

Report to the Health and Wellbeing Board on the development and progress of Healthwatch Havering in its first year 2013/2014

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Executive summary

This paper sets out our role, the way we work and the progress which has been achieved in the first year of Healthwatch Havering.

As Healthwatch is a new national concept, to help provide a good understanding of the role, the sections on **'What we aim to achieve'** and **'About how we work'**, uses direct aims and objectives from Healthwatch England. This report then flows down these aims and ways of working and translates them into our local practice and provides examples of our work.

Our overall approach is to develop programmes which provide us with a good network, building up a detailed picture of the service, and gaining a clear understanding of what is important to the users and their families and to share our findings.

We are strongly committed to working jointly across the Borough to share information and to work as part of the whole system that enables good commissioning and provision of health and care for the people of Havering. We use our powers of Enter and View carefully, recognising that the best and most productive relationships are nurtured and mature over time.

The strength of our work is entirely based in the strength of our volunteer team. They lead and set the priorities and objectives for each work stream. The volunteers base this on their personal knowledge, the experiences that people and organisations share with us and the national and local agenda.

In our first year we have undertaken 6 public events,

- 1 in conjunction with the CCG on intermediate care teams
- 5 cross Borough events 'Have your Say with Healthwatch Havering' on Learning Disabilities and Dementia

The outcomes from these are shared with everyone who attended, our colleagues in health and social care and on our website.

In our first year we have been supported and well received by all our health and social care colleagues and this has considerably helped us to become established and able to undertake our role

1) Background

Healthwatch Havering is part of Healthwatch England whose Chairman is a member of the CQC Board. The Health and Social Care Act formalises the relationship between Healthwatch England, the Secretary of State, NHS England, Care Quality Commission, Monitor and English local authorities.

We are the local independent consumer champion for health and care. This means we always start with people. We understand what people need and lobby for change on behalf of consumers.

2) The key Priorities for 2014/2015

We have identified 6 key priorities for 2014/15 these reflect areas where we have been alerted to concerns, there are changes in service provision, will support overall health and wellbeing of people.

- End of Life Care
- Frail and Elderly Care within the Emergency department
- Access to Primary Care
- Access to Health checks and immunisation
- Continue the programme of Care Home visits
- To identify a project working with Young People

3) What we aim to achieve

Our job is to champion the needs of children, young people and adults. We know that if we can make things better for the most vulnerable in our communities, we will all benefit.

Our work covers health and care and by covering both health and care this allows us to see how providers interact with each other and where their system fails to join up different aspects of an individual's care.

Understanding what matters most to our local people, especially those least included, by always starting with their needs and rights.

- *An example of this would be helping a parent get access to an annual health check for their child with learning disabilities*

We are ambitious - our role is to say where change is most needed. But we are realistic and provide solutions that improve services for consumers.

- *An example of this would be following an Enter and View visit a recommendation to the CCG for the prioritisation of a local care home to receive dedicated GP practice. Another visit resulted in the employment of an additional Activity Co-Ordinator*

4) How we Work

We say where change is most needed. Sometimes we give advice formally, using our powers to raise issues of concern or where we feel we are not getting an adequate response.

Often, we work together with partners to influence their thinking at an early stage and to help them get the design of services right from the start.

- *An example of this would be the joint work with the Borough on key areas to support the challenges and opportunities for Special Needs and Disabilities groups particularly children and young people*

We draw together people's experiences of health and care, expertise from the voluntary sector to establish a local picture of what works and what doesn't.

- *An example of this would be our report to the CQC prior to the inspection of BHRT*

We value knowledge and we seek out data and intelligence to challenge assumptions with facts.

- *An example of this would be the use of the London Ambulance Blue Light data and the CQC data which helped us to prioritise the visits to nursing and care homes; so we could understand the reasons the homes had requested the emergency service*

We keep the debate positive and we get things done.

- *An example of this would be the planned visit to a local GP practice to discuss with them the number of complaints and concerns that we have received about access. We have undertaken a 'mystery shopper' exercise and aim to get a better understanding of the practices problems and if possible offer help to improve the position for patients.*

We work in partnership with the public, health and care sector, voluntary and community sector.

