

HEALTH AND WELLBEING BOARD

17 JUNE 2014

Title:	Healthwatch Annual Report 2013/14
Report of Healthwatch Barking and Dagenham	
Open Report	For Information
Wards Affected: NONE	Key Decision: NO
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Sponsor: Frances Carroll, Chair of Healthwatch Barking and Dagenham	
Summary: This report is for Members to see the progress of Healthwatch Barking and Dagenham. This paper is a summary of Healthwatch Barking and Dagenham Annual Report. It outlines the work that has been undertaken by the Healthwatch team this year, highlighting achievements and challenges.	
Recommendations The Health and Wellbeing Board is recommended to: (i) Consider the report noting the progress made in the last year. (ii) Discuss the difficulties that Healthwatch have experienced in receiving feedback/communications from Member organisations as discussed in Section 4 of the report	
Reason(s) 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 Barking and Dagenham has been in place since the 1st April 2013. Although it is an independent organisation, it is delivered through the general governance arrangements of Harmony House Community Interest Company. This has allowed Healthwatch to develop faster than other local Healthwatch organisations.
- 1.2. One of the first local Healthwatch organisations in London to do so, Healthwatch Barking and Dagenham had its professional launch in May 2013 which was attended by Patrick Vernon OBE from Healthwatch England. Healthwatch have regularly taken our seat at the Health and Wellbeing Board and being represented at all of the Board sub-groups.
- 1.3. Healthwatch Barking and Dagenham has used a hub and spoke model as a way of engaging the community in the management and delivery processes. Local groups can become Healthwatch Associates. Currently there are 20 associate groups covering a wide range of interests.
- 1.4. Healthwatch Barking and Dagenham is governed by an Executive Board comprising of a chair, four executive directors and two associate directors.
- 1.5. Healthwatch has, throughout the year, set up opportunities to listen to views from local people and organisations by hosting public consultation events. As part of this Healthwatch has undertaken surveys around specific needs and service provision, as well as carrying out enter and view visits in both hospital and residential care settings. This has provided Healthwatch with invaluable intelligence and helped it to highlight local trends.
- 1.6. Positive outcomes from Healthwatch's representation have included carers being able to go into hospital to provide care, 0844 phone numbers no longer being used by GP surgeries and recommendations from Healthwatch's Dental Report regarding children's dental health being incorporated into the Health and Wellbeing Strategy. Healthwatch has also experienced several challenges throughout the year.

2. Public Consultation

- 2.1. Healthwatch had a public launch and two public events. All three were a success and over 600 people were engaged in total. We have had 20 outreach stands in various places across the borough including libraries, supermarkets, health centres, Children's Centres and Youth Club provision. This has ensured that the local community's views on the services they access have been captured.
- 2.2. From 'your voice' cards and other communication many people were keen to tell Healthwatch about their experiences of using local health and social care services. Over 50 % wanted to tell Healthwatch about their GP service. Over half of these had negative experiences. There was over 35% who shared their experience of hospital services. Over half of which were negative. We had a small number of individuals who shared their experiences of social services and the feedback also shows that over 60% of those had a negative experience.
- 2.3. Healthwatch has taken 105 calls and emails from the public requesting advice and signposting. The calls consisted of individuals wanting to know how to make a

complaint, where to go for benefit advice, issues relating to GP practices, and other signposting requests.

- 2.4. Healthwatch consulted with 200 people on the closure of Broad Street Walk-in Centre. The majority of patients said they would rather see their GP than visit a walk-in centre. However these patients attend walk-in centres because they are unable to get a timely appointment with their GP. The response from Healthwatch Barking and Dagenham and others to the Clinical Commissioning Group's (CCG) consultation on the proposed changes to urgent care services resulted in change. The CCG ran a pilot offering 25,000 extra urgent care appointments as part of a new way to provide urgent care by family doctors.
- 2.5. Healthwatch has a website and continues to use Facebook, Twitter and Streetlife as a means of communicating with the public.

3. Progress against workplan

- 3.1. This year Healthwatch has undertaken five Enter and View Visits and trained seven representatives.
- 3.2. The first visit was to Sunrise Wards A&B at Queen's Hospital, Romford. Our report made nine recommendations which were all accepted by the hospital. Examples; patients have emergency call buzzers positioned where they can be reached. Patients with personal budgets are now able to use their home care staff in the hospital setting.
- 3.3. Three social care visits were undertaken. One was announced and two were unannounced. These were at Darcy House, Cloud House and Look Ahead. One of the visits resulted in a safeguarding alert being made. Healthwatch is continuing to have discussions with one provider about their catering service as they feel that food is not part of health or social care but as part of tenancy agreement.
- 3.4. Healthwatch undertook a project on the experiences of young people accessing dental services. The dental report found 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 report was presented to the Public Health Programmes Board who accepted the recommendations which are included in the next iteration of the Public Health Commissioning Strategy.
- 3.5. At the request of the Health and Adult Social Services Select Committee, Healthwatch looked at the support needs of young diabetics. Overall the findings showed that the experience of services was generally good, however changes need to be made so that information on diabetes is tailored appropriately to that age group. The findings also showed that 38% of the respondents never had their weight checked.
- 3.6. Healthwatch also looked at the how young adults with type 2 diabetes could be supported in the borough. Overall the responses showed that the experience of services was good. However areas of improvement included the promotion of available courses to diabetic patients. There is also the need to revisit the Council's exercise programme and reconsider the times sessions are held to enable individuals to fit the programme around their working life.
- 3.7. Healthwatch Barking and Dagenham undertook a survey at two care homes and a health care department to find how easy it is for staff to raise concerns and "whistle blow" when the behaviour of colleagues is observed to be inappropriate and where the basic principles of care do not conform to an acceptable standard. This project is

still ongoing as there has been difficulty getting surveys back from the 200 employees who were invited to respond.

