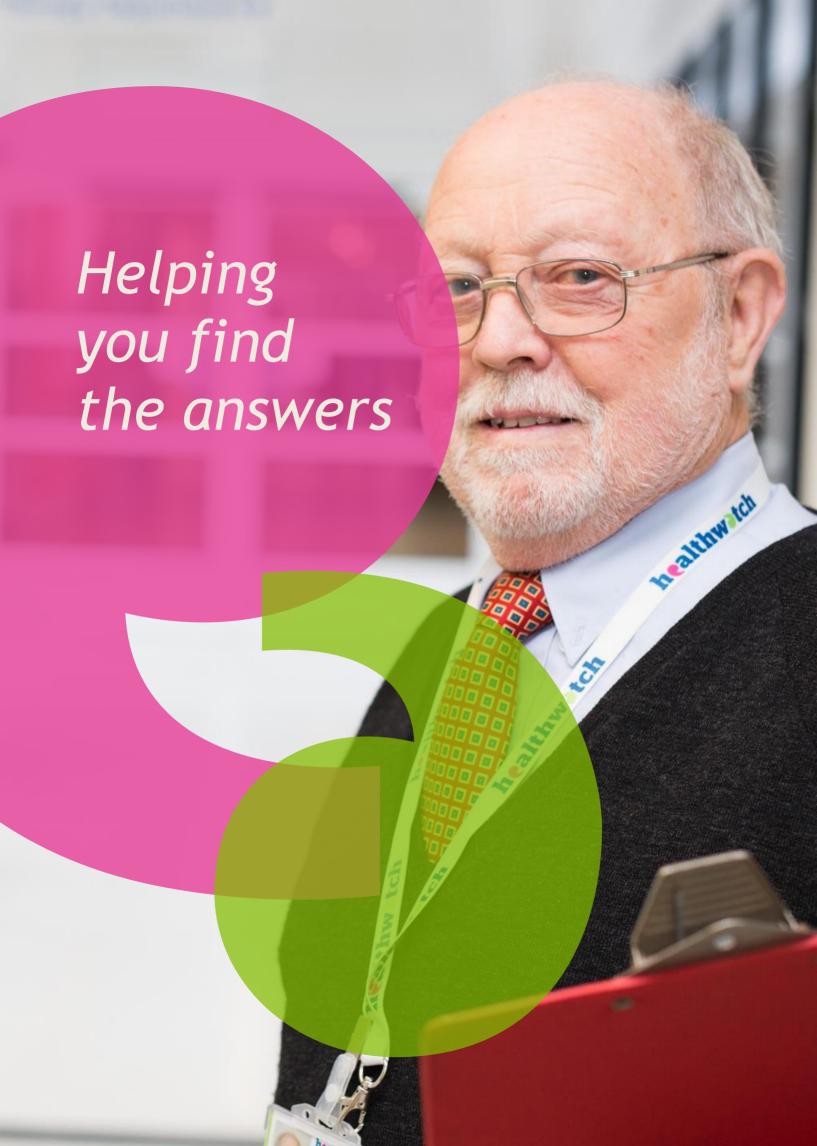
On a clinical and individual level, most people feel that they do have a say in the care they receive.

When asked, 74 per cent of people felt they had been involved or very involved in decision making concerning the care they received.

### **Enter and Views**

Our authorised representatives who can carry out Enter and View activities on our behalf include:

- Leceia Gordon-Mackenzie
- Michael Thomas
- Rikki Garcia
- Sophie Patterson
- Clive Mardner
- · Richard Neville
- Rita Billinghurst
- Jenna Cusworth-Bulger
- Maryann O'Connor
- · Jane Hopkins



# How we have helped the community access the care they need

Over the last year we have helped lots of people with concerns and questions about local health care. These range from simple tasks like signposting people to the nearest emergency dentist, to more complex issues like supporting people with access to health care.

was a direction from NHS England. Healthwatch then contacted NHS England and was informed that although it was standard procedure to deregister patients who had had post returned, the practice could choose not to deregister the patient if they felt it appropriate. Healthwatch notified the practice of this, and reminded them of NHS guidance regarding ID requirements.

# **GP** deregistration

The following is one of several cases of people being deregistered or unable to register with GP practices this year.

