

**Healthwatch Croydon Ltd**  
**Annual Report 2017-18**

## 1.0 Introduction

This report outlines the activities undertaken by Healthwatch Croydon Ltd, registered company number 08429604, registered charity number 1166098 for the period April 1<sup>st</sup>, 2017 to March 31<sup>st</sup>, 2018.

### 1.1 Meeting our statutory functions

Gather views and understanding the experiences of patients and the public <b>124 occasions</b>	Making people's views known and acting as a credible voice at strategic meetings: <b>116 occasions</b>
Supporting the involvement of people in the commissioning, provision and scrutiny of services <b>40 occasions</b>	Recommending the investigation or review of services via Healthwatch England of Care Quality Commission <b>14 occasions</b>
Signposting for access to services and support for making informed choices <b>20 occasions</b>	Making the experiences of people known to Healthwatch England and other local Healthwatch organisations: <b>11 occasions</b>

## 2.0 Listening to people who use our services

In total Healthwatch Croydon engaged face to face with 1905 members of the public and detected 5,699 health and social care data items that inform reports to key committees and boards. We used a range of methods to engage with the public including face to face interviews, surveys, focus groups, listening events and questionnaires. We engaged with people over the age of 65 in our work to assess the perception of patients allocated Personal Independence Coordinators as part of the Outcomes Based Commissioning scheme.

Our programme of public and patient engagement consisted of two strands. We conducted general engagement with the public to understand their perceptions of the health and care systems in Croydon. This was part of a regular programme of outreach conducted weekly at different locations in the borough. The information gathered from this work was coded by our Patient Experience Panel, and then transcribed into our customised database, from which patterns and trends were analysed.

In December, we implemented a new patient experience database. This provided functionality that allowed the electronic collection of patient experiences and views of all CQC registered providers of health and social care in the borough with enhanced reporting

capabilities. We also published reports on the following areas of crucial importance to residents, producing reports of relevant research that can influence change and have received press coverage as a result:

### **2.1 Black and Ethnic Minority Carers and their experiences of GP services in Croydon**

The most important issues to emerge in our study were that GPs in Croydon are not sufficiently recognising the caring role or referring carers to the Carers Support Centre in Croydon and other support services. This leads to a situation where carers themselves lack awareness about their own carer status and the wider support available to enhance their caring role. Without appropriate support BME carers feel they are grappling in the dark having to navigate the health and social care system. When BME carers have had swift referrals for treatment and support (health and wellbeing) as well as where GPs have provided access to appropriate services, they have spoken positively about this.

### **2.2 Healthy Living Hub Survey Report**

It had been advertised that some of services at the Healthy Living Hub were being reduced and given previous reductions in service, HWC were keen to understand how the service was perceived and experienced by the users.

Our snapshot report aimed to register views on the current service and understand where service users might go if this service did not exist. Engaging with 124 service users in total, we asked how they found out about the service, how often they use it, and which aspects they find most useful. We also asked where they would go, if they could not access the service.

A third of respondents were not aware of any alternatives to the HLH, with some doubting they would find a comparable service elsewhere. Many had developed constructive relationships with staff and users alike, resulting in a holistic, supportive and stimulating environment, that some felt could not be replaced.

Some feared they would end up on the streets, or isolated at home, should the service close, while others said their mental or physical health would deteriorate.

Cost was cited as a barrier to accessing mainstream alternatives such as gyms and leisure centres. It was also commented that the service is central and easily accessible, with one person saying alternatives did not accommodate their mobility scooter.

### **2.3 Croydon GP Hubs Snapshot Report**

Three GP hubs were opened in Croydon in April 2017 offering walk-in services and booked appointments with GPs.

Healthwatch Croydon visited the hubs over a two-week period in the summer to understand how the service was perceived by patients.

People were generally very happy with the Hub services, but communications at Purley were said to be an issue, particularly clarification of access to the x-ray facility. Suspected fracture patients would benefit from full information clearly displaying the care pathway for fractures at Purley. This could avoid wasting time queuing to see a Doctor, who will then signpost suspected fractures to A&E.

