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Havering
LONDON BOROUGH

INDIVIDUALS OVERVIEW & SCRUTINY SUB-COMMITTEE
AGENDA

7.00 pm	Tuesday 4 September 2018	Town Hall, Main Road, Romford

Members 7: Quorum 3

COUNCILLORS:

Ray Best (Chairman)
Linda Hawthorn (Vice-Chair)
Nic Dodin
Jan Sargent
Denis O'Flynn
Christine Smith
Ciaran White

For information about the meeting please contact:
Richard Cursons 01708 432430
richard.cursons@onesource.co.uk

Protocol for members of the public wishing to report on meetings of the London Borough of Havering

Members of the public are entitled to report on meetings of Council, Committees and Cabinet, except in circumstances where the public have been excluded as permitted by law.

Reporting means:-

- filming, photographing or making an audio recording of the proceedings of the meeting;
- using any other means for enabling persons not present to see or hear proceedings at a meeting as it takes place or later; or
- reporting or providing commentary on proceedings at a meeting, orally or in writing, so that the report or commentary is available as the meeting takes place or later if the person is not present.

Anyone present at a meeting as it takes place is not permitted to carry out an oral commentary or report. This is to prevent the business of the meeting being disrupted.

Anyone attending a meeting is asked to advise Democratic Services staff on 01708 433076 that they wish to report on the meeting and how they wish to do so. This is to enable employees to guide anyone choosing to report on proceedings to an appropriate place from which to be able to report effectively.

Members of the public are asked to remain seated throughout the meeting as standing up and walking around could distract from the business in hand.

What is Overview & Scrutiny?

Each local authority is required by law to establish an overview and scrutiny function to support and scrutinise the Council's executive arrangements. Each overview and scrutiny sub-committee has its own remit as set out in the terms of reference but they each meet to consider issues of local importance.

The sub-committees have a number of key roles:

1. Providing a critical friend challenge to policy and decision makers.

2. Driving improvement in public services.

3. Holding key local partners to account.

4. Enabling the voice and concerns to the public.

The sub-committees consider issues by receiving information from, and questioning, Cabinet Members, officers and external partners to develop an understanding of proposals, policy and practices. They can then develop recommendations that they believe will improve performance, or as a response to public consultations. These are considered by the Overview

and Scrutiny Board and if approved, submitted for a response to Council, Cabinet and other relevant bodies.

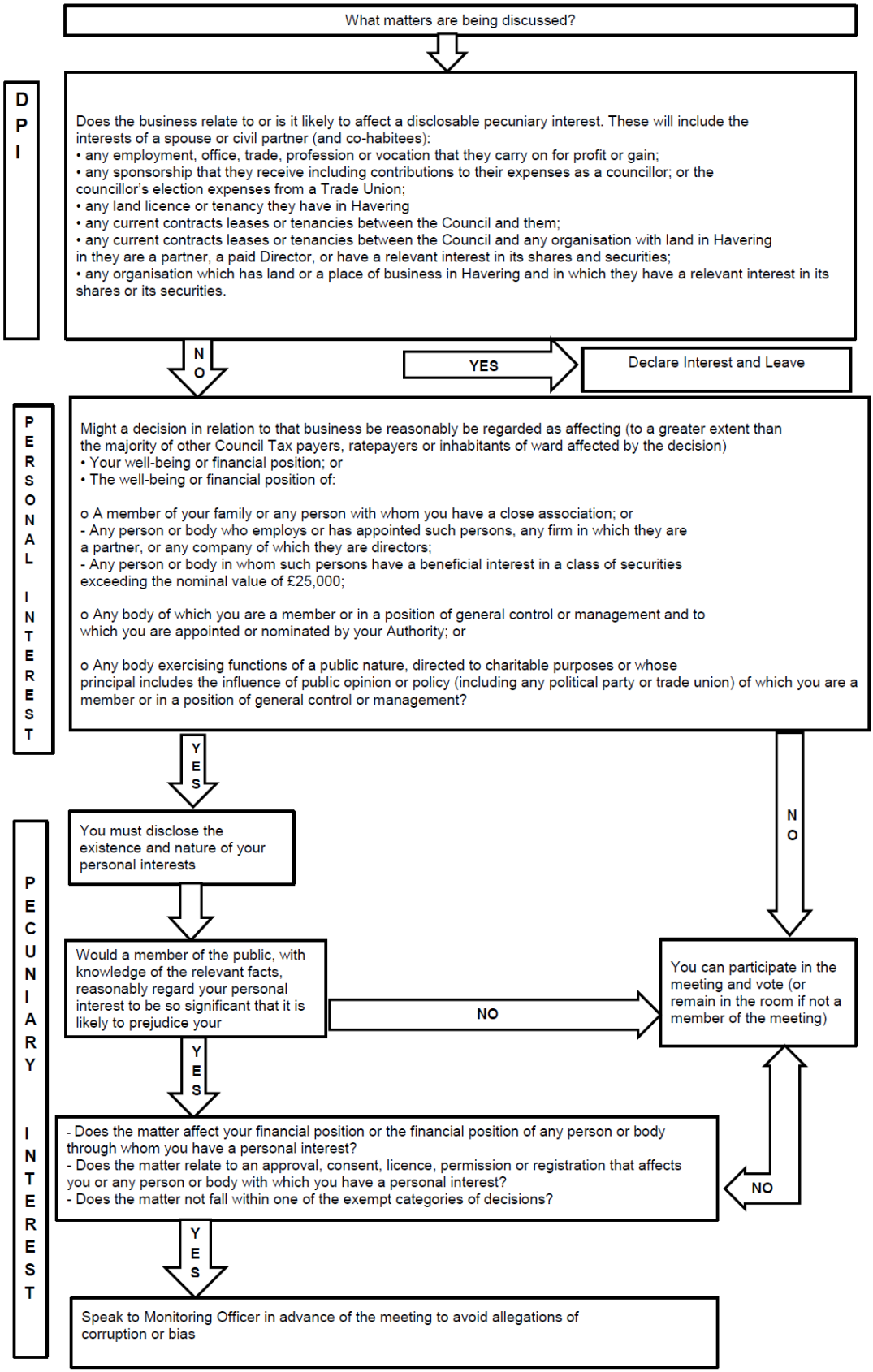
Sub-Committees will often establish Topic Groups to examine specific areas in much greater detail. These groups consist of a number of Members and the review period can last for anything from a few weeks to a year or more to allow the Members to comprehensively examine an issue through interviewing expert witnesses, conducting research or undertaking site visits. Once the topic group has finished its work it will send a report to the Sub-Committee that created it and will often suggest recommendations for the Overview and Scrutiny Board to pass to the Council's Executive.

Terms of Reference

The areas scrutinised by the Committee are:

- Personalised services agenda
- Adult Social Care
- Diversity
- Social inclusion
- Councillor Call for Action

DECLARING INTERESTS FLOWCHART – QUESTIONS TO ASK YOURSELF



AGENDA ITEMS

1 CHAIRMAN'S ANNOUNCEMENTS

The Chairman will announce details of the arrangements in case of fire or other events that might require the meeting room or building's evacuation.

NOTE: Although mobile phones are an essential part of many people's lives, their use during a meeting can be disruptive and a nuisance. Everyone attending is asked therefore to ensure that any device is switched to silent operation or switched off completely.

2 APOLOGIES FOR ABSENCE AND ANNOUNCEMENT OF SUBSTITUTE MEMBERS

(if any) – received.

3 DISCLOSURE OF INTERESTS

Members are invited to disclose any interest in any items on the agenda at this point in the meeting.

Members may still disclose any interest in an item at any time prior to the consideration of the matter.

4 MINUTES (Pages 1 - 4)

To approve as a correct record the Minutes of the meeting of the Committee held on 17 July 2018 and authorise the Chairman to sign them.

5 CORPORATE PERFORMANCE REPORTS - QUARTER 1 (Pages 5 - 18)

6 ADULT SOCIAL CARE - COMPLAINTS REPORT (Pages 19 - 42)

7 ADULT SOCIAL CARE PRECEPT - OVERVIEW (Pages 43 - 44)

8 INTRODUCTION TO HEALTHWATCH HAVERING AND ANNUAL REPORT 2017/18 (Pages 45 - 68)

9 SERVICES IN HAVERING FOR PEOPLE WHO HAVE A VISUAL IMPAIRMENT - A REVIEW (Pages 69 - 116)

10 URGENT BUSINESS

To consider any other items in respect of which the Chairman is of the opinion, by reason of special circumstances which shall be specified in the minutes, that the item should be considered at the meeting as a matter of urgency.

Andrew Beesley
Head of Democratic Services

MINUTES OF A MEETING OF THE
INDIVIDUALS OVERVIEW & SCRUTINY SUB-COMMITTEE
Town Hall, Main Road, Romford
17 July 2018 (7.00 - 8.40 pm)

Present:

Councillors Linda Hawthorn (Vice-Chair), Nic Dodin, Denis O'Flynn, Christine Smith, Ciaran White and +Natasha Summers

Apologies for absence were received from Councillor Ray Best and Councillor Jan Sargent. + Councillor Natasha Summers substituted for Councillor Sargent.

1 **MINUTES**

The minutes of the meeting of the Committee held on 20 February 2018 were agreed as a correct record and signed by the Chairman.

2 **QUARTER FOUR PERFORMANCE INFORMATION**

The Sub-Committee received a presentation that outlined the two corporate performance indicators for Quarter 4 that related to the Sub-Committee.

The report detailed the percentage of users who receive their care via a Direct Payment (DP) as requiring improvement as the indicator was still below target. It was explained that in order to meet the target, the service needed to have at least 708 service users receiving their care via a DP. As at the end of Quarter 4, there were 670 users which equals 95% of the service target.

The Sub-Committee was informed that a working group was reviewing the end to end process to make it quicker and simpler, with the hope that it would improve uptake of Direct Payments.

It was stated that the take-up amongst people with Learning Disability, Mental Health needs, Sensory support needs, Social support needs and memory and cognition issues was actually either stable or slightly up on last year, but a declining trend was noted amongst those with physical support needs, which represents the largest cohort of Autism Spectrum Condition ASC users.

It was suggested to the Sub-Committee that the indicator was beginning to move in the right direction and further improvements in the coming year was expected.

The Sub-Committee was informed that the service was ahead of its target in
the rate of permanent admissions for service users aged 65 and over into nursing and residential care and the 25% reduction compared with the same period last year (321 admissions in 2016/17 compared to 240 admissions in 2017/18).

The Sub-Committee noted the performance information presented.

3 ADULT SOCIAL CARE - AN OVERVIEW

The Sub-Committee received a presentation from the Head of Adult Social Care setting out the services within Adult Social Care and Commissioning. A brief description of what each section was responsible for was explained.

A detailed presentation on the Care Act and Better Care Fund was also given, this included details of how the Care Act pulled together a number of legislation and law into one document. The Act brings together the duties and responsibilities or extends those already being used.

The Act aims to make care and support clearer and fairer by introducing a cap on the care costs that people will incur in their lifetime; provide a new universal deferred payment scheme so that people do not have to sell their homes; provide a single national threshold for eligibility to care and support; guarantee to ensure continuity of care when moving areas; include protections to ensure that no one goes without care if a provider fails and to ensure that young adults are not left without care and support during the transition to adult care and support.

The Sub-Committee noted that every provision undertaken by Adult Social Care was driven by statute. It was also noted that 87% of the budget was spent on the services provided. It was indicated that the service always had to balance between budget and market pressure that tend to affect the way Adult Social Care and Commissioning met its requirement.

The Sub-Committee thanked the Director of Adult Social Care for the overview on Adult Social Care.

4 INDIVIDUALS OVERVIEW & SCRUTINY SUB-COMMITTEE - WORK PROGRAMME 2018/19

The Sub-Committee considered a report that detailed the Sub-Committee's work programme for the forthcoming year.

Members agreed decided to defer any on the work programme to the next meeting.

Members were advised to forward any suggestions for areas for scrutiny to the chairman so that it could be included on the work programme.

Chairman

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INDIVIDUALS OVERVIEW AND SCRUTINY SUB-COMMITTEE, 4th September 2018

Subject Heading:	Quarter 1 performance report
SLT Lead:	Jane West, Chief Operating Officer
Report Author and contact details:	Graham Oakley, Senior Performance and Business Intelligence Analyst - 01708 433705, graham.oakley@havering.gov.uk
Policy context:	The report sets out Quarter 1 performance relevant to the remit of the Individuals Overview and Scrutiny Sub-Committee
Financial summary:	There are no direct financial implications arising from this report. However adverse performance against some performance indicators may have financial implications for the Council. All service directorates are required to achieve their performance targets within approved budgets. The Senior Leadership Team (SLT) is actively monitoring and managing resources to remain within budgets, although several service areas continue to experience financial pressure from demand led services.

The subject matter of this report deals with the following Council Objectives

Communities making Havering	[X]
Places making Havering	[]
Opportunities making Havering	[]
Connections making Havering	[]

SUMMARY

This report supplements the presentation attached as **Appendix 1**, which sets out the Council's performance against indicators within the remit of the Individuals Overview and Scrutiny Sub-Committee for Quarter 1 (April 2018 – June 2018).

RECOMMENDATION

That the Individuals Overview and Scrutiny Sub-Committee notes the contents of the report and presentation and makes any recommendations as appropriate.

REPORT DETAIL

1. The report and attached presentation provide an overview of the Council's performance against the performance indicators selected for monitoring by the Individuals Overview and Scrutiny Sub-Committee. The presentation highlights areas of strong performance and potential areas for improvement.

2. Following a trial without them during 2017/18, tolerances around targets (and therefore the amber RAG rating) have been reinstated for 2018/19 performance reporting. Performance against each performance indicator has therefore been classified as follows:

    - **Red** = outside of the quarterly target and outside of the agreed target tolerance, or 'off track'
    - **Amber** = outside of the quarterly target, but within the agreed target tolerance
    - **Green** = on or better than the quarterly target, or 'on track'

3. Where performance is rated as '**Red**', '**Corrective Action**' is included in the report. This highlights what action the Council will take to improve performance.

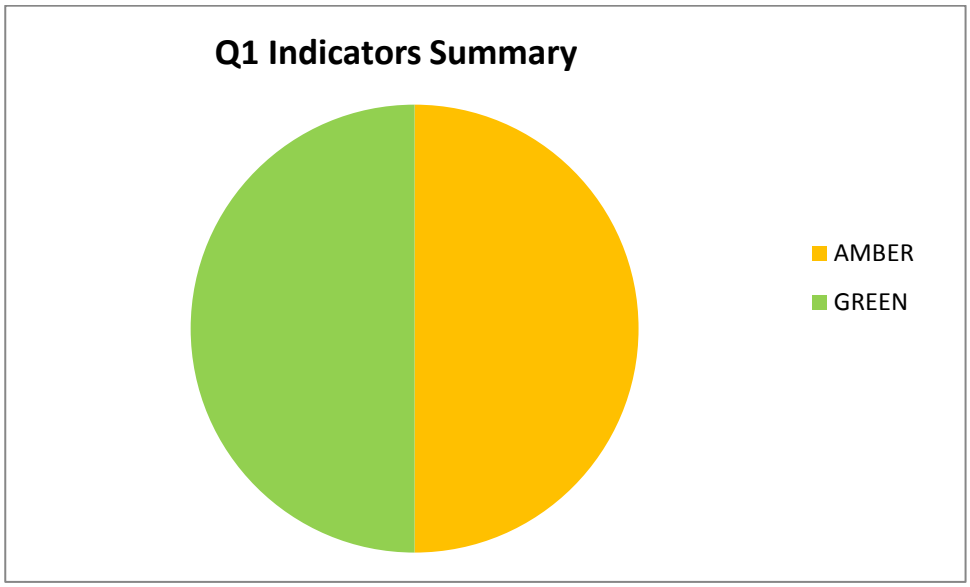
4. Also included in the report are Direction of Travel (DoT) columns, which compare:

    - Short-term performance – with the previous quarter (Quarter 4 2017/18)
    - Long-term performance – with the same time the previous year (Quarter 1 2017/18)

5. A green arrow (↑) means performance is better and a red arrow (↓) means performance is worse. An amber arrow (→) means that performance has remained the same.

6. Both the performance indicators selected by the sub-committee have been included in the Quarter 1 2018/19 report and presentation. Both indicators have been assigned a RAG status.

Quarter 1 Rating Summary



Of the two indicators:

1 (50%) has a status of **Green** (on track)
1 (50%) has a status of **Amber** (within target tolerance)

IMPLICATIONS AND RISKS

Financial implications and risks:

There are no direct financial implications arising from this report. However adverse performance against some performance indicators may have financial implications for the Council.

All service directorates are required to achieve their performance targets within approved budgets. The Senior Leadership Team (SLT) is actively monitoring and managing resources to remain within budgets, although several service areas continue to experience significant financial pressures in relation to a number of

demand led services, such as adults' social care. SLT officers are focused upon controlling expenditure within approved directorate budgets and within the total General Fund budget through delivery of savings plans and mitigation plans to address new pressures that are arising within the year.

Legal implications and risks:

Whilst reporting on performance is not a statutory requirement, it is considered best practice to review the Council's progress regularly.

Human Resources implications and risks:

There are no HR implications or risks involving the Council or its workforce that can be identified from the recommendations made in this report.

Equalities implications and risks:

There are no equalities or social inclusion implications or risks identified at present.