We were contacted by a young woman who was currently homeless (sofa surfing) regarding her concerns over a potential deregistration from her GP practice due to the patient becoming classed as a 'ghost' patient. The NHS sometimes classes people as ghost patients if they have not visited the GP in several years or, as in this case, letters had been returned to the NHS from her previous address. When the practice got in touch with the patient by phone to let her know, she informed them that she wanted to stay registered. She was told that if she failed to provide proof of an address, then she would be deregistered.

At the time, the patient was unable to provide proof of an address as she was in emergency accommodation.

We contacted the practice and were informed that the decision to deregister

The practice agreed and as a direct result of our intervention, the young woman was able to stay registered, ensuring stability and continuity of health care during a very difficult period.



# Greenwich Children's Continence Clinic closure

Healthwatch was contacted by a concerned parent regarding the apparent closure of Greenwich Children's Continence clinic, with no notice and no communication to the more than 300 users of the service. The Clinic was a specialist nurse-led provision delivering medical and emotional support and guidance to children and families on bladder and bowel continence issues.

This included children with learning difficulties, physical disabilities, late toilet trained children and children with continence issues for a range of other reasons. There were three half-day clinics a week and four drop-in sessions a month at children's centres around the Borough.

We got in touch with Public Health to find out what had happened and what was being put in place to ensure children and their families received the essential care needed. It appeared that the closure had been made in error. In addition, communication with service users was very poor, as they were only informed of the closure when they called to make an appointment.

Everyone we spoke to agreed that the service was essential for some of the most vulnerable children. Healthwatch then produced a report with a series of recommendations which went to the local authority, the provider and the CCG. We specifically recommended that the service, be recommissioned as soon as possible.

After our report was published we were notified by Public Health that the service was being temporarily re-commissioned, pending an investigation. It has now been fully recommissioned.

# Patient reassessment

We were contacted by someone concerned about a friend's capacity to take care of herself and make decisions about her own welfare.

Although already having a care worker allocated to her, the friend was struggling due to her diminishing capacity. This was exacerbated by several different care workers being used to provide her care. This led to her having to constantly repeat instructions, causing her stress. We contacted the Royal Borough of Greenwich Social Care Team and requested an urgent care assessment. Within two weeks of the initial contact an assessment had been carried out and a carer had been allocated.

We were able negotiate a key worker and deputy care worker for the client. This has worked well, reducing anxiety and improving her general quality of life.

"As an older woman who lives alone battling with multiple health problems, it is reassuring to know that the team at Healthwatch Greenwich are watching out for me in respect to the quality, delivery and accessibility of health and care services in the borough so that they are the best that can be provided within the current financial constraints."

Jane Hopkins, Healthwatch Greenwich Volunteer



# How your experiences are helping influence change

In addition to our day to day engagement, feedback gathering and signposting, we have written five key reports in the last 12 months. These reports have investigated an issue, highlighted concerns and positive aspects of services and provided recommendations and actions for commissioners and service providers. Our reports this year have included:

- Maternity services enter and view;
- Hospital discharge investigation;
- GP accessibility audit;
- Children's continence clinic closure investigation; and
- NHS winter communications evaluation.

In addition, we provide responses, comments and feedback to consultations, documents, strategies and policy changes. This year we have:

- Developed a joint response (with the five other South East London Healthwatch) to the South East London Sustainability and Transformation Plan.
- Fed into the development of, and provided a formal response to Greenwich CCG's Treatment Access Policy consultation.
- Fed into joint Healthwatch responses to Lewisham and Greenwich NHS Trust and Oxleas NHS Trust Quality Account Reports.
- Contributed to the development of Greenwich Voluntary Sector Strategy.
- Fed into Greenwich CCG's commissioning intentions plan development.

# Working with other organisations

An essential aspect of Healthwatch Greenwich's work is our new and ongoing positive relationships with a wide range of organisations and partners. For example:

- Alongside the Royal Borough of Greenwich and Bridge Support, we have worked with Greenwich Area Inclusion Network to support their work and help them to become an independent voice for mental health service users.
- We have worked with Greenwich Action for Voluntary Service (GAVS) to assess applications as part of a panel for the Greenwich Adults and Older Peoples Community Cohesion Small Grants Programme.

"Healthwatch continues to be a key partner of GAVS, working with us to ensure that the best services are available to RBG's communities. We hope to continue to develop and expand our work together over the next year particularly around adult social care transformation and improving co-production in the Borough."

