



# Adults, Health & Community Protection Policy and Scrutiny Committee

<b>Date:</b>	<b>25<sup>th</sup> March 2014</b>
<b>Classification:</b>	<b>General Release</b>
<b>Title:</b>	<b>Healthwatch Westminster 2013/14</b>
<b>Report of:</b>	<b>Healthwatch Central West London</b>
<b>Cabinet Member Portfolio</b>	<b>Adults and Public Health</b>
<b>Wards Involved:</b>	<b>All</b>
<b>Policy Context:</b>	<b>Health and Social Care Act 2012</b>
<b>Financial Summary:</b>	<b>N/a</b>
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## **1. Executive summary**

1.1 This report updates the Committee on the implementation of Healthwatch in Westminster (and the Tri-borough) in 2013/14.

1.2 Healthwatch Central West London is the independent consumer champion for health and social care services in Hammersmith & Fulham, Kensington and Chelsea and Westminster. We are a charity and a subsidiary of Hestia Housing and Support.

1.3 Healthwatch Central West London is membership based and aims to empower and represent the diverse communities in each of our three boroughs, so as to make every voice count. We work to ensure that the person is at the centre of health and social care services and that patients and service users are the first consideration in every decision made by an organisation. We will always maintain an independent position but will work in partnership to achieve positive results.

1.4 The Health and Social Care Act 2012 required local authorities to commission Local Healthwatch organisations from April 2013. The requirements set out in the Act mean Healthwatch Central West London will:

- Obtain the views of the wider community about their needs for and experience of local health and social care services and make those views known to those involved in the commissioning, provision and scrutiny of health and social care services.
- Promote and support the involvement of a diverse range of people in the monitoring, commissioning and provision of local health and social care services through membership of local residents, and service users.
- Enter and view publicly funded health and care services.
- Make reports and recommendations about how those services could or should be improved.
- Provide information to the public about accessing health and social care services and choice in relation to aspects of those services
- Represent the views of the whole community, patients and service users on Health and Well-being Boards
- Make the views and experiences of the broad range of people and communities known to Healthwatch England helping it to carry out its role as national champion
- Make recommendations to Healthwatch England to advise the Care Quality Commission to carry out special reviews or investigations into areas of concern (or, if the circumstances justify it, go direct to the CQC with their recommendations, for example if urgent action were required by the CQC).

1.5 Healthwatch Central West London, through Hestia Housing and Support, is contracted to deliver on eight key outcomes (to 31/03/2015):

- 1.5.1 Local Healthwatch demonstrating their contribution to improved patient and user experience.
- 1.5.2 Improved communication and engagement with local people who recognise and trust Local Healthwatch as an effective champion for their interests regarding health and social care services.
- 1.5.3 Local Healthwatch is recognised by the community as being an important (but not the only) means of achieving greater patient and public involvement in health and social care service
- 1.5.4 Local Healthwatch is respected and trusted by commissioners and appropriate boards as an independent means of engaging with local people.
- 1.5.5 Local Healthwatch is recognised as an important agent for improving access to services.
- 1.5.6 Local people have an improved understanding of their rights (consumer champion) and responsibilities and Local Healthwatch is credited as being an important source of information and knowledge
- 1.5.7 High public awareness, profile and reputation of Local Healthwatch
- 1.5.8 Independent evaluation at the end of year 1.

1.6 Delivery against each outcome is measured through a service specification with the Tri-borough. The next section of this report will expand on each outcome in greater detail with practical examples for illustrative purposes.

## **2. Key Matters for the Committee's Consideration**

The Committee should consider the following in relation this report:

- The Committee should assess the effectiveness of the implementation in Westminster to date
- The Committee should consider the implication of the proposed framework for joint working with Healthwatch (and the Health and Wellbeing Board)
- The Committee should consider the concerns of local residents in each of the areas highlighted below.

## **3. Project Delivery**

### **3.1 Local Healthwatch demonstrating their contribution to improved patient and user experience.**

In 2013, through the LINK legacy, community engagement and consultation with stakeholders Healthwatch identified eight priority areas for influencing. Although all priorities are open to people who live and use services across the Tri-borough, the first three listed are being project managed by Healthwatch Westminster. Further information can be provided on items 3.1.5 to 3.1.8 as required.

#### **3.1.1 Hospital Discharge**

Our recent research in Charing Cross, Chelsea and Westminster and St Mary's Hospitals identified the need for significant improvement in awareness of discharge procedures; discharge planning within 48 hours of admission; the mobilisation of patients on wards to prepare for discharge; confirming discharge days/times to support planning; access to medication; patient transport; communication with friends and family; sources of further support and linkages to outpatients and primary care.

