

Healthwatch Havering Annual Report 2019-2020

Guided by you – Informed by you



Message from the Chair Anne-Marie Dean

Guided by you –
Informed by you

Using our influence to
achieve positive change



Welcome to our report.

This report sets out the work that we have undertaken during the year. This year we have heard over a **XXXXXXX** experiences from residents using surveys, joining local community meetings, Patient experience forums, workshops, Enter and View visits, twitter - thank you to our residents and volunteer members for their tremendous support and commitment

We have been able to influence and contribute to service improvements by providing advice and guidance based on your feedback across the borough in health and social care.

We have watched in admiration as our colleagues at Barking, Havering & Redbridge University Hospitals Trust (BHRUT), Havering Council, the North East London Foundation Trust (NELFT), the London Ambulance Service (LAS), Havering Clinical Commissioning Group (CCG), the new Havering Primary Care Networks (PCNs), Care Homes and the Voluntary sector and Charities worked together, shared together and delivered care and support together – thank you

For all those who have obeyed the rules of lockdown – thank you. In memory of those who are no longer with us, we are committed to working in partnership with organisations and the community to build on the many amazing things that have been achieved simply – by working together

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About us - Healthwatch was established under the Health and Social Care Act 2012 to understand the needs, experiences and concerns of people who use health and social care services and to speak out on their behalf.



We are the independent local champion for people who use health and social care services. We're here to find out what matters to people, and help make sure their views shape the support they need.

People's views come first - especially those who find it hardest to be heard. We champion what matters to you and work with others to find ideas that work

We also help people find the information they need about services in their area.

We find out what people like about services, and what could be improved, and we share these views with those with the power to make change happen.

Healthwatch England is our national body and they are a statutory committee of the independent regulator the [Care Quality Commission \(CQC\)](#).

Healthwatch England provides all local Healthwatch with leadership, guidance, support and advice.

You can find out more about how we are organised in Appendix 1 – Our governance

Guided by you Informed by you

'Have your say' and help to design the health and social care services for the residents of Havering for the future

The Coronavirus has changed the way we all live our lives

Many services have responded by re-designing how they work - accessing your GP, attending A & E, using on-line information and advice for self care

Residents are already telling us about their experience during the COVID 19 pandemic sharing their concerns and identifying positive service improvements.

Tell us what you think and we will work diligently to

- ✓ **enable** you to get the help and support you need
- ✓ **empower** you to seek out answers to be stronger and more confident, especially in controlling your own life
- ✓ **enrich** your, and everyone's health and social care delivered in our borough



Highlights from our Year

- The launch of our Friends Network in October 2019 was a very special event. It was attended by our colleagues from across the borough who work in both health and social care and their support was very much appreciated. No-one on that day could have foreseen the COVID 19 pandemic which would change everyone's lives. Our Friends Network has enabled us to engage with residents and organisations across the borough – we have acted as conduit for as many organisations as possible helping to ensure that residents get as much helpful information and advice as possible.
- We are regularly commissioned by the CCG to support their work in understanding the views of local residents on existing and future models of care, an example of this would be, the Interpreting Service for whom English is not the first language. Our Partner organisation for the survey was the Havering College
- We work with local organisations such as Havering Over Fifties Forum(HOFF) whom we partner with regularly, this year we worked together on the changes to the NHS Continuing Healthcare Fund. The changes were reasonable and supported but most importantly for HOFF members was to achieve appropriate advocacy support for families and friends who are affected by changes in the care arrangements, which the London Borough of Havering confirmed would be provided
- Following a CQC report in 2019 regarding the provision of dental care in care homes, we undertook a local survey of the care homes in Havering, we are awaiting final comments from the dental care provider and anticipate that the report will be published in summer.

