

Title of Report:	Fourth Quarter Report to the Health and Wellbeing Board by Healthwatch West Berkshire
Report to be considered by:	The Health and Wellbeing Board
Date of Meeting:	15 May 2014

Purpose of Report: To present the Healthwatch Q4 report to the Health and Wellbeing Board.

Recommended Action: Members of the Health and Wellbeing Board to note the report.

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Executive Report

Overview

The reporting for this quarter is in two sections, a review of the main reportable information arising between January – March 2014 and an overview synopsis of the annual report for Healthwatch West Berkshire that will be published in full during this month following the Healthwatch Board meeting in mid-May. The contents of the annual overview report follows the set reporting headings of the requirement of the annual report, which runs to over a hundred pages and is therefore a distilled overview for the purposes of the Health and Wellbeing Board of the statutory points that Healthwatch are required to report upon. This report also includes the non-audited income and expenditure for the year for information.

Heather Hunter

Specific reportable activity for January – March 2014

During the course of the quarter, Healthwatch has continued with outreach across West Berkshire and one-to-one engagement with the public in eight locations. The 9 – 5 telephone support service for members of the public and professionals has also grown in popularity and during the quarter we have provided information or signposted over 380 callers, the highest number in any quarter so far and reflects the growing popularity of the service which is supported by trained advice and guidance team members and a growing directory of services.

The launch of the Healthwatch West Berkshire grant fund took place and we now have four partner organisations who are working with us to provide further investigation into our identified priority areas and a special project relative to vulnerable groups.

There has been one specific investigation that has been progressed in conjunction with Healthwatch England pertaining to a complaint raised with Healthwatch England relative to care of persons in care and subject to a court of protection order under section 117 of the Mental Health Act. Specifically the matter that has been investigated has been a possible safeguarding issue relating to restrictive financial control of a detained person's assets resulting in an unnecessarily low standard of living allowance and a high levels of savings being accrued and the high level of savings resulting in loss of benefits.

Healthwatch raised specific questions with West Berkshire Council who engaged with the process and provided responses outlining the operational process and reasons for such a process. These responses have been accepted as a reasonable operational response by Healthwatch West Berkshire and have now been published on the Healthwatch website as agreed with West Berkshire Council.

However, Healthwatch West Berkshire have noted that there is a potentially wider implication of possible problematic outcome for some patients that requires further investigation on a patient by patient basis which will be pursued.

End of year synopsis of statutory report:

1. Healthwatch West Berkshire has its principal office in Hawksworth House, Headley Road East, Wokingham, Berkshire, RG5 4SE. The office contact details are telephone 01635 886210 and a website contact address of contact@healthwatchwestberkshire.co.uk
2. Healthwatch West Berkshire does not contract any external provider of services. The complaints service is separately contracted by West Berkshire Council who have engaged SEAP of SEAP Hastings, Breeds Place, Hastings, East Sussex, TN34 3UY.
3. During the financial year:
 - (a) Healthwatch West Berkshire has encouraged the involvement of lay persons:-
 - (i) in the governance of the organisation by advertising and recruiting persons to serve on the executive board of Local Healthwatch. All such persons are volunteers and engage in discussions and vote on specific decisions of governance that are made. All board papers are made accessible to members of the public via the Healthwatch West Berkshire website: www.healthwatchwestberkshire.co.uk and members of the public are invited to submit questions for discussion and may attend the board meeting.
 - (ii) in relevant decisions of the organisation by including local persons from local voluntary sector representative groups to input into the operational decisions of the organisation such as geographical areas for outreach, meetings and seminars, and website content. This has been achieved by Healthwatch representatives attending at local forums and committees, interaction with members of the public via social network, and specific public meetings.
 - (iii) in the carrying-on of the relevant section 221 activities through the recruitment of Healthwatch champions, an advisory board to the main Healthwatch board and who comprise the voluntary heads of various local networks; Healthwatch West Berkshire have no subcontractors.
4. Details of the payments made to the Local Healthwatch organisation during the financial year, under the local authority arrangements pursuant to which the final annual report will be prepared is shown below. The total commissioned income was £108,000 and Healthwatch West Berkshire CIC has applied for and attracted a further independent funding via its managing arm, Family Resource Centre UK CIC bringing the total income to £122,997.

