

## **Report to**

## **Individuals Overview & Scrutiny Committee,**

**11 February 2014**

## **Healthwatch Havering: Progress 2013**

### **1 Activity: major issues**

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

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

Although the major focus of attention has inevitably been on the performance of the Queen's Hospital, for obvious reasons, our Social Care team has been paying close attention to the Borough's care homes and, in particular, those identified by the Care Quality Commission and the Council Adult Social Care team as being in need of significant improvement.

### **2 Activity: minor issues**

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

Generally, we carry out that duty by referring people on to those best placed to help them but, occasionally, a more detailed intervention may be needed. Moreover, of course, an approach from a person in distress may be symptomatic of some underlying systemic failure that is within our remit. For example, we have had a number of approaches from people who are concerned about way in which they, or people they were related to or cared for, had been discharged from hospital to home. We are investigating these circumstances, not so much in support of the specific individuals but because if the stories recounted to us are correct - and at the moment, we have no reason to doubt them - there is a

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suggestion that the discharge process may be failing, leaving very vulnerable people exposed to a risk of serious harm when they ought to have no exposure at all.

### **3 Activity: influencing official bodies and others**

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

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

Health - Ian Buckmaster

Individuals - Hemant Patel

Children's Services - Joan Smith

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

In addition, Healthwatch Havering is represented on

- \* St George's Hospital Site Steering Group (currently in abeyance)
- \* Urgent Care Board for Barking & Dagenham, Havering and Redbridge (which also includes the three CCGs, Boroughs, BHRUT and NHS England)
- \* CQC Dementia Advisory Group
- \* North East London Quality Surveillance Group
- \* Local Government Association (LGA) HW Local Peers meetings
- \* St Francis Hospice Clinical Governance Group and the "Dying Matters Week" St Francis Hospice Steering Group
- \* Children with Disabilities and Special Needs Strategy Group

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

- \* CCG Patient Forum Group
- \* Over 50's Forum
- \* HAVCO

Informal meetings are regularly held with senior managers of the Adult Social Care Quality & Assessment Team, BHRUT and CCG on a regular basis and a good working relationship has been established with the local officers of the CQC Inspectorate

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responsible for health and social care facilities in Havering, with regular meetings programmed to discuss matters of mutual interest (including discussion about care homes that are cause for concern); and we have been invited to attend a CQC Quality Summit at Queen's Hospital, prior to the publication of the CQC report on their latest inspection of BHRUT.

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

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

### 4 Activity: public consultation and participation

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

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

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

We plan to hold more such events during 2014. At the end of February and beginning of March, we will be holding a series of events around the Borough, inviting the public to comment on health and social care services for people who have dementia or a learning disability. These events are open to all but we will particularly want to hear from people who are directly affected, and their carers.

### 5 Developing volunteer participation

The Directors decided early on that the differences of function between the former LINK and Healthwatch Havering meant that it was not possible simply to transfer over the LINK membership as it stood. In any event, it soon became clear that many LINK members were not keen to continue in that role, at least until the ways of working and direction of Healthwatch Havering had become clearer. We were clear that we would be looking for particular levels of commitment and

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participation (which had to be developed, rather than taken for granted) and that time would be needed to achieve that: we also wanted to encourage people who had never been involved in the LINK to join us.

We therefore took time to develop a model of involvement that we felt would suit our vision for Healthwatch Havering. In the event, we have not yet been able to recruit sufficient volunteers to fill all of the roles we had anticipated and we have therefore recently carried out a simplification of the structure. We have separated Dementia and Learning Disability, rather than deal with them generically as Mental Health issues, because we have realised that those conditions are of equal importance, justifying detailed consideration, but with greatly differing needs.

Currently, four Lead Members are in post, and twelve Active Members have been appointed; the majority have no previous connection with the LINK. In addition, a total of 61 Supporters are registered. Although there remain a number of Lead Member vacancies, those already appointed have begun work on a variety of issues:

- \* The Social Care Lead Member and members of her team have met the managers and/or proprietors of care homes that have fallen short in CQC report. The team have also written to those care homes that have received good reviews in recent CQC reports
- \* The Hospital Lead Member and her team have met the Chief Executive and/or other senior managers of BHRUT
- \* We have participated in a survey on the use of A&E
- \* Following comments from a member of the public, the Hospital team is reviewing information available on GP practice web sites
- \* The Lead Member for Services for people with Dementia has begun a review of facilities for Havering residents who have dementia, and is participating in a national CQC review of dementia services (the only Healthwatch representative involved in that exercise)
- \* The newly-appointed Lead Member for people who have a Learning Disability has begun work.

All of our current volunteers have now received “Enter & View”, safeguarding, mental capacity and deprivation of liberty training.

## **6 Governance, finance and business support**

Statutory responsibility for the conduct of the legal, financial and business affairs of the Company rests upon the three Directors in accordance with the Articles of Association. The Directors are clear, however, that it is essential for the volunteers who comprise Healthwatch Havering to play an active role in the

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direction of the organisation's affairs. As a result, all volunteers wishing to play an active role in Healthwatch Havering are (after providing satisfactory references, completing a Disclosure & Barring Service (DSB, formerly CRB) check and undergoing appropriate training) admitted to membership of the Company; and those members designated as Lead Members serve on the Strategy, Assurance and Governance Board.

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

- \* Escalation of concerns
- \* Equality & Diversity
- \* Declarations of interest
- \* Complaints' handling
- \* Health & Safety

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

- \* Use of Enter & View powers and responsibilities
- \* Safeguarding Adults and Children
- \* Awareness of deprivation of liberty and mental capacity

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

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

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

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

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

**Ian Buckmaster,  
Executive Director & Company Secretary**

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