

Members of the Committee are asked to:

- Approve the project initiation documents for the:
 - Screening and vaccinations research
 - Intermediate care project
- Note the progress and approach for the other research priorities

2017–18 priorities

Following the 2017–18 priority setting process, the Committee has agreed the following priorities for Healthwatch Newcastle's work:

1. NHS Continuing Health Care (CHC)
2. Care leavers/young homeless
3. Screening and vaccinations

The Committee also agreed that we would continue to discuss mental health to see if a clear area of research emerged during the year.

We still have a project from last year's priorities, intermediate care, which was delayed due to a later than expected start for the city-wide review (led by NHS Newcastle Gateshead Clinical Commissioning Group and Newcastle City Council). The review is now underway and we have designed our project to complement that work.

Research projects

1. CHC: this project will be done across Newcastle and Gateshead and will be a joint report from Healthwatch Newcastle and Healthwatch Gateshead. It is currently being scoped and the project documentation will be shared as soon as possible.
2. Care leavers/young homeless: the exact scope of this work is being discussed with stakeholders and project documentation will also be shared as soon as possible.
3. Screening and vaccinations: the project initiation document (PID) is attached, which describes the scope and approach for this research.
4. Intermediate care: the project mandate has been shared with key stakeholders and their feedback has been used to design the project scope and approach contained in the attached PID.

Lite Project Initiation Document (LPID)

Project title	creening and vaccinati	Project Manager	Rachel Wilkins	Date	09/05/2017
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Background

Public health shared information with Newcastle Health Scrutiny about the variability, and in some cases very low uptake, of cancer screening (particularly breast, cervical and bowel) and vaccinations (particularly flu vaccinations). Data showed that breast and cervical cancer screening uptake is low at certain GP practices in Newcastle and that bowel cancer screening and flu vaccinations are low across Newcastle. Discussions with the CCG and others following this showed that it was of concern across Newcastle and Gateshead. Research in this area is needed to find out why people in low uptake areas think uptake is low, what they think the barriers are to attending and how these barriers could be overcome.

Definition

We plan to engage with those communities in Newcastle where uptake of screening and vaccinations is low. Through engagement, we aim to identify what the barriers are to attending appointments and ways to overcome them.

This research will take place in Newcastle first and then possibly be repeated in Gateshead.

Objectives

- 1) Communities in Newcastle with low uptake have been identified and dialogue has taken place
- 2) GP practices in Newcastle serving these communities have been identified and dialogue has taken place
- 3) Barriers to attending appointments have been identified
- 4) Ways to overcome the barriers have been identified
- 5) Research findings have been shared with relevant stakeholders

Benefits

- 1) All stakeholders have a better understanding of why certain communities in Newcastle do not take up offers of screening and vaccinations
- 2) Primary care services and public health have a better understanding of the community it serves and the barriers it faces
- 3) Primary care and public health uses this information to remove barriers
- 4) Numbers of people attending screening and vaccination appointments in certain areas of Newcastle has increased

Scope and exclusions

- 1) The project will focus on having a dialogue with communities in Newcastle where there is a low uptake of cancer screening and/or vaccinations.
- 2) The project will only gather information on why people think uptake is low, what they think the barriers to attending are and how these barriers could be overcome
- 3) The project will only consider flu vaccinations, childhood vaccinations (preschool) and breast, cervical (and bowel) cancer screening.
- 4) It will not report on individual GP practice performance or what GP practices are doing to invite people, encourage attendance and follow up patients. This will be something GPs will be encouraged to review once the research is complete.

Key deliverables/desired outcomes

- 1) In low uptake areas think uptake is low, what they think the barriers to attending are and how these barriers could be overcome.
- 2) GP practices serving the target communities (and practices who have self-selected to be involved) will be asked if they can invite people who have missed cancer screening or vaccination appointments in the last 12 months to a focus group at the practice.
- 3) GP practices serving the target communities (and practices who have self-selected to be involved) will be asked if they can send a survey to people who have missed cancer screening or vaccination appointments in the last 12 months (number to be defined once we have more data) people have given their views
- 5) Findings will be shared in a report and sent to all relevant stakeholders
- 6) Primary care has implemented new ways of working to remove barriers
- 7) The targeted GP practice's screening and vaccination rates have increased a year later

Risks

- 1) Difficulties accessing the target communities

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2) Difficulties accessing people via the GP practice patient lists

3) Low attendance at focus groups

4) Low survey responses

5) Difficulties accessing baseline data from GP practices/public health/CCGs

Timescales

Value £

To be defined

Research needs to be completed by October 2017, with data analysis and report writing completed by Feb 2018.

