HEALTH OVERVIEW & SCRUTINY COMMITTEE SUPPLEMENTARY AGENDA

12 December 2013

9 HEALTHWATCH HAVERING UPDATE (Pages 1 - 6)

Healthwatch Havering progress report attached.

Andrew Beesley
Committee Administration Manager

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healthwatch Havering

Report to

Health Overview & Scrutiny Committee,

12 December 2013

Healthwatch Havering: Progress 2013

1 Activity: major issues

The launch of Healthwatch both nationally and in Havering in April coincided with emerging public concern about standards of care in health and social care settings – the scandals of Mid-Staffordshire Hospital and the Winterbourne House care home were just the two most remarked-upon examples of a series of failings that attracted the attention of the media and other commentators.

Locally, concerns arose following a series of adverse CQC and other reports about care in Queens' Hospital, Romford and in several residential care homes. We have corresponded with the Chief Executive of BHRUT and with several care home proprietors about these concerns, and have received positive responses.

We participated in May in PLACE inspections of King George Hospital, Chadwell Heath and Queen's Hospital, Romford. More recently, Queen's was one of the first hospitals to be subjected to the CQC's new inspection regime (the report is due to be published in the next week or so) and we were invited by them to submit detailed evidence about various aspects of the services to be inspected, which we did.

More recently, we have been working with the CCG on getting their "Not always A&E" campaign – to persuade people that attending A&E is not always the best option – right.

The initial activities of Healthwatch Havering's Hospital and Social Care teams – see section 5 following – are therefore concentrating on these issues.

2 Activity: minor issues

Although Healthwatch Havering has no direct remit to represent, or act as advocate for, individuals or to investigate individual complaints, people in distress do not always appreciate exactly whom to approach for help and contact Healthwatch Havering "because we are here". We have taken the view that we have a general duty of care to help those in distress.

Generally, we carry out that duty by referring people on to those best placed to help them but, occasionally, a more detailed intervention may be needed.

Moreover, of course, an approach from a person in distress may be symptomatic of some underlying systemic failure that *is* within our remit. For example, we were recently approached separately by two people who had experienced discharge from hospital to home in what appears to have been inappropriate ways. We are investigating these circumstances, not so much in support of the specific individuals but because if the stories recounted to us are correct – and at the moment, we have no reason to doubt them – there is a clear systemic failure within the discharge process that leaves very vulnerable people exposed to a risk of serious harm when they ought to have no exposure at all.

Early on, we were contacted about a temporary closure of the Orchard Village Health Centre in Rainham, without the patients being advised of alternative arrangements for their care. Our intervention led to a clearer explanation of the reasons for the closure being given and alternative contact details being advertised. This was not only a matter of concern to individuals but indicated a lack of forethought by those managing the closure (which had been unavoidable) about what alternatives were available for those needing medical advice and treatment.

We have also been contacted by some people who have been in dire trouble health wise: for example, a patient with a brain tumour whose hospital appointment had been cancelled at the last minute who, it would appear, had fallen through "gaps in the system" at BHRUT. We contacted senior management at BHRUT and she was immediately offered an appointment much sooner than she had been led to expect.

We were also contacted by someone else who had fallen through "BHRUT gaps", whose pain appointment was put to the back of the queue: we contacted BHRUT and she was offered a pain appointment straight away.

More recently, we learned that the access route to the Polyclinic at Harold Wood had been changed, literally overnight, without advance warning and with the original signage – clearly redundant – still in place. Patients were caused unnecessary confusion; following our representations, the signage was promptly corrected; but it was clear that, before we intervened, no one had given any thought to correcting the signage.

3 Activity: influencing official bodies and others

Healthwatch Havering is a statutory member of the Havering Health & Wellbeing Board. The representative is our Chairman, Anne-Marie Dean.

It is also formally represented at meetings of Havering's Overview & Scrutiny Committees:

Health – Ian Buckmaster

Individuals – Hemant Patel

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Children's Services – Joan Smith

Ian is also a co-opted member of the North East London Joint Health Overview & Scrutiny Committee.

In addition, Healthwatch Havering is represented on

* St George's Hospital Site Steering Group (currently in abeyance)

* Urgent Care Board for Barking & Dagenham, Havering and Redbridge (which also includes the three CCGs, Boroughs, BHRUT and NHS England)

* CQC Dementia Advisory Group

* North East London Quality Surveillance Group

* Local Government Association (LGA) HW Local Peers meetings

* St Francis Hospice Clinical Governance Group and the "Dying Matters Week" St Francis Hospice Steering Group

* Children with Disabilities and Special Needs Strategy Group

We have given, or are to give, presentations about Healthwatch Havering to local organisations including:

* CCG Patient Forum Group

* Over 50's Forum

* HAVCO

We have met a representative of the Macmillan Cancer Care charity to explore ways of working together.

Informal meetings are regularly held with senior managers of the Adult Social Care Quality & Assessment Team, BHRUT and CCG on a regular basis and a good working relationship has been established with the local officers of the CQC Inspectorate responsible for health and social care facilities in Havering, with regular meetings programmed to discuss matters of mutual interest (including discussion about care homes that are cause for concern); and we have been invited to attend a CQC Quality Summit at Queen's Hospital, prior to the publication of the CQC report on their latest inspection of BHRUT.

