

## Chief Operating Officer (Peterborough) Introductory Report

### 1. Purpose

This report provides a summary overview of Healthwatch Peterborough's work streams, aims and objectives, activity and outcomes and working practice (primarily for the period 1 April 2016 - 31 March 2017).

### Key issues

2. Section 7 summaries priority setting
3. Sections 8 provides overview of projects
4. Sections 9,10 and 11 communications, engagement, income generation
5. Appendices
  - 5.1 Appendix 1: CLiNKS Publication 'good Practice in Service User Involvement' 11-12
  - 5.2 Appendix 2: PCH Cardiology Report
  - 5.3 Appendix 3: HealthAware bulletin
6. Action required by the Board

The Board is asked to:

- Note the report

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## 7. Priorities

2016-17 Priorities: Due to the transitional activity and uncertainty short term priorities were established with a view to review following the merger (in reflection of priorities of HWC). All priorities will include project plan targets including:

Objectives

Tasks

Success criteria

Time frame

Resources

Outcome/s

All priorities will be considered in light of strategic priorities of key stakeholders including Peterborough City Council, including Public Health, local Clinical Commissioners. HWP reflects stakeholder aims against public feedback and experiences of service users, using data captured in CRM and Refernet.

Short term priorities (agreed):

7.1 Prisoner engagement project (see page 3/4)

Current -March 2017: Continue to deliver/train Wellbeing Reps in HMP Peterborough, maintain local and national stakeholder relationships. Review next steps including making the wellbeing training sustainable.

7.2 Cancer Wellbeing project (see pages 4)

current - March 2017: Continue as Project Steering Group. Maintain patient/carer engagement at the site while under development. To highlight range of services available to public. To signpost services and stakeholder partners to PSHFT project lead.

7.3 Enter and View

Create work plan for April 2017-March 2018 following merger.

7.4 Dementia

Current -March 2017: Deliver Dementia Friends (DF) training to wide-range of audiences

7.5 Engagement activity:

To prioritise/target engagement activity to only that which fits with HWP priorities.

7.6 Accessible Information Standards (AIS)

Current - March 2017 using AIS to apply to all work and engagement carried out, picking up on areas that need improvement and making recommendations as and when necessary.

Following review of local statistics (JSNAs) feedback/national health statistic (Public Health England) the following are to be considered as part of HWP's long term priorities:

7.7 Migrant health:

- scope what work is already being done around migrant health
- Highlight and promote the work of others
- Target key events to engage with migrant communities, gathering soft intelligence
- Work in partnership/contribute to the work of other stakeholders

### 7.8 Maternity/ children

- Liaise with patient-led groups (MSLC)
- Establish key factors from JSNA to review

### 7.9 Cancer screening take up

- Look at data around screening up take and any evidence available to target work-streams activity

### 7.10 TB and latent TB screening

- Support targeted awareness raising

### 7.11 Suicide

- Establish recent and local data to ensure local picture on this issue is addressed (due to inconsistency with national demographics)

## 8. Projects

### 8.1 Prisoner Engagement Project

Engage	Impact	Inform	Evidential
<p>Face-to-face delivery of training prisoners</p> <p>Networking with prison staff (mostly local residents)</p> <p>Networking with local, regional and national statutory and third sector orgs.</p> <p>Target key groups in setting (diabetes, over 60s, BME, smokers etc)</p> <p>Research with male over 50s (Bowel Cancer Screening awareness) and over 40s female unit around ovarian cancer</p>	<p>Use service users experiences to make recommendations to providers/commissioners of services.</p> <p>Improve delivery of health services in prison</p> <p>National recognition (national award, noted in House of Commons and House of Lords)</p> <p>Requests from national orgs for joint working (CLiNKS, NHS England, NICE, CQC)</p> <p>Positive and supportive feedback from HW peers</p>	<p>Increase awareness of health campaigns (both local/national) to Prisoners</p> <p>Delivered DF training to staff</p> <p>Delivering DF to prisoners</p> <p>Delivered training to HW Network at London event and National Conference</p>	<p>National stats on prisoner health</p> <p>NICE Call to evidence</p> <p>HW statutory duty to local residents inc. those in secure settings</p> <p>Prisoners settling in local area demand on health services bowel and cervical cancer screening (Public Health data for Pboro)</p> <p>Poor uptake for bowel cancer screening in Pboro</p>

#### Summary from Over 50s focus group on bowel cancer/Male Unit at HMP Peterborough

Only **22%** were aware of the Bowel Cancer Screening programme with **16%** aware of the key symptoms of bowel cancer. Only **22%** were aware of the possible treatment for bowel cancer. Following the awareness session provided by Bowel Cancer UK (the first in a UK prison) **78%** said they would be interested in taking part in the screening and **94%** would attend another information session/health awareness session like this one.