Launch of our Friends Network at the Town Hall in October 2019

- Hosted by Councillor Jason Frost the Chairman of the Health and Wellbeing Board and chaired by Councillor Michael Deon Burton, the Mayor
- The purpose of the Friends Network is to **Enable, Empower** and **Enrich** the experience for residents of the health and social care services in our borough by sharing and supporting each other
- A huge thank you to the Dementia Choir, the conductor and the singers who provided an amazing choral inspiration for us all
- Thank you to Gary Etheridge, Director of Nursing and Director of Safeguarding, for his presentation on the work that BHRUT are developing to widen and strengthen the role of the hospital in dementia care
- Thank you to Jenny Gray, **XXXX** London Borough of Havering on her presentation on the breadth of work that the Council are undertaking to support residents who are affected by dementia.
- Thank you to all our colleagues from across the Borough, LBH, BHRUT, NELFT, CCG, Care Homes, Third Sector, our Members and the public who joined us



Your “right”
to NHS
Continuing
Healthcare
Funding

and what you should do



and it still hurts a lot.



Highlights of our year – sharing your thoughts and ideas on our projects in Dental Services in Care Homes, changes to the NHS Continuing Healthcare Funding and Interpreting Services

Highlights from our year - health and care that works for you – providing support

- XXX number of people have received and shared our Friends Network
- Xxx number of people we engaged with twitter, etc.
- XXX number of recommendations in our reports for health and social care providers



How we have made a difference

This year we have been members of two assessment panels for the procurement of new health services.

The CCG tender for a GP multi-disciplinary service, integrated, community urgent care service.

The STP tender for the Special Allocations Service, specialist service providing primary care services for patients who have been excluded from other GP practices,

Our Enter and View programme this year has included new homes and follow up visits. All of our reports are published and available on our website, they are also available to all our national Healthwatch colleagues on the Healthwatch England website.

We find out what people like about services, and what could be improved, and we share these views with those with the power to make change happen.



How we have made a difference

Procurement of the Special Allocation Service (SAS) for GP care for vulnerable people, patients who have been excluded from other GP practices,



Priorities that we were seeking to achieve from the appointed provider

- ✓ Will there be a duty doctor/nurse practitioner available throughout the contract core hours to provide an urgent consultation, including face to face
- ✓ How will you establish and develop effective relationships with them so as to improve patient health and care outcomes
- ✓ Experience of managing patients who show particular challenging behaviour
- ✓ Policies and systems in place to ensure that service users are treated with dignity and respect at all times with the practice and any outreach services

How we have made a difference

Members of the bid evaluation team commissioning an integrated community urgent care service,



- BHR vision for a GP led, multi-disciplinary service that effectively prevents avoidable A&E attendances
- 4 Urgent Treatment Centre services (UTCs) 1 Out of Hours Home Visiting service (OOHHV) (the “Services”).
- All services will be commissioned under a single contract.
- Ensuring that patients are treated in the most appropriate setting, according to their clinical and wellbeing needs.
-

How we have made a difference – Enter and View visits by the Engagement Panel

- We have visited 16 of care homes in Havering
- We have made over XXX of recommendations
- Since we began we have published over xxxx reports
- Our reports are published on Healthwatch England’s website and shared with the CQC
- (Appendix 1 has further information on the work of the Engagement Panel)

More than 200 people across England read our reports

Over 70 reports published on Healthwatch England’s website

• “Thank you to you and your team. It was nice to meet your representatives”(care home manager)

Helping you to find the answers

We received over 60 telephone enquiries seeking advice

We helped 22 people with concerns about the health and social care service with advice and signposting

providing information and signposting via etc.....

