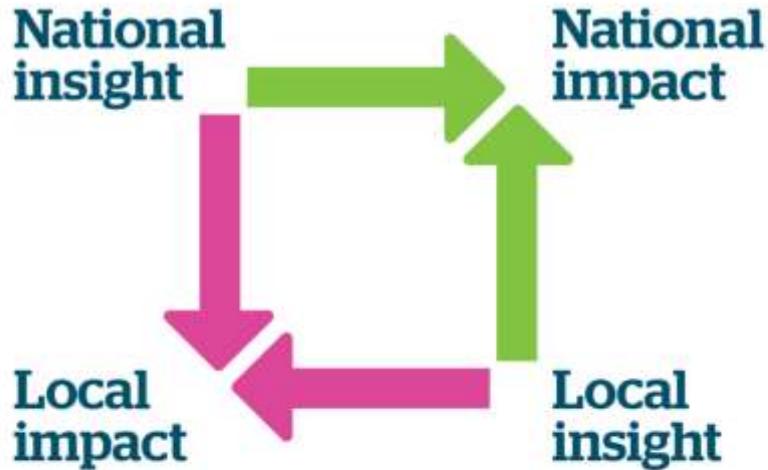




The on-going stories around Mid-staffs and the Francis Inquiry, the tragedies of Morecambe Bay and Winterbourne View – never has the voice of patients and care users been more important.



Stronger together



Our key strength is our active and inclusive network – working together to listen locally and influence nationally to ensure we champion the interests of consumers.

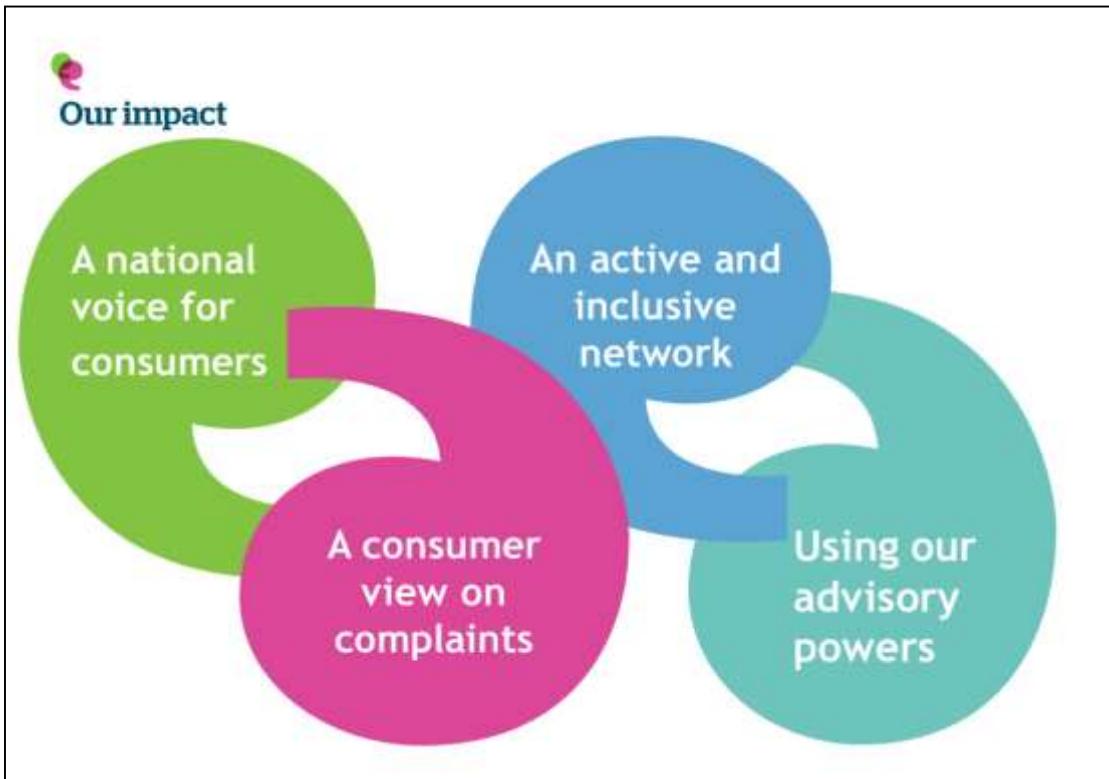
Our network is in 152 localities across England

Together we have a range of tools/powers to hold the system to account:

- Enter and View powers to recommend improvements
- Place on local health and wellbeing boards
- Conduct special inquiries/reports
- Escalate local concerns at a national level
- Advise a formidable range of organisations and as well as the Secretary of State, and they must respond to our concerns us in public

Healthwatch England provides a variety of support for the network

- Training – Enter & View
- Web 2.0, the Hub and CRM
- Reporting – support with assessing outcomes and impacts / developing annual reports



Even in our short life time, Healthwatch has made an important contribution.