This short data capture, highlighted national campaigns, awareness, screening programmes and information on prevention and treatment may not be reaching the prison population, and that the prisoners were open and positive about obtaining information in this way. HWP have completed the training with first two male and two female Wellbeing Reps 2014-15. Completed female Wellbeing reps training 2017. Recognised as one of six national projects that is an example of Good Practice in Service User Involvement by national organisation CLiNKS - publication seen by their 10,000 member organisations.

Appendix 1 pages 11-12.

## 8.2 Wellbeing Centre (Cancer) Project

Engage	Impact	Inform	Evidential
<p>One-to-one interviews with 100+ in Oncology at PCH.</p> <p>Over 100+ at Breast cancer show</p> <p>200+ at Race for Life</p> <p>Ongoing patient engagement at centre</p>	<p>Underutilised centre (120 attendees in 10 month period).</p> <p>New centre launched September 2016: now sees over 500 per month</p> <p>Increase in availability of wide-range of holistic services</p> <p>Raise profile of HWP</p> <p>Joint working with local and national partner</p>	<p>Raising awareness of holist, non-clinical cancer support to local people</p> <p>Make recommendations during development stage, based on patient/carer feedback</p> <p>Signpost Project lead (PSHFT) to key local stakeholder partners for wider range of engagement (i.e. Patient Forum etc)</p>	<p>JSNA for cancer in Peterborough</p> <p>Utilisation of local centre</p> <p>Comparative with other cancer centres</p> <p>Macmillan report The Emotional Impact of Cancer</p>

**Background: (using evidence from Public Health England/local feedback and experiences/ targeted surveys/third sector recommendations and obtained data directly requested of provider by HWP).**

Through our statutory powers, we established that the Robert Horrell Macmillan Centre (RHMC) was underutilised and lacked provision of holistic services, support or information. Submitted report/recommendations to key partners including hospital Trust and Macmillan. Provided further evidence as part of a bid by the Trust to Macmillan.

In November 2016, AB (COO) carried out a site visit at the Wellbeing Centre to talk to patients and find out what is working well and what needs to be improved. **Summary findings from the visit:** visitors were very glad to see the centre’s open-door welcome and were particularly pleased with the art therapy provided. Staff were praised. Carers highlighted a need for more privacy for their session and access to a computer would be useful for research. Availability of savoury food was noted, and letting patients/carers waiting for appointments (especially when there were delays) in the main building access was recommended. Final decision for funding complete refurbishment/redesign is pending (Autumn 2017). HWP’s COO, is only external stakeholder on the Steering Group.

### 8.2 Task and finish: Cardiology Project

Following issue raised about re-location of services around Papworth Hospital’s relocation to Cambridge, HWP carried out a patient feedback task and finish report during January-March 2017. See **Appendix 2**

### 8.4 Special projects: Accessible Information Standards (AIS)

Launched September 2016, HWP created an AIS collation survey reflecting the 15 Step Challenge concept. In October 2016 PCH agreed a team could undertake review of AIS as part of their 15 Step challenge. Looking at people’s awareness and understanding of the NHS AIS initiative.

February 2017: In collaboration with HW Cambs we created a survey and promoted/distributed/carrying out surveys from those most likely to be affected. Including: patients, family members and carers who require additional communication support either verbally or written. HWP have targeted and received surveys from: VI/Deaf/Hard of hearing / Deafblind/LD. We have promoted this project to a number of local organisations, working in related fields and attended/spoken at a number of community events to good effect. We will continue to work with HW Cambridgeshire staff on this, although separate reports will be generated, used collaboratively to make recommendations to service providers and commissioners, and support them implement this initiative in to practice.