Can we please put the twitter Friends network etc

I appreciate that some of the statistics will be repeated but that just brings the message home about the amount of work we are doing



Our volunteers members and our Friends Network

- We have XXXX number of volunteer members of our Community Interest Company
- Between them they are members of/or work with over XXXXX third sector organisations across the borough
- Volunteer members guide the management of our Healthwatch as members of the Governance Committee and the Engagement Panel.
- Our Friends Network launched in October 2019 has XXX number of individuals and organisations
- Since the beginning of the pandemic we have increased the number of individuals and organisations by
- Throughout the pandemic we have sent out XXXXXX

Our Plans for our organisation and working with colleagues in 2020-21

1. Increase public awareness of our role and purpose
2. Increase numbers of people telling us about their experiences of care
3. Increase use of our inspection report to inform choice
4. Continue to recruit and train new Volunteer Members
5. Use and develop the new skills that we have learnt to improve our communications and networking
6. Support Care Home Providers and Primary Care Networks (PCNs) with the implementation of the NHS 'The Framework for Enhanced Health in Care Homes'
7. Support BHRUT as they develop new ways to respond and normalise a more relevant clinical delivery model
8. Support the LBH with the work of the Health and Wellbeing Board and the Scrutiny Boards
9. Work with Healthwatch partners in Barking and Dagenham and Redbridge to support the work of the CCG, ensuring that the views of residents from all cultural backgrounds are reflected in the new service models
10. Work with Healthwatch England to identify the different motivations and barriers that would either encourage or stop someone from sharing their experiences of services.

Appendix 1

Our governance

Status of Havering Healthwatch

Havering Healthwatch C.I.C. is a company limited by guarantee, registered in England & Wales. Its operating name is Healthwatch Havering. All active participants in Healthwatch Havering are admitted as members of the Company.

Following a competitive procurement exercise, Havering Council awarded the company a new contract for providing the Healthwatch Havering service running for five years from 1 April 2019, with the possibility of an extension for two further years. This report relates to the first year of the contract.

In preparation for the new contract, Healthwatch Havering reviewed extensively its operating policies, procedures, and governance procedures.

Involving our volunteers

In early 2019, a Governance Committee was set up, which ran successfully during 2019/20. From the Company AGM in June 2020, the volunteer members of this Committee will be elected by the general membership (subject to certain criteria); the other members of the Committee are the Executive Directors and paid staff. The Committee meets 10 times a year

The scope of the former Enter & View Programme Panel was extended to cover all public engagement activities of Healthwatch Havering, and it was renamed the Engagement Programme Panel. All members of Healthwatch Havering are automatically entitled to participate in Panel meetings. The Panel also meets 10 times a year.

The Management Board (again involving all members) continues, but it now meets a maximum of four times a year. The Annual General Meeting, held in accordance with the requirements of the Companies Acts, is held in June with Extraordinary General Meetings held as and when necessary.

Compliance with statutory requirements

We have maintained our engagement with the Havering Health and Wellbeing Board, Health and other Overview & Scrutiny Committees and the Outer North East London Joint Health Overview & Scrutiny Committee. We have been represented at most meetings of these bodies.

We have used the Healthwatch logo on stationery, reports and on our website. We continue to hold a licence from Healthwatch England to do so.

Copies of this Annual Report will be sent to various stakeholders, including Healthwatch England, Havering Council, Havering CCG and the British Library.

We are registered as a Community Interest Company with Companies House and for data protection purposes by the Information Commissioner.