So far, we have:

Established a national voice: We spoke out in the media on issues ranging from the failure of hospital complaints systems to the improper use of A&E services due to lack of access to primary care services

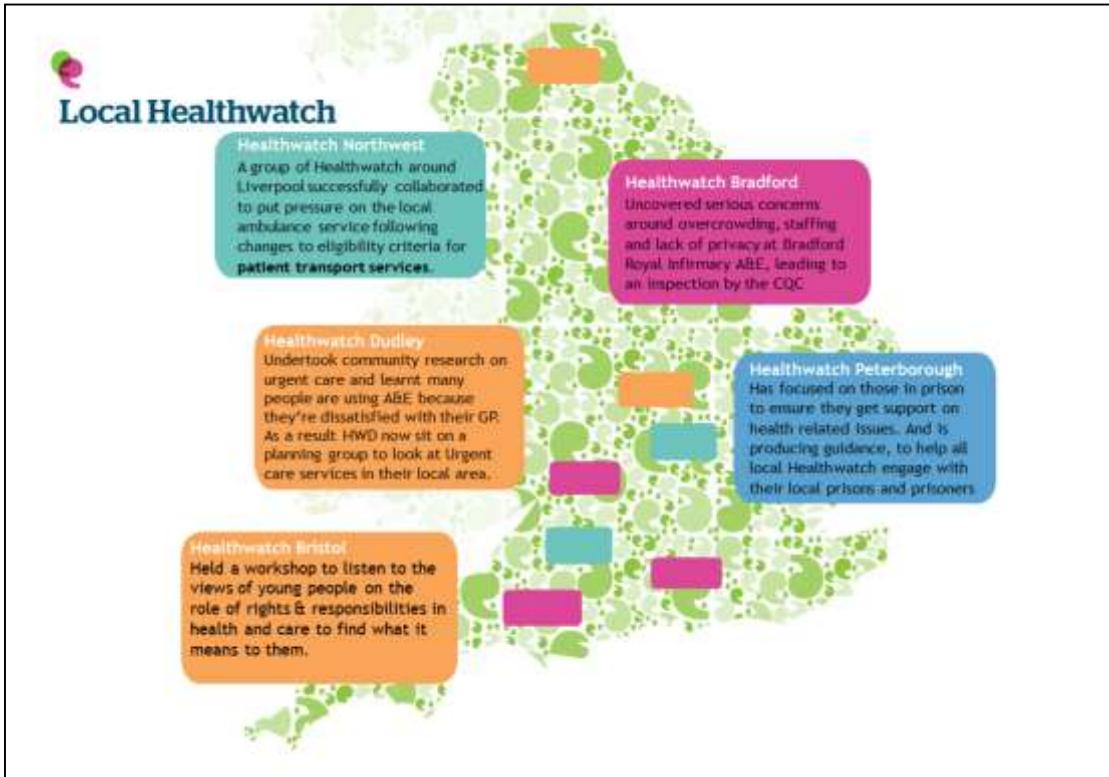
Supported the development of an active network: Provided support and guidance to raise our profile and ensure that all local people have a fully operational and functioning Healthwatch.

Taking a leading role in consumer complaints: We are supporting the re-design of the complaints system as part of our role on the DH complaints programme board to make it easier for people to navigate their way through the system

Using our advisory powers: after almost a quarter of LHW raised concerns with us, we wrote to Sir David Nicholson at NHS England to alert him of these concerns and called for a delay in the roll-out of Care.Data.

Special inquiry

- Led by Healthwatch, with input from an expert panel, we will be presenting findings of the special inquiry in September about the impact of Unsafe Discharge on individuals (older people, homeless people and those with mental health conditions), the system and making recommendations on how to reduce incidences – preventing suffering and saving money.



The Healthwatch network is already demonstrating impact and even after only a short time up and running, we are starting to make an impact across the country enhancing the power of the network.

This is just a snap shot of activity across the network:-

Healthwatch Northwest : A group of Healthwatch around Liverpool successfully collaborated to put pressure on the local ambulance service following changes to eligibility criteria for patient transport services i.e. to reinstate appropriate criteria.

