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Havering
LONDON BOROUGH

INDIVIDUALS OVERVIEW & SCRUTINY SUB-COMMITTEE
AGENDA

7.00 pm	Wednesday 4 December 2019	Committee Room 2 - Town Hall

Members 7: Quorum 3

COUNCILLORS:

Nic Dodin
Jan Sargent
Denis O'Flynn
Christine Smith (Chairman)
Ciaran White
Linda Van den Hende
Michael White (Vice-Chair)

For information about the meeting please contact:
Luke Phimister 01708 434619
luke.phimister@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

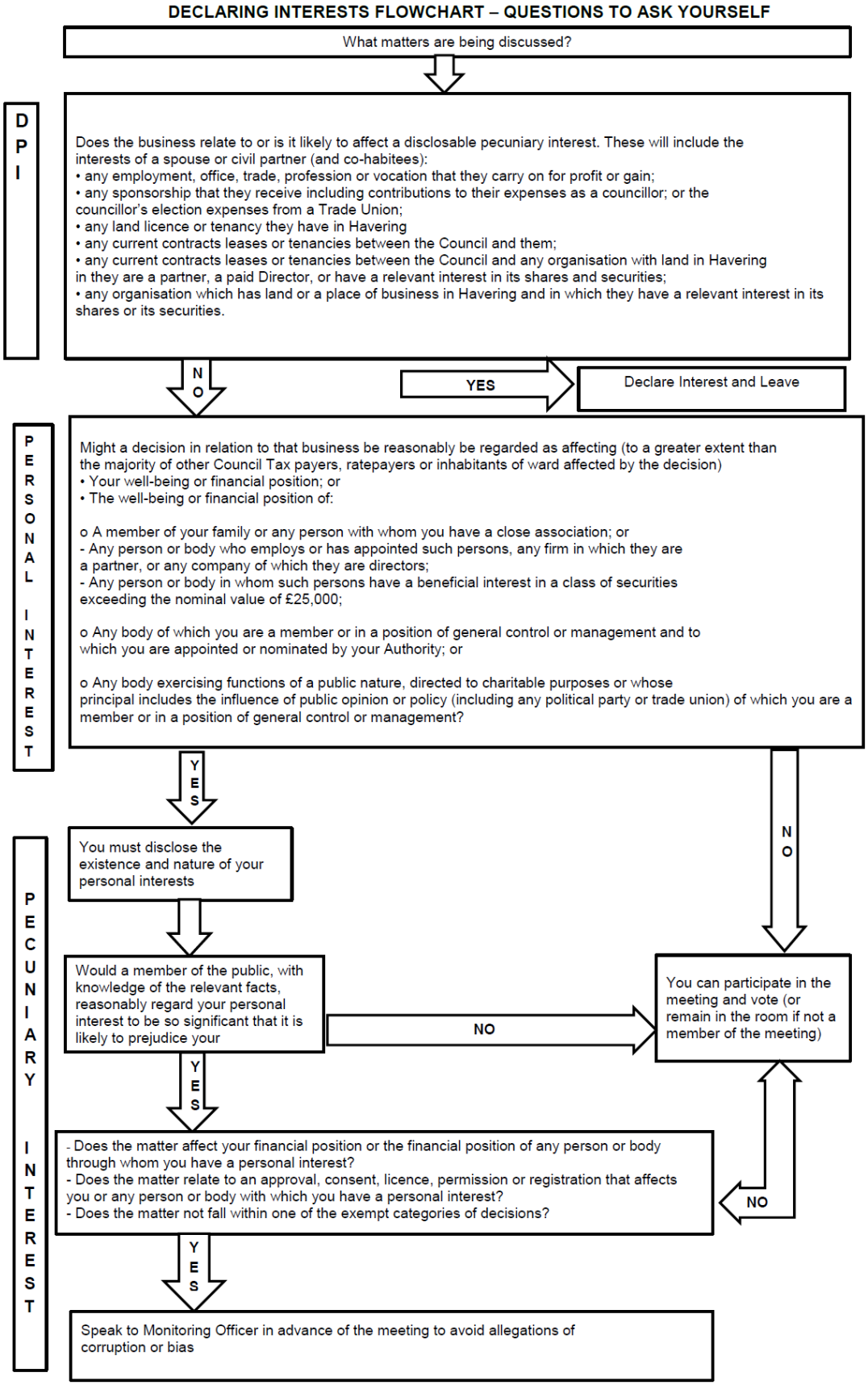
and Scrutiny Board and if approved, submitted for a response to Council, Cabinet and other relevant bodies.

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
What matters are being discussed?
DPI
Does the business relate to or is it likely to affect a disclosable pecuniary interest. These will include the interests of a spouse or civil partner (and co-habitees):
• any employment, office, trade, profession or vocation that they carry on for profit or gain;
• any sponsorship that they receive including contributions to their expenses as a councillor; or the councillor's election expenses from a Trade Union;
• any land licence or tenancy they have in Havering
• any current contracts leases or tenancies between the Council and them;
• any current contracts leases or tenancies between the Council and any organisation with land in Havering in they are a partner, a paid Director, or have a relevant interest in its shares and securities;
• any organisation which has land or a place of business in Havering and in which they have a relevant interest in its shares or its securities.
NO
YES
Declare Interest and Leave
PERSONAL INTEREST
Might a decision in relation to that business be reasonably be regarded as affecting (to a greater extent than the majority of other Council Tax payers, ratepayers or inhabitants of ward affected by the decision)
• Your well-being or financial position; or
• The well-being or financial position of:
o A member of your family or any person with whom you have a close association; or
- Any person or body who employs or has appointed such persons, any firm in which they are a partner, or any company of which they are directors;
- Any person or body in whom such persons have a beneficial interest in a class of securities exceeding the nominal value of £25,000;
o Any body of which you are a member or in a position of general control or management and to which you are appointed or nominated by your Authority; or
o Any body exercising functions of a public nature, directed to charitable purposes or whose principal includes the influence of public opinion or policy (including any political party or trade union) of which you are a member or in a position of general control or management?
YES
NO
PECUNIARY INTEREST
You must disclose the existence and nature of your personal interests
Would a member of the public, with knowledge of the relevant facts, reasonably regard your personal interest to be so significant that it is likely to prejudice your
NO
You can participate in the meeting and vote (or remain in the room if not a member of the meeting)
YES
- Does the matter affect your financial position or the financial position of any person or body through whom you have a personal interest?
- Does the matter relate to an approval, consent, licence, permission or registration that affects you or any person or body with which you have a personal interest?
- Does the matter not fall within one of the exempt categories of decisions?
NO
YES
Speak to Monitoring Officer in advance of the meeting to avoid allegations of corruption or bias

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 3rd September 2019 and authorise the Chairman to sign them.

