

# HEALTH AND WELLBEING BOARD

10 DECEMBER 2013

<b>Title:</b>	<b>Healthwatch: The First Six Months</b>	
<b>Report of the Healthwatch Barking and Dagenham Board</b>		
<b>Open Report</b>	<b>For Information</b>	
<b>Wards Affected: NONE</b>	<b>Key Decision: NO</b>	
<b>Report Author:</b>  Marie Kearns, Chief Executive, Harmony House	<b>Contact Details:</b>  Tel: 0208 526 8200  E-mail: <a href="mailto:mkearns@harmonyhousedagenham.org.uk">mkearns@harmonyhousedagenham.org.uk</a>	
<b>Sponsor:</b>  Frances Carroll: Chair of Healthwatch Barking and Dagenham.		
<b>Summary:</b>  Further to the setting up of the Healthwatch Barking and Dagenham team and Board and the presentation of their work plan for the year, this report is for Members to appraise the progress made so far. It identifies the changes made to service delivery as a result of planned work undertaken by the local Healthwatch team.  The topics which people most frequently and freely comment on are G.P. appointments and both urgent and non-urgent care at Queen's Hospital.		
<b>Recommendation(s)</b>  The Health and Wellbeing Board is recommended to agree:  (i) Consider the report noting the progress made to date		
<b>Reason(s)</b>  To bring to the attention of the Board trends in public opinion with regard to health and social care services of Barking and Dagenham. To advise the Board of any identified gaps in service provision and to be able to influence commissioning in a timely way.		

## **1. Background and Introduction**

- 1.1. Healthwatch is an independent consumer champion for both health and social care. It exists in two distinct forms—Healthwatch England, at the national level and local Healthwatch, at a local level. Healthwatch England is a committee of the Care Quality Commission.
- 1.2. The aim of our local Healthwatch in Barking and Dagenham is to give our citizens and communities a stronger voice to influence and challenge how health and social care services are provided in the borough.
- 1.3. Healthwatch Barking and Dagenham has been in place since the 1<sup>st</sup> April 2013. Although an independent organisation, it is delivered through the general governance arrangements of Harmony House Community Interest Company. This has allowed us to develop more quickly than other Healthwatches that have first had to form themselves into charities or social enterprises. We began by transferring the staff from the Local Involvement Networks (LINKs), as they had employment rights under TUPE legislation, and we were pleased to have the benefit of their experience.
- 1.4. As required by the commissioners we have used the hub and spoke model as a way of engaging the community in our management and delivery processes. Local groups can become Healthwatch Associates. It is through this network that we feed out information such as the latest updates on the Care Bill and the Children and Families Bill. We now have 19 associate groups that cover a wide range of interests. These include Carers, the Alzheimer Society, the Diabetes network and the Translating and Interpreting services. Our associates also provide us with information from their members around their experiences of health and social care services.
- 1.5. In the first month we advertised for our new Board, and were able to attract a good cross section of the community. We have a chair and four executive directors with three further associate directors. The associate directors represent our associate groups whilst our executive directors are individuals who take responsibility for one of four areas on the board: older people, children and young people, health issues and social care issues.
- 1.6. One of the first Healthwatches in London to do so, Healthwatch Barking and Dagenham had its professional launch in May, attended by Patrick Vernon OBE from Healthwatch England. We have regularly taken our seat at the Health and Wellbeing Board and being represented at all of the Board sub-groups.

## **2. Public Consultation**

- 2.1. In September Healthwatch had a public launch: an all day event at Vicarage field. Over 300 people were spoken to and given information about Healthwatch. On this occasion the majority of people were concerned about the closure of Broad Street Walk in Centre. A local pharmacist provided health checks for 100 people that included BMI assessments and blood pressure checks. Examples of other locally available activities, which boost health and wellbeing, were available such as a Yoga and Belly dancing demonstrations and head and hand massages. Further events are

booked to take place in the Heathway Shopping Mall and the Becontree Leisure Centre.

- 2.2. For our first year we have planned to have 19 Healthwatch stands in a variety of places across the borough. We have had 13 so far in libraries, supermarkets, medical centres, Children's Centres and Youth Club provision. In this way our volunteers and staff can approach a wide variety of people to give them information about Healthwatch and ask people for their experiences of services.
- 2.3. The majority of the 120 people consulted in this way have chosen to comment on G.P. services. Experiences reported are almost evenly split between positive and negative views. Just over half commented that services were generally alright with the remainder complaining of waiting too long for an appointment and even being told to go to A & E. There were individual reports of rudeness and an unidentified miscarriage.
- 2.4. Healthwatch Barking and Dagenham keeps in regular contact with people through an online chat site called Street life. Through this source people have mostly chosen to comment on services in Queen's Hospital. There have been 10 recent posts commenting on waiting times for both urgent and non-urgent care. One man reported waiting seven hours to be discharged from a ward. There are also several complaints about the signage in Queen's hospital suggesting that it is difficult to find wards or where patients have been taken to.
- 2.5. Healthwatch undertook a large survey to ascertain public opinion on the proposed closure of Broad Street. The majority of the 200 people consulted said they would rather see their own doctor for urgent care if they could get an appointment in a timely way. As most believed this was not going to happen they wanted Broad Street to remain open. There was also a clear message that the public is confused about the variety of terminology used to describe urgent care settings and when it is appropriate to attend which setting. This report was sent directly to the CCG and copies given to the HWB and the Health and Adult Services Select Committee (HASSC). The response from Healthwatch Barking and Dagenham and others to the CCG consultation on the proposed changes to urgent care services resulted in change. The CCG has offered to make a minimum of 25,000 extra urgent appointments available later in the year, as part of new ways to provide care by family doctors.
- 2.6. Healthwatch has taken 75 calls from the public requesting advice and signposting. Almost a third of these calls have been people seeking benefit advice with the remainder asking advice with regards to complaints and other signposting requests.
- 2.7. Healthwatch Barking and Dagenham have developed a website which we use to provide the public with information. We also have a Facebook page and a twitter account.