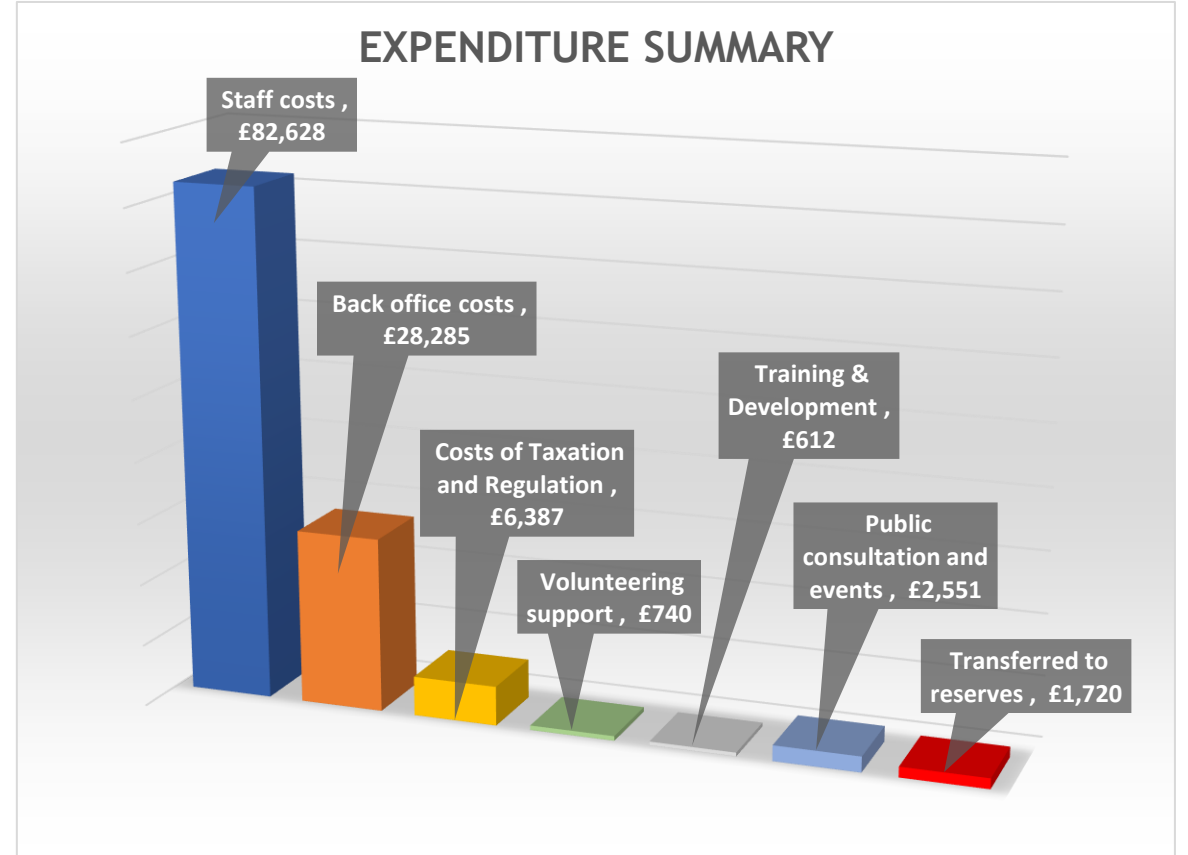
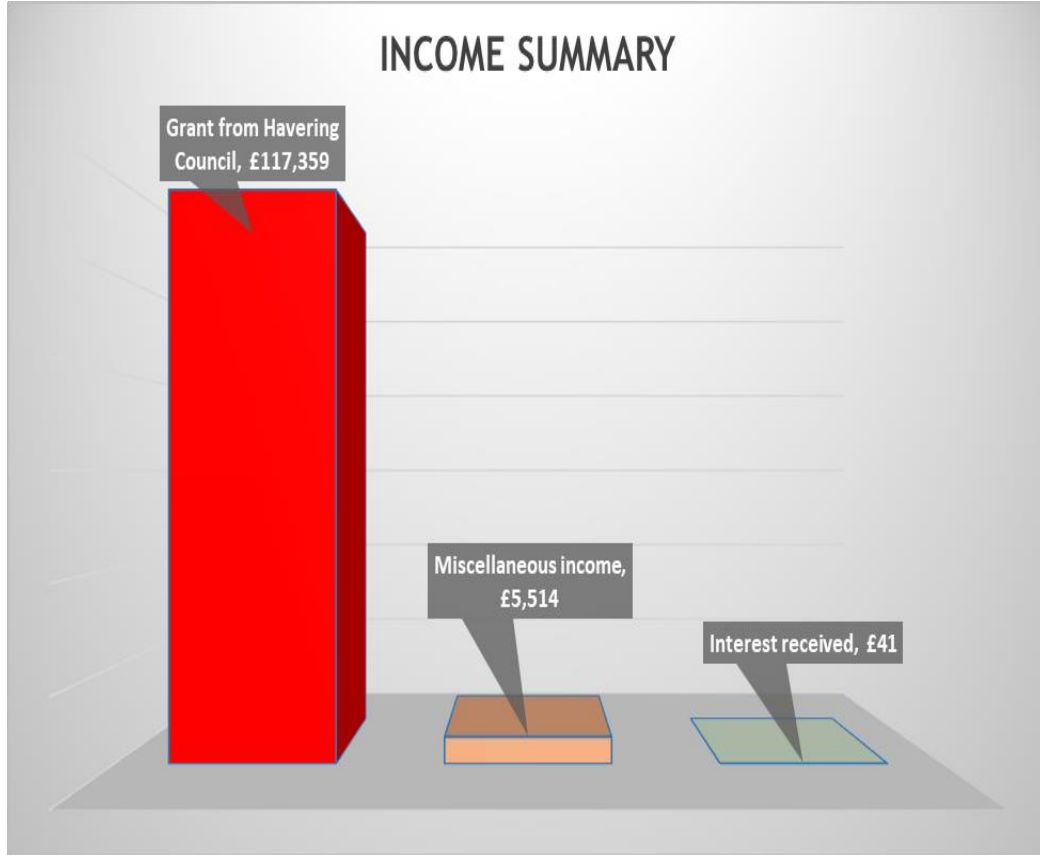
Dealing with the consequences of the Covid-19 pandemic