BACKGROUND PAPERS

None

Havering

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Quarter 1 Performance Report 2018/19

Individuals O&S Sub-Committee

4th September 2018

About the Individuals O&S Committee Performance Report

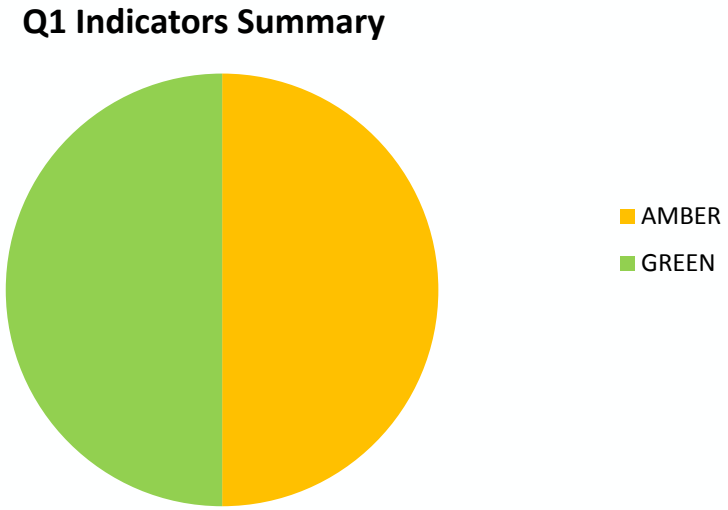
- Overview of the Council's performance against the indicators selected by the Individuals Overview and Scrutiny Sub-Committee

- The report identifies where the Council is performing well (Green), within target tolerance (Amber) and not so well (Red).

- Where the RAG rating is 'Red', '**Corrective Action**' is included in the presentation. This highlights what action the Council will take to improve performance.

OVERVIEW OF INDIVIDUALS INDICATORS

- 2 Performance Indicators are reported to the Individuals Overview & Scrutiny Sub-Committee.
- Q1 performance figures are available for both indicators.



Of the 2 indicators:
1 (50%) has a status of **Green** (on track).
1 (50%) has a status of **Amber** (within target tolerance).

Quarter 1 Performance

Indicator and Description	Value	Tolerance	2018/19 Annual Target	2018/19 Q1 Target	2018/19 Q1 Performance	Short Term DOT against Q4 2017/18		Long Term DOT against Q1 2017/18	
% of service users receiving direct payments	Bigger is better	±5%	35%	35%	AMBER 33.6%	↓	34.1%	↑	33.3%
Rate of permanent admissions to residential and nursing care homes per 100,000 population (aged 65+)	Smaller is better	±5%	660	145	GREEN 106	↑	519	↑	108.1

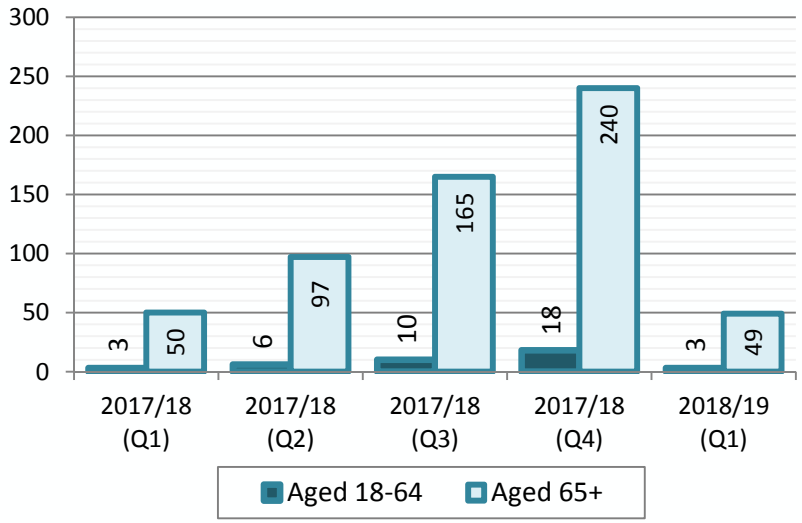
Highlights

- Better than target (where lower is better) for the rate of permanent admissions for service users aged 65+ into nursing or residential care.

- Slight reduction compared with the same period last year (49 admissions in 2018/19 compared to 50 admissions in 2017/18).

ADULT SOCIAL CARE

DP 09: Permanent admissions to residential and nursing care homes



By the end of Q1, there had been 3 adults aged 18-64 in council-supported permanent admissions to residential and nursing care, which is the same as Q1 in 17/18. There had been 49 adults aged over 65 in council-supported permanent admissions, whereas for the same period in 2017/18 there had been 50

.

Improvements Required

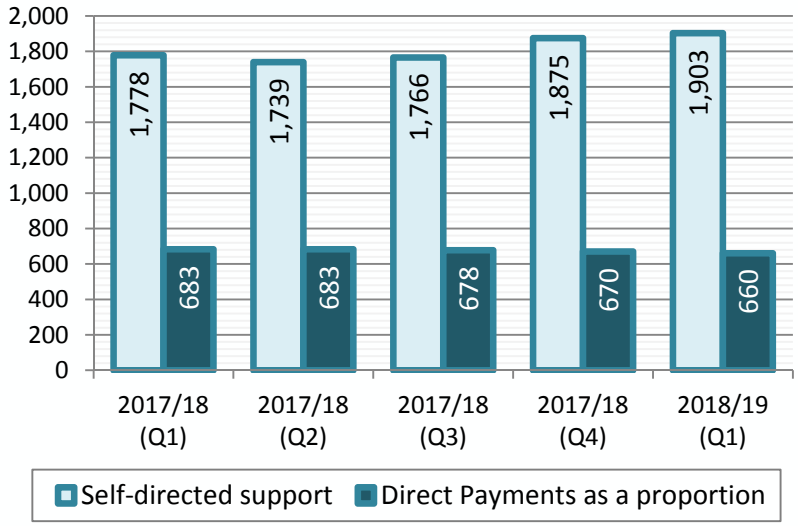
- Below target (where bigger is better) for the % of service users who receive their care via a Direct Payment.

- But an improvement in outturn when compared with the same point last year, and within target tolerance

- A bank of Personal Assistants (PAs) is now in place. It is envisaged that this will improve the outturn for Direct Payments.

ADULT SOCIAL CARE

DP 10: Self Directed Support and Direct Payments as a Proportion



At the end of Q1, there were 1,903 service users receiving self directed support, compared to 1,778 at the same stage last year (an increase of 7%). However there was a 3% reduction in the take-up of direct payments from June 2017 compared to June 2018.

Any questions?

Havering
LONDON BOROUGH

INDIVIDUALS OVERVIEW AND SCRUTINY SUB - COMMITTEE – 4 September 2018

Subject Heading:	Adult Social Care Complaints Annual Report 17/18
SLT Lead:	Barbara Nicholls
Report Author and contact details:	Veronica Webb, 01708 432589 Veronica.webb@havering.gov.uk
Policy context:	An annual report is required as part of the remit of 'The Local Authority Social Services & NHS Complaints (England) Regulations 2009 and Health and Social Care (Community Health and Standards) Act 2003.

SUMMARY

The Adult Social Care Annual Complaints Report 2017-18 attached as Appendix 1 is for consideration and outlines the complaints, enquiries, compliments and Members correspondence received during the period April 2017 – March 2018.

Adult Social Care Annual Complaints fall within the remit of the 'The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009' with a requirement to publish the annual report.

RECOMMENDATIONS

1. That Members note the contents of the report and the continued work in resolving and learning from complaints and the challenges faced by the service with increasing demands.

2. That Members note the actions identified to improve services and the continued monitoring by the Service and the Complaints & Information Team to ensure these are implemented evidencing service improvements and with a view to reduce similar complaints.

3. That Members note the positive feedback to services by way of compliments received and highlighting good practice.

REPORT DETAIL

4. Adult Social Care complaints have decreased slightly in 2017/18 (108) by 11% from 2016/17 (121) with a 13% decrease in formal (75 in 17/18 from 86 in 16/17) and 6% in informal complaints (33 in 17/18 from 35 in 16/17) The number of enquiries however have increased in 2017/18 (34) by 47% from 2016/17 (18).

5. Ombudsman enquiries have increased slightly from 8 in 2016/17 to 9 in 2017/18. Of these, two were found to be maladministration injustice with penalty regarding financial implications on change of service, one no maladministration after investigation. The remaining enquiries were either closed after initial enquiries, out of jurisdiction or premature.

6. The highest number of complaints received was for external home care. The total commissioned hours for Adult Social Care for 2017/18 was 707,593 with 15,884 of those hours representing 2% of complaints involving external home care.

7. The main reason for complaints 'level of service' still remain around disputes on charges, linked to level and quality of service. There were also issues regarding delays in equipment and services and financial assessments/funding. During 2017/18 there were changes in Adult Social Care teams involving a realignment of cases which had an impact and also the Financial Assessment & Benefits Team developed a backlog of assessments to be completed (now resolved)

8. The number of complaints upheld in 2017/18 was 51 with 52 not being upheld and five being withdrawn. With the introduction of the new social care system in February 2019 the Complaints & Information Team will be able to improve management information, including better categorisation of outcomes to indicate where a complaint is fully upheld, partially upheld or not upheld.

9. It is noted that there were still complaints involving financial information as a result of a change in provision and also in relation to frustrated visit charges. This highlighted the need for completeness of assessments to include budget information and consistency where there is a change of provision. The introduction of the new social care system should help ensure consistency across the Service. The Non-Residential Charging Policy has been revised and made available February 2018 on Havering's website https://www.havering.gov.uk/downloads/20118/policies_and_strategies which now covers charges for frustrated visits.

10. Overall response times still need to improve, however those that have been responded to within 10 working days improved with 25 being responded, 11-20 working days was at the same level of 32 as 2016/17 and those

responded to over 20 working days reduced to 50 in 2017/18 as opposed to 76 in 2016/17.

11. The collation of monitoring information is reflecting the main equalities characteristics requirement and includes, gender, religion, marital status and sexual orientation. For marital status and sexual orientation, there are a high number not recorded as these categories may not have been routinely recorded.

12. For those aged 85+ there has been a decrease by 28% (39 in 17/18 from 54 in 16/17). The breakdown of gender is included within this category and shows that there are a higher number of females within the age range 75-84 and 85+. 'Physical Disability' information is slightly lower in 2017/18 to 74 from 80 in 2016/17 and includes 'physical support – personal care' and physical support – access and mobility'. As reflected in the borough 'White British' is the highest with next highest representations from 'Black/Black British African'.

13. Complainants preferred method of contact is via email, letter and telephone. With the new social care system, this may move more towards online with the introduction of the social care portal.

14. Expenditure incurred was £581.25 for publicity of complaints leaflets, which are included in packs used by social workers.

15. Compliments have decreased by 21% from 62 in 16/17 to 49 in 2017/18. Satisfaction surveys may be re-introduced and teams are reminded to send in compliments to log, which should bring compliments back up in the following year.

16. Member enquiries have declined from 91 in 2016/17 to 68 in 17/18 with 88% being responded to within timescale.

17. Learning from complaints is seen as an important management information tool and evidencing improvements in the Service is paramount to the learning. Actions have been reviewed and implemented and will be brought to the Director's Operational Management Group (OMG) meetings to monitor progress. Further areas of improvement regarding better integrated working on complaints with external provider agencies is being explored and with the new Single Complaints Statement issued recently by Healthwatch England and Local Government Social Care Ombudsman, this should assist these discussions.

IMPLICATIONS AND RISKS

Financial implications and risks:

There are no specific financial implications to this report, which is for information only. Costs incurred through complaints will be contained within Adult Social Care allocated budgets. However, despite the reduction in the number of complaints highlighted in the report, there is still a risk of consequential compensation payments, which is being managed in the service by ensuring lessons are learned and procedures reviewed to minimise the risk of compensation arising from future complaints.

Legal implications and risks:

There are no apparent direct legal implications arising from noting of this report

Human Resources implications and risks:
The number of complaints relating to lack of communication, level of service and quality of service have increased from 2016/17 to 2017/18. Adult Social Care continues to support a personalised approach to customer needs in the Havering community. Training and development opportunities for staff will focus on these skills that are essential for effectively undertaking this responsibility. It is of vital importance that existing, and potential, customers receive the highest quality of service delivery possible. The needs of Adult Social Care staff in relation to implementation of the Care Act, with greater integrated working with health services, have been captured within the new Workforce Development Strategy and Plan.

The Council uses monitoring data from the complaints process as an indicator of how well Adult Social Care is delivering its services to the community. To ensure that there is significant continuity, and consistency in advice, along with other areas of delivery, frontline and support staff across the service teams need to be part of a stabilised workforce that is able to meet service and quality standards. Relevant outcomes from the complaints process have been incorporated into the new Plan in order to aid learning and improve staff performance.

Equalities implications and risks:

The Public Sector Equality Duty (PSED) under section 149 of the Equality Act 2010 requires the Council, when exercising its functions, to have due regard to:

(i) The need to eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010;

(ii) The need to advance equality of opportunity between persons who share protected characteristics and those who do not, and;
(iii) Foster good relations between those who have protected characteristics and those who do not.

Note: 'Protected characteristics' are: age, sex, race, disability, sexual orientation, marriage and civil partnerships, religion or belief, pregnancy and maternity and gender reassignment.

The Council is committed to all of the above in the provision, procurement and commissioning of its services, and the employment of its workforce. In addition, the Council is also committed to improving the quality of life and wellbeing for all Havering residents in respect of socio-economics and health determinants.
We are regularly monitoring the equalities profile of our customers and it is encouraging that disclosure is improving year on year.

The most recent monitoring information has evidenced that the number of ethnic minorities accessing the complaints process is reflective of the population within Havering and therefore accessing information about our Complaints, Comments and Compliments Policy and Procedure or the facilities available to make a complaint/compliment is available to these groups. Monitoring data shows that there has been a significant increase in complaints made by service users with physical disabilities and this has been linked to the increase in disabled freedom pass complaints, however this will need continued monitoring.

We will continue to ensure that our communication is clear, accessible and written in Plain English, and that translation and interpreting services or reasonable adjustments are provided upon request or where appropriate. We will need to ensure accurate and comprehensive monitoring data is maintained to cross-tabulate complaints data against protected characteristics. This will provide us with more detailed information on gaps/issues in service provision and barriers facing people with different protected characteristics, and will enable us to take targeted actions and make informed decisions on service improvement and future service provision.

BACKGROUND PAPERS

1 Adult Social Care Complaints Report 2017-18 as Appendix 1

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Havering
LONDON BOROUGH

ANNUAL REPORT
2017/18

ADULT SOCIAL CARE

Complaints, Comments and Compliments

Prepared for: Barbara Nicholls, Director Adult Social Care & Health

Prepared by: Veronica Webb
Complaints & Information Team Manager

Contents

1. Executive Summary

Adult Social Care complaints fall within the remit of the 'The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009' which includes a requirement to publish an annual report. This report covers the period April 2017 to March 2018.

In 2017/18, there has been a slight drop in the number of complaints across Adult Social Care from the previous year. However enquiries have increased and although these do not form part of the statutory process, these still need to be responded to. As in previous years, there remains a key complaint theme around financial assessment and charging, particularly linked to level and quality of services, mostly community based services. The other key complaint issue to emerge in 2017/18 was around delivery of equipment.

Adult Social Care recognises that the service needs to continue to improve response times to enquiries and complaints, although it is noted that this has improved on the previous year. The main reason that some responses were over timescale is that the complaint/enquiry involved external agencies where information is required to reach decisions around charging disputes. Work is ongoing to continue to improve response times, and also how the Complaints & Information Team and Adult Social Care can work more effectively with external agencies, to ensure timescales are met.

In 2017/18, Adult Social Care began a period of transformational change, most notably making changes to how incoming work is managed by the Service 'Front Door' and then by the Service as a whole. In February 2018, the Service went live with 'Three Conversations', a model that focusses on building on residents' strengths and family and social networks, and ensuring every opportunity to maximise independence before setting up statutory services). Embedding this across the service is a key priority for 2018/19.

Within this context, complaints continue to play an important role in highlighting areas of improvement. Learning from complaints is crucial, to ensure the service is able to make improvements to how vulnerable residents and their families are worked with. With the continued emphasis on learning and by evidencing this, improvements to the service can be made.

2. Introduction

Under the Local Authority Social Services and NHS Complaints Regulations 2009, made under powers in Sections 113 to 115 of the Health and Social Care (Community Health and Standards) Act 2003, it is a requirement for local authority Adult Social Care and Children's Services to have a system of receiving representations by, or on behalf of, users of those services. Havering Adult Social Care welcomes all feedback, whether this is a comment on improving the service, complaint on what has gone wrong, or compliment about how well a service or individual has performed.

Havering has adopted the statutory guidelines for complaints management as outlined by the Department of Health and good practice principles of the Local Government Ombudsman, and has encompassed this within its new procedures as follows:

Informal- Where a complaint involves a regulated service, or is a minor concern which can be dealt with within 5 working days, or where a complainant does not wish to take it through the formal process.

Formal - **Local resolution** – where the complaint is considered low-medium risk, we aim to respond within 10 working days where possible. Where a complaint is considered medium–high risk, we aim to respond within 10-20 working days. Where a complaint is considered complex and may require an independent investigation, we aim to respond within 25-65 working days. Timescales may vary in agreement with the complainant.