Healthwatch Bradford: uncovered serious concerns around overcrowding, staffing and lack of privacy at Bradford Royal Infirmary A&E - leading to a CQC inspection.

has been engaging prisoners and supporting them to become 'well-being representatives', establishing a peer-to-peer resource for prisoners to manage (assert) their own health needs. And is producing guidance for all local Healthwatch to help them work with prisons and engage prisoners.

Undertook community research on urgent care and learnt many people use A&E because they're dissatisfied with their GP (and waiting times). And Healthwatch Dudley now sit on a planning group, and are looking at Urgent care services in their local area.

Healthwatch Bristol: 30 young people fed into a workshop on rights & responsibilities, and were joined by Healthwatch England, NHS England, a local CCG, a local acute hospital provider and the local NHS Complaints Advocacy provider.

**Learning from local Healthwatch -
How feedback guides social care
commissioning**





Good morning and I would like to thank the organisers for inviting me to address you today.

In late February and early March, Healthwatch Havering held a series of workshops to find out what services were available for people who have dementia or a learning disability and what needed to be done to secure improvements.

Participants included service users and carers, volunteers from third-sector organisations working with people who have dementia or a learning disability and social and health care professionals from Havering Council and local NHS commissioners and providers.

The framework for each workshop and both topics was:

“What is missing?”

“What would make a difference?” and

“What have you experienced that is good?”

Attendees worked in individual groups sharing their knowledge and experience on both dementia and learning disabilities. Each group was chaired by a member of Healthwatch Havering. At the end of each session there was an open forum and each group fed back and shared the experience of their group.

The conclusions and recommendations that resulted have been shared with

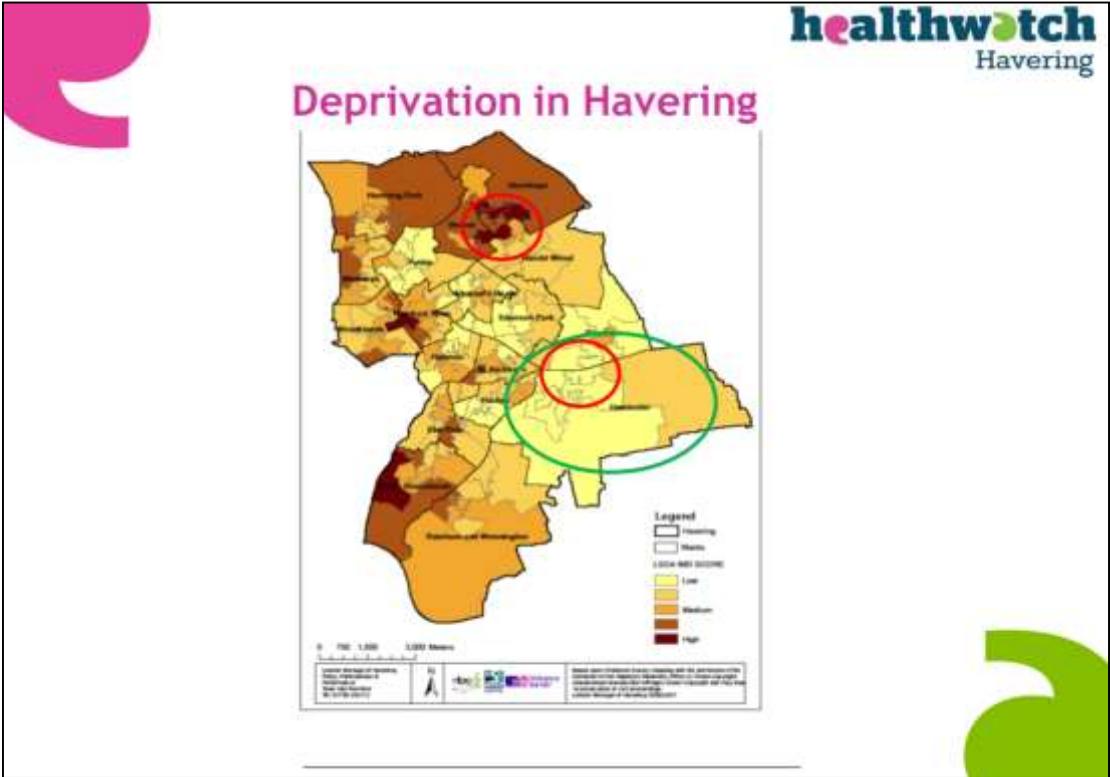
local health and social care commissioners and providers and resulting changes are already happening.



First though, some statistics and information to give some context to this talk.

Havering (red on the map) is the easternmost of the London Boroughs, bordered by Redbridge and B&D to the west, Essex to the east and the River Thames to the south.