### **2.4 The Experiences of Homeless People using Health Services in Croydon**

Our initial scoping for this project with Evolve told us that their service users had experienced barriers to accessing healthcare and equitable treatment. Healthwatch Croydon were told about GPs refusing to register customers who resided at the hostel, and that this issue had persisted for several years with BME customers. Customers also told us about barriers to registration, barriers accessing healthcare, and not being referred to appropriate services or receiving equitable treatment. Healthwatch had a conversation about this with some of the staff at the hostels and were told that:

“Most GP’s around the hostel do not register our customers, this has been going on for about 3 or 4 years now”, and “they explain away our customers issues, taking every issue to be substance related. Instead of assessing their Mental Health they are sent to a drug and alcohol worker.”

**Registration:** A quarter of those asked had difficulty getting registered or did not get registered. It was primarily adult homeless who experienced the most difficulties, particularly if they had complex mental health needs. A proportion were registered outside the borough.

**Access to services:** Over a third of those asked could not say they had got access to services. Adult homeless are less likely to be able to gain access to services compared with young homeless people. This increases significantly if adult homeless have a complex range of mental health issues as well.

**Being listened to:** Two-thirds of those asked did feel that they were heard, but over a third said no, or gave an alternative answer, suggesting that they were only partially listened to. Once again adult homeless recorded higher numbers, although some younger people also felt they were not listened to effectively. Involvement in decision-making: There was a significant number who wished to have more involvement in decision-making. Many younger customers felt they had been listened to and did not need more involvement in their care. However, a significant number of adults with more complex needs felt not listened to and wanted more involvement with care decisions.

**Given choices:** Nearly half of the respondents said they were not given choices or could not say they were fully given choices over their care. This may be reflected by their understanding of their rights to have a choice.

## 2.5 The Experiences of Elderly People using Wards at Croydon University Hospital

Through our Patient Experience Panel analysing anonymous responses from Croydon residents, Healthwatch Croydon became aware of several concerns being raised by patients and carers on the elder people’s wards at Croydon University Hospital (CUH). As a response to this, and with consent from CUH, we visited the elder people’s wards to survey patients staying in the ward and their visitors. This was undertaken with our team of volunteers over one week in December 2017 in two-hour slots including weekends and gathered 65 responses.

**Overall Patient Experience:** When asked for an overall rating, 60% of patients rated their care as good or excellent, 34% rated their care overall as OK with 6% suggesting it was poor. Across the four sites surveyed, Wandle 2 had the greatest level of patient satisfaction and Wandle 1 the least. The same question asked of relatives revealed 70% thought the care received was good or excellent, 15% thought it was ok and 15% thought it poor. These percentages and all presented in this report are indicative as opposed to statistically significant in any way. It is for Croydon University Hospital to reflect on whether a more detailed survey of satisfaction should be commissioned.

**Dignity:** Whilst the survey recorded most patients and relatives felt they were treated with respect, we heard of some cases where patients were catheterised and left in bed when they could use the toilet with support. We also heard from relatives of other patients who had been catheterised and had overflowing bags. We heard of one patient who used a plastic bottle kept at his bedside. We noted that patients who had cognitive impairment were in the same ward as those who were physically but not cognitively impaired which we heard was difficult for the patients’ mental wellbeing.

**Stimulation:** We heard that patients felt a lack of stimulation in the wards, especially longer-term patients. Some bays did have a radio which we observed created a more pleasant ambience.

**Training:** Some staff are seemingly well trained and caring, and others were not. This was a theme running throughout our survey. There were also reported differences in attitudes between day and night staff. Staffing ratios: Many of the responses to the questions referred to inadequate staffing numbers. Patients and relatives perceived a shortage of staff and gave this as the reason for long waits for toileting and basic care, especially over weekends.

**Medication:** Our survey illustrated the majority of patients and relatives that we spoke with did not believe they always received their medication on time. When patients are admitted to the ward their medications are locked away. The hospital administers medication in unmarked disposable pots,

which seemed to create doubt amongst patients and relatives as to whether they were receiving the right medication or not. While Healthwatch were visiting we observed a patient who was crying with pain and spoke to another patient who did not bring her prescribed gel with her and told us she was in great pain.

**Feedback:** Statistically the majority of patients (69%) and relatives (69%) felt that they were able to complain. We were referred by one patient to the patient handbook outlining the complaints procedures which is routinely given to all patients. However, of those that said they were unable to complain, we heard comments such as that “they were not the complaining type” or that they “were on the staff side”. This indicates that patients and perhaps staff are not aware of the value of complaints to the trust and are not encouraged to provide feedback. Creating an environment where giving feedback is encouraged could help to create a culture of positive change.