Although there is no longer a Stage 3 Review Panel in the regulations, it has been agreed within Havering to have an option for complaints to be reviewed by a Hearings Panel.

Complainants who remain dissatisfied will have the right to progress to the Local Government Ombudsman.

The time limit for complaints to be made has remained at 12 months.

3. Service Context

Adult Social Care in Havering provides a wide range of support, including information and advice, front line assessment and social work/occupational therapy services for adults who have an identified care and support need, and are eligible for assistance with meeting those needs. We provide support to older people (65+); individuals with a physical or sensory disability; individuals with a learning disability; and individuals with mental health needs. In addition, we have direct delivery of services including day opportunities for people with learning disabilities and physical disabilities. The Service also includes Safeguarding Adults. The Service is further supported through brokerage of care, management of direct payments and client income and managing client finance arrangements, as well as quality and contract monitoring of provider services.

The total number of new contacts received in 2017/18 by Adult Social Care was 10,440 (which may or may not have resulted in services being provided), with around 50% being managed by the Service 'Front Door' and 50% received via the Joint Assessment and Discharge Service based in Queens and King Georges Hospital. Total activity within the service over the year (including for example assessments, reviews, and safeguarding adult referrals) was just under 14,500. The key area where the service has seen increased activity is in managing Safeguarding Adults referrals and Deprivation of Liberty Safeguards.

The total number of services implemented for residents in 2017/18 at some point in the year was just over 7,200, including people who received short term services (such as reablement), long term services (such as home care or residential/nursing care), or one off interventions (such as equipment).

4. Complaints Received

4.1 Ombudsman referrals

Ombudsman enquiries have increased slightly by 20% in 2017/18. Two were found to be maladministration with penalty. These both involved cases where financial implications were not communicated clearly when there had been a change in care provision. One was not upheld no maladministration found, three were closed after initial enquiries, with two out of jurisdiction.

	Apr17 – Mar18	Apr 16 - Mar17	Apr 15 - Mar16
Maladministration (no injustice)			3
Maladministration Injustice with penalty	2		1
Maladministration injustice no penalty		4	
No maladministration after investigation	1		3
Ombudsman discretion			
-Cases under investigation/ongoing			
-Investigation not started/discontinued		1	
No evidence of maladministration/service failure		1	
Closed after initial enquiries: no further	3		

action			
Closed after initial enquiries: out of jurisdiction	2		
Premature/Informal enquiries	1	2	3
Total	9	8	10

4.2 Total number of complaints

Total number of statutory complaints for 2017/18 were 108 an 11% drop from 2016/17 (121),

Total Number of Statutory Complaints		
2017/18	**2016/17**	**2015/16**
108	121	93

4.3 Stages

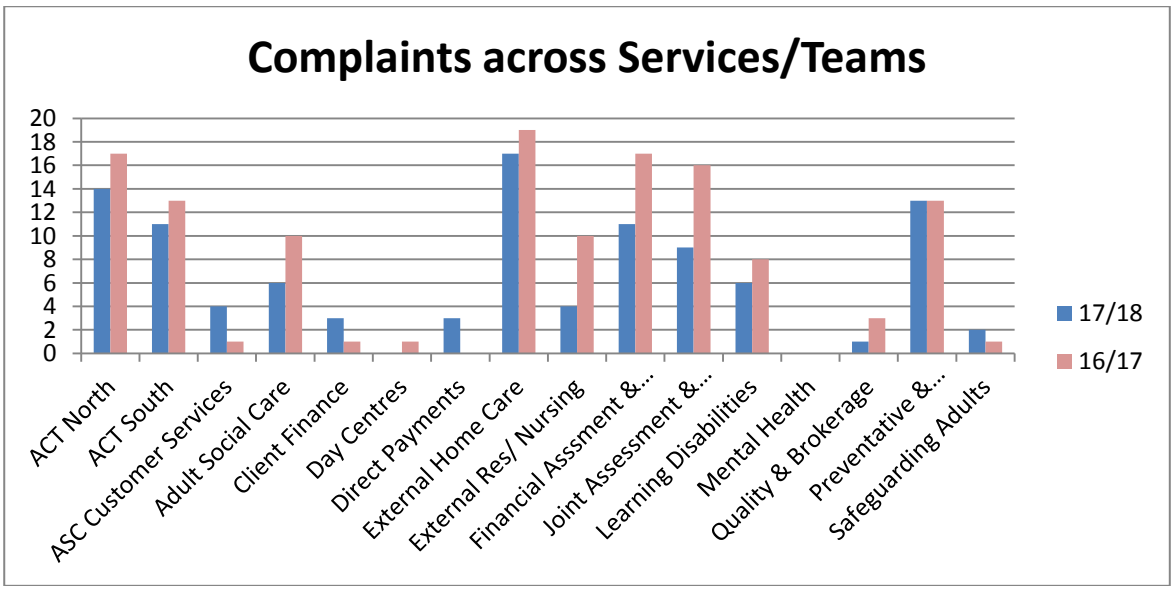
The number of enquiries in 2017/18 increased by 47% (34) compared to 2016/17 (18), with both formal and informal complaints in 2017/18 decreasing by 13% and 6% respectively. Enquiries are not reported in this report, except where indicated.

	Enquiry	**Formal**	**Informal**	**Joint health and adult social care formal complaint**
Apr 17 – Mar 18	34	75	33	
Apr 16 - Mar 17	18	86	35	

4.4 Teams

There has been a reduction in complaints across most services/teams in 2017/18, with slight increases across Adult Social Care Customer Services, Client Finance, Direct Payments and Safeguarding.

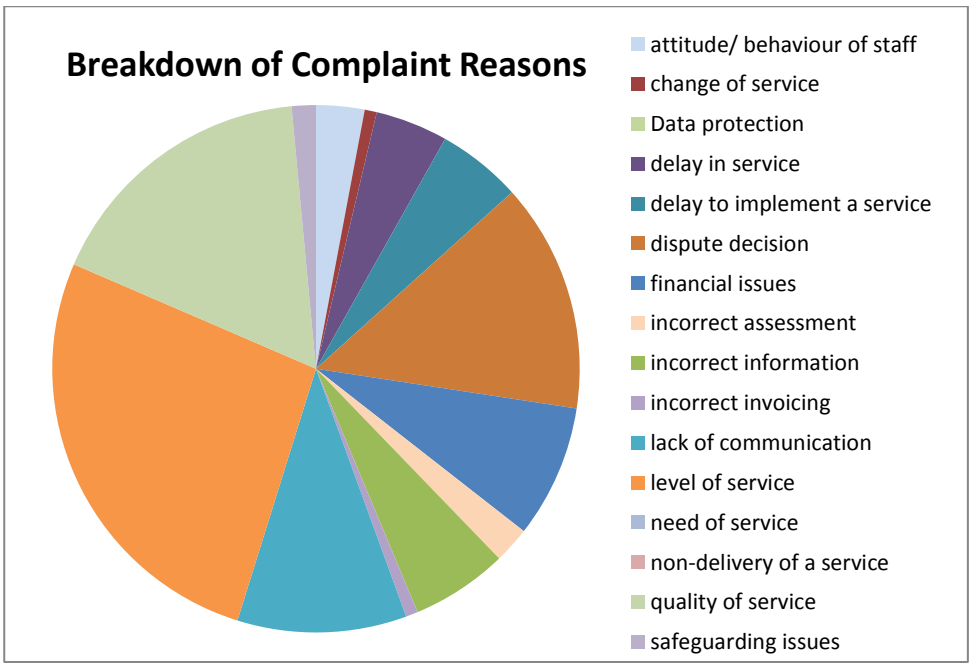
External home care received the highest number of complaints in 2017/18. The number of commissioned hours for 2017/18 was 707,593. Complaints involving external home care, commissioned hours totalled 15,884.71 and represents 2% of the total commissioned hours for home care.



4.5 Reasons

'Level of service' remains the highest reason for complaint in 2017/18. Although this mainly included issues around payments, invoices, this also included issues involving delay in financial assessments and delays in the provision of equipment and services. 'Quality of service' is the next highest and relates mainly to external home care regarding late or missed calls and charges incurred for the late cancellation by the service user.

In 2017/18 there were increases in complaints regarding delays in providing service/equipment, as well as financial and care assessments/reviews being undertaken. The Financial, Assessment and Benefits Team experienced a backlog within 2017/18 in getting financial assessments of service users undertaken within usual timescales, which has now been cleared. An increase in waiting times for assessments/reviews occurred within the year mainly due to the number of unforeseen additional work requirements required during 2017/18. This was as a result of cases moving from one provider to another where an agency had withdrawn their provision in the borough and also through the transfer of cases from Direct Payments (DP) to Individual Service Fund (ISF). In February 2018 Adult Social Care also reorganised how incoming work/referrals are processed and progressed, with the creation of the Havering Access Team, which affected all teams due to the realignment of cases and this had an impact.



'Level of service' and 'quality of service' as reasons for complaint increased in 2017/18 from 2016/17, with 'dispute decision', 'financial issues' and 'lack of communication' being the next highest and also increased from 2016/17. These continue to be linked to financial disputes for charges. The table below represent more than one complaint reason associated with a complaint and reflects the complexity of complaints within 2017/18, many of which are issues that necessitated liaison with third parties in order to provide a full response. This includes those where information is required from from external provider agencies, the Clinical Commissioning Group, Barking Havering and Redbridge University Hospitals Trust (BHRUT) or North East London Foundation NHS Trust (NELFT).

	attitude/ behaviour of staff	change of service	Data protection	delay in service	delay to implement a service	dispute decision	financial issues	incorrect assessment	incorrect information	incorrect invoicing	lack of communication	level of service	need of service	non-delivery of a service	quality of service	safeguarding issues
2017/18	4	1		6	7	19	11	3	8	1	14	36			23	2
2016/17	14	0	0	1	3	15	8	1	12	3	12	29	2	3	17	2

4.6 Outcomes & Learning

Recording practice has been improved to provide more consistency and transparency. . Categories have been streamlined to indicate where a complaint has been fully upheld, partially upheld, or not upheld which will be represented in 2018/19 report. The table below shows that those complaints upheld and those not upheld are almost equal. Further work is ongoing around ensuring a robust process for learning from complaints has been established by bringing those identified as requiring action to the attention of the Director's management team meeting for allocation of responsible manager and to review.

Upheld	Not Upheld	Complaint Withdrawn
51	52	5

For 2017/18 the outcomes below have been used and compared as far as possible to 2016/17.

'Explanation and apology' is the highest outcome for 2017/18 and relates to where information was not made clear to families, or explained clearly with regard to relevant financial or service information, or where delays occurred. 'Changes in process/worker' mainly related to external home care provision, where a change of carer occurred, or a review of rota system took place, as well as implementation of more regular spot checks.

'Financial assistance awarded' is as a result of fees being waived, where a complaint is upheld regarding the lack of information or incorrect information provided about charges or a payment plan for outstanding fees where a complaint is not upheld and the costs would be deemed as still outstanding. Reimbursements are usually arranged as credits against future invoices.

	Change in process/ worker	Complaint Withdrawn/ referred to different procedure	Explanation and Apology	Explanation / Information provided	Financial assistance awarded	No action/ further action required	Reassessment/ Review	Reimburse - ment	Services re-instated	Training identified
17/18	14	5	36	16	11	3	6	6	2	8
16/17	2		31	60	4	3		2		

4.6.1 Learning from Complaints

During 2017/18 the service identified that there are still practice areas where consistency must be improved regarding financial information and this continues to be addressed through team meetings and supervision. This has also highlighted the need to ensure that where there is a change of provision for a service user that the financial implications still need to be communicated and understood by families, even where financial information may have been provided prior to the change in service.

Also identified is the need for completeness of assessments, and consistency in providing these to service users, as this has been shown to be variable across areas. Adult Social Care are implementing a new social care system, which will ensure greater consistency across the Service.

Information sharing between the local authority and external home care agencies regarding charging policies on home care needs to be reviewed across all home care agencies and reaffirmed through the local authority. The Non-Residential Charging Policy has been revised in light of complaints received regarding the charged incurred for late cancellation by service users known as 'frustrated visits' and this was signed off and made available on the intranet in February 2018 and the link has been provided as follows: https://www.havering.gov.uk/downloads/20118/policies_and_strategies

4.6.2 Learning from the Ombudsman

As highlighted above where a change in provision may have a financial implication, regardless of whether information had recently been provided, this needs to be clearly explained and information provided on the new charges. This also refers to where there are financial implications resulting from the change of provision, that the budget/cost information is included within the revised financial assessment.

4.7 Response times

The table below shows the percentages broken down by informal and formal complaints and provider complaints. Of the informal and formal complaints, 17 informal and 8 formal were responded to within 10 days, 6 informal and 26 formal were responded to within 11 – 20 working days and 9 formal and 41 informal were responded to in over 20 days. One complaint had no response time as response was not made available to Adult Social Care at the time of reporting.

Of the 108 complaints, 62 involved external providers, i.e. home care agencies or residential/nursing homes. Formal complaints that involved dispute of charges for external providers resulted in a higher percentage being responded to over 20 days. Due to a number of complaints being historic by several months sometimes up to a year, this will always prove a challenge in being able to respond in a timely manner. The Complaints Team and Commissioning is looking at ways to improve the engagement with external providers when dealing with complaints. The recent Single Complaints Statement that has recently been published by Healthwatch England and the Local Government Social Care Ombudsman will help to accomplish better integrated working on dealing with complaints.

	Within 10 days			**11-20 days**			**Over 20 days**		
	Apr17-Mar18 %	**Total no.**		Apr17-Mar18 %	**Total no.**		Apr17-Mar18 %	**Total no.**	
Informal	16	**17**		6	**16**		8	**9**	
Formal	7	**8**		24	**26**		38	**41**	
Total no. 2017/18		**25**			**32**				**50**
Total no. 2016/17		*11*			*32*				*76*
Of the 2017/18 total, response times for all complaints involving external providers:									
External providers	18	19		12	13		28	30	

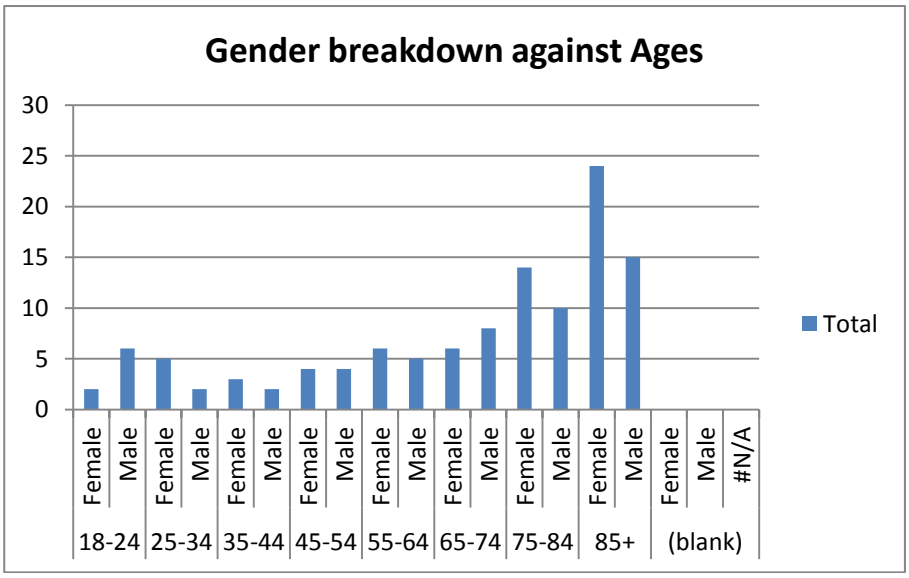
4.8 Monitoring information

4.8.1 Age

There increases in 2017/18 across ages between 35 – 84, with a decrease in those over the age of 85+ by 28% and slight decreases for ages 18-24 and 25-34. It should be noted that for monitoring information, a complaint may involve more than one service user and therefore this is reflective in the numbers for monitoring.

	under 18	18-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	undeclared
17/18		7	5	5	8	11	14	24	39	2
16/17	1	9	9	3	5	8	6	21	54	

Below also shows the breakdown of gender against ages and shows that between the ages of 75-84 and 85+ there are a higher number of females within this age bracket.



4.8.2 Disability

The breakdown below shows that complaints involving someone with a physical disability declined slightly from 80 in 2016/17 to 74 in 2017/18. Those that are not recorded relate to one historic case, one freedom pass and one carer complaint.

	Hearing impairment	Frailty or temporary illness	Learning Disability	Known disability	Physical Disability	Memory and Cognition	Mental Health	Other Vulnerable People	Social Support	Not recorded
17/18		1	9	1	74	20	3	1	3	3
16/17	3		10	1	80	14	2	2		

4.8.3 Ethnicity

As reflected with the ethnic mix within the borough, 'White British' has the highest number. Although there does not appear to be the spread across ethnicity in 2017/18, there is no up to date population data to understand if this is reflective in the borough as a whole.

	Asian / Asian British - Bangladeshi	Asian / Asian British - Indian	Asian Pakistan	Black / Black British - African	Black British	Black / Black British - Caribbean	Mixed - Other / Multiple Ethnic Background	Mixed - White & Asian	Mixed - White & Black	Mixed - White & Black African	Mixed - White & Black Caribbean	White Any other White background	White - British	White - English	White - Irish	White - other	Not declared
17/18	1	1		4		1						3	100	1	1		3
16/17	2	3	1	3	1	1	14	4	5	1	2		54		1	4	4

As part of the equalities monitoring information, religion, marital status and sexual orientation figures are included in this report and in future reports comparisons will be given on previous year where possible.