Many regard the borough, and its principal town Romford, as the home of “Essex Girl”. Fortunately, though, the vast majority of residents do not fit that stereotype at all!



Although the borough is relatively affluent overall, note the pockets of deprivation – the darker the colour, the greater the relative deprivation.

Havering is a borough of contrasts – an area that is in the top 10% of most deprived in England is located within the same parliamentary constituency as, and within a couple of miles of, an area that is within the top 10% of the least deprived areas in England.

Moreover, the area that is the least deprived is part of two wards that have the highest proportion of elderly residents in the borough.

In 2011, an estimated 236,100 people lived in Havering

- By 2016, Havering's population will have grown by 5.4% (12,699 people), compared to 5.2% in London
 - By 2021, Havering's population will have grown by 11.5% (27,095 people), compared to 8.6% in London
 - By 2026, Havering's population will have grown by 14.1% (33,314 people), compared to 10.7% in London
- 

As per slide

Of the population in 2011

- 54,018 - 23% - were aged 0-18
 - 85,999 - 36% - were aged 50+
 - 49,122 - 21% - were of retirement age
- 

As per slide



Of the population in 2011

122,772 - 52% - were female; 113,328 - 48% - were male

BUT

Of 50+ age group: 55% - were female; 45% - were male

Of 75+ age group: 61% - were female; 39% - were male

Of 90+ age group: 72% - were female; 28% - were male



As per slide



That is the context within which we decided to look into services for people who have dementia or a learning disability.

It has long been known that the increase in the elderly population was coming. You may have seen from my potted biography in the brochure that, until I retired last year, I had worked for Havering Council for many years, much of that time as clerk to the Social Services Committee. As long ago as the 1980s alarm bells were being sounded about the disproportionate population of elderly residents in the borough and the need for service planning with that in mind. And service planning did indeed take account of that.

But we are finding that, even so, services are not being delivered in as useful a manner as they could be.

I will not pretend that our series of workshops produced profound or unexpected results or that massive change will result from them.

But I think we can claim to have highlighted some shortcomings and to have suggested ways of rectifying them – and, of course, a number of small incremental changes is probably more useful than a

“big bang”!

We held a total of five workshops over a two week period, each in a different part of the borough. Each session therefore included a different cross section of the community.

I am now going to run through the conclusions we reached as a result of the workshops.

Some are little more than statements of the obvious, I guess, but I was surprised by the extent to which even senior professionals were willing to admit to shortcomings. Indeed, for me personally, one major surprise was to find how few people at senior levels within Adult Social Care and the various NHS commissioners and providers appeared to be acquainted with one another. On at least one occasion, our workshop felt more like a dating agency!

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Conclusions - 1

- Overall services appear adequate and there have been good, innovative developments
 - Service planning has taken account of dementia issues; but much remains to be done, especially in early diagnosis
 - Services for people who have a learning disability are less advanced; challenges cross all the age groups, but many parents find support and access to basics such as aids and equipment inadequate
 - A more contemporary and intuitive care model for learning disability and dementia addressing inequities of service and access is needed
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The general conclusion, as you can see was – in school report speak – “is doing well but could do better”.



Conclusions - 2

- Service users and carers need better communication and understanding of how to seek support and help
 - There was no suggestion that staff do not listen, or seek views, or tailor services to individual need: but statutory provisions are aimed at common needs rather than individual circumstances
 - Personalised budgets will help with choice BUT it will take time for people to gain confidence in choice and for “the market” to develop individual service packages
 - A clear message from the five events is that people will need help and support in taking on this responsibility.
- 

I think we can sum up the position as being that, while professionals are very good at their jobs individually, there remains a gap between them, not only between the different commissioners and providers, but within the organisations themselves.

That still needs working on before services will be optimised – and service users and carers need to be given more information and help to enable them to cope. For example, few are well prepared for personal budgeting – however well intentioned, personal budgeting will not work unless recipients know how to use it properly, and that can only happen if they are given adequate guidance and information.



Conclusions - 3

- Service users and carers appeared confused about the services on offer, the role of various voluntary sector organisations and who to contact and when
 - Service delivery problems are not confined to one sector: and there is evidence of joint planning and working across the agencies. However, from the comments given by users and carers, there is no doubting professional staff commitment and passion to achieve the best possible care standards for the residents in the Borough
- 

Despite the years of planning that have gone before – and the undoubted dedication of those planning, commissioning and providing services - there is still confusion about who does what for whom, and when.

That cannot be because service users, carers and those helping them are unable to understand – it is because, for whatever reason, they have not been giving the opportunity to acquire the knowledge they need.