	12 Months to Apr-14
Income	
Setup cost	5997

<u>Annual commissioned service</u>	<u>108000</u>
External grants obtained	4000
Family Resource Centre UK CIC grant	5000
Total Income	122997
Expenditure	
Staff support costs	
Lead Officer	10000
Development officer	22500
Marketing and development team	20576
Finance support and audit team	4100
Web and IT support team	12950
Administrative support team	16500
Healthwatch development local grants	12500
Training and meetings	1340
Overheads	
Office costs and event space rental	9400
Printing stationery	7240
Postage	2920
Governance	
Board interviews, meetings and training	2900
Total Expenditure	122926
Profit (loss)	71

5. A synopsis of the section 221 activities that have been undertaken by the relevant persons during the financial year are outreach engagement with members of the public in 27 locations across West Berkshire, attendance at 79 local voluntary sector meetings and forums, attendance at 34 public or NHS lead meetings including Health and Wellbeing Boards, Quality Surveillance Group, various Thames Valley Health meetings, and cross border engagement with other Healthwatch in Berkshire, Wiltshire, Oxfordshire, Surrey, Hampshire, and Croydon. Enter and view training and recruitment of enter and view team. Healthwatch West Berkshire have an accredited enter and view trainer. We have also carried out engagement via the website, advertisement in magazine, and social networking. An excellent bi-annual magazine with a directory has also been well received as an engagement tool.

Healthwatch West Berkshire operate a 9 – 5 telephone support service for members of the public and this is manned by trained advice and guidance team members who offer assistance through providing information or signposting callers to other organisations. This service has been well received and is growing in popularity as people have come to recognise the existence of Healthwatch.

6. The impact of our activities highlighted the need for further investigation into five areas of concern identified from public and voluntary sector engagement. These are:
1. Primary Care services including includes information into GP wait times, access to services when needed, transportation, access to referrals and more specific items;
 2. Maternity services;

3. Disability. This is in terms of long term conditions, home care, family support for parents of children with additional needs.
4. Access to information (Youth, transition and cancer services).
5. Mental Health: referrals, vulnerable groups, cross communication.

Healthwatch West Berkshire is currently funding four local investigations in conjunction with local partners relative to the above and these will be completed in the 2014/15 financial year. Local commissioners will also be asked to input into the areas of investigation and the results of these investigations will be formally reported with a view to their content impacting on new commissioning and provision and management of the care services within the meaning of section 221(6) of the Act.

7. During the financial year, Healthwatch West Berkshire has engaged with Healthwatch England on two matters of complaint that have been investigated. The first matter of complaint centred on patient dignity and care at the Royal Berkshire Hospital. However, the CQC overtook the initial investigation timing by releasing its own report on RBH. The second complaint is still in progress and relates to Section 117 of the Mental Health Act. The complaint centres around a possible safeguarding matter relative to persons detained under a court of protection order who have suffered a restriction in access to their income resulting in high levels of savings being generated leading to loss of housing and income support. So far, questions have been raised to West Berkshire Council who have cooperated and replied with general operational information.

The investigation will now be progressed on a more specific patient by patient investigation in West Berkshire and recommendation has been made to Healthwatch England to engage in a countrywide special investigation into the management of finances of those detained under section 117.

8. From the outset, Healthwatch West Berkshire embarked on a structured pattern of engagement with the public, voluntary sector, and statutory bodies. During the course of the year we have met with people of all ages and from all walks of life from across the region with the purpose of hearing their views and perspective of health and social care and also to hear the stories of those who had more in-depth experiences of such services as a patient or close associate of someone who has or is using health related services.

We have endeavoured to capture the voice of the consumer across the region to ensure Healthwatch West Berkshire became representative of what the consumer has to say on matters of health and social care. Numerically we have engaged on a one-to-one basis with almost two thousand people and have gathered almost 1000 direct written feedback as well as verbal engagement. It was a deliberate policy not to 'lead' comments or information gathered through targeted surveys or by visiting specific groups but rather to encourage 'the person in the street' to tell us their thoughts, hopes, dreams and criticisms of our health and social care services. All outreach this year has been undertaken on a like for like basis across the region, in public places and in the daytime. Therefore we are now able to say that the raft of qualitative data gathered is representative of the daytime mobile consumer voice across in West Berkshire.