Naomi Goldberg, CEO, GAVS

- We attend the Maternity Voices
   Partnership (formerly MSLC) meetings
   and the new co-chairs have undertaken
   our Enter and View training and
   participated fully in our maternity
   services Enter and Views.
- We continue to work very closely with the other five South East London Healthwatch (Healthwatch Bexley,

Healthwatch Bromley, Healthwatch Lambeth, Healthwatch Lewisham and Healthwatch Southwark).

- We are a member of the Greenwich Safeguarding Adults Board (GSAB) and our Chief Executive is now Chair of the GSAB Communications and Engagement sub-committee, which is also co-chaired by the Chief Executive of Greenwich Inclusion Project.
- We have developed and maintained strong and positive working relationships with local councillors, including the portfolio holder for Health and Adult Social Care, and co-chairs of the Healthier Communities and Adult Social Care Scrutiny Panel.
- We have contributed to a number of Scrutiny Panel meetings, reflecting and expressing local residents' concerns over the closure of services, poor commissioning practices, and the lack of patient and service user engagement.

As a direct result of our engagement with the local Healthier Communities and Adult Social Care Scrutiny Panel, a new health care provider in the Borough has commissioned us to monitor the transition of a new service from the user's perspective, and to ensure patient engagement is consistent and meaningful.

- We have met with a number of representatives from local and regional health organisations including Diabetes UK and Mum's Aid.
- We have met with individual local CQC inspectors as well attending London-wide meetings with Healthwatch England and the CQC.

"Healthwatch Greenwich focuses their attention on the major health issues impacting on the Borough. They use face to face and social media engagement effectively, and most importantly, they turn up to things, making sure that the service user voice is heard in the right places. Healthwatch Greenwich have highlighted key issues at scrutiny panel, and reflected them back to decision makers and residents."

Raymond Sheehy, CEO, Bridge Support

# How we've worked with our community

Healthwatch Greenwich sees patient and service user engagement as critical to the delivery of safe, effective and well supported health and social care services.

All the work we undertake is designed to increase the impact of the service user voice in local decision making. We do this through direct public engagement, for example through our regular outreach sessions in libraries, hospitals and local events. We have increasingly used social media as a two-way engagement mechanism and we develop, maintain and utilise effective relationships with local community groups and voluntary sector organisations.

We then use this information to shape our feedback and responses through the myriad of local and regional decision making, monitoring and strategic meetings we attend.

These include, amongst others:

- Greenwich Health and Wellbeing Board
- CCG Governing Body
- CCG Market Management and Procurement
- CCG Patient Reference Group
- CCG Quality Surveillance Group
- Local Care Network Transformation
- Greenwich Safeguarding Adults Board
- Dementia Action Group
- Mental Health Stakeholder Reference group
- Mental Health Steering Group
- Lewisham and Greenwich NHS Trust
   Patient Experience Committee
- GAVS Health and Wellbeing Forum
- GAVS Voluntary Sector Leaders' Forum
- Oxleas Black and Minority Ethnic Mental Health Steering Group

- Our Healthier South East London (OHSEL) Children and Young People System Network
- OHSEL Committee in Common
- OHSEL Patient and Public Advisory Group
- South East London Primary Care Joint Commissioning Meeting
- Greenwich Cancer Steering Group

In addition, our volunteers have supported our work in several ways:

- Facilitating discussions at our annual meeting and focus groups sessions.
- Attending meetings like the cancer steering group.
- Undertaking Enter and View sessions.
- Participating in consultations and public meetings.

"Healthwatch has been a valued instrument in the facilitation of effective communication between health service users, commissioners, providers and scrutiny - input is always well informed and it serves to ensure patients' voices are clearly articulated at every level."

Councillor Clare Morris and Councillor Cherry Parker, Co-Chairs, Royal Borough of Greenwich Healthier Communities and Adult Social Care Scrutiny Panel "Volunteering for Healthwatch Greenwich has allowed me to contribute to the improvement of health services in the community. This gives a voice to the youth, who make up a large expanse of the community but are often overlooked or marginalised. My role ensures a platform for their interests to be taken into account."

Samira Hashi, Healthwatch Greenwich Board volunteer youth representative



# #ItStartsWithYou

Greenwich Children's Continence Clinic is a specialist nurse-led provision delivering medical and emotional support and guidance to children and families on bladder and bowel continence issues - this includes children with learning difficulties, physical disabilities, late toilet trained children and children with continence issues for a range of other reasons.