## **2.6 User Perception of Personal Independence Coordinators.**

In November 2017 the One Croydon Outcomes Based Commissioning for over 65s (user steering group) requested Healthwatch Croydon to carry out a survey of the PICs clients to obtain their view on their engagement with the PICS and the benefits they had experienced as a result.

The survey intended to determine user perception of PICs, and how they affected user physical and mental health circumstances, and overall feelings of wellbeing. Particular examples of data the survey sought to identify include the following as related to the impact of PICs:

- client perception of impact on hospitalisation rates;
- changes to perception of health and wellbeing;
- How PIC interaction frequency related to the various measures.

The PIC Service was well received by its users and they are broadly satisfied or very satisfied with its working. However, it is not possible to infer that hospital usage is reduced. This being a significant objective for One Croydon, other research is required to determine the impact of PICs here. Such research would involve a control group of those not engaging with PICs to enable comparisons. A not unexpected conclusion is that satisfaction across some dimensions increased as PIC contact frequency increased. Further surveys at annual intervals will enable the impact of PICs over time to be evaluated. This would allow, for example, assessment of whether changes to the quality of life of service users are sustained.

## **2.7 Enter and Views**

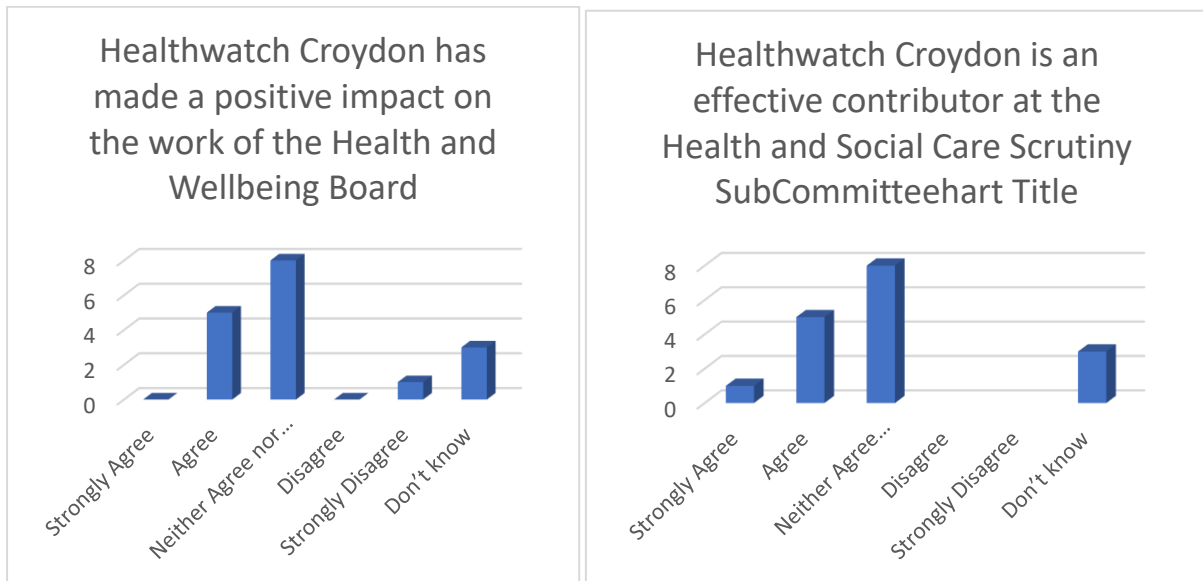
This year we reviewed our program and method of conducting Enter and Views and adopted quality criteria developed by Independent Age and Healthwatch Camden. Working with the Adult Safeguarding Board to identify care homes of concern, we also undertook Enter and Views at Morvern House and Hayes Court House. All observations and recommendations were reported back to staff and changes implemented.

## **3.0 Making views known and influencing decisions**

Another of our key functions is to 'make peoples' views known through effective communication and acting as a credible voice at strategic and social care meetings. This year, we attended and raised issues based on our research findings at the following boards and committees:

Croydon Health and Wellbeing Board, Croydon Health, Housing and Social Care Scrutiny Board, NHS Croydon Clinical Commissioning Governing Body, Croydon Health Services NHS Trust, South London and Maudsley NHS Trust, NHS England Quality Surveillance, Croydon Safeguarding Adults Board. We also supported the work of the Care Quality Commission and Healthwatch England.