4.8.4 Religion

'Church of England' is the highest of those making complaints. It may be argued whether Christian should be classed as one category against 'Church of England' and Catholic, however this is taken from what is recorded on the Adult Social Care system.

Buddhist	Catholic	Christian	Church of England	No Religion	Not recorded	Not stated
1	11	13	42	2	23	23

4.8.5 Marital Status

This information shows that there are 43 where marital status is not recorded, which may be as a result of information not being provided at time of recording. Married couples are the highest and complaints may involve both husband and wife, or either the husband or wife.

Divorced	Married	Not recorded	Other	Separated	Single	Unknown	Widowed
1	30	43	1	2	14	6	18

4.8.6 Sexual Orientation

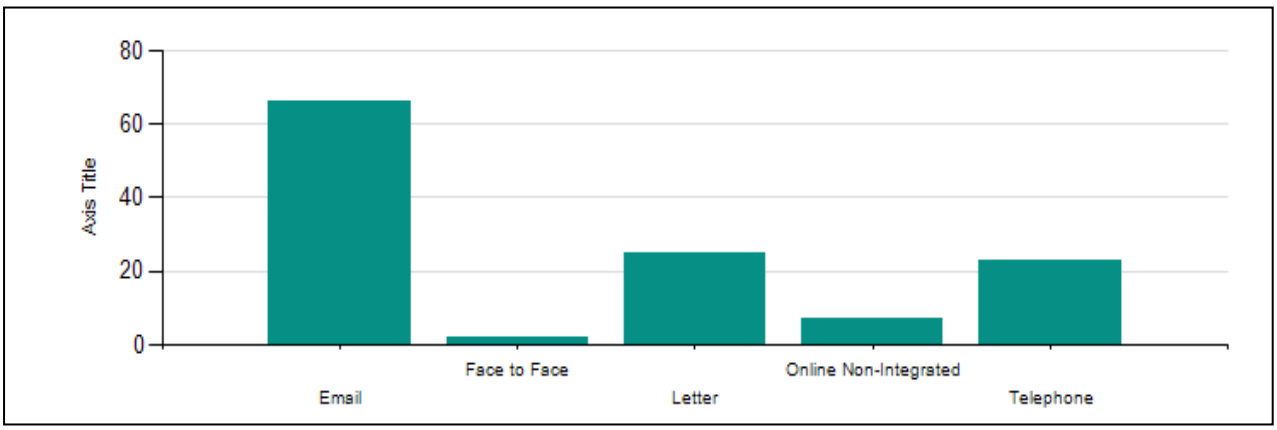
This information is still perceived by residents as being very sensitive information and therefore the number not recorded is high at 92, with 12 being 'heterosexual' and 11 'preferring not to say'.

Heterosexual	Not recorded	Prefer not to say
12	92	11

5 How we were contacted

The information below show that emails, letter and telephone continue to be the preferred method of contact. With the introduction of the new Adult Social Care system, the aim would be to allow complaints to be sent via a portal, which will allow secure communication between the service user and the local authority. It is anticipated this will have an impact on how complainants will prefer to contact Adult Social Care in the coming years.

Method of Contact



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6 Expenditure

The expenditure incurred for 2017/18 is for the update and publication of Adult Social Care leaflets. The use of leaflets will need to be reviewed in light of the introduction of the new social care system which will be implemented in early February 2019.

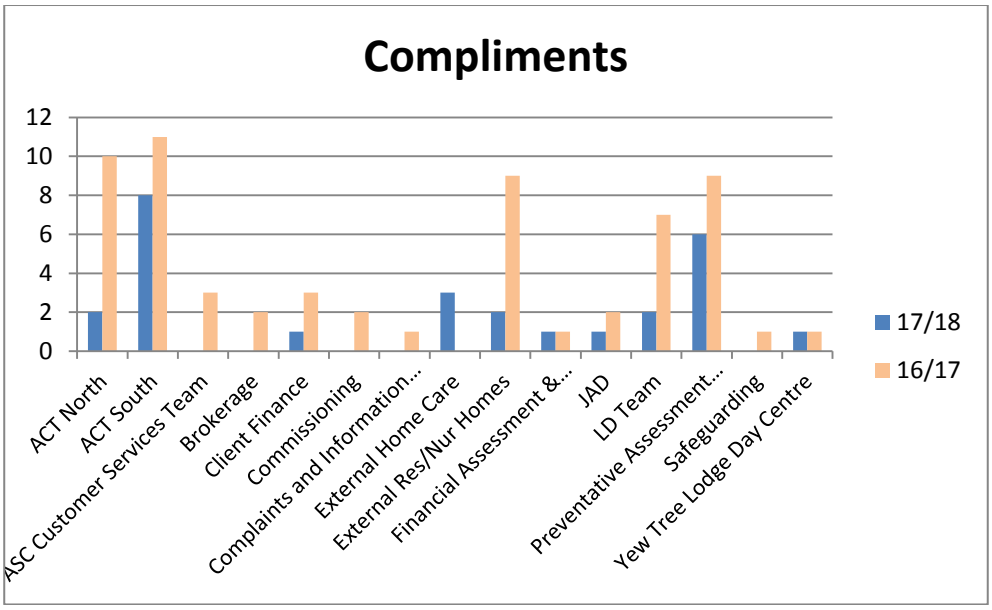
	Publicity	**Compensation £**	**Independent investigators £**
Apr 2017-Mar 2018	581.25		
Apr 2016- Mar 2017		250	0

7. Compliments and resident satisfaction

The number of compliments has gone down in 2017/18 by 21% from 62 in 2016/17 to 49 in 2017/18. In previous years satisfaction surveys were routinely sent out by community teams for completion by residents, however this had ceased following changes to the service structure. These surveys had been used to capture positive and negative feedback from residents receiving services, and supported practice improvements where applicable. Satisfaction surveys will therefore be re-introduced in September 2018. Teams still need to be reminded to send in their compliments to be logged.

Adult Social Care undertakes a statutory annual service user survey, in the last quarter of each financial year, seeking client views on seven key indicator areas from the Adult Social Care Outcomes Framework. This outcome of this annual survey gives an indication on views and experiences from a wider range of people who use services.

7.1 Compliments



Some examples of compliments received are given below:

A friend writes - '*thank you for giving me the help to bury our friend…. He went with the dignity he deserved..'* – Appointee and Deputyship

A husband and wife write in regarding placement of their mother in a care home - '*she has been very professional in our dealings with her and my wife and myself have spoken to her on a number of occasions on the telephone. She has always been direct and transparent with ….. and ourselves, nothing has been too much trouble for her. I would go as far as saying she is a major asset for Havering.'* – **ACT North**

A wife thanks Social Worker - *'I would like to take this opportunity to once again thank you for the kind consideration and help you gave to me and my family when arranging the placement of my mother. This was a very traumatic time for us and your patience, especially with me, was much appreciated. I would also like to thank you for the kindness, courtesy and patience you showed to my mother..'* – **ACT South**

Family thanks a Senior Practitioner - *'I am writing to say a huge Thank You for all your help and support in moving …to Ashgate House. I know the journey has not been an easy one. From ….review meeting there the other day it is obvious to see she is far happier and healthier than she has been in a long time. Thanks to your efforts she now has quality of life and the appropriate level of care for her needs, for the first time in years she has actually put on some weight! Since moving …..mental health has also improved no longer accusing people of stealing things and her constant phone calls have virtually stopped. From our whole families point of view it feels like a weight has been lifted, knowing …… is being cared for properly. It has allowed us to provide support and spend quality time with our mum whom is terminally ill without worrying about the level of care and for that we will always be very grateful to you.'* – **Learning Disabilities**

A grateful couple write in *'thank you so much for all your help. We had a stressful time (initially) but you were so very supportive with your input and assistance and you reassurance. You have been a credit to us and your service.'* – **Preventative Assessment Team**

A social worker relays message from daughter - *'thank you and express her gratitude towards the work and care you put into getting him into Upminster Nursing home. … wanted to let you know that …. and the whole family are really pleased with this placement and he is receiving a good level of care there, they are equally pleased with the travel times etc. in reaching the home. …..advised ….. was initially confused, but he has settled well.'* - **JAD**

7.2 Adult Social Care Outcomes Framework – Survey 2017/18

The annual statutory survey for Adult Social Care was completed in the last quarter of 2017/18. Around 60% of people using services who responded to the survey, reported overall satisfaction with the service they received from Adult Social Care. This has been consistent over the past few years, with benchmarking against other London local authorities in 2016/17 placing Havering 7th in London for overall client satisfaction[1].

Other key outcomes from the Adult Social Care survey for 2017/18 are shown in the table below:

	16/17	17/18
% Service User who are satisfied with their quality of life	77.9%	79.6%
% Service User who have control over daily lives	75.5%	77%
% Service User who feel they have as much social contact as they like	41.9%	45%
% Service User overall satisfaction	61.0%	60%
% Service Users who find it easy to find information about services	71.3%	74%
% Service Users who feel safe	69.0%	71%
% Service Users who think services make them feel safe	91.7%	88%

8. Members Enquiries

The number of enquiries declined in 2017/18 from 91 in 2016/17 to 68 with 88% (60 of 68) being responded to within timescale. This is an improvement from 2016/17 with 71% being responded to within timescale.

9. Conclusion

Complaints and compliments continue to give insight to the service and highlight areas for improvement and good practice. The Complaints Team along with Adult Social Care are continuing to look at improving the way the Service captures the evidence of learning and introducing a process of monitoring actions and reviewing those actions.

With the introduction of the new Adult Social Care system (February 2019), this will greatly with the capturing of data for complaints and monitoring and reviewing actions to evidence learning in future years.

Ways to further improve response times for Adult Social Care complaints are being explored and in particular those involving external providers and how we engage better with them. With the introduction of the Single Complaints Statement from Healthwatch England and the Local Government Social Care Ombudsman, this will help inform

[1] 2017/18 benchmarking information for 2017/18 will be available by late September 2018.

discussions going forward with providers with Complaints and Commissioning at future forums. Also recording practices will continue to be reviewed going forward to ensure consistent recording to aid reporting in future..

Complaints continue to be complex, involving different service areas and external providers and remain in the main around disputing of charges.

Havering
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10. Complaints Action Plan

Issues Identified	Lessons Learnt	Action to be taken	Department	Timescale	Review

Information about financial assessment process and potential client contribution reportedly not properly conveyed	• Improved recording of information given on financial assessment and charges	• Financial assessment case note implemented in 202016/17.
		• Forms introduced to be signed by service user/financial representative (JAD only)
		• Compliance with completion monitored by:
		  • Monthly performance reporting
		  • 1-1 supervision
			• All	Ongoing	Case note to continue to be used to record information on advice and guidance given, including date.
					Ensure form signed by service user.
					Senior management to meet with individuals where case note recording identified as an ongoing concern.
					Implement in the new care management system

Lack of accessible information about adult social care more generally leading to complaints about level of service / incorrect information	• Reviewing information to ensure it is available and accessible, and provided to people in timely fashion	• Locality model under review • New arrangements at adult social care 'front door' being planned, with strengthened information and advice provision planned at first point of contact.	• Head of Integrated Care • Head of Joint Commissioning Unit	March 2019 Implemented February 2018 and for review by March 2019	Redesigned locality model to include other Council departments and external agencies on virtual or co-located basis.
Percentage of complaints responded to within timescales has declined	• Response times require improvement	• Complaints involving other NHS agencies – adult social care element to be responded to within 20 days. Noted that NHS timescales for response are longer than 20 days. • Commissioning to support Complaints Team in getting information from external social care providers back within timescale • Raise the profile of Complaints and the learning opportunities	• All • Head of Integrated Care • Head of Joint Commissioning Unit Complaints Manager	Ongoing	Quarterly presentation to senior management team on complaints performance. Head of Integrated Care reviews all members enquiries weekly to ensure response within timescale. Improved engagement with providers and other agencies is ongoing.

Issues Identified	Lessons Learnt	Action to be taken	Department	Timescale	Review
		presented by increased attendance at Team Meetings and presence in various forums, (i.e. staff events).			
Quality and level of service received from commissioned providers continue to be affected by recruitment and retention of front line care and support staff		• Proactive work with providers via Quality and Safeguarding Team work and provider forums to identify issues and support resolution, including supporting sustainability of market. • Attendance at Provider Forums.	• Head of Joint Commissioning Unit.	Ongoing	Engagement with care home providers: "Working with Care Homes to Understand Costs"
Home care charges need to be ratified when charging for services	• Confidence that invoices reflect actual delivery	• Brokerage to ensure that invoices provide evidence of actual service delivery	• Brokerage Team	Ongoing	New Active Homecare Framework established January 2017. Improved use of CM2000 by providers on the framework
Changes in provision (or funding body[2]) need to identify where there are financial implications and that these are communicated	• That financial implications are clear for service users and their financial representatives where there is a change of service	• Assessments needs to be completed with budget information • Financial assessments need to be undertaken following change in provision, including where the funding body changes	Adult Social Care	Ongoing	Adult Social Care need to ensure when multi-disciplinary team is completing an assessment that they give financial information and document accordingly.
The half hour charge in relation to frustrated visits.	• Information to service users and their financial representatives needs to be clear that liability to charging for such visits will remain.	• Updated charging policy –need to implement changes and make sure all are clear.	• Care Management, Brokerage and Financial Assessment and Benefits.	When was the Policy done? Please insert date. Implemented February 2018 and for review by March 2019	Non-Residential Charging Policy has been reviewed and updated to include information on frustrated visits and is available on website.

[2] This includes where the funding body changes from the council to the NHS for example

Havering
LONDON BOROUGH

INDIVIDUALS OVERVIEW AND SCRUTINY SUB-COMMITTEE, 4 September 2018

Subject Heading:	Adult Social Care Precept– An overview
CMT Lead:	Barbara Nicholls
Report Author and contact details:	**Richard Cursons – Democratic Services Officer** **Richard.cursons@onesource.co.uk** **01708 432430**
Policy context:	**The information presented summarises the position with the Adult Social Care Precept**
Financial summary:	**No financial implications of this covering report itself.**

The subject matter of this report deals with the following Council Objectives

Communities making Havering	[X]
Places making Havering	[]
Opportunities making Havering	[]
Connections making Havering	[]

SUMMARY

Members of the Sub-Committee will receive a presentation that gives an overview of the Adult Social Care Precept.

RECOMMENDATIONS

That the Sub-Committee:

1. Note the contents of the overview.

REPORT DETAIL

Officers will present and summarise the Adult Social Care Precept and discuss associated financial issues.

IMPLICATIONS AND RISKS

Financial implications and risks: None of this covering report.

Legal implications and risks: None of this covering report.

Human Resources implications and risks: None of this covering report.

Equalities implications and risks: None of this covering report.