Thanks to concerned family and friends contacting Healthwatch Greenwich, vulnerable children in the Borough are still able to access an essential service, supporting them and their families to get suitable treatment and helping them manage a difficult and sometimes embarrassing issue for children.

A service user, Julie, contacted us after she had heard that the Greenwich Children's Continence Clinic was going to close, via word of mouth. She had asked around but no one had any further information. Julie then contacted the CCG who assured her that the service was going to remain open. On 31 August, the clinic closed. Children and parents were not notified and most

only found out about the closure when they called to make an appointment and were referred to their GPs. Unfortunately, the GPs had also not been informed about the closure and were often unable to provide the specialist advice and support needed.

"It was my neighbour's daughter who went to the Thamesmead clinic. She had been seeing her GP for a year and kept being told it would go away on its own. I think it was her school nurse who referred her to the clinic. By that time her GP had started medicine but it didn't work. She found out later it was completely wrong medicine for her type of wetting. When she saw the nurse at the clinic she knew exactly what it was. They did a bladder scan and started her on a different medicine which worked. I just remember how relieved her mum was because she had often been brought to tears over it, that's why I was so angry that they closed."

Friend of a service user

Sarah is eight years old, and in the words of her mother Jane, their quality of life is "100 per cent better" than where they were two years ago. "I hate to think where we would be now without the clinic". Jane felt she hadn't been listened to by any professional until she visited the clinic, and was made to feel it was her fault Sarah was suffering. Sarah is now about to go on a school residential trip which Jane feels would have been impossible without the support and intervention of the clinic.

### What we did

Healthwatch Greenwich conducted an investigation and put out a call for information. The services the Clinic had provided were extremely well thought of, and all the professionals we spoke to believed it to be an essential service that could not be provided via a GP practice.

"The nursing staff there are excellent. They know their stuff and offer excellent advice. Unlike my GP who told me my son soiling at seven wasn't an issue and I should sit him regularly on the toilet!"

Service user

#### The outcome

Following Healthwatch Greenwich's report and recommendation that the service be re-commissioned, the CCG and Public Health re-opened the clinic on a temporary basis, pending an investigation. Six months later they decided to re-commission the clinic, ensuring the 300 plus users could continue to receive specialist care and advice.

"A nurse-led continence service works with a child and family over a period of time. Initially they will carry out a full continence assessment and depending on what comes out of that will provide information, advice, support along with the tools to solve or manage the difficulties. They will review progress and adapt to changing circumstances. This is not a role that a GP would or indeed should [do] through the normal appointment system."

Juliette Randall, CEO of ERIC, The Children's Bowel and Bladder Charity

"Healthwatch is a valuable partner in the planning and monitoring of health services for our population. They have ensured the patients voice is heard as we look to develop services and it is helpful to explore how we can develop this input and challenge further in our work together."

Liz James, Director of Commissioning, NHS Greenwich CCG



# What next?

Over the next 12 months, we expect to go from strength to strength. We have identified our priorities for the year and have already started planning and delivering a number of projects.

# **Our priorities**

We will have a two-tier approach to priorities - infrastructure and delivery.

# Infrastructure

#### Access

A persistent theme across our engagement over the last year has been the difficulty people often face trying to access services. Whether trying to register with a GP, having to wait too long for an appointment, services being cut or closed down, or simply not operating in a way that is accessible, for example, for vulnerable people or people from BME communities.



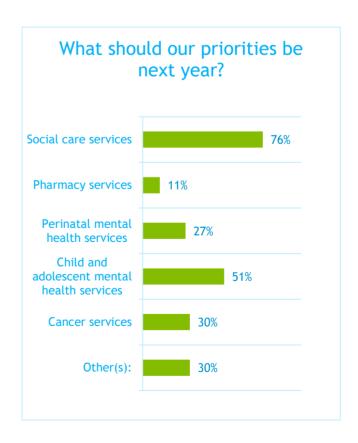
We will seek out people's experiences of accessing the services and support they are entitled to and flag these issues with commissioners and providers.

# **Engagement**

The second consistent theme in 2016/17 was the lack of meaningful engagement with residents, services users and patients in the design, commissioning and delivery of services.