During the final quarter of 2019/20, the Covid-19 coronavirus pandemic began to develop worldwide. Initially, although the developments were a matter of concern, they did not impact upon Healthwatch activity and our Enter & View visits and other engagement activities continued as planned.

As the situation worsened during March, however, we had to take the very difficult decisions of curtailing both our Enter & View visits programme and two surveys that were undertaken for Havering CCG. The Prime Minister's instruction to the nation to work from home during a period of lockdown that began on 23 March 2020 meant that we had to close our office from that point and all staff began to work from home. This occurred at the end of the year under review and did not greatly impact upon the work now reported on.

A full report on our activities during the lockdown period and afterwards will be included in the Annual Report for 2020/21, to be published in June 2021.

Summary statement of Income and Expenditure



For more detail, please refer to the annual accounts available on our website at <http://www.healthwatchhavering.co.uk/our-activities>

Engaging service users...



Havering has one of the largest residential and care home sectors in Greater London, a significant number of single-handed or small partner GP practices, one of the busiest hospitals in the country and a community health Trust that provides a range of services beyond the borough's boundaries.

Engaging with the users of this large range of services has therefore been a major part of our role in the seven years of our existence.

We have long taken the view that a robust programme of Enter and View visits is the best way that we can be sure that the needs of users of health and social care services are being met. Entering and viewing facilities enables our volunteers to observe first-hand how facilities work, in real time. This provides assurance to the public that facilities are the sort of places they would want to use for themselves, their relatives and friends.

Since being awarded the contract for Healthwatch services until April 2024, however, we have considered how we could expand our engagement activity and have begun to carry out more public surveys, giving talks to other organisations and have launched our Healthwatch Havering Friends Network.

Enter and View visits

To ensure the robustness of the Enter and View programme, we identify premises that should be visited through a monthly meeting of staff and volunteers at which the programme is managed, visits are arranged and the findings of recent visits are reviewed. The programme is informed by CQC reports on establishments, by information gathered through meetings with local regulatory agencies and by complaints (and compliments, should we receive any) from service users as well as previous visits. Most visits are announced in advance but, occasionally, we carry out unannounced visits without prior warning.

Unfortunately, in 2019/20, we were unable to pursue as a full a programme as we had intended but were able to carry out 12 visits (during which we visited a total of 16 registered premises; we visited one establishment twice, and two visits were to locations where there were several registered establishments). The full list appears below.

Our visiting teams were always made welcome and managers and proprietors were very co-operative in facilitating the visits. The team members were able to discuss the facility with staff, residents/patients and their relatives and friends alike.

