

| Report to: | HEALTHWATCH BLACKPOOL |
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| Relevant Officer: | Steven Garner, Healthwatch Blackpool Manager |
| Date of Meeting | 15 September 2016 |

OPERATIONAL LEADS' REPORT

1.0 Social Media and Website Engagement for Quarter Two:

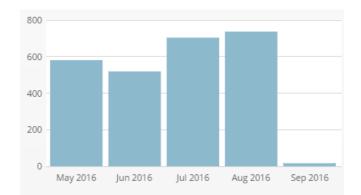
1.1 <u>Facebook</u>

We have undertaken some paid online engagement. A cost of £15 to promote the carers survey over 14 days, and £6.95 to promote the Healthwatch Blackpool Page for seven days. The graph and table below demonstrate the growth in reach and engagement online. It has resulted in 40 new followers over August. I believe this was a successful venture and we may be able to use this methodology again selectively to reach the public on other specific consultation drives.



<u>Website</u>

Graph two shows an increase in visit rates over the promotional period, making August the second highest month for webpage visits (after August 2015 initial website launch).



<u>Twitter</u>

The below figures demonstrate a consistent rise in engagement and followers.

<u>July 2016 Summary</u> Tweets: 24 Tweet impressions: 9,800 Profile visits: 507 Mentions: 5 New followers: 24

<u>August 2016 Summary</u> Tweets: 30 Tweet impressions: 11.4K Profile visits: 519 Mentions: 6 New followers: 27

Current total: 1370 followers

2.0 Reviews

2.1 Care Home Reviews

Following the 2016/2017 workplan we have visited all 13 care homes, which had at least one "Requiring Improvement" note on the latest CQC inspections. We also visited Links Lodge, as it is the first home in Blackpool to have been awarded an overall "Outstanding" rating.

- Acorn Lodge Residential Care Home
- Amber Banks
- Avonbloom Retirement Home
- Bronswick House
- Chesterfield Lodge
- Glenroyd
- Highbury House
- Horncliffe House
- Jah-Jireh Charity Homes Blackpool
- Links Lodge
- Sandycroft Nursing Home
- The Highcroft
- The Sylvester Care Centre

• Westfield Rest Home

The reports for these homes will be written up through September and passed by the Board.

- 2.2 Initial thematic findings from residents include:
 - Overall positive experiences including safety and care
 - Positive views of staff ability and compassion, some occasional poor individual staff findings.
 - Frequent poor food choice and varying quality
 - Where access to the community is granted, this is gratefully received however it is not on generally on resident's terms
- 2.3 Healthwatch staff and volunteer findings include:
 - Poor person centred activities. Whilst activities are organised, many do not take part and are able to do their own thing, which often means sitting in a chair or in their room.
 - Some smoking/ odour concerns including residents who lack capacity inhaling second hand smoke and being close to where residents were smoking.
 - All homes also displayed our flyers.
- 2.4 All care homes we visited have rolling training policies and are utilising different forms of media and methods to train staff. Such as DVD's, the internet and participating in Blackpool councils training programmes.
- 2.5 All homes we went to were aware of Healthwatch Blackpool and were very open and receptive to our visits.
- 2.6 <u>EMSA (Eliminating Mixed Sex Accommodation) reviews</u> It is the duty of the CCG to ensure that Blackpool Teaching Hospitals have conducted reviews to prevent potential breaches relating to privacy and dignity on wards. We were approached by Blackpool and Fylde and Wyre CCG quality leads to undertake this review with Healthwatch Lancashire, with Blackpool leading the review.
- 2.7 The questionnaires were pre-set from 2015, and so volunteers and staff were trained by Healthwatch Blackpool and four wards were reviewed, undertaking observations, patient and staff questionnaires. A report is to be written to be approved, before being sent to the CCG's
- 2.8 Ward managers and sisters told us that wards have EMSA champions (similar to Learning disability and mental health champions), although they did not always know who this was. All staff said they felt they could report/ discuss breaches if they saw one. Junior staff (such as Healthcare Assistants) said they were unaware of the policy specifically and assumed it was just part of daily routine. There was some discrepancy with some staff telling us they had EMSA training and others said it was incorporated into mandatory training. There is no EMSA standalone training

available to the staff so this potentially identified a need of separate training.

2.9 There was a breach of privacy and dignity during our visit. As we were conducting our visit, a curtain was not pulled across and a man was exposed to the entire bay. Upon addressing this with the ward manager, we were told that they would speak to the staff involved. This was also forwarded to the Patient experience lead Eleanor Walsh.

3.0 Consultations

3.1 <u>Carers Consultation</u>

To inform the recommissioning of Blackpool carers services, the tripartite (Healthwatch Blackpool, Blackpool Council and CCG) consultation is underway and so far has attracted just over 120 responses, 99 adults and 24 young people. The consultation will continue throughout September and we have met with young carers co-ordinators and discussed the possibility of getting the survey into schools, as well as hosting our own young carers group. A prize draw will be taking place in early October, and the report will be produced.