5 QUARTER 2 PERFORMANCE UPDATE (Pages 5 - 20)

Report and appendix attached.

6 ADULT SOCIAL CARE COMPLAINTS ACTION PLAN UPDATE (Pages 21 - 30)

Report and appendix attached.

7 SOCIAL ISOLATION AND SUPPORTING RESIDENTS (Pages 31 - 38)

Report attached.

8 ENTER & VIEW VISIT TO A&E RECEPTION/PELC (Pages 39 - 56)

Report attached.

Andrew Beesley
Head of Democratic Services

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MINUTES OF A MEETING OF THE
INDIVIDUALS OVERVIEW & SCRUTINY SUB-COMMITTEE
Committee Room 3A - Town Hall
3 September 2019 (7.00 - 9.10 pm)

Present:

Councillors Nic Dodin, Jan Sargent, Denis O'Flynn, Christine Smith (Chairman), Ciaran White and Linda Van den Hende

Apologies for absence were received from Councillor Michael White

5 **MINUTES**

The minutes of the meeting held on 16 July 2019 were agreed as a correct record and signed by the Chairman.

6 **CORPORATE PERFORMANCE REPORT - QUARTER 1**

The proportion of service users had just missed its target although the overall number of people receiving direct payments had still increased. The rate of permanent admission to nursing and residential homes remained within target.

There were low numbers of admission to homes overall meaning that people were able to be cared for at home or in the community for longer periods. Work was also in progress with the Hospitals Trust to discharge more people back to their homes rather than into care homes etc. All cases were reviewed annually but new cases were visited more frequently – usually around every six weeks.

The Sub-Committee noted the quarter 1 performance report.

7 **HEALTHWATCH HAVERING ANNUAL REPORT**

A director of Healthwatch Havering presented the organisation's annual report for 2018/19. Healthwatch currently had approximately 15 volunteers with more volunteers going through training. More than 600 service users, carers and relatives had shared their views on health and social care services with Healthwatch throughout the year. Some 25 enter and view reports had been completed covering hospitals, GPs and nursing & residential homes. This was particularly important given the large number of

care homes within Havering. All enter and view reports were published on the Healthwatch Havering website.

It was agreed that the Healthwatch Havering report on the enter & view visit to the reception and triage areas of A & E at Queen's Hospital should be brought to the next meeting of the Sub-Committee.

The Healthwatch Havering report into Vision Services had been published in June 2018 and the Hospitals' Trust had acknowledged the shortcomings in these services that had been identified by the report. Healthwatch recommendations in these areas had also been implemented in other areas of London. This had included the computerisation of the eye care records system at the Hospitals' Trust (BHRUT) in order to ensure details of new patients with vision difficulties were passed on to social care. BHRUT had also agreed to the reintroduction on an eye clinic liaison officer to be based at Queen's.

Healthwatch felt that the optical unit at Queen's was not big enough and this made it impractical to accept help from the Sight Action Group. It was hoped this could be revisited if the unit was to be expanded in the future.

Healthwatch Havering was funded principally by monies from the council's adult social care budget and the level of this had been unchanged since 2013. Small amounts of additional income were derived from e.g. work commissioned by the Clinical Commissioning Group. The existing Healthwatch contract ran until 2024 and volunteers were involved in all levels of the management of the organisation.

Any safeguarding concerns arising from enter and view visits to care homes were raised with the Council's social care teams. Healthwatch work would now be focussed on premises with a good or outstanding Care Quality Commission rating which was now several years old.

A Member would give the Healthwatch director details of recent problems he had witnessed at A & E at Queen's including patients on occasion being seen in the waiting area, rather than in cubicles. It was acknowledged that A & E staff were now more aware of the red card system used to give treatment priority to chemotherapy patients.

Healthwatch recommendations were monitored via action plans in the case of Council or NHS premises or by follow up visits to care homes etc. Healthwatch had only a limited social media presence due to a lack of personnel to maintain this.

Officers reiterated that concerns on any social care issues should be raised with the appropriate social care officers in order that responses or reassurance could be given.

Healthwatch chose which premises to visit based in part on Care Quality Commission reports and sometimes on proposed services changes e.g. work on cancer services.

It was agreed that the Council's communications department should be asked to give publicity to Healthwatch's work via Living in Havering magazine. A Member raised the issue of access to emergency dental services and it was suggested that these were available from the Royal London Hospital. Social care may be able to assist with an Oyster card etc if the person was in financial difficulties.

The Sub-Committee noted the annual report and confirmed its recommendation that publicity be given to Healthwatch Havering via Living in Havering magazine.

8 SAFEGUARDING ADULTS TOPIC GROUP

Social care officers explained that adult safeguarding was defined as people and organisations working together to prevent abuse or neglect. This was made a statutory responsibility of Local Authorities under the Care Act 2014 and this had led to the formation of a Safeguarding Adults Board. It was agreed that the annual report of the Safeguarding Adults Board should be brought to a future meeting of the Sub-Committee.

The focus was on the prevention of incidents and minimisation of risks such as homelessness or county lines exploitation. Individuals were able to refer themselves to social care and visits to vulnerable people were undertaken where necessary. It was noted however that social care officers did not have any right of entry to properties. The largest proportion of safeguarding referrals to social care came from the Police.

Annual numbers of safeguarding referrals to social care had increased from 293 to 890 in the last six years. This was partly due to better reporting and also due to the threshold for a section 42 investigation now being lower. The most common type of abuse reported was neglect or acts of omission which were usually seen in care or nursing homes.

The service aimed to deliver positive outcomes for people from safeguarding and to empower people to be in control. It was aimed to give people information or advocacy where required in order that informed decisions could be made. There was a very high number of safeguarding cases and a number of factors were considered in how cases were dealt with including family issues, safeguarding of carers and risks to staff. Work was also undertaken in conjunction with Healthwatch and the voluntary sector.

The thresholds for Deprivation of Liberty Safeguards (DOLS) had now changed and this had resulted in more referrals – some 1,607 per year in Havering. This also reflected the large elderly population in Havering. The

Liberty Protection Safeguards were due to take over from DOLS in October 2020. These would start from 16 years of age rather than 18 and be more longer lasting than DOLS. The Council would not be receiving any extra funding to implement these.

It was accepted that Police resources were stretched but local Police Community Support Officers had been effective in deterring some instances of anti-social behaviour.

The Sub-Committee **AGREED**:

1. That the annual report of the Adult Safeguarding Board should be brought to a future meeting of the Sub-Committee.
2. That Councillors Smith, Sargent, Van den Hende and White should form the Safeguarding Adults topic group.