**We asked 30 stakeholders from the statutory and voluntary sector about our influence and credibility at the Health and Well Being and Oversight and Scrutiny Meetings and received the following responses.**



Healthwatch Croydon has supported the work of Healthwatch England and allowed Healthwatch Croydon activity to complement and support local Care Quality Commission (CQC) monitoring, inspection and regulatory activity. Healthwatch Croydon met routinely with the CQC and provided them with soft intelligence about user experience on the elderly wards at Croydon Hospital which was considered as part of their inspection of the same.

#### **4.0 Giving people advice and info and supporting community decision-making**

**Signposting: information and advice.** Croydon is a diverse borough and has a well-developed third sector of charities and community organisations all of whom provide signposting to services. We have built strong relationships with these providers and shared information on our website and through social media such as Twitter. We have downloaded information of all Croydon based CQC registered health and social care organisations to our website integrated database, which provides an at a view of contact details and a review of user experience of the organisation.

We are a member of the Care Place Governance and Partnership Board, which is developing a dedicated database and resource for signposting care services in the borough ensuring representation from Healthwatch Croydon.

**We empower the community** through Enter and View Training, the weekly Patient Experience Panel, and quarterly Healthwatch Croydon Forum.

**We have supported public engagement** on out of hospital transformation and outcomes-based commissioning.

#### **5.0 Working with Volunteers**

We have continued to involve volunteers from the community in many aspects of our work. In total we benefited from 1710 hours of voluntary work which equates to 228 days. Volunteers contributed significantly to our engagement and outreach work, ran our PEP sessions, attended meetings on our behalf and assisted with administrative functions in the office.

We met with volunteers on a bi monthly basis to help review minutes of CCG Governing Board and Health and Well Being Meetings and support the involvement of lay people and volunteers in challenging the decision-making process of the commissioning authorities.

## 6.0 Finance

<b>INCOME</b>	<b>£</b>
Funding received from London Borough of Croydon	206,000
Other income	5,496
Total income	211,496

<b>EXPENDITURE</b>	<b>£</b>
Commissioned Work	
Staff costs	155,596
Running costs and overheads	74, 745
Total expenditure	225,648

Surplus/Deficit	-14,512
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## 6.1 Financial overview

For the financial year 2017/18, Healthwatch Croydon received £206k funding from the London Borough of Croydon and an additional £10,000 from the South West London CCG for grassroots projects of which £4, 504 was returned. The total expenditure for the financial year 2017/18 was £211,496, and we ran a deficit for the year of £14,152.

## 7.0 Governance

The Advisory Forum advises both the Board and the staff of issues and concerns that Healthwatch Croydon might want to prioritise. The public and volunteers are encouraged to contribute to the debate on what areas need focusing on via the Healthwatch Croydon Forum and surveys. Issues are also prioritised based on public comments about services. So, for example, a series of comments on one service would raise it as a priority. Other sources for identifying priority issues include reports such as the Joint Strategic Needs Assessment. Healthwatch Croydon makes decisions about its activity in an accountable, open and transparent way, based on a business plan, reflecting the local needs for Croydon. The Board and Chief Executive work together to build a sustainable, realistic and effective plan to reflect key issues. Identifying priority issues is also monitored by Croydon Council to ensure it meets its aims and objectives.

## 8.0 Future Plans

As of the 31st March 2018 the contract for Healthwatch functions in the borough of Croydon has been awarded to Help and Care, Registered Company No. 3187574, Registered Charity No. 1055056. Healthwatch Croydon Ltd, company number 08429604, charity number 1166098 will close during 2018.

## 9.0 About the Annual Report

This report has been sent to Healthwatch England, CQC, NHS England, Clinical Commissioning Group/s, Overview and Scrutiny Committees, and Croydon Council.

## **10.0 Healthwatch Staff Team**

Jai Jayaraman

Gordon Kay

Yinka Alowooja

Robyn Bone

Geraldine Bowlam (until Oct 2017)

## **11.0 Healthwatch Board**

John Davey (Chair)

Vanessa Hosford (Joint Vice Chair)

Anne Hooper (Joint Vice Chair)

Sandra Wright

Richard Evans (Treasurer)

Richard Pacitti

Gary Hickey

## **12.0 Registered contact details**

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