Constraints

No constraints identified at present

Benefit realisation plan

Benefit/outcome of project	Baseline measure	Target	Target date	Mechanism for measurement	Frequency of measure	Owner
All stakeholders have a better understanding of why certain communities in Newcastle do not take up offers of cancer screening and vaccinations	None			Survey	Once, one month after publication	RW
Targeted GP practices and public health have a better understanding of the community it serves and the barriers it faces	None			Survey	Once, one month after publication	RW
Primary care has implemented new ways of working to remove barriers	None			Survey and informal visit to	3 months after publication	RW
Cervical cancer screening rate has increased at target GP practices	GP specific %	Increase	6 months after publication	Data report	6 months and 12 months after publication	RW
Breast cancer screening rate has increased at target GP practices	GP specific %	Increase	6 months after publication	Data report	6 months and 12 months after publication	RW
Bowel cancer screening rate has increased at target GP practices	GP specific %	Increase	6 months after publication	Data report	6 months and 12 months after publication	RW
Flu vaccination rate for 65+ has increased at target GP practices	GP specific %	Increase	6 months after publication	Data report	6 months and 12 months after publication	RW
Flu vaccination rate for at risk groups has increased at target GP practices	GP specific %	Increase	6 months after publication	Data report	6 months and 12 months after publication	RW
Flu vaccination rate for 2-4 year olds has increased at target GP practices	GP specific %	Increase	6 months after publication	Data report	6 months and 12 months after publication	RW
12 month childhood vaccination rate has increased at target GP practices	GP specific %	Increase	6 months after publication	Data report	6 months and 12 months after publication	RW
24 month childhood vaccination rate has increased at target GP practices	GP specific %	Increase	6 months after publication	Data report	6 months and 12 months after publication	RW
5 year childhood vaccination rate has increased at target GP practices	GP specific %	Increase	6 months after publication	Data report	6 months and 12 months after publication	RW

Project plan

No.	Action/Task item	Owner	% complete	Apr	May	Jun
1	Background research and meetings with key stakeholders	RW				
2	Project outline and potential roles shared with volunteers so they can express an interest	RW				
3	Project board identified and set up	RW				
4	Project plan written	RW				
5	Project plan approved by project board	RW				23/06/2017
6	Project outline shared with stakeholders	RW				
7	Planning meeting with volunteers interested in helping with research					Late June
8	Focus group design	RW				
9	Survey design	RW				
10	Focus group and survey pilot	RW/MB				
11	Work planning meetings with relevant GP practice managers	RW				
12	Contact made with relevant community groups	MB				
13	Volunteer training	RW/MB				
14	Survey sent to GP practices with covering letter	RW				
15	Project board updated	RW				
16	Project board updated	RW				
17	Project board updated	RW				

18	Focus groups	MB				
19	Survey live	RW				
20	Stakeholder update	RW				
21	Data analysis	RW				
22	Report writing	RW				
23	Report distributed to commissioners and service providers for comment	SE				
24	Report published	DH				
24	Feedback meetings with key stakeholders and community groups	RW/MB				

Key milestones

Project plan approved - 23 June

Agreement to share surveys finalised with GP Practice managers - 30 June

Focus groups and surveys finalised - 21 July

Surveys shared with GP Practice managers - 26 July

Volunteers trained - 31 July

Survey live from 1 Aug to 31 Oct

Focus groups held - 1 Aug to 31 Oct

Report written for comment by stakeholders - 31 Jan 2018 at latest

Report published - 1 Mar 2018

Lite Project Initiation Document (LPID)

Project title	Intermediate Care	Project Manager	Lyndsay Yarde	Date	May-17
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Background