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Chairman

Havering
LONDON BOROUGH

INDIVIDUALS OVERVIEW AND SCRUTINY SUB-COMMITTEE, 4th December 2019

Subject Heading:	Quarter 2 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 2 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 2 (July 2019 – September 2019).

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. For the 2019/20 financial year, the Individuals Overview and Scrutiny Sub-Committee has chosen to continue monitoring the same two indicators that were received in 2018/19, supplemented by regular updates on the results of the Homecare Outcomes Survey. This report and the attached presentation provide an overview of the Council's performance against the two indicators selected. The presentation highlights areas of strong performance and potential areas for improvement.

2. Tolerances around targets have been agreed for 2019/20 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.

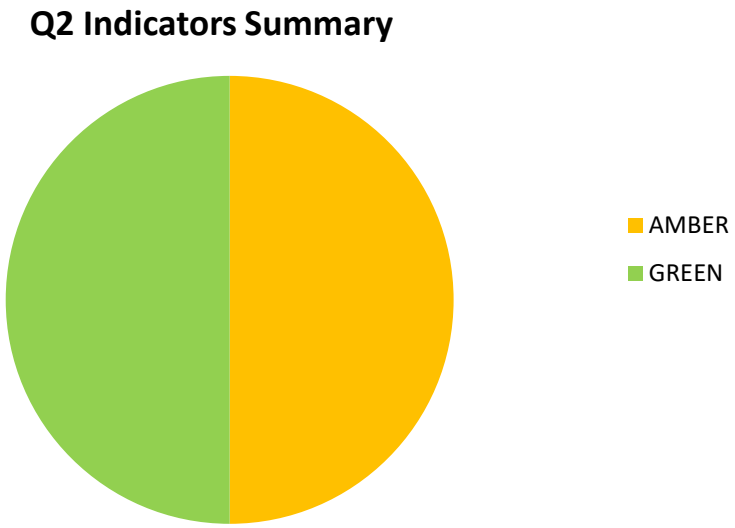
4. Also included in the report are Direction of Travel (DoT) columns, which compare:

    - Short-term performance – with the previous quarter (Quarter 1 2019/20)

- Long-term performance – with the same time the previous year (Quarter 2 2018/19)

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. It should be noted that reporting for the rate of permanent admissions to residential and nursing care homes is cumulative and therefore the Direction of Travel is based on the distance from target for the relevant quarters.

6. Both performance indicators selected by the sub-committee have been included in the Quarter 2 2019/20 report and assigned a RAG status.



Of the two indicators:

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

There has been sustained performance when compared with Quarter 2 of 2018/19 and with Q1 of 2019/20 where one indicator was rated Green and one Amber.

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 childrens and 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 regularly review the Council's progress.

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:

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.

BACKGROUND PAPERS

Appendix 1: Quarter 2 Individuals Performance Presentation 2019/20

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Havering

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Quarter 2 Performance Report 2019/20

Individuals O&S Sub-Committee

4th December 2019

About the Individuals O&S Committee Performance Report

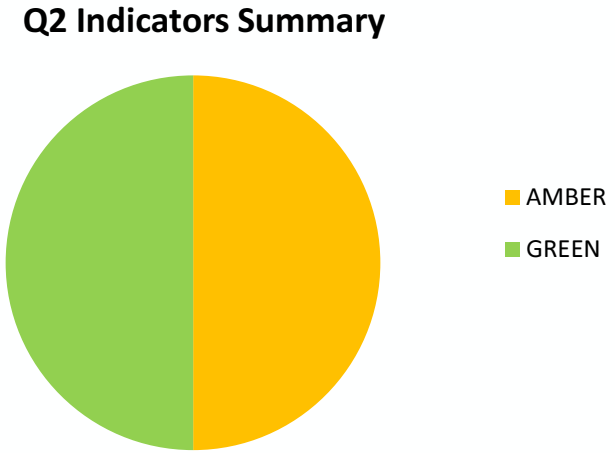
- Overview of the Council's performance against the indicators selected by the Individuals Overview and Scrutiny Sub-Committee

- 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.
- Q2 performance figures are available for both indicators.



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

Quarter 2 Performance

Indicator and Description	Value	Tolerance	2018/19 Outturn	2019/20 Annual Target	2019/20 Q2 Target	2019/19 Q2 Performance	Short Term DOT against Q1 2019/20		Long Term DOT against Q2 2018/19	
% of service users receiving direct payments	Bigger is better	5%	36.2%	36.5%	36.5%	AMBER 35.9%	↓	36.2%	↑	34.9%
Rate of permanent admissions to residential and nursing care homes per 100,000 population (aged 65+)	Smaller is better	5%	601.1	600	295	GREEN 282.8	→	142.6	↑	293

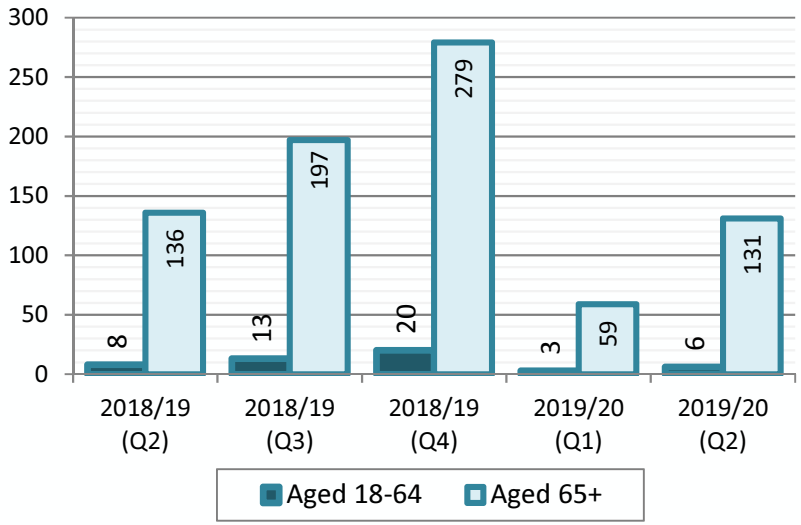
Positive Performance

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

- More Service Users receiving Direct Payments – increased from 679 in September 2018 to 704 in September 2019.