### **3. Progress against the Annual Work Plan.**

- 3.1. Healthwatch presented its annual work plan to the Health and Wellbeing Board in September. As well as our public consultation and signposting, we have completed three of our larger pieces of work, one of which was an Enter and View visit.
- 3.2. Having trained five of our volunteers to be Enter and View Authorised Representatives we undertook an Enter and View visit to the wards for Frail and Elderly patients in Queen's hospital. This was a planned visit; with the hospital have prior warning as to what areas we were interested in, and 20 days to feedback on the report. The Director of Nursing replied to our findings by saying that the hospital thought it to be a balanced and fair report and that the recommendations would be taken up in full. Some recommendations were minor including how food was served or the frequency with which patients were helped to clean their teeth, whilst others were larger and more radical. We have proposed and, it has been accepted, that patients who have personal carers at home can have those carers play a larger role during an inpatient episode. We feel this will be doubly beneficial as it will relieve a time pressure on the nursing staff and allow the patients with the most complex care needs to be supported by carers who understand their needs well. The hospital has forwarded an action plan showing how the recommendations have been put in place. We will follow up with an unannounced visit in the New Year. The full report will go to the Integrated Care Board. The Healthwatch Team and board believe this to be an example of best practice in showing how Healthwatch can bring users views to bear on how services are delivered.
- 3.3. Healthwatch has looked at the general dental health of children and young people in the borough and what their views are of the dental services available. Our findings here are broadly in line with the borough's JSNA for the numbers of young people accessing dental services. Of those that went they found the service to be easy to access and the practitioners friendly and reassuring. We found however, that there is still much work to be done in getting the 40% of all of the borough's young people, who do not attend the dentist, to understand the importance of regular dental care. The full report and recommendations will be going to the Children and Maternity and Public Health sub-groups.
- 3.4. At the request of the Health and Adult Social Services Select Committee Healthwatch has undertaken work on Diabetes care for children and younger adults. This has made slower progress as it has been difficult to identify and get feedback from service users of this age group. The Select Committee has been kept informed of our progress and challenges and the full report will be sent to them as well as the Integrated Care and Children and Maternity sub-groups.
- 3.5. The remainder of the work plan will go ahead as scheduled in the New Year.

## **4. Mandatory Implications**

### **4.1. Joint Strategic Needs Assessment**

In developing our work stream Healthwatch Barking and Dagenham has been mindful of the content and data in the Joint Strategic Needs Assessment. In particular the work to be completed on the care of Stroke sufferers reflects the high priority and inequalities associated with this condition for people in Barking and Dagenham.

## **4.2. Health and Wellbeing Strategy**

The topics chosen for the Healthwatch work plan all fall within the four priority themes of the Health and Wellbeing Strategy as highlighted when the work plan was first presented to the Board.

## **4.3. Integration**

Healthwatch Barking and Dagenham is particularly interested in helping to promote integrated working between health and social care services. This is reflected in many of the topics we have chosen for our work plan such as Stroke Services, discharge of elderly patients from hospital and Diabetes services for children and younger adults. Our Enter and View of the hospital wards for the frail and elderly has resulted in carers, employed through personal budgets, being considered as an integrated part of the patients care from the time of admission.

## **4.4. Financial Implications**

Healthwatch Barking and Dagenham is commissioned by the Local Authority and is funded until March 1015.

(Implications completed by: Marie Kearns Contract Manager for Healthwatch Barking and Dagenham)

### **Legal Implications**

None at present

(Implications completed by Marie Kearns, Contract Manager for Healthwatch Barking and Dagenham)

## **5. Non-mandatory Implications**

### **5.1. Safeguarding**

All staff and volunteers of the Healthwatch team are given awareness training on safeguarding issues. A Healthwatch representative sits on the Adult Safeguarding Board.

### **5.2. Property/Assets**

The board of Healthwatch Barking and Dagenham has chosen not to take on a permanent property from which to deliver the service. It was felt that having roving Healthwatch stands would allow more flexibility in the way we access all sections of the community.

### **5.3. Customer Impact**

The entire Healthwatch programme is designed to have the maximum impact on the customers' experience of the health and social care services in Barking and Dagenham. By reporting back the views of the public to this and other relevant Boards we can ensure that consumer is at the heart of all decisions made about their health and wellbeing.