## 9. Communications

### 9.1 Weekly Enews

Popular simple format, weekly Enews reaches nearly 900 subscribers directly (increase of over 200 since April 2016). June 2016, we surveyed subscribers for audit:

- 100% of respondents said they found the Enews either 'somewhat' or 'very' 'clear or easy to understand' with 95% saying it was 'very clear and easy to understand'.
- 100% of respondents said they found the Enews either 'somewhat' or 'very' 'relevant or useful', with 78% saying it was 'very relevant and useful'.
- 50% of respondents said they shared the Enews with friends/colleagues. Examples include: CPFT Service Manager shares with over 70 colleagues, PPG Chairs share with their members and NWA NHS FT ED Lead shares across their team.

Comments received included: 'Thank you for this valuable resource!' 'Please keep up the good work!' and 'It's a manageable size and yet still comprehensive and relevant.'

Feedback from the survey suggested we could improve included highlighting a different local group/service each week and increasing our focus on local news whilst decreasing our focus on national news. Both suggestions have been implemented.

9.2 Twitter: Tweet reach for the year = 138,000 (up 13K from April 2016)

Followers on twitter = 1679 (up 191 from Apr 2016)

9.3 Facebook: Likes increased from 100 to 124 (24%) -Regular weekly updates.

9.4 HealthAware:

Tool created to support local PPGs, following COO guest speaker opportunities at several PPG meetings. Highlighting health campaigns, giving links/info on resources available to support to participate and reinforce valuable health messages. **Appendix 3**

9.5 Website

We have redesigned our website through 2017 to create a site that is more modern and easier to navigate.

Soft launched Online Patient Feedback Centre. Currently at 'test phase' of development.

Communications have been sent to all local providers and currently responding to their feedback before full launch to ensure support for the provision.

Tool will enable quick, detailed patient/carer feedback in real time. Immediate reporting and opportunity for targeted feedback following other services quality intelligence (i.e. CQC inspections). We have created a monitoring comments/ratings flow chart.

#### 9.6 You Tube

Over 20,000 unique hits on You Tube for HWP's short video aimed at and created with PPC's Youth Health Champions. Used in Assemblies and local/regional events/by other HWs.

### 10. Engagement and signposting/information

Q4 Jan-Mar 2017: Dealt with 37 enquiries; 15 relating to NWAFT (previously PSHFT), 15 relating to GP practices across the City, 3 to mental health services, 2 to care homes and 1 to a dentist. Of the 37 enquiries 3 were positive; 3 neutral and the remaining 31 negative. 16 enquiries were referred to Total Voice for support.

Q4 Jan-Mar 2017: Undertaken 16 events. We have spoken to 359 people, this represents around 10% of those people attending these events, of these 359 people, 145 expressed an interest in receiving e-news and Youth Connect ( E-news 91/YC 56), this represents a conversion rate of approximately 40% of those people we spoke to. Q3 and 4 over 700 interactions, 91 sign-ups to Youth Connect, over 100 sign-ups to Enews.

PRC Diversity Day/Well Being Event, Aspire Recovery Market Place Event, PCH Awareness Stand with HW Lincs, RISE for Disability day, Disabilities and Communities Event: Health & Wellbeing day/ Environmental Health and Learning, Peterborough Association for the Blind- Blind Club, Rainbow Court Deafblind Club, Care Provider Forum, PCC Carers Partnership Board Meeting, PCC Learning Disabilities Partnership Board Meeting, a Dementia conference and two PCH PLACE Assessments- supported by our volunteers. Black History Month, Refugee Intro Event, Indian nurses' induction at PCH, Cultural Considerations Event, Registered Managers Event, Lithuanian and Slovakian Embassies Events, GP Training event.

Targeted events to engage with emerging new communities (Lithuanian/Slovakian/refugees); young people (College) ethnic minorities (Black History Month, local Asian Councillors meeting) Learning Disability (Goldhay Group).

Consultations (making local voice heard): 21 local and 17 national consultations highlighted through range of mediums including social media, Enews, HealthAware; community meetings and at events. Hosted GMC consultation. **Health and Wellbeing Strategy 2016-19** Healthwatch Peterborough created two comprehensive surveys created for stakeholder feedback and a summary one for general public use.

### 11. Income generation

Opportunities for income generation vary from prisoner engagement project, delivering Training (Prisoner project/Enter and View/Healthwatch overview/interviews/consultations); report writing (PCH/Hinchinbrook Merger).