ADULT SOCIAL CARE

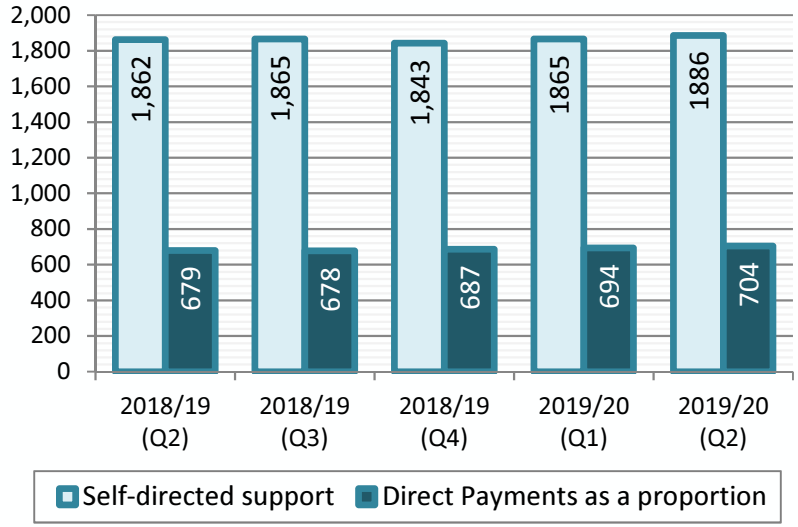
DP 09: Permanent admissions to residential and nursing care homes



By the end of Q2, there had been 6 adults aged 18-64 in council-supported permanent admissions to residential and nursing care, this is 2 less than in 2018/19. when there was 8. There have been 131 adults aged over 65 in council-supported permanent admissions, whereas for the same period in 2018/19 there had been 136.

ADULT SOCIAL CARE

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



At the end of Q2, there were 1,886 service users receiving self directed support, compared to 1862 at the same stage last year There was an increase in the take-up of direct payments from September 2018 compared to September 2019 (679 in September 2018) compared to 704 in September 2019).

Any questions?

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Havering
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INDIVIDUALS OVERVIEW & SCRUTINY SUB – COMMITTEE - 4 DECEMBER 2019

Subject Heading:	Adult Social Care Complaints Action Plan Update
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.
Financial summary:	There are no financial implications as this report is for information purposes and is required as part of the statutory complaints regulations

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

1. Individuals Overview & Scrutiny Committee Members requested an update on the action plan as outlined in the Adult Social Care Annual Complaints report 2018-19, which is attached as Appendix 1.

2. This report provides an update on the action plan.

RECOMMENDATIONS

3. That Members note the actions already taken and those to be implemented that inform service improvements.

REPORT DETAIL

4. **Financial**

4.1 Financial information for service users and families are being provided via a financial checklist, which is signed by service user or family member. A financial charging case note was implemented, although monitoring has not been as robust as when first introduced in 2017. Quarterly reports are now being produced on the use of financial charging case notes, which informs the complaints quarterly reports, as well as being reported to the Director's senior management team meeting/Operational Management Group.

4.2 The Non-Residential Charging Policy has been updated to include an explanation regarding frustrated visits i.e. visits cancelled within 24 hours, that incurs a charge (unless there is a valid cancellation reason as specified). This is available on Havering's website and is also provided as part of the pack for social workers to issue when doing visits.

4.3 'Paying for Care in a residential home, nursing home or residential college' booklets are provided in social worker packs. These had been provided to the Joint Assessment & Discharge Team at Queen's Hospital, and are being used by social workers involved in discharge arrangements. It has been identified that the gap in information may arise where there are Discharge to Assess (D2A) arrangements made by the hospital into nursing care settings (funded by the NHS for up to six weeks), where there may be no social worker involvement in the placement initially. This is to be firmed up by looking at providing a financial assessment pack, with a letter to families and care homes, to advise of charges.

4.4 Issues still arise where a service user may be discharged from hospital into a bed within a care home, and information is not being given about the cost implications once health discontinues their funding. This has implications for Adult Social Care in ensuring that the financial assessment (as required on change of provision) is undertaken in a timely manner, so that there is clarity on charging as soon as feasible.

5. Complaints

5.1 All external provider complaints that are referred directly to the relevant provider, with no Adult Social Care input, are closed at that point to Adult Social Care.

5.2 Where an external provider is to provide information or records to Adult Social Care, as a result of a complaint, they are asked to do so within 15 working days. An escalation process has been implemented where external providers fail to meet the 15 working day turnaround, with such instances being referred to Senior Managers within Commissioning to take forward on behalf of the Complaints Team.

5.3 Increased capacity and closer monitoring of complaints, with weekly update meetings, has improved response times somewhat from 60% within 20 working days in Q1 in 2018 compared to 69% in 2019.

5.4 Two permanent Complaints & Information Officers appointed this year within the Social Care Complaints & Information Team will help to build resilience in the team.

6. Assessments/Reviews/Accessible Information

6.1 Monitoring arrangements are in place for senior managers to review assessments, to ensure that all information is recorded appropriately before decisions are ratified.

6.2 The introduction of the Adult Social Care Liquidlogic system in August 2019 provides a process for managers to review and authorise/sign off assessments.

6.3 Information packs are being provided for social worker visits. There are three packs:

The *Non-Residential care pack* consisting of: 'Payment for Non-Residential Care Service' Booklet; consent and capacity forms, customer survey, information leaflets for Tapestry, Telecare, Careline, Peabody, Carer's Hub; comments/compliments/complaints leaflets; London Fire Brigade information on making an appointment, home safety; direct payments; PA information; advocacy; welfare rights; community navigation leaflet and brokerage.

The Residential pack consisting of; 'Payment for Care in a residential home, nursing home or residential college'; consent and capacity forms; Care Home Check List; Deferred Payment Agreements; information leaflets for Tapestry, Peabody, PA information, advocacy and welfare rights; customer survey; comments/compliments/complaints leaflets and community navigation leaflet.

The OT pack consists of equipment catalogue; universal services list, consent and capacity forms; London Fire Brigade information, top tips for preventing slips and trips; survey; telecare; comments/compliments/complaints leaflet and community navigation leaflet.

6.4 Havering has established four localities where joint working takes place between health and social care. The intention is to bring together health and social care, services to work more actively in partnership, so that we can give joined up solutions to people who need help. The intended result will be that people are better informed and have more information on how to source the help and support they really need.

7. External providers

7.1 In order to ensure that providers understand and can share any issues they are facing, the complaints team and operational social care colleagues regularly attend provider forums. At the forums the expectations of the council are clarified, and any issues or problems experienced can be shared, so that mutually beneficial solutions can be found and any concerns addressed.

7.1 Continuation of Quality & Safeguarding meetings (which includes representation from CQC and Healthwatch) has helped to identify providers that cause concern, with action plans and suspensions of placements being implemented as required.