We have since worked with key stakeholders to submit an Expression of Interest to the Better Care Fund to 'Improve patient experience of admission to and discharge from hospital.'

Our work to date has also resulted in an invitation to the Director of Healthwatch to participate on a Healthwatch England Special Inquiry on 'unsafe discharge.' Our work is also informing the work of the Health and Wellbeing Strategies locally.

#### **3.1.2 Dementia**

Local residents and carers told us they were unsure of local service provision for people affected by dementia including how to access these services. To meet this

need, we produced a tri-borough map of services<sup>1</sup> with locations and eligibility criteria to support the local population.

Our dignity champions<sup>2</sup> are local people who volunteer to carry out peer led assessments of health and care services using our 'enter and view' power. They are assessing the quality of dementia care homes in Westminster with the aim of improving the quality of local services and to inform local commissioners and the CQC of findings. We recently visited Carlton Dene and their action plan of measurable improvements is due in late March. We are also working to train our dignity champions in dementia awareness to support the 'dementia friends'<sup>3</sup> initiative in the locality.

Other local concerns include early diagnosis, respite, access to day services for self-funders, the waiting time for the memory service, staff training in home care provision and Black and Minority Ethnic access to services.

All of this work will inform our role on the local Dementia Action Alliance and the Health and Wellbeing Strategy in Westminster.

### **3.1.3 Mental health**

Healthwatch hold monthly meetings with Central and North West London NHS Foundation Trust to learn of service developments and to enable us to raise issues of concern to local people. As the Trust is an outlier on care planning, we have prioritised this area of work in 213/14. We are raising awareness and expectations of care plans amongst service users and are working with the Trust to ensure people feel greater engagement with this process.

We have also supported World Mental Health Day celebrations, made recommendations for the draft Tri-borough Mental Health Integrated Care Strategy Plan and we are preparing to participate in PLACE assessments and comment on the Trust's Quality Account. This will be shared with the Committee.

Healthwatch has identified staffing and person centred planning as priorities for the Trust in 2014/15.

To date, we have noted concerns on physical health and mental health, access to the Improving Access to Psychological Therapies (IAPT) service, the readiness of community services for shifting settings of care, discharge processes and service provision in St Charles. Low level mental health need and Child and Mental Health Adolescent Services (CAMHS) are potential priorities for us in 2014/15.

### **3.1.4 Homecare**

The LINK legacy informed us of local concerns with home care provision. The feedback received from approx. 200 service users on the terms and conditions of care workers, the dignity and compassion of the services provided, the 'time and task' approach and the providers organisational culture did not align to the relatively low levels of complaints being received by Adult Social Care.

Healthwatch has supported a number of users and representatives to use this evidence to inform the development of the service specification and the tender questions for the new Tri-borough service.

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<sup>1</sup> <http://healthwatchcwl.co.uk/wp-content/uploads/2013/06/Dementia-Map.pdf>

<sup>2</sup> <http://healthwatchcwl.co.uk/dignity-champions>

<sup>3</sup> <http://www.dementiafriends.org.uk/>

In addition, we have formed a project group to repeat the peer led assessments of home care in the summer of 2014. This work will gather real time feedback on current experience for contract management purposes and also aims to raise awareness of complaints mechanisms - in/formal.

### **3.1.5 Young people and sexual health**

We will be reporting in late March on the quality of Sex and Relationship Education (SRE) in schools and of access to sexual health services in the locality. This work will inform the Public Health team in commissioning and also the Health and Wellbeing Strategies.

### **3.1.6 Out of Hospital**

We will be reporting in late March on the causes of urgent care usage in Hammersmith and Fulham to inform the Imperial Outline Business Case and Shaping a healthier future. This work will complement similar research conducted by the BME Health Forum in Westminster.

### **3.1.7 Personalisation**

We are currently working to inform the specification for the pre-paid card in social services.

### **3.1.8 Cancer**

We are holding an event in partnership with NHS Central London Clinical Commissioning Group in late March for local patients on screening and the early diagnosis of cancer. We recently assessed the quality of the cancer experience on the Imperial wards in Charing Cross and hope to repeat the exercise in Chelsea and Westminster Hospital. In addition to these trusts, we are also commenting on the Royal Marsden and Royal Brompton NHS Foundation Trust Quality Accounts.

## **3.2 Improved communication and engagement with local people who recognise and trust Local Healthwatch as an effective champion for their interests regarding health and social care services.**

3.2.1 Every Friday, Healthwatch circulates out a popular weekly 'opportunity of the week' email to members and stakeholders with information on our work, local community events and local and national policy updates. This can include key messages on patient education such as 7 day GP access.

