



# healthwatch

Healthwatch Windsor, Ascot &  
Maidenhead (WAM)

Monitoring Report

January - March 2018



This report is about the work we have done from January 2018 to March 2018



This report is broken down into the key areas of service delivery and operations



This report identifies challenges faced



This report summarises work to date



This report provides details of the next steps

# Contract and monitoring



## Actions from Quarter 3

- To ask RBWM to liaise with previous provider to establish closure and de-registration of Healthwatch WAM charity and transfer of all assets as agreed.
- To work with commissioners, HMRC and NCVO to seek clarity on the VAT situation.



## None identified



HMRC have confirmed, despite the court ruling concerning Healthwatch Hampshire, that provision of local Healthwatch is outside the scope of VAT – however other work delivered under contract by charities may be.

We have met with the commissioner and elected members to discuss community engagement and raising the profile of the service.

Healthwatch WAM charity is still open but under notice of dissolution (will be shut on the 5<sup>th</sup> July). All assets, including the budget underspend, have now been transferred.



- To complete the Annual Report (required by Healthwatch England) and circulate, before 30<sup>th</sup> June 2018.

# Project Support Board



## Actions from Quarter 3

- To meet with as many different community groups and leaders to not only undertake community engagement but also to identify representatives for the project support board. To have formal MOU's in place by the start of the next contract year.
- Promote opportunity to the public from January 2018



- Lack of engagement/interest from local community and voluntary sector
- Limited awareness of Healthwatch WAM among the public



A new community organisation 'The Know How' has been identified and from April 2018 will be a part of the consortium.

One public board member is currently undergoing the necessary checks and training.



- Recruitment of representation from the community and voluntary sector in the areas of: older people, families/children, mental health, sensory impairment and long-term health conditions
- Contact the local Chamber of Commerce to promote the independent chair position within their membership

# Website



## Actions from Quarter 3

- Publish further website content
- Prepare for new website template/format



- No launch date for the new Healthwatch site template from Healthwatch England yet. Once available this will be adopted by Local Healthwatch.



We are one of ten local Healthwatch organisations regularly inputting and contributing to the design of a new website being created by Healthwatch England for use across the whole local Healthwatch network.

Due to this change in design and therefore template, major update of content and accessibility of the existing Healthwatch WAM site has been on hold. We will continue to provide regular updates to our news section, events etc. and a link to these the regular email bulletins; this encourages traffic and activity on the site.

403 people visited our website. These people had 524 sessions and visited 1,407 pages. Most visited pages:

- Home page
- About us
- News article about prostate cancer
- Find services
- Get involved
- Reports
- News

- Information about our public meetings
- CQC inspection reports

Google Analytics is not recording demographic information as there are not enough visitors/traffic yet.



- Continue to work with Healthwatch England to develop the new website
- Update important content information on existing website and populate news section

# Data Management and GDPR



- To undertake a data audit and, after discussion with commissioners and other stakeholders, revise our policies. We have information sharing protocols in place which may be impacted.

69 contacts on CRM at end of Quarter 3



- Introduction of General Data Protection Regulation (GDPR) on the 25<sup>th</sup> May 2018
- Confusing guidance from different sources
- Impact on information sharing protocols
- Additional cost of implementing GDPR

121 contacts on CRM at end of Quarter 4.



Healthwatch data is stored on a CRM system that provides remote, secure back-up of data which allows anonymised reports to be generated, provides a mailing list for health and social care information and assists in the collation of intelligence for representation of the public at meeting.

Healthwatch WAM has an existing opt-in policy for individuals and robust data protection and confidentiality policies. However, the GDPR increases transparency on why and how information on data subjects (individuals) is collected, held and utilised.

Healthwatch WAM has undergone a data audit and has made the decision that consent needs to be re-obtained as the historical opt-in is too generalised.

Additional extensive training, funded by the Lloyds Bank Foundation, has been undertaken by the member of staff leading on the GDPR.

**ACTION  
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- Agree information to be held on individuals, and under what circumstances, with commissioners and Healthwatch England
- Re-obtain consent
- Update policies and procedures
- Update forms
- Data cleanse
- Review information sharing protocols

# Information, Advice and Guidance



No actions from Quarter 3 (new section)



- Other organisations providing similar services (providing advice and information) which is a statutory duty of local Healthwatch



148 specific information and signposting support sessions via the website, email, social media and face to face.

Of these sessions, 74 individuals identified themselves as carers and were transferred to SIGNAL4Carers.

There was no requirement to make a referral to the Adult Safeguarding Team or to advocacy services.

Informal signposting has started to take place on social media groups linked to the borough; staff post reliable sources of information for people to utilise (e.g. NHS Choices) and encourage people to access the Healthwatch WAM website and also to complete the 'Speak Out' Form to provide feedback on local services (good and bad).

New speak out flyers have been distributed to locations – these not only encourage people to provide us with feedback but also promote all the functions of the service.

By the end of Quarter 4 there were 121 contacts on the database receiving email bulletins fortnightly containing information and news on local health and social care services and consultations. Important information – such as alerts (such as cold weather warnings) were sent as required.