It is beholden upon professionals from all backgrounds to take the time and trouble to explain the new system properly.

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Our recommendations - 1

Health checks

- Review arrangements for providing and monitoring annual health checks
 - Consider developing a dedicated, centralised service for health checks, creating a cadre of clinical staff with special expertise in learning disability and dementia
 - Publicise access and entitlement to health checks
- 
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So, then, what is our solution?

Nothing spectacular I'm afraid – just lots of little things that, taken together, can make a big difference.

We were surprised to learn, for example, that people experienced difficulty getting health checks. That may be a problem unique to Havering, but I suspect not.

We have made specific recommendations to the CCG and others on this.

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Our recommendations - 2

General Practice awareness

- Ensure that all GPs have training and expertise in dementia and learning disability
 - Use providers recognised as exemplars in good practice to mentor and support other general practice
 - Determine where under-diagnosis of dementia is occurring and establish a programme to address this
 - Ensure that patients who need primary care such as optometry and dentistry are referred promptly
 - Eradicate delays between diagnosis and treatment
 - Ensure that everyone has the opportunity to discuss their health and social needs with practitioners
- 
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We were surprised, too, to be told of evidence that GPs lack training and expertise in dealing with dementia and learning disability – initial diagnosis was said to be a particular problem.

We have made a series of recommendations in that respect.

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Our recommendations - 3

Communication and Awareness

- Develop an information pack for learning disability and dementia - simple and avoiding information overload
 - Consider something similar to the Butterfly scheme for learning disability
 - Support the work of the Dementia Alliance
 - Encourage closer collaboration between the statutory and voluntary organisations
 - Establish befriending schemes
- 
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It was evident that communication and awareness was a major issue. Having struggled to get their loved ones' dementia or learning disability recognised, carers told us that they then found getting the right information to help them surprisingly hard to come by.



Our recommendations - 4

Staffing

- North East London Foundation Trust to clarify the position in respect of Admiral nurses and their future role in the borough

This particular recommendation may be applicable only to NELFT, the NHS provider of community services that serves not just Havering but Barking & Dagenham, Redbridge and Waltham Forest.

Admiral nurses...

Our recommendations - 5

One stop shop

- For residents to have community services delivered in one location, consideration of providing a 'one stop shop', to benefit service users and carers, improving the opportunity for information sharing, faster referrals and access to services
 - Design IT systems that work between all the different organisations, ensuring that information is up to date and relevant
- 

Amazingly, until the matter came up in discussion at one of our workshops, no one seemed to have given much thought to setting up a one-stop shop. Luckily, one of the local authority managers present knew of premises that might suit and she arranged for discussion with NELFT about setting up a one-stop shop.



Our recommendations - 6

Joint Strategic Needs Assessment

- Improve the level of local detail about learning disabilities and dementia, facilitating better planning and design of care for the longer term



The JSNA is becoming ever more important as a means of coordinating health and social care services. Healthwatch Havering's Chairman is a member of the Health and Wellbeing Board, the member-level body responsible for the JSNA, and she will be pressing on our behalf for these improvements.



Our recommendations - 7

Reachability

- Introduce 'Reachability' as the new criterion for measuring access to services: if services are not 'reachable' they will not offer the best advantage for the most vulnerable in our community
- 

This speaks for itself – if services cannot be reached, people will not be using them!

So, there you have our recommendations. All laudable stuff...

But what is happening?



Making a difference: actions already taken - 1

- Following suggestions that GPs lack training in dealing with dementia, BHRUT is investigating the position
 - In respect of training for carers' groups, Adult Social Care is working with the CCG to find suitable premises as a matter of urgency
 - NELFT and Age Concern are to discuss what happens when a person who has dementia refuses to see a GP or the memory service
 - Obstacles to Age Concern and other relevant voluntary organisations attending multi-disciplinary meetings are being reviewed
- 

We have put our recommendations to the Council, the CCG, Barking, Havering and Redbridge Hospitals Trust and NELFT. WE have yet to receive detailed responses but already we have had some success...

Making a difference: actions already taken - 2

- The CCG is discussing with NELFT concern about the lack of Admiral Nurses - in particular, the suggestion that when one retires she will not be replaced
 - A lead GP has agreed to take forward the concerns on providing Health Checks to people with learning disability
 - Individual cases that came to light in the course of the events have been taken up with the relevant providers.
- 

As per slide



So, there you have it. As I said, nothing spectacular: but hopefully a series of small, incremental changes that will lead, in due course (and hopefully before long), to a demonstrable improvement in the availability and delivery of services for people in Havering who have a Learning Disability, or Dementia.