

Healthwatch Committee meeting
11 September 2017
Research projects update (paper 1)
Presented by: Steph Edusei

Members of the Committee are asked to:

- Note the contents of the report

Healthwatch Newcastle Project Managers are currently undertaking a number of research projects:

- Intermediate care (a 2016–17 priority)
- NHS continuing healthcare (across Newcastle and Gateshead)
- Care leavers and young homeless

We are also completing the post-project analysis of our work on education, health and care plans for children and young people with special educational needs and disabilities.

The reports below give an update on progress on these projects.

Project Highlight Report			
Project Board: Healthwatch			
Project Name:	Intermediate Care	Reporting Period:	Aug 2017
Project Sponsor:		Project Manager	Lyndsay Yarde
Author:	Lyndsay Yarde	Date Report Approved:	
Project Overview	<p>Healthwatch Newcastle chose Intermediate Care as one our priority areas for 2017/18 for the following reasons:</p> <ol style="list-style-type: none"> 1. Intermediate Care is an 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. 2. We believe our research in this area will complement and add to information already gathered by NUTH, the CQC and 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 <p>Following consultation with these partner organisations and with the Intermediate Care Steering Group, we have decided to focus on:</p> <ol style="list-style-type: none"> 1. How service users experience the various elements of the Intermediate Care offer, in particular: <ul style="list-style-type: none"> • Residential provision • Re-ablement services • Community services 2. Whether they feel that the services provided have had a positive impact on their wellbeing and have enabled them to get to where they want to be. 3. Their ideas about how services might be improved <p>We will gather this information through a combination of structured interviews and surveys.</p> <p>We plan to carry out 20 home visits to people who have recently received reablement services and also visit residential homes providing intermediate care services</p>		

RAG Ratings	
	Project actions on track
	Project actions slippage - monitor situation
	Project actions slippage - action required
	Project actions complete

1. Progress against key project milestones				
Milestone	Planned Completion Date	Progress or Slippage	Variance	Explanation
Project Plan Complete	Jun 17	Complete		
Consult with residential units providing IC services and NCC & NUTH IC service leads	Jun17	Complete		
Recruit & Train Volunteers	Jun 17	Complete		Current Position: Volunteers recruited (3)
Design Surveys	Jun 17	Complete		
Source Participants	Jun 17	Slippage	10%	Participants sourced at Connie Lewcock and Eden Court. Contact made with Adult Social Care and the CRRT team and a small number of referrals (7) received.
Arrange visits	Jul 17	Slippage	20%	4 visits arranged for the residential units and 7 home visits organised
Carry out visits	Jul & Aug 17	Slippage	20%	Visits to Connie Lewcock - and Eden Court took place in July & Aug. Home visits - end Aug/early Sept

2. Key expectations in next reporting period

Describe against plan the high level milestones to be completed next month

Complete visits

Data Analysis

Report writing - initial report to be presented at the next meeting of the IC Steering Group meeting on 27th Sept

3. Risk Report

Risk
Rating

To date only a small number of home visit referrals received from the Re-ablement Service (4), none from the Community Response and Rehabilitation Team and 4 from other sources. All visits need to be complete by 15th Sept but the services concerned are aware of the need for more referrals and the deadlines we are working to. In addition, more interviews have taken place in Care Homes (17 rather than the 8 planned) to compensate for the low number of home visits and if no further referrals for home visits come in a further care home visit can be arranged

Amber

4. Changes in reporting period

(A change request pro-forma should be attached as an appendix for all changes)

See change request template

See change request attached

Change Control

Project Title	Intermediate Care	Project Manager	Lyndsay Yarde	Date	Jul 17
Change ID					
Change documented by	Lyndsay Yarde				
Change description	<p>Dispense with online/postal surveys for intermediate care (IC) survey users:</p> <p>I have decided to ask for this change because it has become apparent during the initial consultation process that many IC service users do not necessarily regard IC as separate from other elements of their care packages and as such they may struggle to complete an online or postal survey without explanation and support.</p> <p>The survey is also quite long and asks many open ended questions and Healthwatch's experience to date tell us that participants can lack motivation to complete such surveys and often need encouragement from staff/volunteers in a one-to-one situation.</p>				
Change impact	<p>Potentially fewer surveys will be completed. However if funds were available to support more staff time, this could be used to undertake more home visits and visits to residential units providing IC. We are currently hoping to undertake 20 home visits and 2 residential visits. A further 5 days of staff time (cost £1000) would enable us to double this.</p>				
Options	See above				
Change approved date	20/7/17				
Change approved by	S Edusei				