- Continue to promote this aspect of local Healthwatch
- Meet with other organisations who provide similar functions to try and agree partnership working and/or referrals

# Community Engagement



## Actions from Quarter 3

- Identify events in the community to attend
- Continue to identify locations that can accommodate the Mobile Information Vehicle. Develop a schedule that can be published on the website and promoted.
- Explore possibility of providing a drop-in service at Library.



- Repair delay after attempted break-in on the Mobile Information Vehicle. Courtney Buses assisted with finding a suitable company but additional issues occurred (possibly due to the bus standing for so long unused)
- Difficulties identifying and engaging with the community and voluntary sector.



2 regular locations have now been secured for the Mobile Information Vehicle: Sunningdale Parish Council and Magnet Leisure Centre.



After being linked into the head of the library service we have arranged to attend all libraries at least once and then review how often we will visit (based on people engaged with etc.). Two of these visits took place at the end of Quarter 4 with the rest planned for Quarter 1 2018/19 (7 visits)

As agreed at the last monitoring meeting a community engagement plan was developed and budgeted for, starting in Quarter 1. This involves paid for social

media promotion, additional publicity materials and advertising.

8 community events/groups have been attended in Quarter 4 including: Friends in Need café (and the groups providing activities there), Windsor Homeless Project and the Stroke Association.

4 public meetings were held in this quarter – open to both people from the Royal Borough of Windsor and Maidenhead and Bracknell Forest. These were to inform members of the public about changes happening across East Berkshire (such as the Clinical Commissioning Groups merging and Integrated Care Systems) and give them an opportunity to ask questions of senior representatives from health services. People were able to attend any event.

119 people attended these events which, considering 2 of them were held during the extreme cold weather, was a good turnout.

The ones held in the Royal Borough of Windsor and Maidenhead were 26<sup>th</sup> February – Dedworth Baptist Church (Windsor) and 6<sup>th</sup> March – Sportsable (Maidenhead). These were held in the evening as most other meetings about the changes are held during working hours, during the day.



- Continue to identify locations that can accommodate the Mobile Information Vehicle. Develop a schedule that can be published on the website and promoted.
- Deliver agreed community engagement plan.
- Implement a system to record community engagement activity and its outcomes more effectively.

# Social Media



## Actions from Quarter 3

- To continue the social media engagement campaign and encourage active dialogue with members of the public on health and social care matters using this channel.
- Limited social media following.
- Social media community groups associated with the borough are very fragmented and therefore relatively small



Staff who post on sites directly have made sure their personal accounts are private.

As well as informal signposting taking place online we also use it as a forum to collect feedback including posting polls and surveys.

## Twitter

During Quarter 4 we tweeted 54 times. People saw these tweets 9,900 times. We had 277 profile visits and were mentioned by others 227 times. We also retweeted 13 messages by others. We shared information about local health events, a missing person, Thames Valley Police information, weather alerts and the public meetings we were holding.

The most popular (popular being the tweets viewed or interacted with the most) were about the STP carers event, Tesco Bags for Help, our public meetings and information and appeals about a local missing person.

At the end of Quarter 4 we had 235 followers (an increase of 24 from the last quarter). 29% of these are male, 71% are female; a 4% increase for male followers. Age demographics have been removed by Twitter.

### **Facebook**

During Quarter 4 we posted and shared 95 messages to Facebook. 1,344 times people saw these messages.

The most popular was the invitation to our public meetings. The next most popular messages were about Tesco Bags for Help, Cold weather alert, information on a local missing person and the new Stroke café in Debworth.

At the end of Quarter 4 we had 22 likes on Facebook (an increase of 15 from the last quarter). Whilst not a massive amount of people this is the largest increase we have seen in a quarter since starting the page and we feel this is because of the public meetings and the amount of promotion we undertook about these. We hope to continue the momentum with paid for promotion in Quarters 1 and 2.



- To continue to utilise social media particularly holding polls on local commissioning decisions.
- To undertake paid for promotion on the Facebook platform.

# Volunteers



## Actions from Quarter 3

- Continue to promote volunteer opportunities and to recruit, train and utilise volunteers in appropriate aspects of the service.



- Limited recruitment opportunities



During the quarter, 2 volunteer left during the process of checking and vetting, 2 have completed and 2 still remain in the process – although there has been little progress.

1 new volunteer has been recruited and is also in the process.

Volunteer opportunities are promoted on the Healthwatch WAM website.

We have been engaging with Optalis and people who use the day service as we want to expand the Experts by Experience group established within Healthwatch Bracknell Forest, allowing people with learning disabilities to become Enter & View volunteers.



- To make sure the opportunity is on the WAM Get Involved site and the national Do-It-All site.
- To promote the opportunity at community events

# Gathering people's views



## Actions from Quarter 3

- Recruit volunteers and provide Enter & View training.
- Plan Enter & View schedule
- Limited resource and staff time to undertake Enter & View visits, particularly with the work required to ensure Healthwatch Bracknell Forest complies fully with the GDPR



The report of the Pan-Berkshire Enter & View of Prospect Park which took place in Quarter 3 has now been published and shared.