Healthwatch Newcastle picked Intermediate Care as a priority to focus on in 2016/17. In order to maximise potential impact this priority has been deferred to 2017/18 so that the work aligns with the review of Intermediate Care that is currently taking place. Healthwatch Newcastle chose Intermediate Care as one of our priority for the following reasons:

1. Intermediate Care is a rapidly emerging area of service provision set to become an increasingly significant component of the overall offer, it is therefore crucial that service users voices are heard during this key period of development
2. We believe our research in this area will complement and add to information already gathered by NUTH, the CCG, Newcastle City Council and the Intermediate Care Steering group.
3. It will provide an opportunity to contribute to the current service review of Intermediate Care
4. Our key remit is to ensure that service users and the public are involved in the ongoing development of health and care services

Definition

Healthwatch Newcastle's Intermediate Care projects goals are to:

1. Better understand how service users experience the various elements of the current Intermediate Care offer, including residential provision, re-ablement services and other community based service
2. Determine whether those in receipt of IC services feel that they have had a positive impact on their well - being and have enabled them to get to where they want to be
3. Give people in receipt of Intermediate Care the opportunity to share their views about the services they receive and to make suggestions about how they might be improved
4. Share our findings with Newcastle City Council, Newcastle Hospitals, the CCG and the Intermediate Care Steering Group.
5. Ensure that our findings feed in to and influence the outcome of the review of Intermediate Care currently being undertaken by the Intermediate Care Steering Group

Objectives

This work aligns with our strategic objectives to: 1. Ensure that services users, patients, carers and the public are involved and engaged in the design and delivery of health and social care services 2. To support the improvement of the quality of social care and health services by identifying and prioritising key issues 3. To be a valued, influential and challenging critical friend to providers and commissioners of social care and health services and 4. To contribute to the representation of the views of Newcastle people

Benefits

The benefits of the work will be increased organisational intelligence for Healthwatch Newcastle, which will also be shared with NCC, the CCG and Newcastle Hospitals. In addition our approach, focusing on user experience of Intermediate Care, will provide some constructive insights into any emerging issues or areas of concern with the current service. Where appropriate, we will make recommendations for service improvements which in turn will feed into and enhance the service review Newcastle's Intermediate Care services currently underway. The aim of the service review is develop an intermediate care model that better reflects the needs of an aging local population and which ensures that any older person who needs it receives a rapid assessment and appropriate intermediate care that prevents them having to be admitted to hospital, enables them to leave hospital as soon as they are medically fit, and stops them having to be moved permanently into a care home before they need to.

Scope and exclusions

We will gather this information through a combination of structured interviews and surveys.

We plan to carry out 20 home visits to people who have recently received re-ablement services, where we will undertake structured interviews using largely open questions. We will also visit the 3 residential homes providing intermediate care services to carry out similar interviews with up to 4 service users from each establishment. Users of community services will be invited to complete either an online (surveymonkey) questionnaire or paper based survey and will also be offered the opportunity of a home visit. When selecting interviewees we will try to ensure a wide a spread as possible in terms of age, location, socio-economic groupings and the nature of their support requirements and the type of support they received

Key deliverables/desired outcomes

Healthwatch Newcastle will:

- Prepare a survey for people in receipt of re-ablement services in their home
- Arrange 20 home visits and carry out 1:1 interviews
- Prepare a similar survey for recipients of residential based Intermediate Care
- Carry out 1:1 interviews with up to 4 residents in each of the care home currently offering short term Intermediate Care placements
- Prepare and distribute a survey for people in receipt of other community based Intermediate Care services.