BACKGROUND PAPERS

None.

healthwatch Havering

Annual Report 2017/18

Helping to make sure that your views are heard

Encouraging services to work for everyone equally

Giving you a greater say in your own care

Everyone working together

Contents Page

We are working to make sure people from every community in Havering have their say about heath and care

Message from the Chair

"It is more important than ever, to find out what people need and it is your views that help to shape services and make a difference"

- Welcome and thank you for taking the time to read our report. This report updates you on our progress and our plans for 2018/2019.
- We have made over 60 recommendations to improve services following our Enter View programme this year. Our visits have included 10 GP practices 3 hospital visits and 13 Nursing and Care Homes, our reports are available on our website.
- New this year is the Home Visiting team in partnership with Havering borough council to seek the views of residents who are receiving home care support
- It is vital that local people express their views on our Urgent and Emergency services which need to make a step-change to improve the availability and timeliness of clinical care. Over 340 residents shared their thoughts, residents attending the Havering Over Fifties Forum (HOFF), CarePoint and Rainham Village Children's Centre, helped us to provide a comprehensive report about what was important for them, their families, their friends and as their role as a carer.
- We have been listening to residents and voluntary organisations who have repeatedly raised concerns about Sight Services. We have captured your views and experience and just published a report which has been distributed both locally to BHRUT, the Borough, the CCG and to national organisations including the CQC, the Royal College of Ophthalmologists, the Pocklington Trust and the Royal National Institute for the Blind.
- None of this would have been achievable without our team and our volunteer members – thank you for your hard work. Thank you to every person and organisation that has worked with us during the year your support is invaluable

Highlights from our year

Thank you to our volunteers this is what we have achieved

1600 people or more have played a part in providing us with their views and concerns

Over **50** residents living in Sheltered Housing have expressed their views on their domiciliary care

Over **340** people contributed to public consultations

Working with other organisations we have attended over **150** meetings and events

27 Enter and View Reports, Care and Nursing Homes, GP practices, hospitals

Over 60 recommendations to improve services

Over **55** followers on Twitter

Who are we and why you are our priority

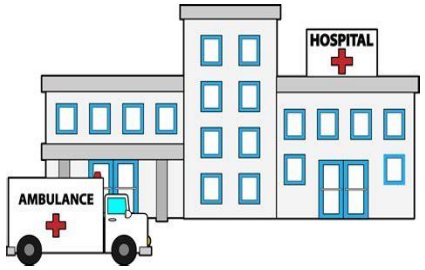
- Healthwatch is a national initiative created in 2012 following the Public Enquiry into the failings at Mid Staffordshire Hospital by Sir Robert Francis QC now know as the Francis report. This report resulted in the government making it law that people should be at the centre of care
- Healthwatch's role is to understand the needs and ideas of different people
- Make sure your views are heard by the people who decide things about health and social care
- Healthwatch also have the power to Enter and View organisations that receive public sector funding, making sure that services are working for you and the people you care about
- Our reports on local organisations are published on our website and include our actions and recommendations to deliver positive outcomes for people

Making a Difference - Our role with the Care Quality Commission (CQC) and Healthwatch England (HWE)

- ✓ National weekly CQC reports are checked for reports on local providers
- ✓ All local provider CQC reports are discussed at our monthly Enter and View panel for consideration and prioritising for a visit
- ✓ We used the CQC GP triangulation tool
- ✓ Havering CQC ratings demonstrated a high number of GP practices with a 'Requires Improvement' rating
- ✓ Supported the CCG on a pilot project to improve CQC poorly performing GP practises with successful results
- ✓ National reports from CQC and Healthwatch England also influence our work. An example would be the Care Homes report to which Healthwatch Havering also contributed
- ✓ All our Enter and View reports are provided to the CQC and the Healthwatch England database
- ✓ All investigative reports such as the RTT report are provided to the CQC and Healthwatch England
- ✓ Prior to CQC inspections we are requested to provide feedback to the CQC. This is drawn from our Enter and View reports, concerns that are raised by local people at the meetings and events that we attend. We also ensure the positive comments are shared with the CQC
- ✓ We have been members of the Quality Risk Profiling Review for BHRUT which included the CCG, NHSI and the CQC

Enter and View Visits

This activity has been undertaken by the relevant persons during the financial year in respect of statutory obligations Section 221



The number of visits undertaken by our volunteer team

10 Residential Homes
10 GP Practices
3 Nursing Homes
3 Queen's Hospital
1 Mental Health Service

Read the reports on our website
www.healthwatchhavering.com

See Appendix 1 for more detail

Working in Partnership - is invaluable to ensuring that we make a difference

Together here are examples of our work for some of the most vulnerable in our community

- ✓ In partnership with the CCG seeking the views of people about urgent and emergency care services -Right Care, Right Place, First Time
- ✓ Our report on Sight Services is responding to the concerns expressed by local people
- ✓ Raising concerns about the withdrawal of out-of-hours pharmacy services at Harold Wood Polyclinic
- ✓ Working with the Overview and Scrutiny Committee on the delays experienced by patients referred for treatment at BHRUT
- ✓ Learning Disabilities and Autism – being part of the wider network of organisations working together to improve health and social care services for individuals and their families and carers

Strategic objective

Supporting you to have your Say

- We want more services to use your views to shape the health and care support you need today and in the future
- Produce strong evidence which those who make decisions about health and social care can use

This year

✓Over 340 residents took part in the survey seeking their views on designing new models of urgent care

✓Over 150 people, contributed to our Sight Services report, reflecting the views of members of the Partially Sighted Society (Havering), Sight Action (Havering), the Havering Over Fifties Forum (HOFF), staff and patients

✓Over 50 Residents living in Sheltered Accommodation have shared their views on the Domiciliary Home Care Services which they are receiving (at the Borough's request)

Right Care, Right Place, Right Time - research commissioned by Havering Clinical Commissioning Group and carried out by Healthwatch Havering

We worked in partnership with other local organisations who could bring their experience and knowledge to the research

- ✓CarePoint
- ✓Havering Over Fifties Forum (HOFF)
- ✓Rainham Village Children's Centre

The CCG were seeking views on two priorities

- ✓Providing more bookable appointments when you have an urgent health care concern or need
- ✓Making urgent care more accessible through digital channels (online booking, digital apps and resources)

Target Audience

- ✓Parents of young children
- ✓Older People
- ✓Young Adults

Right Care, Right Place, Right Time

Reflecting a wide range of views taking part in this consultation process

Ethnicity/Background	
Any White	72.24% (242)
Any Mixed ethnic	3.58% (12)
Any Asian	8.36% (28)
Any Black	10.15% (34)
Other / prefer not to say	5.67% (19)
Disability	
Physical/mobility issue	15.66% (52)
Learning disability/mental health issue	13.55% (45)
Visual Impairment	1.81% (6)
Hearing Impairment	2.71% (9)
None	71.08% (236)
Other	2.71% (9)

Age	
Under 18	0.29% (1)
18 – 24years	7.35% (25)
25 – 35years	35.29% (120)
35 – 44years	18.24% (62)
45 - 54years	12.94% (44)
55 – 64years	8.82% (30)
65 – 74years	10.88% (37)
75 years plus	5.00% (17)
Gender	
Male	20.00% (66)
Female	78.18% (258)
Other/Prefer not to say	1.82% (6)

Strategic Objective

Making a Difference Together

Listening to your views and experiences and using our reports to reflect these in our recommendations. The recommendations are sent to the management of the organisation, the CQC, Healthwatch England, commissioning organisations and accessible to the public on our website.

Enter and View visits identify where improvements can be made to enhance the overall care and ambience of residences

Visiting GP practices recommending ideas that you have suggested during consultations

Seeking improvements in the care of the elderly at Queens Hospital

We visited 10 GP practices and we made a range of recommendations including:

- ✓ Provide a loop system for the hard of hearing
- ✓ Provide alarm systems for reception staff
- ✓ Consider installing queuing system for phone calls that respond positively to patients waiting to speak to reception staff
- ✓ Improve the appearance of the premises
- ✓ Positively manage and help enable patients to remember to attend for their appointments or to remember to cancel the appointment in a timely manner

We have visited 13 residential and nursing homes and we made a range of recommendations including:

- ✓ Improve the décor
- ✓ Provide more music to entertain residents
- ✓ Review staffing levels
- ✓ Improve the management of falls
- ✓ Re-design large sitting room to provide better facilities
- ✓ Re-design the laundry area to get better separation between the dirty and clean areas

We have made 2 visits to Queen's Hospital and made recommendations, in response to which the hospital (as always) has developed action plans that are included in the reports on our website:

- ✓ Need for general improvement in the approach to feeding patients
- ✓ Training for staff ensuring the link between food deliver and infection control
- ✓ Best practice seen on some wards to serving foods needs to be applied to all wards

Our people and our decision making processes

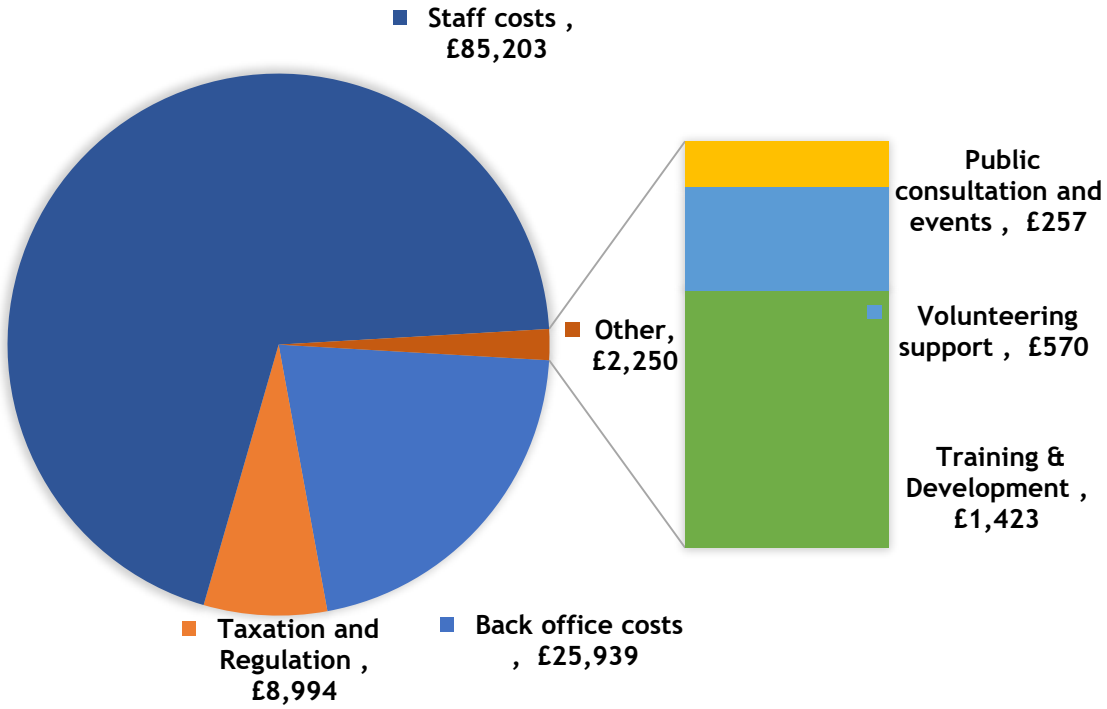
- The Board consists of directors, staff and volunteer members
- Our volunteers are all Board members
- Volunteer members complete a training programme which includes Enter and View training, Mental Health Act and Deprivation of Liberties
- Volunteer members are full voting members of our Board
- The Board generally meets bi-monthly and the details of the Board meeting dates and the minutes of the meeting is published on our website
- The Board undertakes 2 training and development meetings a year, this includes the setting of our objectives and work plan for the year ahead
- During the year external training and educational opportunities are also provided
- Our policies and procedures are all discussed at our Board meetings
- Our governance documents provide the framework ensuring that we operate efficiently and fairly in accordance with our statutory and legal requirements
- The Board has adopted the Healthwatch Good Governance Assurance Tool and Volunteer Members will lead the review this year
- The work has been completed in respect of General Data Protection Regulation and will be formally adopted at the Board in May 2018 (see Appendix 2)
- Healthwatch Havering is, in legal terms, a company limited by guarantee called Havering Healthwatch Limited. As a company limited by guarantee, it has no shareholders and is prohibited by law from distributing any financial surplus (or profit)

Our Finances

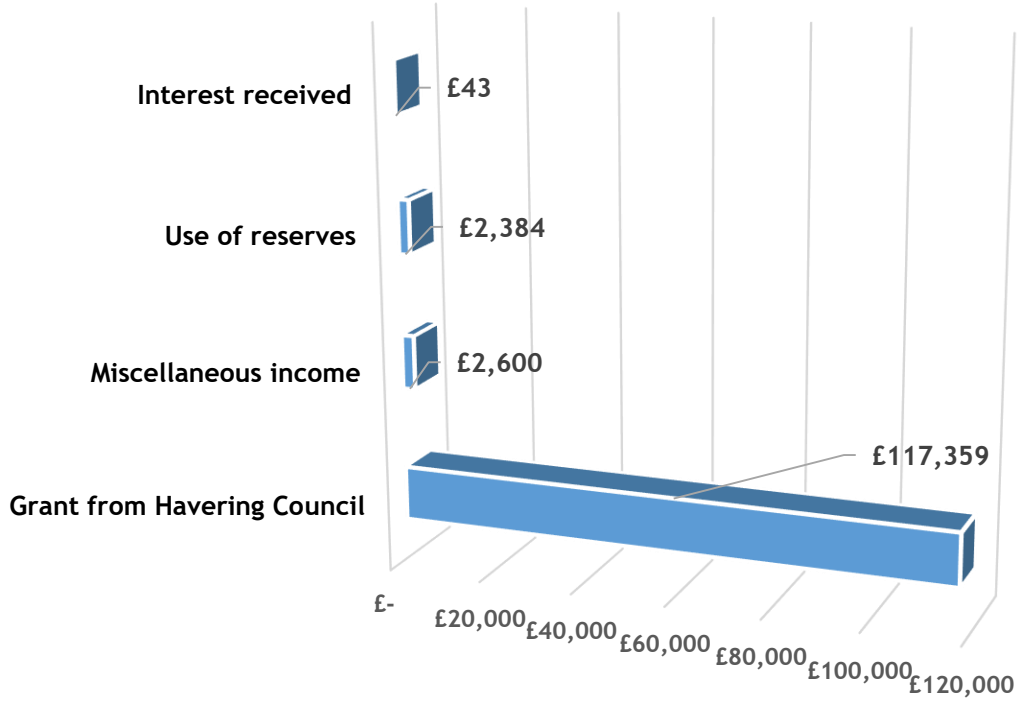
Summary statement of Income and Expenditure

For more detail, please refer to the annual accounts available on our website at http://www.healthwatchhavering.co.uk/our-activities

EXPENDITURE SUMMARY



INCOME SUMMARY



Our plans for 2018/2019

Strategic Objective: To continue to develop our relationship with policy makers - Commissioning Groups - Locality Development Group - CQC - Healthwatch England

- To ensure that we understand, influence and support the engagement and consultation process for our residents

Strategic Objective: Supporting You to Have Your Say

- To continue to support the Borough in developing a quality feedback programme for residents who receive care services
- To continue our successful Enter and View programme, building our knowledge and sharing residents' experiences

Strategic Objective: To be part of network of health and social care professional to promote and champion the value of residents' involvement

- To be an active participant in the Provider Alliance – shaping and supporting new service models in the interests of service users

Strategic Objective: Making a Difference Together

- Extend our working with the Public Health team on Tobacco Control and London Regional Tobacco Control Network as part of our pledge to support their creating a 'No Smoking' environment, particulalry among young people
- Continue to develop our partnership working building on the success with Care Point and Rainham Village Children's Centre to ensure the widest network of resident engagement
- Build on the findings of our current research into the provision of services to people who have visual impairment
- Continue to seek improvement in the provision of meals for patients at Queen's Hospital
- Work with the NEL Commissioning Alliance and ACS to improve the standard of care provided to people living with dementia in their own homes

Contact Us – Get In Touch

Healthwatch Havering is the operating name of

Havering Healthwatch Limited

A company limited by guarantee

Registered in England and Wales

No. 08416383

Registered Office:

Queen's Court, 9 -17 Eastern Road,

Romford RM1 3NH

Telephone: 01708 303300

Email: enquiries@healthwatchhavering.co.uk

Website: www.healthwatchhavering.co.uk

Twitter feed: @HWHavering

The publishing and sharing of local Healthwatch annual reports each year is set out in legislation and therefore a statutory requirement of local Healthwatch organisations.

- Our annual report will be publicly available on our website by 30 June 2018. We will also be sharing it with Healthwatch England, the London Borough of Havering, CQC, NHS England, Havering Clinical Commissioning Group, BHR Clinical Commissioning Group, Overview and Scrutiny Committees, Health and Wellbeing Board, British Library
- We confirm that we are using the Healthwatch Trademark, which covers the logo and Healthwatch brand, when undertaking work on our statutory activities as covered by the licence agreement (see Appendix 3).
- If you require this report in an alternative format please contact us at the address above.

List of Appendices to the Annual Report 2017/18

1 Enter and View Reports – The involvement of lay persons and volunteers in the carrying-on of the relevant section221 activities as set out in the Local Healthwatch Organisations Directions 2013

2 Compliance with General Data Protection Regulation (GDPR)

3 Use of Healthwatch copyright material

Appendix 1 Enter and View visits

The involvement of lay persons and volunteers in the carrying-on of the relevant section221 activities as set out in the Local Healthwatch Organisations Directions 2013

In addition to having one of the largest residential and care home sectors in Greater London, Havering has had the largest number of GP practices in London rated by the CQC as Inadequate or Requiring Improvement, a major hospital Trust (BHRUT) that is still emerging from Special Measures (following a 2013 inspection that found it Inadequate), a community health services Trust (NELFT) rated as Requiring Improvement, and a CCG that continues under immense financial pressure and subject to Directions by NHS England. Moreover, the local health economy generally is under considerable strain because of the demands of urgent care needs, residential and domiciliary care needs and the imminent retirement of a number of GPs working single-handedly or in small partnerships.

From the beginning of Healthwatch, we have taken the view that a robust programme of Enter and View visits was the best way that we could ensure that we examined on the ground how patients' and residents' needs were being met.
To that end, we identify premises that should be visited through a monthly meeting of staff and volunteers at which the programme is managed, visits arranged and the findings of recent visits reviewed. In 2017/18, we carried out 27 visits (with a small number of premises visited more than once). The full list appears below.

Our visiting teams were generally made welcome and managers and proprietors were very co-operative in facilitating the visits. The team members were made to feel welcome by staff, residents/patients and their relatives and friends alike.

Few major problems were identified and mentioned in our teams' reports of their visits. Where we did make recommendations, we have been, or will be, following up to see what effect they have had.

All reports of our visits have been published on our website www.healthwatchhavering.co.uk/enter-and-view-visits and shared with the home, GPs or hospital, the Care Quality Commission, the Clinical Commissioning Group, Havering Council and other relevant agencies. Owing to the thorough nature of pre-publication checks, not all of the reports had been published at the date this report was prepared.

The powers of Healthwatch to carry out Enter and View visits are set out in legislation and all but one of these visits were carried out in exercise of them. On that one occasion however, noted in the table that follows, the visit was carried out at the invitation of the establishment's owners/managers and there was no need for the exercise of our statutory powers; but that has not affected how we have reported on such visits.

We did not find it necessary to make recommendations to Healthwatch England on special reviews etc.