The data amassed has allowed us to extract and collate information across the range of health and social care services used by the people of West Berkshire and produce statistical reports based on the number of times specific areas of concern or interest have been raised by participants. Although qualitative data is sometimes regarded as soft data, in terms of understanding the consumer voice it has been a vital way of capturing the information required to meet our desired outcome of producing an evidence based understanding of local choices, preferences and needs.

We have used this data to inform our statutory work and responsibilities during the twelve months to date particularly in relation to section 221.

We are aware that qualitative data is often regarded as soft data but it was a necessary exercise to form a basis for further investigations. In year two we will be building on the data from year one and overlaying this with new additional data from the hard to reach and seldom heard groups who are not so likely to have engaged in the street or are necessarily available in the daytime. Also in year two we will continue to offer an open reception for those who know what they wish to comment upon however we will also be conducting focussed surveys on specific subjects.

9. Steps were taken during the financial year to obtain the views of a wide range of local people, including:

- (a) people who are aged under 21 - We have engaged in three teaching sessions in Newbury College and two local schools to date; We have particularly used social networking as an engagement tool to attract younger users.

People aged over 65 - Our outreach work has included attendance at day facilities for the older generation, care homes and forums for those who represent the older generation;

- (b) people who work or volunteer in the area have been specifically targeted by Healthwatch to obtain their views and input. This has resulted in the establishment of a Healthwatch Champions Board which is staffed by local volunteers who represent specific groups of consumers and who are equipped to represent their local peers and it is they who in the future will bring matters of concern to the Healthwatch main board; The Healthwatch non-executive main board members are all unpaid volunteers who live in West Berkshire and it is they who vote on matters and are part of the decision making process. Healthwatch West Berkshire currently works with 17 main volunteers in recognised posts;
- (c) people from diverse backgrounds and sectors of society, including:

- (i) people of disadvantaged socio-economic status we have endeavoured to reach through engagement at children's centres and rural village halls where we have met with local low income families;

- (ii) people from groups which are perceived by the West Berkshire Healthwatch as vulnerable we have reached through engagement with local forums who represent such individuals including those with physical disabilities, mental impairment, sight and hearing impairments, those living in poor housing and those living on benefits. In such cases the local

forum have taken our 'Speak out' forms and volunteers have obtained the feedback information;

(iii) we have identified and engaged with two people groups whose views we perceive, are seldom heard by persons responsible for commissioning, providing, managing or scrutinising local care services. The first group is those aged 55 – 75 who are the unrecognized 'enablers' for parents in their 80/90's and also providing child care support for grandchildren. The second group are those suffering the effects of rurality due to poor transport services, access to shops and social activities;

10. It was the decision of Healthwatch West Berkshire from the outset of April 2013 only to use 'enter and view' as a requirement to support a specific complaint or concern by a member of the public. Healthwatch West Berkshire has trained a small team of 'enter and view' persons and has a qualified 'trainer' on its team. To date we have had no necessity to use this function but we are fully equipped to do so.
11. Healthwatch West Berkshire executive directors have worked closely with Health and Wellbeing Board to ensure that the most appropriately qualified person is the Healthwatch representative. To that end, Dr Adrian Barker has been so appointed due to his wide knowledge of the health and social care sector and his experience at the board table. If Dr Barker is not available then the Lead Officer Heather Hunter represents the organisation.
12. The annual report will be made available via the website: www.healthwatchwestberkshire.co.uk from where it may be downloaded as a PDF file. Alternatively, printed copies may be obtained by telephoning the Healthwatch West Berkshire office. It will also be available from our social network sites.
13. Healthwatch West Berkshire has, during the financial year, used the trademark to which any relevant Healthwatch licence relates in relation to the carrying-on of the relevant section 221 activities.

Healthwatch West Berkshire did not engage any subcontractor during the period who would require to use the licenced logo under section 45D of the Health and Social Care Act 2008;

Appendices

There are no Appendices to this report.