4.0 Work plan for September/October

4.1 Blackpool Victoria Hospital

<u>The Healthwatch Priorities Report</u> found that residents believed that appointments and communication at Blackpool Victoria Hospital were an issue. Appointments included waiting times, and cancellations. Communication included speaking to parents instead of young people, communication with patients on wards, as well as communication between hospital departments. The other biggest concerns were car parking, discharge and aftercare, and the Gastroenterology department.

- 4.2 We have met with Interim Chief Executive Wendy Swift to discuss potential options for reviewing the Outpatients redesign which is due to be finished at the end of September.
- 4.3 Healthwatch Blackpool is also meeting with patient Experience Lead Andrew Heath to discuss how we can understand the issues further before undertaking a review. This may be in the form of questionnaires asking patients specifically about appointments and communication, as well as public consultation around the highlighted issues.

5.0 Identified Additional Revenue

5.1 The devising of a trading arm to receive additional income is in development, addressed in the Additional Revenue report, included in the agenda.
However, some additional sources of income have been identified.

6.0 Sustainability and Transformation Plan (STP) - Pan Lancashire and Cumbria Healthwatch Transformation Programme Collaborative

6.1 The STP "footprint" comprises of five local areas with Local Development Plans (LDPs). Four local Healthwatch fall within the local STP "Footprint" and collaboratively are meeting and writing to the Lancashire and South Cumbria Programme Board with a proposal to undertake some public consultation for the STP. The proposal is yet to be considered by the Board, but a discussion has been held with Roger Baker, the NHS England engagement lead for the STP. Further discussion between local Healthwatch is required to co-ordinate how this engagement will take place with current resources.

7.0 The Lancashire Public Health Commissioning Team (PHCT)

7.1 The PHCT is looking to do some work around community screening and immunisation, in order to increase uptake of screening in identified community groups (Offenders in Lancashire prisons, Travellers, people with learning disabilities and BME groups). In particular these relate to Cervical Screening for women aged 30 to 49 years of age and Seasonal Influenza Immunisation for Under 65's in clinical risk groups. More details around this will emerge from a meeting with Healthwatch Lancashire and Blackburn with Darwen.

8.0 Lancashire Pharmaceutical Committee

8.1 The Committee would like to fund some training followed by engagement in community pharmacies around dispensing health equality. More details around this will emerge from a meeting with Healthwatch Lancashire and Blackburn with Darwen.

9.0 Care Homes

9.1 We received an e-mail from a care home requesting Healthwatch Blackpool to undertake a review, following a 2014 review and a change in management staff. An email has been sent to the home with a suggestion of funding for this work as it falls outside of our 2016/ 2017 work plan. Discussions around this potential work to take place at the Board meeting.

10.0 Staffing

10.1 A restructure at Empowerment has led to Healthwatch Blackpool gaining an apprentice for 37.5hrs per week, to undertake many of the Information Officer and administrative duties.

A three-month secondment of a part-time services manager from Blackpool Carers means that more oversight, performance management and development can be provided to the Healthwatch team.

11.0 Key Performance Indicators (KPIs)

- 11.1 The 2016/ 2017 KPI' have now been agreed between Healthwatch and Blackpool Council, to be reported on quarterly. They set out the need for Healthwatch Blackpool to demonstrate influence (practical and strategic) in the positive change of health and social care in order to best exemplify the work it does and provide value for money. This provides a focus for Healthwatch Blackpool to generate positive change as a measure of success.
- 11.2 An agreement, in principle, has been made with commissioners that Healthwatch Blackpool may undertake additional paid work outside of the council funding, but within the core hours in order to develop sustainability opportunities.

12.0 Volunteering

- 12.1 In the past two months, we have had interest from six people and three volunteers sign up being processed. We have also had one volunteer leave the organisation. This takes us to nine volunteers currently.
- 12.2 Volunteer roles have been redrafted and the website will be updated imminently with the rebranding of roles and Healthwatch Blackpool branded clothing has been quoted and will be ordered as a priority.
- 12.3 As part of a volunteering drive in September and October, we will be in Blackpool Sixth Form college speaking to health and social care students, as well as the joint Blackpool and Fylde and Wyre CCG AGM
- 12.4 We have also attended young people's groups who have expressed a keen interest to be involved as part of a Youth Healthwatch.

13.0 Lancashire Healthwatch Network Memorandum of Understanding (MoU)

- 13.1 Operational Leads from Healthwatch Blackpool, Lancashire and Blackburn with Darwen met following some joint projects. This included The Harbour and a piece of Learning Disability work with MacMillan Cancer Support.
- 13.2 These reviews faced some operational complications around resource and clear communication between all Healthwatch. It was felt that a MoU and operational guide setting out a basic principle of representation and lead organisation role and functions would allow for better clearer practice.
- 13.3 The Lancashire Healthwatch Network MoU (Appendix 5(a) and Appendix to the MoU (Appendix 5(b)) are attached for consideration by the Board.