Date of visit	Establishment visited		Reasons for visit
	Name	Type	
2017			
29 March and 23 May	Barleycroft (fourth visit)	Residential Care Home	To observe the home in operation following various expressions of concern and five consecutive inspections by the CQC resulting in "Requires Improvement" ratings
11 April	Fountains Care Centre	Residential Care Home	To observe the home in operation
18 April	Goodmayes Hospital: Ogura Ward	Mental Health In-Patient Ward	To observe the ward in operation
19 April	Romford Nursing Care Centre	Nursing Home	To observe the home in operation following various expressions of concern
19 May	Ingrebourne Medical Centre	GP Practice	To observe the practice in operation following an Enter & View visit to a neighbouring practice

Date of visit	Establishment visited		Reasons for visit
	Name	Type	
2017			
1 June	Dr Joseph (Collier Row)	GP Practice	To observe the practice in operation following a CQC inspection result of Requires Improvement
21 June	Ashling House	Residential Care Ho1me	To observe the home in operation
4 July	Hillside	Residential Care Home	To observe the home in operation following a CQC inspection result of Requires Improvement
10 July	New Medical Centre	GP Practice	To observe the practice in operation following a CQC inspection result of Requires Improvement
20 July	Dr K Subramaniam	GP Practice	To observe the practice in operation following expressions of concern
24 July	Dr Chowdhury (Oak Lodge)	GP Practice	To observe the practice in operation following a CQC inspection result of Inadequate, and the practice being placed in special measures
31 July	Park Lane Residential Care	Prospective Residential Care Home	The prospective proprietors of a new home invited a Healthwatch team to visit and view in advance of their arranging for the premises to be converted to a care home. THE REPORT OF THIS VISIT HAS NOT BEEN PUBLISHED.

Date of visit	Establishment visited		Reasons for visit
2017	Name	Type	
12 September	Heatherbrook	Residential Care Home	To observe the home in operation
22 September	Alton House	Residential Care Home	To observe the home in operation following a CQC inspection result of Requires Improvement
4 October (Unannounced) and 5 October (Announced)	Queen's Hospital, Romford: Mealtimes (second visit)	Acute District General Hospital	To follow up a visit in October 2016 to observe the meals service and to assess how far the recommendations then made have been implemented
25 October	Berwick Surgery	GP Practice	To observe the practice in operation following a CQC inspection result of Inadequate
21 November	Queen's Hospital, Romford: Public Areas	Acute District General Hospital	To observe the cleanliness and "patient-friendliness" of the pubic areas (entrance, corridors, stairways etc) of the hospital
11 December	Mawney Medical Centre	GP Practice	To observe the practice in operation
13 December	Spring Farm Surgery	GP Practice	To observe the practice in operation following a CQC inspection result of Inadequate
14 December	Meadowbanks	Residential Care Home	To observe the home in operation

Date of visit	Establishment visited		Reasons for visit
2018	Name	Type	
12 January	Cecil Avenue Surgery	GP Practice	To observe the practice in operation following a CQC inspection result of Requires Improvement
16 January	Chase Cross Medical Centre	GP Practice	To observe the practice in operation following a CQC inspection result of Requires Improvement
16 January	Cranham Court	Nursing Home	To observe the home in operation following a CQC inspection result of Requires Improvement
18 January	Romford Grange Care Home	Residential Care Home	To observe the home in operation following a CQC inspection result of Requires Improvement
30 January (Announced) and 9 March (Unannounced)	Queen's Hospital, Romford: A&E Department	Acute District General Hospital	To observe A&E in operation at a time of "winter pressures" and following implementation of accommodation changes within the building occupied by the department
7 February	Ladyville Lodge	Residential Care Home	To observe the home in operation following a CQC inspection result of Requires Improvement
13 March	Hornchurch Nursing Centre	Nursing Home	To observe the home in operation

Appendix 2 General Data Protection Regulation (GDPR)

Although the GDPR is not coming into force until May 2018, after the period covered by this Annual Report, in common with other Healthwatch organisations we began preparing for the changes during 2017/18.

Among other steps, we procured new IT hardware and software to provide more robust and secure data collection and storage. Our original IT infrastructure was by then four or more years old and, although there was no reason to suppose it was insecure, it was considered an appropriate time to arrange for upgrades.

Software upgrades are applied as and when they become available and known vulnerabilities are addressed, although for much of that we are reliant upon external providers of services such as the website, email system and antivirus programs.

Data storage – both electronic and on paper – is being reviewed.

Policy changes required as a result of GDPR will be addressed in our Annual Report for 2018/19.

The cost of preparing for GDPR in 2017/18 was £2,790.

Appendix 3 Use of Healthwatch copyright material

Havering Healthwatch Limited has a licence agreement with Healthwatch England governing use of the Healthwatch copyright material, the logo and trademark.

The Healthwatch logo is used widely for Healthwatch Havering activity. It is used on:

- The Healthwatch Havering website, Twitter account and YouTube and Vimeo accounts
- This Annual Report
- Publications such as reports of public consultation events and Enter & View visits
- Reports to official bodies, such as the Health & Wellbeing Board and Overview & Scrutiny Committees
- Official stationery, including letterheads and business cards
- Members' identity cards
- Newspaper advertisements and flyers for events

healthwatch Havering

healthwatch Havering

Services in Havering for people who have a visual impairment: a review

June 2018

Healthwatch Havering is the operating name of
Havering Healthwatch Limited
A company limited by guarantee
Registered in England and Wales
No. 08416383

What is Healthwatch Havering?

Healthwatch Havering is the local consumer champion for both health and social care in the London Borough of Havering. Our aim is to give local citizens and communities a stronger voice to influence and challenge how health and social care services are provided for all individuals locally.

We are an independent organisation, established by the Health and Social Care Act 2012, and employ our own staff and involve lay people/volunteers so that we can become the influential and effective voice of the public.

Healthwatch Havering is a Company Limited by Guarantee, managed by three part-time directors, including the Chairman and the Company Secretary, supported by two part-time staff, and by volunteers, both from professional health and social care backgrounds and lay people who have an interest in health or social care issues.

Why is this important to you and your family and friends?

Following the public inquiry into the failings at Mid-Staffordshire Hospital, the Francis report reinforced the importance of the voices of patients and their relatives within the health and social care system.

Healthwatch England is the national organisation which enables the collective views of the people who use NHS and social services to influence national policy, advice and guidance.

Healthwatch Havering is your local organisation, enabling you on behalf of yourself, your family and your friends to ensure views and concerns about the local health and social services are understood.

Your contribution is vital in helping to build a picture of where services are doing well and where they need to be improved. This will help and support the Clinical Commissioning Groups, NHS Services and contractors, and the Local Authority to make sure their services really are designed to meet citizens' needs.

'You make a living by what you get,
but you make a life by what you give.'
Winston Churchill

INTRODUCTION

A significant role of a Healthwatch is to support and enable the most vulnerable members of the community to have a voice and to influence services which have a substantial impact on their day to day lives.

This report on Eye Services responds to the concerns expressed by residents, professional staff and voluntary organisations about the service model, the facilities, the level of support and, above all, the disjointed processes that service users experience. The number of organisations involved in this chain of care has surprised us. This contributes to the inability to be able to clearly describe the Care Pathways, which may result in residents who are blind or partially sighted being without the physical and health and wellbeing support they require.

In this report we look at the journey patients make from attending their optician for routine eye tests and glasses, to being referred to the hospital services at Barking Havering and Redbridge University Trust (BHRUT) for more complex care, to those residents who find themselves with an eye condition that requires them to register a Certificate of Visual Impairment (CVI) with the London Borough of Havering (LBH), and the support available to help our residents and their families to adjust their lives for the long term.

Managing long-term conditions requires all organisations to work together, maximising the opportunity by sharing clinical information and technology. It is a concern that some of the information we requested was recorded on a manual basis and only estimates of CVIs issued could be provided for 2016/17; given the role the CVI has in supporting national epidemiological analyses of the needs of people who have a visual impairment, this is particularly disappointing.

Our report indicates that a lot more could be done to improve the experience of patients, especially the provision of an Eye Clinic Liaison Officer (ECLO) at BHRUT, which we have been advised, continues to be delayed despite the support and offer of funding from the Pocklington Trust, the Royal National Institute for Blind People and the continued lobbying of the local Sight Action Group.

There is information and guidance available from the Royal College of Ophthalmologists for all hospital medical staff, comprehensive advice available for everyone from the RNIB, supportive and responsive local services from the London Borough of Havering, advice and information from CarePoint and the voluntary sector such as Sight Action and Partially Sighted Havering.

Our view is that, unless there is a more comprehensive understanding of the individual parts of the entire process of care needed in eye services and how they are interconnected, then we may only address the symptoms of an inadequate service model. However, the commitment shown from organisations to address this problem indicates that it is possible to achieve a more holistic model of care for our residents.

In preparing this report local organisations and individuals have been enormously helpful and we are very grateful for their support.

Commissioning services, redesigning clinical pathways and working across the boundaries of different organisations is a challenge. This, together with the financial pressures being faced by all organisations, makes it important that commissioners and service providers carefully determine where best value for money can be achieved while still delivering on statutory requirements and quality of service and care.

A good place to start this report is to set out the view of patients and carers which is contained within the UK Vision Strategy:

‘Seeing it my way’

- ✓ That I have someone to talk to
- ✓ That I understand my eye condition and the registration process
- ✓ That I can access information
- ✓ That I have help to move around the house and to travel outside
- ✓ That I can look after myself, my health, my home and my family
- ✓ That I can make the best use of the sight I have
- ✓ That I am able to communicate and to develop skills for reading and writing
- ✓ That I have equal access to education and lifelong learning
- ✓ That I can work and volunteer
- ✓ That I can access and receive support when I need it

PROLOGUE – Karen, a Healthwatch Havering member

I'm one of the members of the Working Group which contributed to this report. I'm also severely sight impaired (blind) myself. Although my eye problems were with me from birth, I only got myself registered as blind when I was in my early 20s. I had muddled through school and my first few jobs somehow, with hardly any support. Although I can't remember exactly who it was that recommended getting registered, I do recall feeling unenthusiastic. I couldn't imagine how being "officially disabled" was going to help me, especially being a young, confident and ambitious person. But as it turns out they were right, and I would now recommend registration (which is called a Certificate of Visual Impairment, or CVI) to anyone.

I believe the many positives of getting a CVI are largely unknown and for some reason under-publicised, so I've listed * a few of them that have made my life easier and often more financially comfortable – you can read them in section 9 of this report. Let me make it clear that even once you have a CVI, you always have the option to use or not use it. No one is going to "out" you as sight impaired without your permission. It's just a tool you have at your disposal but if you choose never to use it that's fine, and you won't be forced to. I carry a credit-card-style registration card in my wallet as proof of my status, which was provided to me by my local authority. It's convenient and discreet.

KAREN

** Karen's suggestions are listed on page 39 onward*

CONTENTS

1 RECOMMENDATIONS

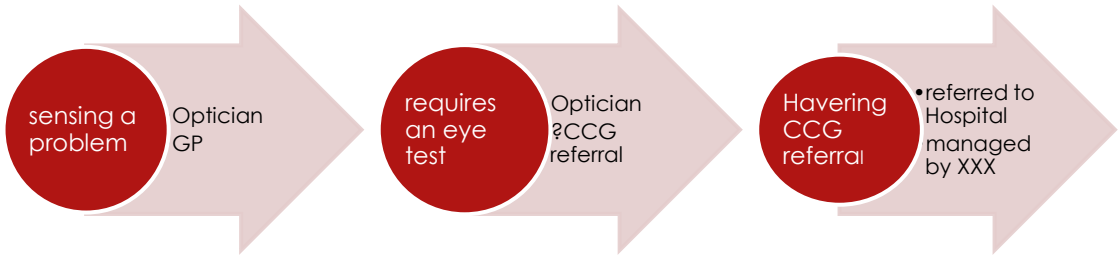
1. That all organisations work together to streamline the referral/assessment process, with the aim of reducing the expenditure and providing a faster service
2. That the CCG review and streamline the assessment, referral and treatment process, with the aim of giving patients a faster diagnosis and possibly saving money by reducing the number of clinical visits
3. That the CCG commission a more holistic model for non-emergency care, based on Care Pathways, drawing on expert opinion, evidenced based practice and mapping clearly what the patient and carer can expect
4. That the CCG review:
    - The care pathway for emergency eye care
    - The guidance and advice provided by the NHS111 service, and
    - The arrangements for patients needing to be transferred to Moorfields
5. That BHRUT and the CCG accept the offer which has been made by the RNIB and the Pocklington Trust to fund/support the appointment of an ECLO to enable the role to be provided as soon as possible, and that BHRUT and the CCG commit to funding and maintaining the role.
6. That all organisations:
    - Recognise that diagnoses of irreversible vision loss can have a traumatic impact on people's lives
    - Develop a Service Level Agreement (SLA) with a voluntary organisation to provide a support service to patients at both Queens and King George Hospital
    - Provide a suitable confidential space with equipment and furniture
7. That everyone be given access to an environment that supports and enables high quality eye care for the prevention and treatment of eye disease to optimise, preserve and restore vision

8. That BHRUT build on current good practice models to develop a Patient and Carer Partnership group facilitated by BHRUT staff
9. That BHRUT create a more dynamic, integrated relationship between the A&E Department and the Outpatients Department to better support both staff and patients
10. That BHRUT and LBH use their best endeavours to ensure that staff and residents are aware of the DVLA Patient and Doctor Guidance and the information provided on the RNIB website regarding visual disorders and driving
11. That care be taken to ensure that all relevant data is shared with Moorfields in order to support a robust needs assessment for those who have visual impairments
12. That BHRUT update their manual recording of CVIs to an electronic database which can provide information in a timely and accurate way to support both BHRUT and the wider health and social care community
13. That BHRUT review its procedures to ensure that all medical staff are complying with the Royal College guidelines and that all Consultant staff and Hospital Eye Clinic staff observe the Guidance note from DH England published 17 August 2017
14. That BHRUT and LBH work together to share the data on CVIs and RVIs to support the appropriate commissioning models for both health and social care and support the epidemiological analysis work which is reported via an NHS England Public Health Indicator
15. That LBH consider incorporating the RNIB database information into its commissioning intentions and requirements to support both current and predicated service models
16. That LBH continue to support voluntary services such as those meeting at Yew Tree Lodge and the opportunities that they provide for residents and, in particular, the highly valued evening club

17. That LBH accept that people who are not digitally literate or able to access digital systems require support to ensure that they can continue to be involved in their community and the opportunities this offers
18. That all organisations aim to achieve the highest possible standards of information, ensuring that they enable people to make informed choices and decision

2 WHERE THE JOURNEY BEGINS AND THE ROLE OF THE CLINICAL COMMISSIONING GROUP

The Journey



- Sensing a Problem

  For most of us the recognition that our vision is deteriorating can come from finding it more difficult to read small text, maybe when driving the car or that feeling of eye strain at the end of a busy day. Some people then contact opticians for an eye test, others seek an appointment with their GP.

- Requires an eye test

  Residents told us about their experiences and it seemed that there was no standard pathway and, in some cases, a meandering and time-consuming pathway. Examples are

  - Patients who attend their local optician were sometimes referred to their GP, others were referred directly to the Westland.
  - Patients who attended their GP were sometimes referred to the Westland Clinic for assessment and Westland clinic referred patients back to the GP for further referral,
  - Patients were referred to the Westland Clinic for assessment and treatment,
  - Patients were referred to BHRUT for assessment and treatment and some to the Treatment Centre.

- In discussion with groups of patients when they began to share their experiences, it became evident that in many cases the current care pathway seemed more like a lottery than clinical efficacy.

Consider

Does this referral journey provide the simplest, most cost effect and optimal route?

We understand that other parts of the country do not have a referral/assessment centre as part of the referral from GP/Optician to Hospital. In many places, the optician can refer directly to the hospital

Recommendation 1:

That all organisations work together to streamline the referral/assessment process, with the aim of reducing the expenditure and providing a faster service

Recommendation 2:

That the CCG review and streamline the assessment, referral and treatment process, with the aim of giving patients a faster diagnosis and possibly saving money by reducing the number of clinical visits

The role of the CCG

Within the NHS service provision, commissioners are required to assess the needs of their individual populations and then purchase services from local providers of care. As part of this role, the CCG assesses how many residents will need care during the year.

The CCG commission services locally from BHRUT, Westland Clinic and the Treatment Centre and more specialist services from hospitals such as Moorfields.

Commissioning services requires detailed specifications and clear performance monitoring techniques, below are areas where concerns have been raised regarding performance.

- Residents' thoughts on what a quality experience should have

  Residents told us that, for them, quality is the total experience and although they valued highly the work of the clinical staff, they identified areas where there was a lack of quality in the total experience:

  - Lack of an Eye Clinic Liaison Officer – '*An investment of £1 can net a return of £10.57 to health and social care budgets - RNIB'*
  - Support in the overall experience for older people with sight problems
  - Congested treatment areas making it hard to manoeuvre walking frames
  - Need for a range of good practical information being easily available for patients recognising the need for language translation and Easy Read
  - Need for more equipment for patients to support them at home and work – Low Visual Aids – particularly important for young people

- Patients' thoughts on what performance standards should deliver

  Patients and carers were seeking to be more informed about the standards of service available in outpatients. Patients suggested that a charter or similar should be displayed setting out the service delivery standards, examples given were

  - How the clinic operated – many found it a very confusing environment

- What to expect and how to prepare themselves, prior to their first attendance.
- More adherence to appointment times - many people said that when they had an appointment for 2.00pm they never expected to be able to leave before 4.30pm, others commented you needed to allocate the entire day if you had to attend the clinic.
- Explanations to patients when the clinic was delayed or running late

- Involving patients in designing services

  The assessment of residents' needs is an important part of commissioning; however, we could not find evidence to demonstrate involvement with service users. The Low Vision Service was criticised for lack of engagement and accessibility for service users and their families

- Improving the emergency eye care facilities in A & E

  Patients have told us that although the care is good in the A & E Emergency Eye Unit, the area is very congested and the facilities poor. Patients said that GPs were very reluctant to care for eye accident conditions. When attending on the advice or GPs or 111 some patients found the experience distressing and have stated that they have been turned away as the visit was not necessary or told to come back the next day. Some were told to go to Moorfields without any conversation about how with an eye injury the patient travelled to Moorfields.