3.2.2. In addition we print 2,000 quarterly newsletters for members without email access and for distribution to public health hotspots. This includes details of our work priorities, calls for evidence and information on our meetings and opportunities for involvement.

3.2.3 To support our social media presence, we have developed a new tri-borough website. In the last quarter, our website attracted nearly 10,000 visits. We also have a Facebook profile and interactive Twitter feed. For example, we recently tweeted about the CQC themed inspection on dementia in the area and attracted 908 views.

3.2.4 We are currently recruiting a freelance communications specialist to create a sustainable strategy based on our resources and to focus on raising our profile in the general population and with certain stakeholder groups. We are also in ongoing conversations with Healthwatch England about awareness of the brand nationally.

### **3.3 Local Healthwatch is recognised by the community as being an important (but not the only) means of achieving greater patient and public involvement in health and social care service**

3.3.1 Further to our launch events in April 2013, Healthwatch has held two public meetings to date. Although we do not have a direct remit in complaint handling, people told us this was a concern. We subsequently held an event for local residents on 'how to complain.' We also produced a user-friendly leaflet summarising how people can complain in the new health and care landscape.

3.3.2 In January 2014, we held a public event on the Imperial application for foundation trust status and on their outline business case. This meeting informed our response to that consultation and we now have representatives on their SaHF Patient & Public Representative Group. This group will bring together patient and carer representatives from across NW London to help Imperial College NHS Trust develop its Shaping a healthier future (SaHF) programme outline and full business cases.

3.3.4 In addition, we have developed a successful training programme on Patient and Public Involvement in Commissioning. In partnership with NHS West London and Central London Clinical Commissioning Groups, we have offered free local training in 2013/14 and will deliver this across the Collaborative in 2014/15e. This programme is now also being rolled out nationally by Macmillan Cancer Support.

3.3.4 Building on the learning from the training programme, participants are now putting their newly acquired skills in to practice by participating in local procurement exercises. In Westminster, this includes contributing to the re-commissioning of nursing homes, podiatry and physical disability day opportunity services.

3.3.5 We also work as a network of networks and are delighted to count a large number of voluntary sector organisations amongst our membership. This includes representatives from the Chinese Healthy Living Centre, Broadway, Breathe Easy, the Carers Network, the Advocacy Project, the Migrants

Resource Centre and the African Development Society on our Healthwatch Westminster Local Committee.

### **3.4 Local Healthwatch is respected and trusted by commissioners and appropriate boards as an independent means of engaging with local people.**

- 3.4.1 Healthwatch Central West London prioritises areas for our work programme by considering the value we can add in the time available to commissioning priorities and health and wellbeing strategies. Locally, we contributed to the NHS CLCCG consultation on commissioning intentions and on behavioural change.
- 3.4.2 Healthwatch is a statutory member of the Health and Wellbeing Board. Ms Janice Horsman, Chair of Healthwatch Westminster represents our views locally and contributes as a full member. In 2013/14, we also actively participated on the Homeless Health Task and Finish Group and the subsequent report to the Health and Wellbeing Board.
- 3.4.3 Healthwatch has the power to refer issues to the Scrutiny Committee(s) and the regulations require committees to take account of relevant information provided to them. Currently, we table regular work updates highlighting actions taken on areas of priority and concern.
- 3.4.4 Healthwatch is now working with officers to develop a framework for joint working with the Health Scrutiny Committees and the Health and Wellbeing Boards across the Tri-borough.
- 3.4.5 We also hold regular meetings with and participate on the quality work streams of key stakeholders including quarterly meetings with Safeguarding, Imperial, Central London Community Healthcare, the Royal Marsden and monthly meetings with Central and North West London NHS Foundation Trust.
- 3.4.6 Our Board of Trustees with representatives from each borough and with an appropriate skill mix drives our governance and quality assures our approach of co-production whilst maintaining our independence. This Board is chaired by Ms Christine Vigars, Healthwatch K&C. Ms Vigars also sits on the Healthwatch England Committee.
- 3.4.7 As we approach the end of our first year, we have taken the time to conduct an independent review of our progress with our stakeholders. The findings will inform our business planning for 2014-16.
- 3.4.8 We have recently written to all our stakeholders to seek their views on priority areas for our work and/or joint work in 2014/15. An updated work programme will be available in May 2014.