- 3.8. The Special Educational Need project did not go ahead as this would have duplicated the consultation that the Council were undertaking on the local offer.
- 3.9. The personal budget survey was undertaken due to public consultation. The findings, in the format of a final report, will be going to the Learning Disability Partnership Board for the September 2014 meeting.
- 3.10. Due to Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT) placing new discharge policies and processes in place, the Healthwatch Board felt the project on elderly discharge should discontinue as it would not be possible to see the real impact of the new service until it has had time to settle.
- 3.11. Healthwatch wanted to find out the views and experiences of local people who had been discharged from the stroke service. Information gathered so far shows a wide disparity in the service provided. This work will continue in 2014/15.
- 3.12. In addition to the work plan we undertook three further areas of work.
- 3.13. Healthwatch organised workshops focused on the Community Treatment Teams and the Better Care Fund. Over 70 people attended the event. North East London Foundation Trust (NELFT) and the CCG have taken into account the issues raised during the workshops. One aspect was the publicity of the new services. Information leaflets have been developed for patients explaining the new services and how they work.
- 3.14. It came to our attention that at least 9 GP practices were still using 0844 numbers. The cost of using the 0844 numbers is high compared to using local telephone numbers and disadvantaged many low income patients. Healthwatch Barking and Dagenham highlighted the issue to the CCG. This has resulted in GP practices dropping the 0844 number in favour of the cheaper local telephone numbers.
- 3.15. The pilot surge appointments were designed to offer 25,000 extra urgent appointments through local GP practices. Information gathered so far shows that 16,548 appointments have been offered so far. However Healthwatch requested information under Freedom of Information Act and only 17 GP practices have complied with our request for information. This has been one of Healthwatch's challenges.

4. Challenges

- 4.1. Originally Healthwatch wrote to the 39 GP practices who were part of the surge urgent care appointments system. Only two replied. All practices were contacted again but the response was still poor. A Freedom of Information request was then sent to all the 41 practices, the response was still extremely slow and to date we have only received 17 responses. Healthwatch is now pursuing this matter further.
- 4.2. In order to identify patients being discharged through the stroke service, Healthwatch asked NELFT and BHRUT to contact patients on our behalf. This has resulted in NELFT saying it would have to be referred to their governance committee. The last communication with them was on the 20 November 2013, there has been no correspondence since. BHRUT were waiting for a new member of staff to be recruited and could not help at the time. Healthwatch has had no communication with BHRUT since then. This has resulted in writing to Matthew Hopkins, the newly appointed Chief Executive, for his help in this matter.

Healthwatch will continue to pursue this matter further.

- 4.3. There have been challenges with the care providers, in particular Darcy House, where it has been difficult to find out who is responsible for providing the residents with food. It transpired that it was part of the resident's tenancy agreement. As a result neither the social care provider or the landlord felt it was their responsibility and therefore thought it should not be part of the enter and view report. Despite this, Healthwatch have pursued the matter as not all residents were happy with the standard of food.

5. Networks and Partnerships

- 5.1. During the year Healthwatch staff and volunteers have represented local people's voices on various statutory committees as well as the Health and Wellbeing Board and have facilitated events supporting the CCG and NELFT.
- 5.2. We have a seat on the Safeguarding Adults Board and have been asked to work in partnership with the Board next year to engage with the local community to find out if residents know how to recognise and raise a safeguarding concern.
- 5.3. The team has attended over 300 meetings between them.

6. Mandatory Implications

6.1. Joint Strategic Needs Assessment

When developing our work stream Healthwatch Barking and Dagenham has been mindful of the content and data in the Joint Strategic Needs Assessment (JSNA). 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. The findings of the dental report have also been similar to the JSNA findings.

6.2. Health and Wellbeing Strategy

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

6.3. 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 which were chosen for the 2013/14 work plan such as stroke services and diabetes services for children and younger adults.

6.4. 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

6.5. Legal Implications

Under the Health and Social Care Act 2012 Healthwatch Barking and Dagenham has the power to undertake announced or unannounced 'enter and view' visits to health and social care services.

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

6.6. Risk Management

All those undertaking Enter and View visits are approved representatives who have undertaken training.

6.7. Patient/Service User Impact

The Healthwatch work programme is designed to reflect the views of service user 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 Healthwatch can ensure that the consumer is at the heart of all decisions that are made about their health and wellbeing.

7. Non-mandatory Implications

7.1. Safeguarding

All staff and volunteers of the Healthwatch team are given awareness training on safeguarding issues. A Healthwatch representative sits on the Safeguarding Adults Board. Through one of the enter and view Visits a safeguarding alert was made.

7.2. 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 Healthwatch stands would allow more flexibility in the way we access all sections of the community.

7.3. Contractual Issues

Healthwatch Barking and Dagenham is commissioned by the Local Authority and is funded until March 2015.

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

7.4. Background Papers Used in Preparation of the Report:

None

7.5. List of Appendices

— Appendix 1: Healthwatch Annual Report 2013/14