Consider

How can the CCG by working in partnership with BHRUT enhance and maximise the service commissioned on resident's behalf?

How is the CCG preparing for the increasingly older generation who are very high users of the service?

Our research indicates that the clinical teams are very keen to improve the service model. Patients value the service and voluntary organisations who work closely with the hospital are also very supportive and keen to help with improving the service model.

Recommendation 3:

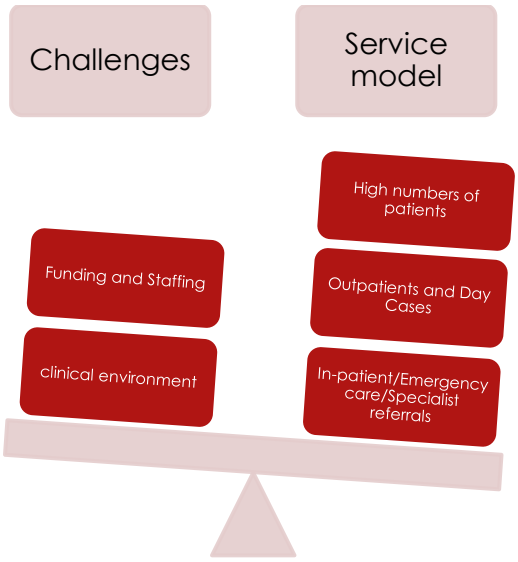
That the CCG commission a more holistic model for non-emergency care, based on Care Pathways, drawing on expert opinion, evidenced based practice and mapping clearly what the patient and carer can expect

Recommendation 4:

That the CCG review:

- The care pathway for emergency eye care
- The guidance and advice provided by the NHS111 service, and
- The arrangements for patients needing to be transferred to Moorfields

3 THE ROLE OF BARKING, HAVERING AND REDBRIDGE UNIVESITY HOSPITALS TRUST (BHRUT)



BHRUT are the main provider of Ophthalmology care for the residents of Havering. The hospital currently provides outpatients' appointments, outpatient treatments, day case procedures and in-patient operations. There are also facilities for patient to be treated for emergency eye care.

There has been nothing that would indicate a lack of confidence in the clinical staff, on the contrary it is well regarded by both staff and patients. Everyone to whom we spoke offered their opinions as a way of achieving the approach of 'a valued service that gets better'. Patients said that their care often exceeded their expectation.

For such a large service provider, crucially, there is no ECLO. It is highly possible that partially sighted residents and blind residents have been leaving the eye clinic not knowing, or unsure of, the name or nature of their eye condition. In addition, patients have not been offered formal counselling either at the time or later.

- What does an Eye Clinic Liaison Officer (ECLO) do?

  ECLOs provide people recently diagnosed with an eye condition with the practical and emotional support which they need to understand their diagnosis, deal with their sight loss and maintain their independence.

  CVI Guidance Notes from the DH England provide the following advice on ECLOs

  "16. It is good working practice to have ECLOs in hospitals as this helps to create a good link between health and social care and enhances joined up support for the patient. Clinic staff should be suitably trained to be able to manage what may be an emotional and upsetting time for the patient. The patient should be asked to sign if they consent to their information being shared. It is important to document the patient's decision in their notes and to advise them of the benefits of sharing their information. The patient does not have to consent to share information, and they can also withdraw their consent at any point by contacting the relevant organisations."

  Consider

  Being diagnosed with an eye condition that will considerably change someone's lifestyle can be difficult to come to terms with, and everyone reacts differently. People can be worried about unemployment, at a higher risk of falls and social isolation. It can be an extremely confusing and uncertain time and, in many cases, emotionally traumatic.

  ❖ People with learning disabilities are 10 times more likely to have serious sight problems than other people.

Recommendation 5:

That BHRUT and the CCG accept the offer which has been made by the RNIB and the Pocklington Trust to fund/support the appointment of an ECLO to enable the role to be provided as soon as possible, and that BHRUT and the CCG commit to funding and maintaining the role.

Consider

It is recognised good practice to provide Specialist Advisers on a voluntary basis in services where there is trauma or potentially a negative diagnostic outcome. For fourteen months this service has not been available at BHRUT to patients who receive a diagnosis that their condition is untreatable and will result in them becoming partially sighted or blind. A life-changing diagnosis with no ability to link with an organisation whose networks and advice can provide that vital stepping stone, helping an individual and their family maintain their emotional balance in the months ahead of them.

- People with sight loss are three times more likely to suffer depression.

Recommendation 6:

That all organisations:

- Recognise that diagnoses of irreversible vision loss can have a traumatic impact on people's lives
- Develop a Service Level Agreement (SLA) with a voluntary organisation to provide a support service to patients at both Queens and King George Hospital
- Provide a suitable confidential space with equipment and furniture

- Patients' and Relatives' concerns

Patients and relatives have raised many concerns:

- There is no ECLO or Voluntary Sector support available to patients on diagnosis
- Difficulty contacting the appointments department
- Waiting times for appointments, often confusion with personal and clinical details
- Overcrowding and delays in the outpatient areas
- There has been no information - leaflets/pamphlets, posters or audio material, plus a lack of information in the Accessible format, and equipment from December 2016 to December 2017
- Recently a table with leaflets and useful information has been placed in the main waiting room: it would be helpful if there was signage indicating who patients and carers should speak to, to get advice
- Patients reported a cupboard has been put up with Sight Aids on display. It is placed in a dark corner of the main waiting room and people with sight problems find it difficult to identify Aids in the cupboard.
- Cramped treatment areas
- Lack of the full range of clinical expertise expected in an ophthalmology department
- Clinical staff looking stressed and demoralised, both in Outpatients and A&E
- Lack of appropriate facilities for counselling and support
- No obvious support for patients with Learning Disabilities or patients with other physical needs such as poor mobility
- Royal College of Ophthalmologists together with RNIB have developed a Certificate of Visual Impairment Information poster template for hospital clinics this is not on display.
- Emergency Eye Care in the A & E has very poor facilities and patients complained that they are shuttled between A&E to Team 2 Outpatients.

Consider

The issues raised in this report are very similar to those contained in a CQC report for Moorfields resulting in a rating of Requires Improvement. Is it worth considering the possibility of BHRUT linking with Moorfields to learn about the development and progress they are undertaking as they strive to achieve a Good rating?

Recommendation 7:

That everyone be given access to an environment that supports and enables high quality eye care for the prevention and treatment of eye disease to optimise, preserve and restore vision

Recommendation 8:

That BHRUT build on current good practice models to develop a Patient and Carer Partnership group facilitated by BHRUT staff

Recommendation 9:

That BHRUT create a more dynamic, integrated relationship between the A&E Department and the Outpatients Department to better support both staff and patients

4 THE CERTIFICATE OF VISUAL IMPAIRMENT (CVI)

How this process works and which organisations are responsible for which part seems to have caused a lot of confusion. To assist with a better understanding of the roles and responsibilities of local organisations this section contains extracts from a range of nationally recognised bodies. In the Background Reading section at the end of this report we have identified the sources that we have considered. This process is recognised as complex and to quote the RNIB:

> *'At the moment, however, as RNIB and others have identified, the process of certification isn't always working completely smoothly: certainly, when it is combined with registration: and in fact, it is often incorrect to assume that an area with comparatively low certification rates has relatively few blind and partially sighted residents. A vast range of professionals are involved, all of whom can slow down or block the process'*

The CVI formalises the status of someone as visually impaired and acts as a referral for a social care assessment if the individual is not yet known to social services.

Guidance from the Department of Health (DH)

The DH document published on 17 August 2017 "Certificate of Vision Impairment: Explanatory Notes for Consultant Ophthalmologists and Hospital Eye Clinic Staff in England", advises:

> *"Purpose of the CVI form*
>
> *"4. Hospital clinic staff should explain the importance of certification and the sharing of information with their local authority, their GP and the Royal College of Ophthalmologists Certifications Office at Moorfields Eye Hospital. If the patient still does not consent to sharing information they should be*

made aware they may miss out on valuable support and information.

"5. Completing and sending off the CVI in a timely manner is not only beneficial for the patient but will enable community health and social care agencies to plan appropriate services as part of local strategies such as falls prevention or loneliness and isolation.

"6. If the patient has also provided consent to share the CVI form with the Certifications Office at Moorfields Eye Hospital, the CVI will be used to record diagnostic and other data that is used for epidemiological analysis and reported via an NHS England Public Health Indicator."

For this process, three statutory organisations are involved:

- BHRUT
- LBH
- The DVLA

BHRUT

It is the role of the senior medical staff at BHRUT to make the assessment and decision to issue a CVI. This process is part of a nationally-designed pathway with clear guidelines available to support medical staff and hospitals in performing this responsibility efficiently and with care.

The Royal College of Ophthalmologists guidelines state:

"The College believes that an important component of good clinical care by ophthalmologists is the offer of a Certificate of Vision Impairment (CVI) to eligible patients and encourages its members to promote the uptake of the CVI amongst patients who are likely to benefit from it and to facilitate the process of registration as far as it is in their power to do so."

The Guidance adds:

Certificate of Vision Impairment Form

'Part 1 of the CVI form clearly indicates the section that must be completed by the consultant ophthalmologist and they should also complete the visual acuity and diagnosis section as set out in Part 2 of the CVI as well. The CVI should be completed fully and accurately. The patient should be actively involved in completing the form which may be completed in part by members of the eye clinic staff where indicated on the form, such as by an Eye Clinic Liaison Officer (ECLO).

16. It is good working practice to have ECLOs in hospitals as this helps to create a good link between health and social care and enhances joined up support for the patient. Clinic staff should be suitably trained to be able to manage what may be an emotional and upsetting time for the patient. The patient should be asked to sign if they consent to their information being shared. It is important to document the patient's decision in their notes and to advise them of the benefits of sharing their information. The patient does not have to consent to share information, and they can also withdraw their consent at any point by contacting the relevant organisations.'

The next stage involves the patient and the decision that they make as to whether to register with the local council (in Havering, LBH):

'Being registered as partially sighted or blind enables a person to access a range of benefits to help them manage their condition and the impact it may have on their lives. Registration is voluntary, and access to benefits and social services is not dependent on registration.'

Registration is voluntary, and whilst it is essential to obtaining some benefits and concessions, it is not a prerequisite for accessing support from social services.

However, we would strongly encourage all patients to seek access to the assessment process provided by the borough. By completing the form, the borough is required to undertake a full assessment of an individual's needs and to provide the necessary help and support needed.

The College also states that:

> *'The* Referral of Vision Impairment (RVI) *letter is used where registration is not appropriate or where the patient has declined registration but wants advice and information about the difficulties caused by loss of vision.'*

LBH

LBH is responsible for assessing the needs of the Borough's population and delivering a range of support and social care provision for people with sight disabilities, and this includes working with voluntary organisations. Under the Care Act 2014, local authorities continue to have specific duties to assess and provide information, rehabilitation and support to visually impaired people. This includes making contact with people within 2 weeks of receiving their CVI. LBH is also responsible for the formal registration process of CVI. For more detail, see section 6 of this report.

The DVLA

Albeit that registration as blind with the local authority is voluntary, an individual who is a driver and is diagnosed with a visual impairment is obliged by law to comply with Driver and Vehicle Licensing Authority (DVLA) requirements (which in many cases will result in disqualification from driving). The DVLA provide a patient and doctor guidance document regarding visual disorders, as do the RNIB.

Consider

Some of the information we requested using FOI was only recorded on a manual basis and only estimates of CVI issued could be provided for 2016/17. This is disappointing given the role the CVI has in supporting epidemiological analysis which is reported via an NHS England Public Health Indicator.

Where a patient consents to registration, the CVI form is also shared with the Certifications Office at Moorfields Eye Hospital, producing data that is ultimately used to shape and commission the local services through the Joint Strategic Needs Assessment (JSNA). If the data is inadequate or inaccurate, it will lead to levels of need not being properly identified.

Recommendation 10:

That BHRUT and LBH use their best endeavours to ensure that staff and residents are aware of the DVLA Patient and Doctor Guidance and the information provided on the RNIB website regarding visual disorders and driving

Recommendation 11:

That care be taken to ensure that all relevant data is shared with Moorfields in order to support a robust needs assessment for those who have visual impairments

5 DOES THE CURRENT INFORMATION AND TECHNOLOGY PROVIDE AND MEET EXPECTATIONS?

Concerns have been expressed to Healthwatch that there is no adequate way of measuring those patients issued with CVI by the consultants at BHRUT and people registering a CVI for assessment and support being received by LBH. Without the right information, LBH cannot allocate sufficient resources to people with Visual Impairments.

Healthwatch have tried to consider how best to address this on-going concern. Our approach, admittedly basic, was to issue FOI requests to BHRUT and LBH.

According to the FOI responses received from both organisations, the position for 2016/17 is:

- BHRUT Ophthalmology Department only keeps information in a manual record by patient name and not date; about 300 CVIs were issued in that year
- LBH received in total from all ophthalmology units (i.e. mainly from BHRUT but also from elsewhere) - 93 CVIs

Below are the formal responses from both organisations:

- BHRUT

Healthwatch's FOI request was sent on 20 February 2018, but the response was not received until 21 May 2018.

Question: In 2016/17, how many Certificates of Visual Impairment (CVI) were issued by the Ophthalmology Department for people resident in Havering?

Response:

'Further to your request dated 20 February 2018, please find our response to your enquiry below. Please also accept our apologies for the delay in getting back to you.

"Our Ophthalmology department keeps a manual record of this information; however, it is not split by CCG/area. Details are recorded by patient name and not date. We can only estimate that there were circa 300 CVI's in 2016/17."

- LBH

Question: For the year 2016/17 - How many Certificates of Visual Impairment were received by the Council (distinguishing between those issued by BHRUT and those issued by other ophthalmic units, if any)

Response:

93 Certificates of Visual Impairment. This information is not held in the way requested and cannot distinguish between BHRUT and other Ophthalmic units

Question: How many assessments of need were made following the receipt of a CVI. How many assessments, if any, were made of individuals needs for support as a result of visual impairment were made without the issue of a CVI

Response:

With CVI - 87

Without CVI - 149

Question: How many people, if any, refused registration as blind despite the issue of a CVI

Response: Information not held

Consider

To make good commissioning decisions and plan appropriately for health and social care, managing all long-term conditions requires all organisations to work together, maximising the use of, and sharing, clinical information and technology.

Recommendation 12:

That BHRUT update their manual recording of CVIs to an electronic database which can provide information in a timely and accurate way to support both BHRUT and the wider health and social care community

Recommendation 13:

That BHRUT review its procedures to ensure that all medical staff are complying with the Royal College guidelines. All Consultant staff and Hospital Eye Clinic staff observe the Guidance note from DH England published 17 August 2017

Recommendation 14:

That BHRUT and LBH work together to share the data on CVIs and RVIs to support the appropriate commissioning models for both health and social care and support the epidemiological analysis work which is reported via an NHS England Public Health Indicator

6 WHAT IS THE ROLE OF THE LONDON BOROUGH OF HAVERING (LBH)?

LBH is responsible for assessing the needs of the Borough's population and delivering a range of support and social care provision for people with sight disabilities, and this includes working with voluntary organisations. Under the Care Act 2014, local authorities continue to have specific duties to assess and provide information, rehabilitation and support to visually impaired people. This includes making contact with people within 2 weeks of receiving their CVI. LBH is also responsible for the formal registration process of CVI.

- Numbers of patients registering

Concerns have been expressed to Healthwatch that there has been a decline in the number of patients registering for assessment with the borough, the rationale for this concern being that a deterioration in people's eyesight predominantly affects the older generation and Havering has the oldest population in London which is also steadily growing, so a decline in registering seemed counter-intuitive.

This was tested by another FOI request.

Question: Please provide the number of people registered with the Council as blind as of 31 March (or the nearest available date) in each of the years 2010, 2011, 2012, 2013, 2014, 2015, 2016 and 2017.

Response:

- 2010-11 = 1258
- 2013-14 = 1284
- 2016-17 = 1134

LBH explained that the number of registrations is measured only once every three years, hence it was not possible to provide data for each of the years specified.

Healthwatch followed this up with a meeting with the Service Manager for Disabilities in December 2017, at which he offered the view that Havering's numbers registered appeared lower than other boroughs because, as part of the preparation for the registration review in 2016/17, they carried out a comprehensive review of the existing register and removed from it people who were no longer in the borough, including those that had died or moved away - in some cases, a while earlier, because the service is not notified of every death or move outside the borough.

This explanation goes some way to explaining the apparent statistical anomaly but may not be a complete answer.