We will seek to work with commissioners and providers to bring the public on board, to ensure that services are designed with the end user in mind, and that people feel ownership of the services they use. We would like to see high quality, consistent user engagement as the norm, rather than then the exception.

Longer term, we would like Greenwich CCG, the Royal Borough of Greenwich and all local providers to work towards the principles of co-production: services designed by the people who use them.



# **Delivery**

Our priorities are drawn from our day to day engagement with local people, conversations with regulators, the local authority and a survey we have been carrying out over the last few months.

Based on these conversations, we will be focusing on the following areas.

#### Adult social care

There is concern within the Borough regarding the capacity and quality of some adult social care services. In addition, the Royal Borough of Greenwich are undertaking a full transformation of adult social care services this year, with particular emphasis on the service user/customer journey. Healthwatch Greenwich has been commissioned to support this work and ensure that a wide variety of service user voices is heard.

We will be building on this year's hospital discharge work and aligning our adult services customer journey work, with a more detailed look at the experiences of older people living in the Borough. We will be visiting care homes and home care providers, and talking to service users, carers and family members, to identify whether they are receiving the right care at the right time. We will be paying particular attention to the experience of older people from BME communities, and experiences of dementia care in the community and in residential care settings.

# Child and adolescent mental health services (CAMHS)

CAMHS has been flagged as an area of concern, including the capacity of existing services to meet the needs of a young people, the difficulty GPs face when trying

to refer patients into CAMHS and the lack of good quality talking therapies available for young people with lower level (nonacute) anxiety, depression and other mental health concerns.

### **GP** access

We will continue our work looking at access to GP services, with a particular focus on access to primary care services for homeless people, people in temporary accommodation, young people, recent migrants, and those with no recourse to public funds. We will also be looking at how engaged registered patients are with their locals GP practice, how much value each GP practice places on patient participation and looking at where Healthwatch Greenwich can add value to the patient and GP experience.

# Commissioned work

In addition to our core work, Healthwatch regularly takes on pieces of commissioned work. So far for 2017/18 we have been commissioned to deliver the following projects.

# Royal Borough of Greenwich adult social care transformation

Greenwich Council have commissioned us to ensure that the service user voice is heard throughout the implementation of the adult social care transformation plan. Over the year, we will be carrying out a range of engagement activities and events for service users. We will be seeking to identify the experiences of users and explore the ways that services provided to adults and older people might be improved. The information provided by these events will be used to inform and begin the new customer journey.

#### Circle Health musculoskeletal services

Following recent controversy over Greenwich CCG's decision in the summer of 2016 to award the musculoskeletal contract to Circle Health, and the council's scrutiny and overview committee recommending that Healthwatch be involved in monitoring the new service, Circle Health has commissioned us to help them understand the patient experience of the new musculoskeletal service as it is rolled out across the Borough.