- *An example of this would be the 5 open forum events we held on ‘Dementia and Learning Disabilities’ over a two week period in February/March. Inviting local people and organisations to join us to ‘Have your Say with Healthwatch Havering’ so that we can all ‘hear each other and learn together’*

We learn from specialists and experts’, building on what is already known, not going over old ground

- *An example of this would be our Lead on Learning Disabilities intends to shadow social care services in Learning Disabilities in order to learn how the system works. He also meets with groups such as People First, meets their members and is learning how to communicate effectively in order to better understand their needs.*

We celebrate and share good practice in health and care

- *An example of this would be the opportunity we had to be part of the audit in the Emergency Department at Queens, which was commissioned by the Urgent Care Boar. This identified genuine deficiencies in the health system for frail and elderly people. This work is now leading the development of a new approach to care for frail and elderly people in our community*

5) Our Governance

Board Accountability

Healthwatch Havering was formed in April 2013 and by June we had set out the arrangements for

- The role and membership of Healthwatch Havering
- Management structures for the boards
- The role of Lead/Active/Support Members
- Annual General Meeting
- Committees

We formally published our governance structure and arrangements at our public launch in August 2013. As a Board we agreed that we would review the appropriateness and relevance of the structure in January 2014, and in conjunction with our volunteer members this has been amended to reflect how the organisation has developed and responded to the challenges and opportunities

There is an open and transparent structure for making decisions which enables our volunteer members to influence and determine work prioritisation.

- *An example of this would be the Lead Volunteer Member in Social Care determines and recommends to the board the prioritisation of Enter and View visits.*

We meet monthly as a board and we formally report and discuss our financial accounts and how we have used the funds with our volunteer members. Members of the public are welcome to attend our meetings.

We work hard to be open and transparent

- publish our reports on our website
- the joint public consultation with the CCG is published on the website and a copy of the report is shared with every attendee
- recent evidence collected at public forums such as 'Have Your Say with Healthwatch Havering' will be published and on our website shortly

Our Staff and Volunteer Handbook contain the Nolan principles for standards in public life these shape and support the way we work

People Accountability

Our people are our greatest asset, without their dedication and commitment to wanting to make a difference within their local community it would not be possible to achieve change in services on behalf of individuals and the community.

All Lead and Active Members have a dedicated training programme which provides them with a set of competencies that enable us to be able to deliver our statutory role. A handbook for volunteers has also been developed specifically to support these roles.

All members have the following training before they work on behalf of Healthwatch

- *DBS check*
- *Level 1 Safeguarding Children and Adults*
- *Enter and View*
- *Deprivation of Liberty (DOLS)*
- *Mental Health Awareness training*
- *Dementia awareness, plans to have further in depth dementia awareness training to support visiting of care/residential home*

A training fund is established within our budget and all members are encouraged to identify additional training or events that will enhance their role and experience

6) How Enter and View is used

The legal powers of Healthwatch Havering

The legislation states that anyone who commissions or provides publicly-funded health and social care services has a duty to help Healthwatch to involve local people in the commissioning, provision and scrutiny of those services by allowing Healthwatch to:

- Obtain patient views about their experiences of, and perceived need for, local services
- Make written recommendations on the standard of provision, including whether and how services could or ought to be improved.

The providers of health and social care services should:

- Allow the authorised representatives of Healthwatch to enter and view any services or premises that are providing publicly-funded care
- They are required to provide information about any publicly-funded services or premises when requested by Healthwatch

We take our responsibilities in respect of Enter and View very seriously.

The board approves every individual Enter and View visit. Where there is to be an unannounced visit two Directors review the proposal and planned visits require one Director to approve them.

- All Enter and View visit requests must identify 3 reasons why the visit is deemed necessary
- A work plan which includes the names of the visiting team must be prepared
- A planning meeting prior to the Enter and View is undertaken
- On completion of the visit a de-brief is undertaken immediately and serious concerns are notified to the nominated director and where appropriate to the responsible statutory agency
- A draft report is prepared and issued to the home within 10 working days for comment; the home is allowed to make changes of factual accuracy.
- The final report is shared with the home, the appropriate statutory agencies, and is placed on our website. It is formally reported at the next board meeting.

7) About our programmes of work which enable us to understand what people need

We have been developing dedicated programmes of work, these are demonstrated below and Appendix 1 gives the example of the Hospital Teams Action Plan.