21 pieces of individual feedback on health and social care services were collected from our interactions with people in Quarter 4. These are logged on our CRM and used to build up intelligence on local services and highlight issues. This information is used to help inform Healthwatch WAM staff when representing the public at meetings (along with information from delivering SIGNAL4Carers)

We initiated a poll on social media about extended hours in the last week of March – it closed in April with 950 responses and the report will be published in Quarter 1 2018/19. Just over one-quarter of the responses came from residents of the borough.



- Continue to obtain public and patient views and feedback on services utilising all appropriate channels and methods. (As social media presence and community engagement increases this will happen naturally – as has already been seen so far in Quarter 1 2018/19)
- Plan Enter & View schedule based on patient feedback factoring in CQC inspection schedule and current issues/events within the local health and social care landscape – but recognising that community engagement activity and GDPR compliance will be utilising much of the organisation’s resource and capacity in Quarter 1 2018/19.

# Representing patients & public



## Actions from Quarter 3

- To continue to work with the CCG about communication, engagement and involvement of the public about all the upcoming changes (merger into East Berkshire CCG for example)
- To hold 2 public meetings, open to all in the borough, with key personnel from the Accountable Care System, Sustainability and Transformation Programme and Clinical Commissioning Group to inform the community of the changes in health and social care and give the public opportunities to ask questions (**Covered in Community Engagement**)
- To collect more feedback, and from more diverse sources, to better inform representation (**Covered in Gathering people's views**)
- To ensure in the minutes of meetings that the correct service(s) being represented are recorded



- Due to the way Healthwatch WAM operates, sitting on boards and committees to influence decisions, rather than focusing on generating public reports, there is the danger that both the public and some professionals are not aware of the work we do.
- Many meetings cover East Berkshire and we attend the majority; asking Healthwatch Slough to alert us to relevant feedback that needs to be discussed. Healthwatch Slough has been representing all of East Berkshire at some meetings such as East Berkshire Primary Care Council but we have been made aware that they have not been attending so we have now added that to our schedule.

- After developing a good working relationship with Clare Marshall, Associate Director of Patient Experience and Public Involvement at Frimley Health Foundation Trust over a number of years, meeting with her regularly to discuss patient issues and seeing changes being implemented, after she left this post we were told these meeting would continue with her replacement, however, to date the only engagement we have had has been around STP/ICS communications.



Feedback and knowledge of local and regional issues has informed Healthwatch WAM when representing patients and the public at meetings attended.

33 such meetings have been attended in this quarter. These include:

#### **PCOG - Primary Care Operational Group**

Looks at all things to do with primary care estates, locally commissioned services, primary care commissioning strategy, risks such as closures or underperforming surgeries and how they will be covered, CCG finance. Healthwatch is quorate to this meeting which covers East Berkshire

#### **PCQIG – Primary Care Quality Improvement Group**

Looks at day to day quality and performance issues, infection control, CQC visits and planning, quality visits to surgeries, changes to local services (such as diabetic eye screening). It is the day to day part of PCOG. Healthwatch is quorate to this meeting that covers East Berkshire.

#### **PCCCIC - Primary Care Co Commissioning In Common**

Public facing board of the 3 CCG's. Healthwatch has a statutory seat. Summary of the all that is going on for the public.

### **Quality Committee**

Looks at all quality across acute, primary, CHC, care homes etc. Healthwatch is quorate and it covers East Berkshire.

### **Safeguarding Board**

Looks at everything to do with adult safeguarding including looking at published safeguarding reviews and discussions as to how they can be implemented. Sub group looks at quality assurance and how it is implemented across all sectors.

### **Health and Wellbeing Board**

This brings together all partners within the local integrated care system to look at how everyone works better together, avoid duplication, allowing questioning on services being introduced, planning communications moving forward and working together when a system is not working well to improve it.

### **Overview and Scrutiny**

Attend as a speaking observer to input public views and intelligence into the discussion.

### **Better Care Fund Board**

Looks at how integrated health and social care money should be spent locally to benefit local people whilst avoiding duplication and making best use of money. Also looks at integrated teams and how health and social care locally will work better together moving forward.

### **Community Nursing Review**

Looks at how nursing will change given other health and social care changes. Recently agreed and wrote the patient quality indicators with the CCG and specialist conducting the review

*“Thank you for giving me your time today – I took away lots of things that we can add into the ‘vision’*

*for better patient centred care, and also lots that we can do to move the change programme forward” – Eve Mitchell, specialist consultant leading the review*

### **GP Assembly**

All practices represented and Healthwatch attends one invitation for specific items.

Healthwatch WAM has also attended meetings such as the Assisted Technology group (also representing SIGNAL4carers), the new providers of the Diabetic Eye Screening service and meetings surrounding the formation of a Dementia Action Alliance in the borough.

- To continue to represent the public
- To make the public, as well as professionals, aware of the work we undertake and its impact

**ACTION  
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# Contact us



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