7.2 The decision to introduce minimum payment to homecare providers has been agreed. The Joint Commissioning Unit are in the process of measuring the benefits and speaking to providers about the change. Meetings are being led by the Programme Manager for Prevention with the Quality Team with all homecare agencies on Adult Social Care's framework, which should be concluded by the end of December.

8. Communication

8.1 Managers are reminding staff within team and 1:1 meetings to ensure that Communication is clear around case closures, and that where financial implications may occur staff ensure that this is actioned appropriately and promptly within the new Liquid Logic system. It should be noted that there are some adjustments and changes still required to the system as this beds in and staff become familiar with the new processes.

9. Actions yet to be reviewed

9.1 The Better Living Model has been in place since February 2018 and will be relaunched in February 2020, with a full policy and procedure review underway to support the relaunch.

9.2 There has been a further review of the Non-Residential Charging Policy following consultations regarding minimum charging and charging for Brokerage with the aim of this being implemented by December 2019.

9.3 Monitoring and authorisation of assessments will be reviewed in March 2021, following the new care management system, Liquid Logic going live in August 2019.

9.4 Review of respite arrangements via direct payments is to be reviewed in April 2020.

9.5 A project to review top up arrangements is due to be completed by April 2020 and reviewed in September 2020.

IMPLICATIONS AND RISKS

Financial implications and risks:
There are no financial implications associated with this report.

Legal implications and risks:
There are no apparent legal implications in noting the progress in implementing the Action Plan.

Human Resources implications and risks:
There are no direct HR implications arising from the recommendations in this report.

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.

APPENDIX 1 - Complaints Action Plan – 18/19

Issues Identified	Lessons Learnt	Action to be taken	Department	Timescale	Review
FINANCIAL					

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 2016/17.
		• 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

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.	March 2020	Non-Residential Charging Policy is being reviewed and consulted on in 2019/20 for implementation by April 2020
Changes in provision (or funding body[1]) 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.

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

Issues Identified	Lessons Learnt	Action to be taken	Department	Timescale	Review
COMPLAINTS					
Percentage of complaints responded to within timescales needs to improve	• 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 presented by increased attendance at Team Meetings and presence in various forums, (i.e. staff events).	• 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.
Resources	• Resources need to be sufficient to ensure timely responses to complaints and that there is sufficient capacity to ensure process is robust.	• Senior Management have identified resource issues within the team that has led to a lack of resilience. This has been addressed through deployment of temporary resources with permanent recruitment underway.	• Business Management	July 2019	January 2020
ASSESSMENTS/REVIEWS/ACCESSIBLE INFORMATION					
Assessments/ Reviews need to be completed appropriately with budget information, relevant signatures, clear recording showing start and	• Assessments need to be completed to ensure compliance with Care Act	• Monitoring and authorisation of assessments –this should be picked up via new social care system	• ASC	Ongoing	March 2021. The new Care Management System (Liquid Logic) will go live for ASC in Autumn 2019. It is anticipated this will support improved recording

Issues Identified	Lessons Learnt	Action to be taken	Department	Timescale	Review
end dates of provision.					
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 2020 and ongoing Better Living implemented February 2018 and for relaunch February 2020	Redesigned locality model to include other Council departments and external agencies on virtual or co-located basis.
EXTERNAL PROVIDERS					
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

Issues Identified	Lessons Learnt	Action to be taken	Department	Timescale	Review
COMMUNICATION					
Poor Communication	• Communication between teams i.e. finance and care management needs improving to ensure changes that have financial implications are actioned in timely manner. • Clarification when case is closed to an individual rather than the service. • Messages taken need to be clear and concise and referred on in a timely manner.	• Service management to pick up with teams and raise in team meetings, 121s etc.	• All	Ongoing	
ACTIONS YET TO BE REVIEWED					
Respite arrangements via direct payments	• Providers need to have clear information of how direct payments should be treated for respite to ensure correct charging levels.	• Joint Commissioning Unit to review arrangements	Joint Commissioning Unit	Dec 2019	April 2020
Contracts not being signed for top-up arrangements	• Contracts should be signed to ensure compliance with top-up fee arrangements.	• A project to review top up arrangements is underway to be completed by April 2020.	• Joint Commissioning Unit	April 2020	Sept 2020

Havering
LONDON BOROUGH

INDVIDUALS OVERVIEW & SCRUTINY SUB-COMMITTEE – 4 DECEMBER 2019

Subject Heading:	**Social Isolation and Supporting Residents who are Socially Isolated**
SLT Lead:	**Barbara Nicholls**
Report Author and contact details:	**Rebecca Smith, Senior Commissioner and Projects Manager** **Rebecca.amy-smith@havering.gov.uk**
Policy context:	**Supports priorities in the Communities section of Havering's 2019/20 Corporate Plan:** • **The needs of our most vulnerable residents are identified and met** • **Families and communities look after themselves and each other**
Financial summary:	**This report is for information only. There are no financial implications.**

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 outlines what social isolation and loneliness are, and the range of ways in which the Council supports residents who are socially isolated. The report outlines how this support will continue to be developed. This report is for information only.

RECOMMENDATIONS

The committee reads and notes the contents of the report.

REPORT DETAIL

Background

Social isolation and loneliness are two different phenomena that can occur during any stage of the life course. The former is an objective method to calculate the number of social interactions someone has. The latter refers to perceived isolation, which is a more serious health risk.

It has been proven that loneliness can be a physical as well as a mental health risk. Singer (2018)[1] states “There is strong evidence that loneliness is associated with poor health and higher rates of mortality. There is also evidence that social isolation even without subjective loneliness increases risk. The effect of social isolation on health appears to be of a similar magnitude to other risks to health, such as high blood pressure, smoking and obesity.”

Age and disability are both linked to the experience of social isolation. Physical and sensory disabilities go hand in hand with social isolation as declining mobility and impaired vision limit social contact outside the home (Marmot, 2010)[2]. A large amount of research has been carried out into social isolation in older people (e.g. Cornwell and Waite, 2009)[3]. The most common reasons for perceived isolation

[1] Singer, C. (2018). Health Effects of Social Isolation and Loneliness. *Journal of Aging Life Care*, [online] 1. Available at: https://www.aginglifecarejournal.org/health-effects-of-social-isolation-and-loneliness/ [Accessed 8 Nov. 2019].

[2] Marmot (2010). *SOCIAL ISOLATION AND PHYSICAL AND SENSORY IMPAIRMENT*. [online] Bristol. Available at: https://www.bristol.gov.uk/documents/20182/34732/Social%20isolation%20and%20physical%20and%20sensory%20deprivation_0_0_0.pdf/393c572d-5eeb-4b01-b013-b7139843af8e [Accessed 31 Oct. 2019].