These enable us to get a comprehensive understanding of

- Ways in which we can jointly measure and define good care,
- The rights of people and how these are supported

- The challenges and opportunities within the health and care environment
- Joint approach to collecting and sharing information and overall provision

We manage the process by

- Set Priorities for six months ahead;
- Reviewed on a monthly basis with the executive team and adjusted to accommodate any new issues or concerns e.g. feedback from public forums
- Progress is reported at our monthly meetings
- Evidence and information is shared with our partners usually at formal meetings
- Where appropriate immediate contact is made to ensure urgent concerns are shared and known.

➤ Social Care Work stream

Developing networks across the Borough

- Monthly Borough Safeguarding Meeting since January 2014
- Monthly Borough Quality Assurance Team meeting since January 2014
- Regular meetings with Care Home Providers commenced in August 2013
- Quarterly meetings with local CQC team

Enter and View programme for Care Homes

- Number of homes visited from December to March 2014 = 5
- Number planned for April 2014 to September 2014 = 15 (5 every two months)

Extending this role 2014/15

- Discuss and develop locally the CQC's work on 'End of Life' care
- More extensive training on Dementia
- Establish a better understanding of 'Domiciliary Care'

➤ Hospital Services Work stream

Developing networks across the Borough

- Meetings with the Deputy Director of Nursing at Queen's hospital
- Member of St. Francis Hospice board
- Member of the team attends Queen's board meetings as an observer
- Key high profile meetings - CQC, Coroner Reports
- Attendance at JOSOC on Acute Service reconfiguration in respect of Cardiac and Cancer services

Enter and View programme for Hospital Services

- Visits to Queens will commence once the Trust has published its proposals to respond to the 'Special Measures' position
- St. George's Maternity Services visit in early April

Extending this Role for 2014/2015

- Care of the Frail and Elderly in the Emergency Department
- Discharge processes once the new joint Borough arrangements have been in place for 6 months
- Alcohol and Drug recovery programme
- End of Life Pathway
- Review of the waiting times for Chemotherapy services

➤ Learning Disabilities Work stream (this role began in February 2014)

Developing Networks across the Borough

- Member of the Learning Disability Health Pathway Group at BHRUT
- Member of the Learning Disability Partnership board
- Member of the Children with Disabilities and Special needs forum

Enter and View programme for Learning Disability services

- Planned visits will commence in Autumn 2014
- There will be joint visits undertaken between the Learning Disabilities team and the Social Care team, with a particular emphasis on Dementia

Extending this role in 2014/2015

- To 'shadow' the key members of the Boroughs Learning Disabilities team
- To visit as many providers/users and organisations as possible to enable us to map the provision
- Determine the level of provision and consultation with users, carers and families by and with NELFT
- Investigate issues which are raised by people about the health and social care provision e.g. the provision of yearly health checks

➤ Primary Care Work stream (this role begins in April 2014)

Developing Networks across the Borough

- To liaise with the PERF (CCG)
- A member of the North East London Quality Surveillance Group
- A member of Over 50's Forum

Enter and View programme for Primary Care

- Planned Enter and View visits will commence in Autumn 2014
- These visits could be combined with the Hospital team where appropriate

Extending this role for 2014/2015

- To explore and assess the 'Access' provision to primary care
- To seek advice and support from Public Health and NHS England on the provision of health checks/screening
- To look at the provision of diagnostic services within the community

8) About our team

We are a private company with a board which consists of a Chairman, Company Secretary, Director and General Manager. Between these four individuals there is board and operational management experience in health, local government, independent contractors to the NHS and the voluntary sector. This team is fully involved in the day to day running of Healthwatch and actively works with all of our partners across health and social care.

The team of volunteers have a very diverse background, senior community midwife, director of commissioning; police detective inspector, senior manager of care homes, educational assistants, works manager, councillor, benefits advisor, nursing, media design, psychotherapist and many more.

Each volunteer brings a wealth of knowledge and experience which they share to support both each other and the people of Havering.

All our team is trained to the same standard. This enables the Lead Volunteers to identify some very unique skills to support the individual work plans and provides every volunteer with an opportunity to be part of any team.