Project Highlight Report

Project Board: Healthwatch

Project Name:	Continuing Healthcare	Reporting Period:	August 2017
Project Sponsor:	Healthwatch Committees	Project Manager	Kim Newton
Author:	Kim Newton	Date Report Approved:	
Project Overview	Healthwatch chose Continuing Healthcare (CHC) across Newcastle and Gateshead as one our priority areas for 2017/18 for the following reasons:		

1. We are aware across both areas that there are issues around:

- Delays in funding
- Decisions not to fund care
- Delays to hospital discharge due to the decision-making process
- Relatives feeling excluded for the process

We are aware of the recent “Investigation into NHS CHC funding” (July 17) by National audit office which makes recommendations for improvement.

Project objectives?

- To identify service user, relative and carer experiences of the local CHC assessment and decision process
A survey been produced and it is hoped we can get Ault social Care in Newcastle and Gateshead as well as GCCG to help us reach service users. We will also use social media etc.
- To identify best practice and issues in the implementation of CHC in Newcastle and Gateshead, its processes and to make recommendations for improvement.
This will happen when intelligence from surveys and report is produced
- To clarify funding issues regarding hospital discharge and continuing healthcare in Newcastle and Gateshead
This is part of the questionnaire
- To influence Newcastle Gateshead CCG around best practice in communication and information on CHC.
This work has started; I am working with the NGCCG engagement lead/CHC lead, around accessible information as highlighted in our initial findings on CHC. Part of this is in the form of a video that has been produced by a disability organisation for another CCG and is offered free to embed onto websites. Any feedback on coms can also be circulated to the VCS (one collective voice) for feedback. HW could also promote
- To influence the local implementation of the recommendations from the National Audit report
To be followed up with ASC and NGGC
- To determine if the national NHS Decision Support Toolkit is applied consistently and to make recommendations where required
Ongoing (We need to know if nursing assessors are compliant with the (“Coughlan case”))
- To determine how a change in need in an adult care environment is this identified and if this is consistent
To produce a questionnaire to care home managers

RAG Ratings

	Project actions on track
	Project actions slippage - monitor situation
	Project actions slippage - action required
	Project actions complete

4. Progress against key project milestones				
Milestone	Planned Completion Date	Progress or Slippage	Variance	Explanation
Stakeholder Engagement	End August	Ongoing dialogue		Made significant progress with Local Authority leads in both Gateshead and Newcastle
Newcastle Gateshead CCG communications work.	End August	Slippage		Task group involvement around communications for CHC. Await info from Alison Thompson
One collective voice event	August 17	On track		Good response rate and feedback
Design Surveys	August/ September	On track		Still need to gather intelligence from One collective voice event to inform survey for public
Source Participants	September	On track		Started to engage with Transition service to observe family through CHC decision making process.

5. Key expectations in next reporting period
<p>Describe against plan the high level milestones to be completed next month</p> <p>Design survey completion Survey participants/dissemination methods identified</p>

6. Risk Report	Risk Rating
Newcastle Gateshead CCG failing to communicate effectively	Amber
Time to engage across both areas	Amber

4. Changes in reporting period (A change request pro-forma should be attached as an appendix for all changes)
N/a

Young homeless and care leavers

A research topic prioritised in for 2017/18

- There has been a delay in initial research/designing due to the project manager being required to support urgent work on the Carers' project in Gateshead
- Initial project scoping on-going with Project Manager interviewing key stakeholders to seek the most relevant and pertinent scope of work for Healthwatch, plus exploring partners for collaborative working
- Holding a 'One collective voice' event on 13 September with voluntary community sector stakeholders
- Based on information to date the most pertinent areas for Healthwatch Newcastle to focus in on are the following: secondary care mental health services, emotional well-being support, drug and alcohol services
- Expectation that the research will have a strong qualitative focus
- Project mandate to be defined by end of September 2017