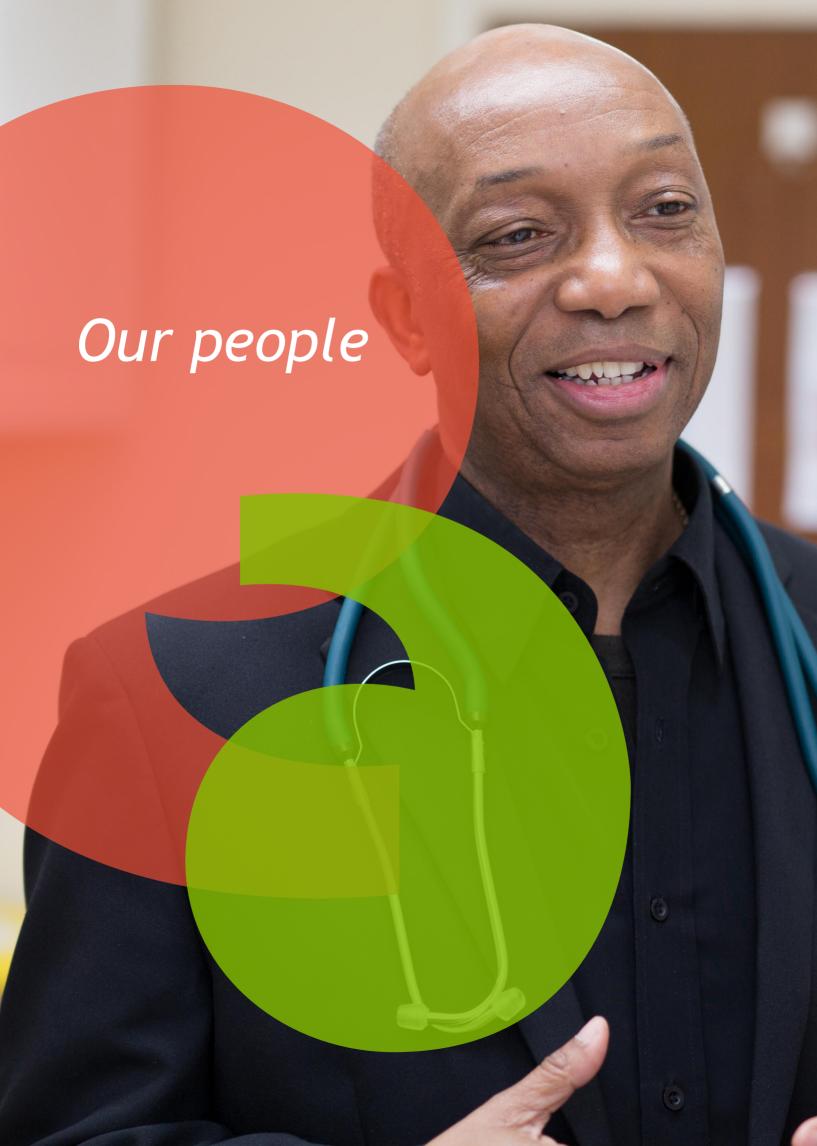
# Transparency and objectivity

Our work is designed to better understand the patient and service user experience, and reflect that experience back to commissioners, decision makers and providers, with the sole intention of improving the quality of services and the patient and service user experience. Healthwatch Greenwich is an independent organisation with no contractual obligation to deliver anything other than those objectives set out under the Health and Social Care Act 2012.

All of our board meeting minutes, annual accounts, policies, procedures and governance mechanisms are either published on our website or available on request. Each project, whether carried out under our core contract or commissioned separately, will be clearly identified, published on our website and held to the same level of scrutiny and objectivity.

Every report we produce is sent to the relevant provider for comment, factual accuracy checks and a formal response. No provider, commissioner or elected member can veto our reports or recommendations.





# **Decision making**

Healthwatch Greenwich Ltd is a company limited by guarantee with an asset lock. It is led by a board of directors who are responsible for the legal, financial, and strategic direction of the organisation. Operational responsibility is delegated to the Chief Executive and staff team who are responsible for the long term outcomes and day to day delivery of the organisation

# How we involve the public and volunteers

 Our Volunteer Development and Engagement Officer maintains regular contact with our core group of around ten operational volunteers, as well as our Enter and View authorised representatives.

- All our board members are volunteers.
- Strategic decisions about Healthwatch Greenwich activities are made by the board following advice and recommendations from the staff team.
- Operational decisions are made by the staff team with advice and input from staff, service users and other stakeholders.
- Priority areas are decided following ongoing feedback throughout engagement activities, direct consultation with the local community, and information from local providers, council scrutiny, the CQC and Healthwatch England.





# Independence

This year has been the first full year of Greenwich Healthwatch Ltd. operating as an independent organisation. We have spent the year developing, implementing and embedding policies and procedures to oversee all organisational functions. We have received amazing support from the Royal Borough of Greenwich (financially, contractually and operationally) to help us achieve this, for which we are very grateful.

### **Contract**

Healthwatch Greenwich operates under contract to the local authority. The contract currently has a value of £129,000 per year and is due to run from 1 April 2016 to 31 March 2018, with the option of an extension into a third year, taking us up to 31 March 2019.

Income	£
Funding received from local authority to deliver local Healthwatch statutory activities	129,000
Additional income	24,200
Total income	153,200
Expenditure	
Operational costs	22,795
Staffing costs	94,080
Office costs	18,682
Total expenditure	135,557
Balance brought forward	17,643

Balance brought forward includes £7,164 contribution to reserves.

Ideal reserves policy currently set at £20,000 (based on one month's operating costs and contingencies).



# Contact us



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Please note the deadline for publication and sharing of local Healthwatch annual reports of 30 June each year is set out in legislation and therefore a statutory requirement of local Healthwatch organisations.

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 Groups, Overview and Scrutiny Committees, 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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