[3] Cornwell, E. and Waite, L. (2009). Measuring Social Isolation Among Older Adults Using Multiple Indicators From the NSHAP Study. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, [online] 64B(Supplement 1), pp.i38-i46. Available at: https://academic.oup.com/psychsocgerontology/article/64B/suppl_1/i38/554405 [Accessed 23 Oct. 2019].

among older people are from the experience of bereavement and the greater likelihood of living alone.

Research from the London School of Economics has estimated that loneliness costs £6,000 per person for a decade of an older person's life in health costs and pressure on local services. As the condition is linked to lower levels of physical and mental health, and higher reliance on GPs, hospitals and social services. Researchers say that tackling this issue could save £3.6m over five years.

The Council commissions various options to provide support to people who experience social isolation and delivers initiatives to improve inclusion for certain groups. This report will outline these, and how support for social inclusion will be developed in the future.

Commissioned services

In 2016, the council redesigned its Voluntary and Community Sector (VCS) commissioned offer, and recommissioned services delivered by the VCS in 2017 to deliver against a uniform set of outcomes. A key outcome was to improve social inclusion for isolated residents, and prevent residents from becoming socially excluded. The commissioned offer focuses on reducing social isolating for adults in the following six cohorts:

- People with dementia or Alzheimer's
- People who are frail and elderly
- People with physical or sensory disabilities
- People with mental health problems
- People with learning disabilities or autism
- Carers of people in the above groups

We now commission ten services with seven voluntary sector providers to deliver social inclusion projects in a number of different ways:

- A lunch club for people with Dementia delivered by Tapestry
- 'Singing for the brain' singing groups for people with Dementia delivered by Alzheimer's Society
- One to one support and groups for people with physical and sensory disabilities delivered by Havering Association for People with Disabilities (HAD)
- One to one support and groups for people with autism delivered by Sycamore Trust
- Peer support groups and care navigation service for people with mental health problems delivered by Havering MIND
- Peer support groups and care navigation service for people who are older and frail delivered by Age UK

- Support groups, training to support the caring role, and one to one support for carers delivered by Havering Carers Hub

Alongside running groups and providing one to one support, these services also deliver a range of social events for people who use the service. For example, Havering Carers Hub run regular carers forums and celebration events at Christmas, and during national carer's week and carer's rights day. These services also deliver outreach and projects which aim to improve social inclusion for people through awareness raising. For example, Sycamore Trust run an 'Autism Ambassadors' scheme where volunteers with autism run sessions with local businesses and organisations to raise awareness of autism, and how to ensure their business is inclusive for people with autism.

In the 2018 / 19 financial year, over 1000 residents were supported through this commissioned offer.

These services will all maintain an offer over the Christmas period as we know that this is a time in which experiences of isolation can be heightened.

A framework has been developed to measure the outcomes delivered through the VCS commissioned offer. All of our VCS providers report six monthly on changes in quality of life, social inclusion and resilience for their cohort as a result of using the service. In the 2018/19 financial year, 87.5% of service users from across the cohorts reported an improved quality of life, and feeling less isolated and more resilient. Each service also collates quarterly service user stories which demonstrate the outcomes delivered in a qualitative way. Service user stories tell us that through accessing these services isolated people have made friends and socialise regularly, people have joined new clubs and started doing new activities, and carers feel like they have more in their life than their caring role.

Below is a user story from Mr S who has accessed the Age UK peer support service 'Diamond Geezers'.

When Mr S first started he was quiet and quite withdrawn. He had lost his wife and was looking for a group where he could express his grief and also allow him to gain friends as he was becoming increasingly socially isolated.

He had enjoyed holidays with his wife but had not been away for many years. They had owned a caravan, where they went regularly with their family. This had been sold when they could no longer make the journey. This was something he missed a great deal.

He attends Diamond Geezers weekly and is a popular member. He meets a couple of the men for meals out quite regularly. He now has peer support which he had needed for so long. "For a couple of years I have felt alone, I now feel like I have friends"

Another member of the group arranges day trips and holidays as part of a horticultural society that he belongs to. He has opened this up to Di's Diamonds

members. Mr S has been away on holiday for the first time in many years. "I missed the holidays and thought I would never go away again, but this has made such a difference"

"Before Diamond Geezers I had been alone for a couple of years but now I have friends and it's all thanks to the group. I don't know what I would do without it"

Other preventative services

The council commissions other preventative services which can help reduce isolation for certain client groups. Floating support services support people with learning disabilities, people with mental health problems, and ex-offenders amongst other groups. Floating support is largely focused on supporting people to maintain their tenancies and live independently in the community, but through this support will help service users to build social contacts, and link them in to activities in the borough. One example is the floating support service for people with learning disabilities, which runs regular social events for service users which include meals out, bowling trips, and day trips.

Direct Payments and Personal Assistants

Another route to support for those who are isolated is through a Direct Payment. Service users can receive a Direct Payment to pay for activities to support social inclusion. An example could be a resident with a physical disability using a Direct Payment for a Personal Assistant to take them to the theatre.

A Personal Assistant is an individual who is employed by a service user to provide their care or support. They can be used as an alternative to a care agency. Employing a Personal Assistant is another route by which a resident could be supported to be less isolated. Personal Assistants are selected by the individual and can develop a more personal relationship with an individual than a care agency worker, and build social interactions with the individual over time.

It is a priority for Adult Social Care and Commissioning to increase the number of Personal Assistants working in Havering to ensure that as many residents as possible can receive their care and support in a personalised way. The Council employs a 'PA Coordinator' who supports existing Personal Assistants in their role, and supports prospective Personal Assistants to start working in Havering.

There are a number of Personal Assistants in Havering who specifically support residents with social inclusion.

Initiatives to improve social inclusion for specific groups

One strong example of an initiative that the council delivers to improve social inclusion for a marginalised group is the Dementia Action Alliance which encourages and supports communities to take practical actions to enable people to live well with dementia and to make the lives of those people and their carers better. The Dementia Action Alliance works with all areas of the community to make simple changes to remove the difficulties experienced in everyday life by

people with dementia and their carers, and enable them to more actively engage in their community. Havering currently has the status of 'Working towards becoming a Dementia Friendly Community'.

Future developments

There are a number of initiatives currently in development which will support people who are isolated and increase social inclusion for certain groups. A few of these are highlighted below.