SEND

A research topic prioritised for 2016/17

- Focused on peoples' experiences of the Education, health and care plans, two years after being implemented in Newcastle
- Questionnaire responses from 252 service users
- The final report was published in April 2017
- The majority of the recommendations have been agreed and put into an action plan at Newcastle City Council
- Currently following up with the local authority on the details of the action plan, and discussing findings with new SEND transformation consultant

Project highlight report

Project board: Healthwatch Newcastle

Project name	Screening and vaccinations	Reporting period	Aug 2017
Project sponsor		Project Manager	Rachel Wilkins
Author	Rachel Wilkins	Date report approved	
Project overview	<p>Public Health shared information with Newcastle Health Scrutiny about the variability, and in some cases very low uptake, of cancer screening (breast, cervical and bowel). 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.</p> <p>We plan to engage with those communities in Newcastle where uptake of screening is low. Through engagement, we aim to identify what the barriers are to attending appointments and ways to overcome them.</p> <p>This research will take place in Newcastle first and then possibly be repeated in Gateshead.</p>		

RAG ratings

	Project actions on track
X	Project actions slippage - monitor situation
	Project actions slippage - action required
	Project actions complete

7. Progress against key project milestones

Milestone	Planned completion date	Progress or slippage	Variance	Explanation
Project plan approved	Jun 2017	Completed		Current position: Done
Partnerships made with selected GP Practices	June 2017	Completed		Current position: Done

Focus groups designed	July 2017	Completed		Current position: Done
Funding sought for running one to one interviews with non - attenders	July 2017	In progress - Slippage	One month	Current position: Funding may be organised by the end of August. This means that one to one interviews may run from October to November rather than August to October. This isn't too concerning due to built in contingency. It means I would have to do three interviews in one week rather than two.
One to one invite letter shared with GP practices involved in the work	July 2017	Not started - Slippage	One month	Current position: Letter has not been drafted yet due to the work required to coordinate the Grainger, Scotswood and Ponteland Road GP Project. I hope to draft the letter soon so that once funding gives us the go ahead, I can start this process.
Focus groups and one to one interviews held	August to October 2017	In progress - Slippage	One month	Current position: Staff holidays and other project work have slowed down progress in this area. I have a list of groups to run focus groups with and these will be booked in over the next couple of weeks and will continue to be booked in. I am aiming to run 12 - 18 focus groups.
Data analysis	November to December 2017			
Report writing	December 2017 to January 2018			
Report written for comment by stakeholders	Feb 2018			
Report published	March 2018			

8. Key expectations in next reporting period

- Funding finalised
- Focus groups started
- One to one invite letter shared with GPs and hopefully sent

9. Risk report

Risk rating

Funding not sought to deliver one to one interviews.

Amber

10. Changes in reporting period

(A change request pro-forma should be attached as an appendix for all changes)

Changes to scope.

Change Control

Project Title	Screening and vaccinations	Project Manager	Rachel Wilkins	Date	21/08/17
Change ID					
Change documented by		Rachel Wilkins			
Change description		The current scope includes breast, cervical and bowel cancer screening as well as flu vaccinations and childhood vaccinations. I want to narrow the scope of the project so it just covers breast, cervical and bowel cancer screening and flu vaccinations.			
Change impact		This change only impacts on the scope. It has no impact on the project plan or the resources needed.			
Options		<p>Whilst planning the work it became clear that the very broad scope complicated the data collection process as it made the audience of the work too broad in terms of participation. To get value at the focus groups, multiple topic specific focus groups would have to be run to really get into the heart of the issue for each area. It is not feasible to increase the number of focus groups required in each area to reach data 'saturation' without extending the length of the project.</p> <p>The choices are to either:</p> <ul style="list-style-type: none"> • Remove childhood vaccinations as Newcastle is performing well in this area, but continue with the rest as planned. • Remove childhood vaccinations and gather data about flu vaccinations in another way (via a survey perhaps). Continue with the other areas as planned • Remove all vaccinations and just cover breast, bowel and cervical cancer screening • Extend the length of the project to allow for an increase in the number of focus groups held 			
Change approved date		22/8/17			
Change approved by		S Edusei			