Few major problems were identified and mentioned in our teams' reports of their visits. Where we did make recommendations, we have been, or will be, following up to see what effect they have had.

All reports of our visits have been published on our website www.healthwatchhavering.co.uk/enter-and-view-visits and shared with the home, GPs or hospital, the Care Quality Commission, the Clinical Commissioning Group, Havering Council and other relevant agencies. Owing to the thorough nature of pre-publication checks, not all of the reports had been published at the date this report was prepared.

The powers of Healthwatch to carry out Enter and View visits are set out in legislation and all of these visits were carried out in exercise of them.

The programme of visits was curtailed in comparison with earlier years mainly as a consequence of the award to us of the new contract; that was inevitably followed by a period of mobilisation, during which we reviewed policies and procedures to make adjustments to accommodate the new contract terms, during which visits were suspended. Towards the end of the year, however, the growing concerns consequent upon the spreading Coronavirus Covid-19 pandemic forced a reappraisal of the practicalities of carrying on with visits. At the time of writing this report, it seemed unlikely that it would be practicable to resume the programme for some months to come; next year's Annual Report will cover these issues in much greater depth.

DATE OF VISIT	ESTABLISHMENT VISITED		REASONS FOR VISIT	RECOMMENDATIONS FOR IMPROVEMENT
	Name	Type		
2019				
5 June	Beech Court Nursing Care Home	Nursing Home	To observe the home in normal operation	The team did not find it necessary to make any recommendations as a result of this visit but will pursue with the local authority improvements in the supply of incontinence pads.
12 June (Un-announced)	Queens Hospital: A&E Streaming and Urgent Treatment Centre (provided by PELC)	Hospital and GP services	To observe progress with improving the arrangements for triaging patients on arrival at A&E	<ul style="list-style-type: none"> • That, as children coming into A&E must initially go through the same registration process as adults before being signposted to the children's A&E waiting area consideration be given, in the interests of child protection and safeguarding, to creating a more child-friendly process by moving children's registration elsewhere and that they be sent thence directly to the children's A&E area; • That signage within the waiting area be replaced; that all possible effort be made to improve conditions in the waiting area and, in particular, although it is understandable that patients should want to be accompanied by friends or family, they be encouraged to have only the absolute minimum of companions waiting with them; • That a member of staff be tasked to monitor in an obvious way as a means of reassuring patients and ease any anxieties they may experience; and • That a more child-friendly process be developed, enabling children to go straight to the dedicated A&E service, with adequate signage to ensure that the risk of confusion is minimised.
31 July (Un-announced)	Barleycroft Care Home	Residential Care	To observe the home in normal operation	When the team carried out this visit, they observed conditions that were, frankly, disappointing. The exterior of the building was untidy, security appeared lax, and the overall appearance of the interior was of neglect. Residents spoken to in the course of the visit were uncomplimentary and staff to whom the team spoke appeared unmotivated and inadequately trained. (See also the entry for 15 January 2020 below)

Date of visit	Establishment visited		Reasons for visit	Recommendations for improvement
	Name	Type		
2019 continued				
9 October (Follow Up Visit)	Hillside Nursing Home	Nursing Home	To follow up on a visit made on 2 May 2018	<p>The team were pleased to learn of and see many improvements since the visit in May 2018. It was clear that the Manager was receiving support from the proprietors.</p> <p>The team congratulated the Manager for having made significant strides in dealing with the many problems she had inherited. The place did not look tired as it previously had, the residents were tidy, the staff looked good and all greeted the team as they met.</p> <p>The team were surprised to learn of a lack of dental facilities for residents when they are immobile, a situation outside the Manager's control as (in common with other homes nationwide) NHS dentists were reluctant to provide a home calls service. This was an issue highlighted in July 2019 by the Care Quality Commission and Healthwatch Havering is pursuing the question of securing dental care for care home residents across Havering. (See also the section below on Surveys)</p>
23 October	Freshfields	Residential Care	To observe the home in normal operation	The team were very impressed with the home and the overall presentation and dedication of the staff. The team did not wish to make any recommendations as a result of this visit.