Prepare a report of our findings

Risks

- We may struggle to recruit participants
- Home managers may not engage with the project longer than anticipated to make contact with people and arrange visits reluctant or unable (unwell, not a home) to talk to Healthwatch Newcastle staff when they visit
- There are staff safety concerns associated with home visits to unknown members of the public
- Care
- It may take
- People may be

Timescales

Value £

£4,450

Stage one - planning - May - June 2017

- Consultation with NCC & CCG
- Recruit & train volunteers?
- Write to Care Homes
- Survey design

Start to arrange Visits

Stage two: Visits Jul - August 2017

- Carry out home visits and visits to Care Homes
- Distribute & publicise Community Services survey

Stage

three: Aug - Sept 2017

- Data analysis
- Report writing
- Report consultation and publication

Constraints

The Project Manager leading on the project doesn't have the time to undertake the work and deliver the report within the agreed timescales

Benefit realisation plan						
Benefit/outcome of project	Baseline measure	Target	Target date	Mechanism for measurement	Frequency	Measure
Healthwatch Newcastle has greater knowledge about local intermediate care provision and service users experience of it	Newcastle Hospitals survey of IC service users satisfaction and CCG consultation report into Care Home Vanguard	An increase in local knowledge	Sep-17	Compare findings of the final report with what we knew in June 17	1	LY
Knowledge is also made available to the CCG, Adult Social Care, Newcastle Hospitals, Care Home Providers & the IC steering Group	Newcastle Hospitals survey of IC service users satisfaction	Stakeholders have increased understanding of Service Users experiences of IC services	Sep-17	Meet with stakeholders to discuss report and check that findings have added to local knowledge	1	LY
Recommendations for improvements are shared with all stakeholders and inform the review of IC services currently underway.	Current provision	Recommendations are included in Service Review	Dec-17	Continued involvement of HWN in IC steering Group	monthly	SE
Users of IC services receive a better service	Newcastle Hospitals survey of IC service users satisfaction	Users of IC services receive a better service	Dec-17	Follow up survey	1	?

Action/Task item	Owner	% complete	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
complete project plans	LY											
consult with NCC & CCG	LY											
Design Questionnaires	LY											
Source participants	LY											
Arrange visits	LY											
Carry out visits	LY & Vols											
Analyse results	LY											
Write report	LY											
Report consultation	LY & DH											
Report distribution	LY & BN											

Milestone dates

ID	Risk type	Owner	Description	Controls in place	Gap in controls	Actions	Progress notes	Risk level (initial)	Risk level (current)	Risk level (Target)	Opened (date risk identified)	Review date
2	Stakeholder engagement	Project Manager	Difficulties in recruiting service users to interview	Communication plan in place and there will be ongoing publicity about the project. NCC and NUTH aware of the project and able to provide contact details of service users	Service users can not be forced to take part	Ask NCC and NUTH to endorse and support the survey				x	06/06/2017	31/07/2017
	Stakeholder engagement	Project Manager	Difficulties in arranging and carrying out visits in a tight schedule	NCC and NUTH to be asked to provide contact details of people likely to be available and willing. Visits to be undertaken by experienced staff/volunteers, who will alert the PM if visits take longer than planned	Unexpected/unknowable delays	Regular progress review and the possibility of involving more staff/volunteers in the work		x	x		06/06/2017	31/6/17
3	Stakeholder engagement	Project Manager	Care Home managers fail to engage with the project	Communication plan in place - Care Home managers will be written to at the start of the project to outline what we are doing and why. There will be ongoing publicity about the project	Care Home managers can not be forced to engage	Project Manager to actively engage with Care Home managers and provide publicity materials and other resources		x	x	x	06/06/2017	30/06/2017
4	Stakeholder engagement	Project Manager	Service Users may not complete the survey about IC community services	Communications plan in place - questionnaire will be widely publicised and be accessible in a variety of formats	Service users can not be forced to engage	Project Manager to actively encourage NCC and NUTH to promote and support completion of the survey		x	x		06/06/2017	31/07/2017
	Staff Availability	Project Manager	PM currently working only one day a week and may not have the time available to deliver the project on time	Funding has been applied for that will allow the PM to work more days	May not get the funding	Continuous review					06/06/2017	30/06/2017
5	Failure to have an impact	Project Manager	IC steering group may not take onboard the findings and recommendations of the report	NHW CEO is a member of the IC steering group and the group has endorsed this piece of work	Decisions may be taken the are outweigh the influence of the HWN CEO	HWN CEO to regularly update the IC steering Group on project progress and ensure that project adds value to other work currently underway					06/06/2017	30/10/2017