Social Care Information Centre

The Health and Social Care Information Centre data for 2014 does demonstrate a similar trend however, the report raises its concern about the accuracy of the 152 councils reporting.

"The statistics relating to blind people who have an additional disability may understate the true numbers.

"Due to additional guidance on deaf blind registration where there was information on additional disabilities for people having multiple disabilities including deaf or hard of hearing,

councils were advised to count this under the category of deaf or hard of hearing. This could lead to a bias towards deaf or hard of hearing disabilities" (emphasis added)

Consider

It has not been possible for Healthwatch to assess whether there is a genuine decline in the number of patients seeking assessment as part of the CVI and RVI process. As LBH has recently undertaken a comprehensive review of the list, going forward, LBH is in an advantageous position to be able to monitor accurately the number of residents with a CVI or an RVI.

The FOI response from BHRUT has demonstrated, however, that record keeping for CVIs is by use of a manual system and is only able to offer very approximate confirmation of numbers of CVI's undertaken by the Ophthalmology Department, seemingly and crucially without being able to identify the borough of residence so that neither the local authority can be confident of the number of residents eligible to be registered nor the CCG can be confident that it is paying through its commissioning arrangements for the right number of patients .

The RNIB's Sight Loss Data Tool is the UK's biggest collection of eye health datasets. It collates a wide range of publicly available datasets enabling a tailored story about the local area; and the benchmarking report shows users how local areas compare to their region and nation, across a set of key indicators.

Recommendation 15:

That LBH consider incorporating the RNIB database information into its commissioning intentions and requirements to support both current and predicated service models

Voluntary Sector services

During the process of completing this report we have had the pleasure of working with three voluntary groups, Havering Over Fifties Forum (HOFF), Sight Action Havering and the Partially Sighted Group. It has been invaluable spending time with their members to seek their views on eye services. The Partially Sighted Group and the Havering Over Fifties Forum both benefit from LBH support, particularly with the use of premises as they average between 50 – 120 members each.

LBH is undertaking a 'Review' to ascertain if they can continue to provide the Yew Tree Resource Centre on a Monday evening. This is a much-valued focus point for Havering residents who are partially sighted or blind.

While it is necessary to ensure that public funds and resources are used to best effect, it is easy to create an impression that out-of-hours provision are subordinated more to the convenience of staff and cost control than to addressing the inequality of disadvantaged people being unable to access facilities others take for granted.

Consider

There is good access to information and personal support in the borough. In addition, there is on-going development to support further use of electronic systems.

The challenge for LBH is to consider ways in which individuals who are not able to access electronic services such as email or use or afford a smart phone are kept informed and aware of services and

opportunities as these people may be some of the most vulnerable in the community.

People who have a visual impairment are not always able to access clubs or other social gatherings and facilities that others are able to use.

Recommendation 16:

That LBH continue to support voluntary services such as those meeting at Yew Tree Lodge and the opportunities that they provide for residents and, in particular, the highly valued evening club

Recommendation 17:

That LBH accept that people who are not digitally literate or able to access digital systems require support to ensure that they can continue to be involved in their community and the opportunities this offers

7 THE IMPORTANCE OF GOOD AND ACCESSIBLE INFORMATION

Healthwatch England gives the following advice on 'What should you expect from the NHS when it comes to accessible information?'

The aim of the standard is to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need.

This includes making sure that people get information in different formats if they need it, for example in large print, braille, easy read or via email.

It also includes appropriate support to help individuals communicate, for example, support from a British Sign Language (BSL) interpreter, deafblind manual interpreter or an advocate.

All organisations that provide NHS or adult social care are required to follow the new standard, including NHS Trusts and Foundation Trusts, and GP practices.

Five things that you should expect from organisations that provide NHS or adult social care:

- You should be asked if you have any communication needs, and asked how these needs can be met
- Your needs should be recorded in a clear and set way
- Your file or notes should highlight these communication needs so people are aware and know how to meet them
- Information about your communication needs should be shared with other providers of NHS and adult social care, when they have consent or permission to do so
- Information should be delivered to you in a way you can access and understand, with the option for communication support if needed

Consider

The evidence we have seen suggests that some people leave the Eye Clinic not fully realising the implications of the diagnosis that they have a visual impairment.

The support of an ECLO, highlighted earlier in this report, would go some way to alleviating this; but the ready availability of detailed information would also assist in understanding at a time in the affected people's lives when they are particularly vulnerable.

Recommendation 18:

That all organisations aim to achieve the highest possible standards of information, ensuring that they enable people to make informed choices and decision

8 WHAT IS AVAILABLE WITHIN THE COMMUNITY TO SUPPORT HAVERING RESIDENTS?

The following is a brief summary of information available to local residents; it is not an exhaustive guide.

✓ London Borough of Havering

'Information and service guide for people who are vision impaired'

This useful guide is available on line and in printed format. It is **available by contacting the Customer Services, Adult Social Care** on 01708 432000

www.haveringcarepoint.org/care-advice/living-with-a-sensory-impairment/

'browsealoud' software is available to improve accessibility of webpages. It enables users to change the colour scheme, alter text size and have information read aloud:

www.texthelp.com/en-gb/products/browsealoud/

✓ CarePoint

CarePoint are the Council's Information Service point. They can provide advice on a wide range of issues related to Sight Impairment, such as which concessions people are entitled to and they actively promote residents registering as it helps the council improve the support available for those living with sight impairment in Havering.

CarePoint offer Drop-In clinics across the borough, and to contact them for more information you can

Telephone 01708 776770 selecting option 2

Email carepoint@peabody.org.uk

✓ Sight Action (Havering)

Sight Action (Havering) is a local voluntary sector society for vision impaired people in Havering. Sight Action is also a registered charity (1078815).

It is supported by East London Vision (ELVis). ELVis is designed to provide an effective and efficient way of ensuring that vision impaired people living in East London get the support and services they need.

Sight Action also works closely with the Thomas Pocklington Trust.

Sight Action has a wealth of experience and knowledge and works closely with the RNIB to achieve the best possible standards of care for residents in the borough.

Email enquiries@sightactionhavering.org.uk

- ✓ Partially Sighted (Havering) - voluntary organisation based at Yew Tree Lodge

Partially Sighted Society Havering is a voluntary organisation, also based at Yew Tree Resource Centre. The Society pays London Borough of Havering for the use of Yew Tree Resource Centre to run a Monday evening social group, and also runs a Drop-In group every Tuesday afternoon.

The Society's meetings give opportunity for residents to meet in the evening, once a month, and provide a much-valued social outing and emotional support. It also provides weekend events such as barbeques where other family members can join in. The Society is well networked into the borough and provides members with information, contacts, advice and transport help to attend the meetings and events. Users were extremely positive about the "club". The service meets on 3rd Monday of each month between 8pm and 10pm. Transport can be provided.

The Drop-In Group service aims to offer advice and information; and to provide opportunities for visually impaired people to socialise with other visually impaired people, and to share hints and advice on how to get around everyday problems they encounter. In addition, the Society's volunteers demonstrate specialist equipment and how they can be used, thus encouraging independent living.

The Drop-In group meets every Tuesday between 12:30pm and 3pm at Yew Tree Resource Centre.

Contacts: Peter Slattery = Peter.Slattery@blueyonder.co.uk and John Slattery = dapjbs@gmail.com

✓ Royal National Institute for the Blind (RNIB)

This nationally respected organisation has a wealth of information and guidance on their website, as well as interactive and video information and the ability to speak to one of their advisers. It is worth a visit and can be particularly helpful for family and friends in helping to guide people through the myriad of complex issues which arise, from clinical advice, to employment opportunities, training and fitness and wellbeing.

Contact: www.rnib.org.uk or telephone 0303 129 9999

✓ Havering over Fifties Forum (HOFF)

The HOFF is a non-political organisation which offers a platform where the over 50's can find information and raise issues which are of a concern to them.

The forum is open to Havering residents aged over 50. It meets monthly, usually on the second Tuesday of the month, in the Council Chamber at Havering Town Hall

Contact 07541 511973 for general enquiries; 01708 733711 for membership

Website: www.havo50forum.org

Email: contact@havo50forum.org

9 BACKGROUND READING

To support our work, we have sourced the following documents which we hope will provide additional information to the reader.

1) The Importance of an Eye Clinic Liaison Officer – the link below takes you to the RNIB site where a detailed paper sets out the economic benefits to having an ECLO as a key member of the service.

   http://www.rnib.org.uk/economic-impact-eclo

2) The Royal College of Ophthalmologists provide as part of its professional resources advice on the CVI

   www.rcophth.ac.uk/professional-resources/certificate-of-vision-impairment/

   It has also produced two videos of interest:

   http://youtu.be/yk0sFBtKNf8 for professionals

   http://youtu.be/4iX_0_SlLOE for patients

3) Certificate of Visual Impairment

   www.gov.uk/government/publications/guidance-published-on-registering-a-vision-impairment-as-a-disability

4) Information available from RNIB

   www.rnib.org.uk/eye-health/registering-your-sight-loss

5) DVLA guidance and RNIB guidance for drivers

   patient.info/doctor/visual-disorders-dvla-guide

   www.rnib.org.uk/information-everyday-living-getting-around/driving

6) LBH advice services

www.havering.gov.uk/accessibility

www.haveringcarepoint.org/.../2015/06/Visual-Impairment-booklet1.pdf

7) The Partially Sighted Group

familyserviceshub.havering.gov.uk/kb5/havering/directory

8) The changes to the electoral system

www.gov.uk/government/organisations/department-of-health

9) UK Vision Strategy – Seeing It My Way

www.visionuk.org.uk/seeing-it-my-way-the-peoples-voice

10) RNIB statistical information

www.rnib.org.uk/.../key-information-and-statistics

11) RNIB Accessible Information Standards AIS

www.rnib.org.uk/sites/default/files/RNIB-FAQLeaflet-GP-Practice-Manager-for-1605-implementation-Oct2016_0.pdf

KAREN'S SUGGESTIONS - *Following from her Prologue on page 4*

EMPLOYMENT

Getting, and keeping, a job is particularly difficult when you have impaired vision. In fact the shocking fact is that only 27% of those of us of working age are in employment. Luckily though there is some support available.

Blind In Business –
http://www.blindinbusiness.org.uk/

This organisation, set up by three blind graduates, provides training & advice for sight impaired people hoping to find work or education opportunities. They sent me on helpful workshops & gave me loads of personal guidance when I was looking for my first full-time job.

RNIB –
https://www.rnib.org.uk/information-everyday-living/work-and-employment

The RNIB provides an absolute wealth of information and advice about how to choose, find and keep a job. For a young person unsure of how to embark on their career, the Trainee Grade Scheme (https://www.rnib.org.uk/information-everyday-living-work-and-employment-practical-support/trainee-grade-scheme) is probably of most interest. This provides a year of paid work in one of many areas of employment - a fantastic way to learn key skills & decide what's right for you.

Access to Work –
https://www.gov.uk/access-to-work

This government scheme provides support if you already have or are about to start paid employment. In my case, I was able to get a voice recorder and a hand-held video magnifier, both of which have been a huge help at work.

Blind Person's Tax Allowance –
https://www.gov.uk/blind-persons-allowance

This allowance means that you can earn an extra couple of thousand pounds before you start having to pay income tax. It's free money, and is automatically added each year, without you having to reapply.

EDUCATION

There is a range of help available for sight impaired people who want to learn & develop their skills.

Disabled Student's Allowance –
https://www.gov.uk/disabled-students-allowances-dsas

While studying, this fund provided me with various pieces of IT equipment plus an assistant for note-taking & other tasks.

Special Examination Arrangements

Wherever you're studying - further or higher education, or gaining a professional qualification - you should request help with materials & exams. I have been able to get electronic versions of printed course materials emailed to me in advance, and had extra time given to me during exams. The format of exams could also be changed to suit your needs. Contact your institution of provider for details.

BENEFITS

You may not think that your sight impairment costs you money, but I can almost guarantee that it does. From paying for taxis that other people wouldn't need, to buying magnifiers & other visual aids, to replacing the bottle of wine that you knocked onto the floor. You're entitled to benefits, so don't shy away from claiming them.

Personal Independence Payments (PIP) –
https://www.gov.uk/pip

Previously known as Disability Living Allowance, this benefit can be paid to you regardless of your income or employment status. The amount depends on how your disability affects your daily life. Contact the RNIB before applying - they can give you essential guidance on how to fill in the forms.

Working Tax Credits –
https://www.gov.uk/working-tax-credit

If you're working more than 16 hours a week, you can claim this benefit and there is extra money available for those with a CVI.

General benefits advice –
https://www.rnib.org.uk/benefits-and-support

The RNIB, as you'd expect, has a wealth of information available on this subject. Note especially that they provide a 'benefits calculator' that will check what and how much you should be entitled to.

TRAVEL

I believe travel is the area of my life which is most affected by my sight loss. Accessing the services below has made an enormous difference to my ability to travel and consequently to my sense of independence.

Freedom Pass –
https://www.londoncouncils.gov.uk/services/freedom-pass

This is the single most beneficial thing that my CVI has given me. It is a card which gives me free travel across London and free bus journeys nationally. I use it on trains, tubes and buses every day. It is only available to residents of London boroughs.

Blue Badge –
https://www.gov.uk/government/collections/blue-badge-scheme

Most people think of the blue badge as being associated with a particular car, but people with a CVI can get a 'mobile' blue badge which they can use in any vehicle in which they're a passenger. Blue badge holders sometimes get free parking or discounts/exemptions on things like the Congestion Charge, so it is well worth having.

Disabled Persons' Railcard –
https://www.disabledpersons-railcard.co.uk/

With this card you can get ⅓ off rail fares on all networks, for yourself and for your companion if you're not travelling alone.

Other rail concessions -
http://www.nationalrail.co.uk/stations_destinations/44965.aspx

Even if you don't buy a railcard, you can use your CVI registration card to get discounts of up to 50% for both of you as long as you are travelling with a companion.

ENTERTAINMENT

It is always worth mentioning your sight impairment when booking tickets for the theatre, comedy clubs etc, and when arriving at an attraction such as a museum or theme park. Frequently you will get a complimentary ticket for your companion, but there are other benefits on offer such as the ability to 'queue jump' at certain theme parks.

CEA Cinema Card –
https://www.ceacard.co.uk/

This card is accepted in many cinemas across the country, and allows your companion to get a free ticket.

TV licence –
http://www.tvlicensing.co.uk/check-if-you-need-one/for-your-home/blindseverely-sight-impaired-aud5

The discount given to blind (severely sight impaired) TV licence holders is a whopping 50%.

The things I've mentioned here are just the tip of the iceberg, but I hope they'll prove useful to anyone considering getting a CVI, or who's not sure what they can do with the one they already have. I recommend doing some Google research, perhaps about your own eye condition, or about how sight impaired people pursue the pastimes you're interested in. It can be a huge relief just to discover that you are not alone, that there are people experiencing similar things to you, and that there are solutions out there which can make your life easier & richer.

Karen

10 TABLE OF ABBREVIATIONS

A&E (Department)	Accident and Emergency Department
BHRUT	Barking Havering and Redbridge University Trust
CCG	Clinical Commissioning Group
CVI	Certificate of Visual Impairment
DVLA	Driver and Vehicle Licensing Authority
ECLO	Eye Clinic Liaison Officer
FOI	Freedom of Information
GP	General Practitioner
HOFF	Havering Over Fifties Forum
LBH	London Borough of Havering
Moorfields	Moorfields Eye Hospital
NHS	National Health Service
RNIB	Royal National Institute of Blind People
Royal College	Royal College of Ophthalmologists
RVI	Referral of Vision Impairment
SLA	Service Level Agreement

Healthwatch Havering thanks all service users, staff and other participants who have contributed to this review for their help and co-operation, which is much appreciated.

Disclaimer

This review is representative only of those service users, staff and other contributors who participated. It does not seek to be representative of all service users and/or staff.

Participation in Healthwatch Havering

Local people who have time to spare are welcome to join us as volunteers. We need both people who work in health or social care services, and those who are simply interested in getting the best possible health and social care services for the people of Havering.

Our aim is to develop wide, comprehensive and inclusive involvement in Healthwatch Havering, to allow every individual and organisation of the Havering Community to have a role and a voice at a level they feel appropriate to their personal circumstances.

We are looking for:

Members

This is the key working role. For some, this role will provide an opportunity to help improve an area of health and social care where they, their families or friends have experienced problems or difficulties. Very often a life experience has encouraged people to think about giving something back to the local community or simply personal circumstances now allow individuals to have time to develop themselves. This role will enable people to extend their networks, and can help prepare for college, university or a change in the working life. There is no need for any prior experience in health or social care for this role.

The role provides the face to face contact with the community, listening, helping, signposting, providing advice. It also is part of ensuring the most isolated people within our community have a voice.

Some Members may wish to become **Specialists**, developing and using expertise in a particular area of social care or health services.

Supporters

Participation as a Supporter is open to every citizen and organisation that lives or operates within the London Borough of Havering. Supporters ensure that Healthwatch is rooted in the community and acts with a view to ensure that Healthwatch Havering represents and promotes community involvement in the commissioning, provision and scrutiny of health and social services.

Interested? Want to know more?

Call us on **01708 303 300**
email
enquiries@healthwatchhavering.co.uk
Find us on Twitter at @HWHavering

Healthwatch Havering is the operating name of
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