Local Area Coordination

The Council is in the process of testing a new way of supporting people and communities in Havering through an approach called Local Area Coordination. We will be employing Local Area Coordinators in Harold Hill initially. Local Area Coordinators work in small geographical areas (of up to 10,000) residents to make communities more welcoming and inclusive places, and to support vulnerable residents who are reliant on services and unable to contribute to their community into active citizens. Local Area Coordinators will be introduced to residents who are isolated, and will walk alongside them to help them to achieve their vision of a good life, and link them into all of the assets that exist within their community.

We hope to have Local Area Coordinators working in Harold Hill by March / April 2020.

Autism strategy and social inclusion for people with autism

Through the new all age autism strategy and action plan which is currently in development, we hope to be able to deliver more initiatives to make Havering a more inclusive place for people with autism, in a similar way to the work that has been done by the Dementia Action Alliance to make Havering a more welcoming place for people with Dementia.

Personal Assistants

As mentioned above, there are a number of Personal Assistants who support residents with social inclusion. We would like to use the skills and knowledge of these individuals to develop an enhanced Personal Assistant offer for people who are socially excluded. There are plans to bring 12 Personal Assistants together in February to discuss how they could work together to improve the offer to people who are isolated through sharing information, knowledge and learning.

IMPLICATIONS AND RISKS

Financial implications and risks:
There are no financial implications or risks raised in this report

Legal implications and risks:
There are no legal implications or risks raised in this report

Human Resources implications and risks:
There are no HR implications or risks raised in this report

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.

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Havering
LONDON BOROUGH

INDIVIDUALS OVERVIEW AND SCRUTINY SUB-COMMITTEE, 4 DECEMBER 2019

Subject Heading:	Healthwatch Havering – Visits to PELC and A & E
Report Author and contact details:	**Luke Phimister, Democratic Services Officer, London Borough of Havering**
Policy context:	**Healthwatch will give details of recent visits undertaken by the organisation.**
Financial summary:	**No impact of presenting information itself.**

SUMMARY

This report gives details of recent enter and view visits undertaken by Healthwatch Havering to local emergency care facilities.

RECOMMENDATIONS

That the Committee notes the information presented and takes any action it considers appropriate.

REPORT DETAIL

The attached report from Healthwatch Havering gives details of recent visits it has undertaken using its 'enter and view' powers to the A & E department at Queen's Hospital including the assessment and treatment facilities managed by the Partnership of East London Cooperatives (PELC).

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.

Enter & View

Queen's Hospital, Romford

Rom Valley Way
Romford RM7 0AG

Emergency Department (A&E) Streaming and Urgent Treatment Centre

provided by PELC

(Second visit: Unannounced)

12 June 2019

Healthwatch Havering is the operating name of
Havering Healthwatch C.I.C.
A community interest 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 Community Interest 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

What is Enter and View?

Under Section 221 of the Local Government and Public Involvement in Health Act 2007, Healthwatch Havering has statutory powers to carry out Enter and View visits to publicly funded health and social care services in the borough, such as hospitals, GP practices, care homes and dental surgeries, to observe how a service is being run and make any necessary recommendations for improvement.

These visits can be prompted not only by Healthwatch Havering becoming aware of specific issues about the service or after investigation, but also because a service has a good reputation and we would like to know what it is that makes it special.

Enter & View visits are undertaken by representatives of Healthwatch Havering who have been duly authorised by the Board to carry out visits. Prior to authorisation, representatives receive training in Enter and View, Safeguarding Adults, the Mental Capacity Act and Deprivation of Liberties. They also undergo Disclosure Barring Service checks.

Occasionally, we also visit services by invitation rather than by exercising our statutory powers. Where that is the case, we indicate accordingly but our report will be presented in the same style as for statutory visits.

Once we have carried out a visit (statutory or otherwise), we publish a report of our findings (but please note that some time may elapse between the visit and publication of the report). Our reports are written by our representatives who carried out the visit and thus truly represent the voice of local people.

We also usually carry out an informal, follow-up visit a few months later, to monitor progress since the principal visit.

Background and purpose of the visit:

Healthwatch Havering is aiming to visit all health and social care facilities in the borough. This is a way of ensuring that all services delivered are acceptable and the welfare of the resident, patient or other service-user is not compromised in any way.

IMPORTANT NOTE:

This report relates to the Emergency Department (A&E) Streaming and Urgent Treatment Centre as it was observed during the visit on 12 June 2019. Between then and the publication of this report, various changes and improvements were made in day-to-day operation, so that the circumstances reported are not necessarily reflective of current conditions. Although the ticket machine referred to in the report has still not, at the time of publication, been installed, it is understood that it is due to be installed soon, and that improved signage will also then be provided.

Introduction

Although the bulk of services at Queen's Hospital are provided by the Barking, Havering and Redbridge University Hospitals Trust (BHRUT), the Urgent Treatment Centre (UTC) and streaming of patients arriving for emergency or urgent treatment is provided by PELC (the Partnership of East London Co-operatives, an organisation set up by GPs in East London to provide some out of hours GP services and other support for primary care).

PELC have been running the current Streaming System since the beginning of July 2018. The aim of the system is to relieve pressure on A&E by ensuring that only patients who have severe illnesses or injuries are referred to it and that others are dealt with more

appropriately, either in the Urgent Treatment Centre that adjoins A&E, or by referral elsewhere to their GP, pharmacist or other healthcare professional.

PELC have advised that they see and discharge more than 99% of patients within the 4 hour standard, against a target of 98% which is set by the Havering CCG.

Healthwatch carried out an announced Enter & View visit in December 2018, as a result of which a number of recommendations were made for improvement in the arrival and waiting arrangements.[1]

These arrangements were also referred to, in the context of patients receiving treatment for cancer who required urgent treatment for other health issues, in a report of Cancer Treatment at Queen's Hospital, prepared by the Healthwatch organisations for Barking & Dagenham, Havering and Redbridge [2].

Given the importance of the arrangements for initially assessing patients for A&E services, Healthwatch decided to carry out an unannounced visit as a follow-up to the December visit and the later review in March. This report sets out the findings of the follow-up visit.

The Premises

When the team arrived for the visit, there were 52 people waiting in the reception area, 14 of whom were waiting in the queue. Not all of these people were, however, patients but friends and relatives accompanying them; it was not always possible easily to distinguish those who were patients waiting to be seen and those who were the patients' companions.

[1] Queen's Hospital: A&E Streaming and Urgent Treatment Centre (provided by PELC) - visited 5 December 2018 (Healthwatch Havering: March 2019)

[2] Changes to chemotherapy services at BHRUT: a review of patient experience by Barking, Havering and Redbridge Healthwatch (Healthwatches BHR, April 2019)

At the time, there were three Emergency Nurse Practitioners (ENP) and four doctors on duty. There was no duty manager available (in view of other commitments); a doctor offered to talk to the team but they declined as that would not have been the best use of his time.