After a visit by our Social Care team to a particular, rather large care home, it transpired that their residents shared 8 or 9 GPs: as such a large number could have led to confusion over which GP was responsible for which residents, we contacted the CCG and suggested there should be fewer, designated GPs, which has been agreed and they will probably designate just two GPs instead.

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Our Hospital team is looking into the discharge pathway at BHRUT after the concerns were raised, and is planning to survey waiting times for cancer treatment and to look at end of life pathways.

4 Activity: public consultation and participation

Healthwatch Havering is developing a role in consulting the public and encouraging their participation in health and social care issues.

Our website is being developed to improve its use for surveys and feedback. We have an arrangement with the provider of specialist IT software that will enable us to conduct a range of on-line surveys and seek feedback.

On 11 December we held a workshop at which the CCG and North East London Foundation Health Trust (NELFHT) were able to give presentations about their plans for improving hone care services: **New Services Putting Care Closer to Home** was well-attended and generated vaulabel feedback for the CCG and NELFHT in proceeding with their plans.

We plan to hold more such events during 2014.

5 Developing volunteer participation

The Directors decided early on that the differences of function between the former LINk and Healthwatch Havering meant that it was not possible simply to transfer over the LINk membership as it stood. In any event, it soon became clear that many LINk members were not keen to continue in that role, at least until the ways of working and direction of Healthwatch Havering had become clearer. We were clear that we would be looking for particular levels of commitment and participation (which had to be developed, rather than taken for granted) and that time would be needed to achieve that: we also wanted to encourage people who had never been involved in the LINk to join us.

We therefore took time to develop a model of involvement that we felt would suit our vision for Healthwatch Havering. Appendices 1 and 2 show the Management Structure and criteria for Participation that have now been agreed.

Currently, four Lead Members (three of the four on the Strategy, Governance and Assurance Board) are in post, and nine Active Members have been appointed; the majority have no previous connection with the LINk. In addition, a total of 61 Supporters are registered. Although there remain a number of Lead Member vacancies, those already appointed have begun work on a variety of issues:

* The Social Care Lead Member and members of her team have met the managers and/or proprietors of care homes that have fallen short in CQC report. The team have also written to those care homes that have received good reviews in recent CQC reports

* The Hospital Lead Member and her team have met the Chief Executive and/or other senior managers of BHRUT

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* We have participated in a survey on the use of A&E

* Following comments from a member of the public, the Hospital team is reviewing information available on GP practice web sites

* The Mental Health Lead Member has begun a review of facilities for Havering residents to have dementia, and is participating in a national CQC review of dementia services (the only Healthwatch representative involved in that exercise)

* We have appointed a Lead Member for Diversity and BME issues

Most of our volunteers have now received "Enter & View", safeguarding, mental capacity and deprivation of liberty training.

6 Governance, finance and business support

Statutory responsibility for the conduct of the legal, financial and business affairs of the Company rests upon the three Directors in accordance with the Articles of Association. The Directors are clear, however, that it is essential for the volunteers who comprise Healthwatch Havering to play an active role in the direction of the organisation's affairs. As a result, all volunteers wishing to play an active role in Healthwatch Havering are (after providing satisfactory references, completing a Disclosure & Barring Service (DSB, formerly CRB) check and undergoing appropriate training) admitted to membership of the Company; and those members designated as Lead Members serve on the Strategy, Assurance and Governance Board and the Advisory Board.

To ensure that everyone in Healthwatch Havering works to a common set of standards and objectives, we have drafted a range of policies covering how we intend to work, and a handbook of guidance for volunteers. The policies include:

* Escalation of concerns

* Equality & Diversity

* Declarations of interest

* Complaints' handling

* Health & Safety

We also have a full programme of training for all active members of Healthwatch Havering, which includes:

* Use of Enter & View powers and responsibilities

* Safeguarding Adults and Children

* Awareness of deprivation of liberty and mental capacity

It became clear during the summer period that the amount of effort required of Healthwatch was unexpectedly greater than had been the case with the LINk. Not only were the commitments expected by official bodies much greater than ever required of the LINk – including statutory membership of the Health & Wellbeing Board and close consultation with the CQC over a range of regulatory functions – but the "back office" functions of running a business required more attention than anticipated, largely because the previous contractor for supporting the LINk had dealt with such issues from its central office, in effect hidden from sight, whereas Healthwatch had to deal with all such matters itself.

In consequence, the time required of the Chairman and Company Secretary was much greater than anticipated; in consequence, both are now engaged for 21 hours per week and remunerated accordingly.

The Council has now paid the first year's grant in full. In addition, a supplementary grant (spread over two years) has been made to assist in directing the additional effort mentioned above.

A number of contracts and arrangements for services, including landline and mobile telephone services, computer system support and business support have been entered into.

Initially, office accommodation for the Manager was provided at CarePoint. That arrangement proved, however, to be inadequate as no permanent base was available and the facilities that could be used were limited; a possibility of accommodation in the Harold Wood Polyclinic was pursued but proved impossible to achieve in a realistic timescale. An office was therefore taken on commercial terms in Morland House, Romford. The room initially available there proved inadequate for our needs but in November we were able to move to a much larger room, ideal for our purposes.

Ian Buckmaster,
Executive Director & Company Secretary

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