Date of visit	Establishment visited		Reasons for visit	Recommendations for improvement
	Name	Type		
2019 continued				
30 October	Lilliputs Complex (The Farmhouse; The Day Centre; The Paddocks; Cherry Tree and Annex)	Co-located Residential Care and Day Care	To observe the several establishments in normal operation	<p>The Farmhouse: That bedding be replaced and urgent attention given to the ground floor corridors to ensure that any possible hazard be avoided; and that a recruitment drive for applicants who have experience in this type of care.</p> <p>The Day Centre: The team were disappointed to observe that the recommendations made following the 2017 visit had not, on the whole, been carried out. The team recommended:</p> <ul style="list-style-type: none"> • That the cloakrooms in the Entrance Hall be upgraded, for example by attending to taps and wash basins, and one of the cloakrooms be converted into a wet room; • That flooring be replaced and/or carpets laid; • That attention be given to the fences, not least to reduce (if not eliminate) security concerns; • That the swimming pool area be deep steam cleaned, the floor area tiles replaced, and the area redecorated; and • That the arrangement with recruitment agencies be reviewed to ensure that they provide staff who are better suited to the Centre's staffing needs and pre-qualified with DBS clearances, etc. <p>The Paddocks: That the obsolete trampoline be removed as this may present a safety hazard; and that residents be encouraged to keep the gardens neat and tidy and, perhaps, develop flower/vegetable gardens.</p> <p>Cherry Tree & Annex: That consideration be given to encouraging those residents who are physically able to do so, to take more interest in the gardens and to help maintain/develop flower beds</p>

Date of visit	Establishment visited		Reasons for visit	Recommendations for improvement
	Name	Type		
2019 continued				
6 November	Emerson Court Care Home	Residential Care	To observe the home in normal operation	The team recommended that consideration be given to redecorating the building, including installing laminated flooring; and that management arrange to visit the night staff on a regular basis.
15 November	The Fountains Care Centre	Residential Care	To observe the home in normal operation	That attention be given to the outstanding need for minor repairs and maintenance; that menus be displayed, and consideration be given to widening the choice of food available; that heating around the home be reviewed to ensure that residents' comfort is maintained year round; that action be taken to eliminate unpleasant odours; that the arrangements for residents' bedding be improved; that arrangements for staff training be reviewed to ensure that staff are paid when participating in training events; and that consideration be given to improving the heating and cooling arrangements in the laundry and kitchen areas
22 November	Ravenscourt Nursing Home	Nursing Home	To observe the home in normal operation	The team felt that the home was very motivated and caring, with a relaxed and homely atmosphere, and did not consider it necessary to make any recommendations for improvement.

Date of visit	Establishment visited		Reasons for visit	Recommendations for improvement
	Name	Type		
2020				
15 January	Barleycroft Care Home	Residential Care	To follow up on the visit made on 31 July 2019 – see above)	<p>Upon arrival, the team were met by the home's proprietor's Area Manager, who introduced them to the home's Manager and Deputy Manager. Bearing in mind that the visit was unannounced, the team noted considerable activity in progress: windows were being cleaned and the dining rooms on both floors were being cleaned and mopped after breakfast service. A few carers were performing morning tea rounds, and residents were participating in activities in the common rooms.</p> <p>The team were pleased to note immediately that the flooring in the arrival area had been replaced with a laminated surface, which greatly improved the appearance of that area. They were told that the carpets throughout the building were being replaced, and when walking around they saw that improvement work was well underway, although much obviously remained to be done. A skip outside was full of old furniture.</p> <p>Overall, the team were impressed with the improvements made at the home since the July visit. They did not feel it necessary to offer recommendations but agreed that a further visit be undertaken later in the year to review progress.</p>
10 February	Rosewood Medical Centre	GP Practice	To observe the practice in normal operation	<ul style="list-style-type: none"> • That value-added focus groups be set up as a way of moving the practice on to Outstanding; • That consideration be given to providing a designated phone line for priority patients to facilitate their contacting the surgery for advice on health problems and to make appointments made; and • That consideration be given to introducing advice sessions for people with long-term conditions, such as training sessions for newly diagnosed diabetic patients on how to cope.