The team spoke for a while to a very informed ENP who explained the procedure for A & E, and then with the Deputy Manager and an assistant who were most helpful, honest and enthusiastic.

All Patients arriving in the waiting room queue by a "queue here" sign and are seen by PELC staff (ENP's or GP's) who stream them, and depending on condition, decide whether they need to be referred to A & E (Majors and Resuscitation) or can be dealt with in another way. If they are accepted for treatment, they are then registered. Some patients are asked to wait in the PELC area if they need blood tests or X Rays. Minor injuries requiring immediate attention were dealt with in the UTC (Urgent Treatment Centre). Children are signposted to the children's waiting area (which appears quite shabby and lacks toys, television or any means of entertainment for those who are waiting).

A third streaming room had been equipped and was being used while the visit was under way.

All streaming booths had panic buttons.

If patients did not need to be seen in A&E or the UTC, they were referred elsewhere, such as to their GPs, pharmacy, other healthcare professionals or out of hours GP Hubs. Sometimes it was possible for the streaming clerk to make them an appointment elsewhere, such as with the patient's own GP or the GP Hub/out of hours surgery.

People waiting in this room included patients waiting to be streamed, streamed patients awaiting assessment, those waiting to be called to other departments and those part-way through their treatment awaiting results, or to speak to a doctor.

During the visit, the team witnessed several people who had been assessed but were confused about where to go next.

If there were more than 6 people in the queue, the OPEL process (Operational Pressures Escalation Levels) was escalated. The team observed this happening.

Although there were 52 people in the waiting room, staff told the team that there were 25 or fewer actual patients. Every now and then a member of staff would ask for a show of hands to clarify how many of those in the waiting room were actually patients.

The team were advised that patient arrivals for streaming often coincided with the arrival of local bus services (a number of bus routes serve the hospital).

At the time of the visit, over 70% of the patients who walked in were seen within the UTC, an improvement from 45% being dealt with there, which was happening at the point PELC had taken over the contract in July 2018. This reduced the number of patients going to the main A&E department, relieving the pressure there, whilst ensuring patients were treated in the right place at the right time.

The team observed a very active cleaner, and wheelchairs being kept for use.

The team were pleased to witness a chemotherapy patient rightly being afforded priority (although she clearly found being sent to the front of the queue embarrassing!).

The team specifically compared what they observed during this visit with the action plan that had been proffered following the previous visit. They considered that the signage was still in need of improvement, that the "tannoy" system was not in use and that staff were not clear whether the loop system (for hearing aid users) was working.

Use of numbered ticketing for patients awaiting streaming

The team noted that a numbered ticket system for those waiting to be streamed had still not been implemented. Enquiries subsequent to the visit indicated that the ticket machine was on site but that difficulty had

been experienced in arranging for it to be installed and brought into operation.

In consequence, Healthwatch raised this issue with both PELC and BHRUT; it appears that this intervention has prompted some action and, at the time of publication of this report, it was understood that the system was due shortly to be brought into operation.

Recommendations

1. Children coming into A&E must initially go through the same registration process as adults before being signposted to the children's A&E waiting area. The team were told that there were no plans to change the process for registering children but it is **strongly recommended** that consideration be given, in the interests of child protection and safeguarding, to creating a more child-friendly process by moving children's registration elsewhere and that they be sent thence directly to the children's A&E area.
2. Signage within the waiting area still requires updating. It is **recommended** that, when the new ticketing system is introduced, all existing signage be replaced. A sample of an easy read sign that could with advantage be introduced is set out on the following pages.
3. While acknowledging that there are severe physical constraints to the waiting room accommodation, the team observed a number of companions of patients taking up space that ought to have been available for use by other patients. It is **recommended** that all possible effort be made to improve conditions in the waiting area and, in particular, although it is understandable that patients should want to be accompanied by friends or family, they should be encouraged to have only the absolute minimum of companions waiting with them.

4. A member of staff should be tasked to monitor in an obvious way as a means of reassuring patients and ease any anxieties they may experience.

HEALTH PATHWAY GROUP NEWSLETTER

ISSUE 6 – MARCH 2019

Welcome to our Sixth Newsletter!

In this issue:

- Getting help in the right place
- Top Tips for people with Diabetes

Where to go to get help

Self-care

Grazed knee
Cough or cold
Sore throat

Make sure your medicine cupboard is stocked up with over the counter remedies

Pharmacy

Diarrhoea
Runny nose
Headache

Ask at the Pharmacy for advice on common illnesses and medicines to treat them

NHS 111

CALL 111
When it's less urgent than 999

Unsure?
Unwell?
Need to know where to go?

Phone 111 when you need help fast but it's not a 999 emergency

Your GP and Out of Hours

Ear pain
Backache
Throat Infection

For illnesses or injury that won't go away, make an appointment to see you GP, or call your local GP Hub for an out of hours appointment.

Urgent Care Centre

Urgent Care Centre

Fever, fractures, strains, sprains, stitches

Go to the Urgent Care Centre for illnesses and minor injuries

A&E and 999

Choking
Chest pain
Blackout
Blood loss

Call 999 for life threatening situations and go to A&E in an emergency


NHS
CALL
111
Not sure if you need A&E?
Call 111 for medical advice, assessment and direction to the best medical treatment for you.
www.nhs.uk/111

Children's A&E

The Children's A&E service is obviously associated with the PELC area but is a little distance from it and is operated completely independently by BHRUT.

Given the comments earlier in this report about emergency services for children, it was decided that, following on from the visit to PELC, a visit should be carried out at the children's area. This visit was also unannounced but simply because it was a follow on to the main visit.

The team's main objectives were to observe patient flows to the department and to ascertain whether signage from the PELC area to the A&E had been improved.

Regrettably, the team could not see any improvement in signage, which meant the possibility of patients finding it difficult to move between the two areas.

The department's accommodation is very limited. There are a few wall-mounted toys, but the team were advised that the "mobile" ones "walk" very quickly and there is a problem with sanitising them on a regular basis. Staff do have a stock of teddy bears for little ones.

The team were told that, once in the department, children would be triaged within 15 minutes and seen by a doctor within an hour.

As noted earlier in the report, however, currently children attending A&E must first go through the streaming process. It is **recommended** that a more child-friendly process be developed, enabling children to go straight to the dedicated A&E service, with adequate signage to ensure that the risk of confusion is minimised.

Healthwatch Havering thanks all service users, staff and other contributors who were seen during the visit for their help and co-operation, which is much appreciated.

Disclaimer

This report relates to the visit on 12 June 2019 and 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

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