### **3.5 Local Healthwatch is recognised as an important agent for improving access to services.**

- 3.5.1 Healthwatch provides a sign-posting service to support local people to find and make informed choices about health and wellbeing services. The queries received are analysed on a regular basis and when trends emerge, we develop support tools and resources to address the issue. For example, stroke survivors told us they did not know what services were available to them in the community. As a result we developed and publish a map of stroke support services<sup>4</sup> across the Tri-borough.
- 3.5.2 We will produce an Annual Report of our achievements for June 30<sup>th</sup> each year outlining how we have improved access to services. We will also hold an AGM in July 2014 to showcase achievements to date and to engage on forward plans.
- 3.5.3 Healthwatch proactively engages with the wider community to attract new members, collect patient stories and to raise awareness of our role. For example, in quarter 3 in Westminster we hosted 6 events, conducted 72 outreach visits, agreed a regular bi-weekly drop-in at St Mary's Hospital and discussed partnership working with the Volunteer Centre, the Carers Network and the Chinese Healthy Living Centre.

### **3.6. Local people have an improved understanding of their rights (consumer champion) and responsibilities and Local Healthwatch is credited as being an important source of information and knowledge**

- 3.6.1 As mentioned above, Healthwatch now hosts a 'find a service' online function and Freephone service. This means we offer listings of local health and wellbeing services, latest patient experience and CQC reports on the local providers.
- 3.6.2 The service launched in September 2013 and to date has supported 536 individuals with 616 queries. This includes 236 patient stories and queries from Westminster (including 94 positive experiences).
- 3.6.3 The majority of negative experiences collated in Westminster relate to St Mary's (in/outpatient care and discharge processes) and with GP practices.
- 3.6.4 As we do not have a statutory remit in complaint handling, members wishing to formally complain are supported to access the relevant PALS offices. A quarterly report of concerns about Imperial is being produced from 2014 onwards for follow up with the provider.

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<sup>4</sup> <http://healthwatchcwl.co.uk/wp-content/uploads/2013/06/Mapping-of-Stroke-16-December-2013.pdf>

- 3.6.5 The NHS Complaints Advocacy Service is contracted out separately in the Tri-borough to VoiceAbility. We have requested quarterly updates on local service provision and hope to have access to robust data in 2014/15. Early data suggests the service is currently supporting 20-25 requests per quarter in Westminster. We know that in Quarter 2, the number of individuals needing support to make complaints about Imperial meant the Trust was in the top ten most complained about in London.
- 3.6.6 Healthwatch has raised concerns about the accessibility of current complaints processes to Healthwatch England and to NHS England. For example, to complain about a GP practice a patient must complain to either the practice or to NHS England.
- 3.6.5 Healthwatch also campaigned to raise awareness of the care.data initiative. We found local people had very low levels of awareness of the initiative; there was a lack of clarity about how to opt out and people were not clear on how their data would be accessed going forward. We contacted Healthwatch England to seek an extension on the roll-out of the programme and to request greater clarity on the initiative. The adoption of care.data has now been delayed to autumn 2014.

### **3.7 High public awareness, profile and reputation of Local Healthwatch**

- 3.7.1 Healthwatch Central West London is currently finalising our strategic plan for 2014-2016. We will then draft our business plan and implement our communication plan identifying the direction in which we hope to travel after the existing two year contract.
- 3.7.2 As we approach the end of our first financial year, Healthwatch is conducting an independent evaluation of our current performance. This includes interviews with key stakeholders (including this Committee) and the information collated will inform our future direction. Findings will be available in April 2014.
- 3.7.3 One of the areas we are assessing is the role of our authorised representatives on external committees. We support members to represent Healthwatch on over 40 external committees. Due to overwhelming demand in 2014/15, we will be drafting a matrix to decide on and to support effective external representation. This matrix will consider if terms of reference are available, if the work aligns to our priorities and if we can add value etc. We have also developed an internal quality project group to share information and to assure our external contributions.
- 3.7.4 Where we cannot appoint an authorised representative, we will support organisations to adhere to minimum standards in effective patient and public engagement and continue to advertise these opportunities to our members.

3.7.5 Similarly, we are currently conducting a membership survey to collate the views and needs of our approx. 4,700 members (over 1,300 based in Westminster). Findings will be available for our Annual General Meeting in July 2014. An invite will be forwarded to this Committee shortly.

3.7.6 Healthwatch Central West London will produce an Annual Report highlighting all our achievements including outcomes achieved before the June 30<sup>th</sup> 2014 deadline. A copy will be forwarded to the Committee at that time.

**If you have any queries about this Report or wish to inspect any of the Background Papers please contact: [paula.murphy@hestia.org](mailto:paula.murphy@hestia.org)**

**BACKGROUND PAPERS – n/a**