We did not find it necessary to make recommendations to Healthwatch England for special reviews etc.

Date of visit	Name	Type	Reason for visit	Recommendations for improvement
2020 continued				
2 March	Maylands (Maylands Healthcare GP; Parkview Dental; and Parkview Pharmacy)	Co-located GP Practice, Dental Practice and Pharmacy	To observe the practices and pharmacy in normal operation	GP practice – That consideration be given to improving privacy in reception and to the installation of hearing loop if this is not currently available Dental surgery – No recommendations Pharmacy - No recommendations

Surveys

In several years past we have carried out surveys but, in consequence of the new contract, in 2019/20 we carried out more, and had plans for others that have been suspended as a result of the Coronavirus Covid-19 pandemic.

NHS Long Term Plan - "What would you do - It's your NHS. Have your say"

At the beginning of the year, together with Healthwatches across the country, we undertook a survey of people's views of the NHS Long Term Plan (LTP) on behalf of Healthwatch England. Working with our Healthwatch colleagues in North East London we gathered the view of the public about what the LTP for the North East London Integrated Care Service should look like.

Audit of attendances at Emergency Departments (A&E) and Urgent Treatment Centres (UTC)

Along with our colleagues at Healthwatch Barking & Dagenham and Healthwatch Redbridge, we were commissioned by the Barking, Havering and Redbridge Clinical Commissioning Groups (BHR CCGs) to carry out a "snapshot" survey of the reasons why patients had attended A&E and/or UTC. For treatment.

Unfortunately, the developing Covid-19 pandemic led to curtailment of this project and we were unable to survey as many patients as we had hoped to.

Provision of Interpretation Services at GPs' surgeries

Again, with our colleagues from Healthwatch Barking & Dagenham and Healthwatch Redbridge, we were commissioned by the BHR CCGs to survey patients' use of Interpretation Services at GPs' surgeries in advance of their re-procuring the service. As with the A&E/UTC survey, this survey was curtailed by the Covid-19 pandemic.

Emergency dental care for residents of care homes

As a result of our follow-up visit to Hillside in October 2019 and following the publication earlier in the year by the CQC of a report that found that many residents of care home across the country found it difficult to access emergency dental care, we carried out a survey of care homes in Havering to ascertain the extent to which, if any, they experienced difficulty in accessing that service.

Although the survey was largely completed by the end of the year under review, completion of the report was delayed as a result of the Covid-19 pandemic.

Planned survey

We had planned to put in hand a survey of patients' experience of Phlebotomy (Blood Testing) Services, in advance of the BHR CCGs re-procuring the service. As in other cases, the advent of Covid-19 led to a postponement of the procurement exercise and thus the survey.

Friends Network

Healthwatch Havering Friends' Network

In October, we launched the Healthwatch Havering Friends Network (HHFN). This enables anyone interested in our work to sign up to receive regular emails about our activities, our surveys and developments in the local health economy. The Network came into its own during the Covid-19 pandemic. We will report in greater depth on the use made of the Network for that in next year's report.

Talks to other organisations

We continued to give talks to other organisations about our activities. Among the organisations we visited were:

- Havering PCN Managers
- Havering North PCN
- HUBB - mental health support group
- Havering Care Association
- deafPLUS

A planned talk to Maylands Surgery Patient Participation Group was due near the end of March but had to be postponed because the developing Covid-19 emergency and lockdown.

Thank you and how to contact us

- Thank you for finding the time to read this report to the last page. We very much hope that you have found this report helpful. We have chosen 10 themes that we will work on this year, please do share your thoughts and ideas on these.
- You can contact us on
- XXXXXXXXXXXXXXXXXXXX