

Adults Health & Public Protection Policy & Scrutiny Committee

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| Date: | 23 November 2016 |
| Classification: | General Release |
| Title: | Update Report from Healthwatch Westminster |
| Report of: | Christine Vigars-Chair of Healthwatch CWL |
| Cabinet Member Portfolio | Cabinet Member for Adults and Public Health |
| Wards Involved: | All |
| Policy Context: | City for Choice |
| Report Author and Contact Details: | Ben Collins |

1. Executive Summary

- 1.1 Please find attached a brief summary of the principal areas of activity and development of Healthwatch CWL since our last report.

The report describes a number of areas of activity, our current operational position and that proposed for the rest of this financial year:

- Planning, strategic development and local delivery
- Assessing the efficacy of local services
- Local representation

2. Key Matters for the Committee's Consideration

- 2.1 The Committee is asked to:

- i) Note the options for prioritisation of local work in Westminster
- ii) Provide feedback on these and identify any additional priorities from a scrutiny perspective
- iii) Comment on proposals to rebuild our supporter base through participation, partnership and the building of local relationships

3. Planning, strategic development and local delivery

- 3.1 As previously reported the organisation has undergone substantial restructuring of its staffing and operations since April 2016. The programme manager and the engagement and volunteer coordinator for Westminster are now in post and establishing good networks in the Borough. However there have been further staff changes in that the Director Guy Stevenson has decided to move on and this post will be re-advertised shortly. Ben Collins has returned to the organisation on a consultancy basis to offer management support and back up for the team and strategic advice and direction. We are also currently recruiting to office based posts
- 3.2 Following a brief overview of our work to date, and on the evidence collated from previous discussion with key borough stakeholders and a range of other national and local intelligence, a strategic plan for Healthwatch CWL and associated development and delivery objectives were proposed in September.
- 3.3 The Contract Monitoring Group will review these along with the relevant milestones and KPI's in November. The evidence gathering included a well-attended Borough forum and a range of statutory, 3rd sector and community representatives with the further inclusion of Councillors Robathan and Cox.
- 3.4 It is proposed that work in Westminster will concentrate on the following 2 areas:
- **Priority 1: Service reconfiguration and the inclusion of service users in the assessment and design of local services. (STP priority 5, 6 and 7)**

***Critical success factor:** Collect and baseline user intelligence - and use to establish quality and performance outcomes related to Care Coordination services in Central London*

Brief Outline

The Care Coordination Service will provide care planning support for people with complex and long-term conditions and also patients with diabetes. The wave 1 villages will also support patients with Chronic Obstructive Pulmonary Disease. The two groups are patients aged 18-64 and 65 and over. The plan is to increase the support to 30% of the practice population, this will be made up of patients with various long term conditions.

Our primary objective will be to evaluate from a user perspective the impact on these changes in service delivery. Indicators will be used to substantiate the broader evaluation of the pilot sites against local NHS outcome based frameworks

- **Priority 2: Monitoring the impact of services changes and informing the design of mental health day care services in K & C and Westminster (STP Priority 8)**

Critical success factor: A Base lined impact assessment that leads to a fully co-produced service specification to support procurement and service change

Brief Outline

Mental Health day care services for Westminster are currently undergoing a process of decommissioning. Consultation on what the replacement provision will look like, and how the procurement of that replacement should take place has been identified as central to a co-produced re-provision and a new service specification.

We are currently in the process of scoping these two projects in order to establish feasibility and likely impact.

Engagement work to support the identification of Priority 1

- Initial scoping and agreement to the involvement of Healthwatch CWL and agreement on intervention objectives with the Care Coordination contract holder, Central London Health Ltd (CLHL).
- Further meetings scheduled with CLHL to agree evaluation parameters, principal metrics, outcome and methodology for data collection.
- Further consultation at a local level with members of Healthwatch Westminster Local Committee to identify local user groups, patient forums and GP practices to engage with local people
- An engagement plan that includes the use of social media, such as Twitter to talk to local people and gather their experiences of care planning and living with long term conditions is currently being put into operation
- Identifying a range of networks through which to promote our work to other local voluntary organisation and their members – for example the North and South Westminster Health and Wellbeing Networks, Community Champions network etc.

Issues that have already been identified include confusion around what is currently available at a local level; how to access support; and how services fit together into a whole offer for Westminster.

Engagement work to support the identification of Priority 2

The Borough Engagement Coordinator is currently supporting the existing consultation process in partnership with the joint commissioning team.

The Engagement Coordinator is identifying mechanisms for co-producing alternative options to current provision with existing providers, service users and Healthwatch CWL mental health representatives.

Work already completed:

- Support to the Mental Health Day Services Transition Steering Group during planning of consultation events with current service users and working towards co-designed specification
- Attending consultation events with current service users to monitor information sharing and recruitment to co-design workshops
- Advising that co-design group needed information on current provision in Westminster in order to make informed decisions about the new specification
- Providing information on alternative types of provision – for example The Dragon Café in London Bridge and arranging a visit for the co-design group
- Sharing information on a community development model to engage with people from under-represented communities and to investigate stigma around mental health
- Challenging communication plans and reminding that information needed to go to a wider Westminster population than current service users

The members of the Mental Health Day Services Transition Steering Group should be commended for the work that they have done towards working towards co-produced working. However, there are still concerns that:

- Information has not been shared widely enough – hindered by sign-off processes and changing time-scales
- The fast timeline for change and existing structures at a local level mean that full co-production has not been possible
- The focus on current users may mean that the new model developed will not be as creatively designed as it could.

Assessing the efficacy of local services

As part of our wider remit to peer/volunteer assess a range of local services we have conducted a number of enter and view activities in all three boroughs. Below is a brief example of Westminster work undertaken in February this year:

- Enter and view work was undertaken at Alex Bourne 2 Ward at St Mary's Hospital. Examples of the key issues (and actions) identified were:
 - ◆ Make necessary repairs to kitchen, remove areas of mould/fungus and repaint as appropriate and re-laminate kitchen work top. (Action – repairs completed)
 - ◆ Look at ways to brighten up the Patients/Discharge lounge, replace broken furniture. Consider creating a small private office/cubicle in the visitors lounge for private conversations for both patients and staff. (Action – Sofa repaired)

- ◆ A long term recommendation would be that the maternity ward is completely refurbished and ensuring a better layout and environment. (Action - Imperial are currently looking at how effective/beneficial current surroundings are)

Other Dignity Champions (enter and view) reports completed include:

- The Gordon Hospital
- The Butterworth Centre

The full reports are available on the *Healthwatch* web site at

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

We are currently undertaking a full review of our enter and view work, with actions so far identified as setting up new training to volunteers; designing a more robust assessment and reporting regime, and building better quality assurance mechanisms to enable increased compliance from providers where issues are identified. A RAG rated action plan will be available for each assessment and the Committee might like to see these.

We also recognise that stronger peer based representation particularly from young people may additionally support a more robust assessment regime. We will be working with borough authorities and other community agencies to identify opportunities to increase the role of young people in delivering this work.

Local Representation

As part of our strategic review and revision of activity set out in the strategic plan we wish to improve the level of local representation on the Westminster Committee, in particular because Janice Horsman, who had served as Committee Chair for three years, stood down as Chair in August due to pressure of work commitments, though Janice does remain on the Committee. Attendance at Committee meetings for 2015/16 was also low with limited regular attendance by both individuals and organisations that have previously registered as committee members.

Principal reasons identified for fall off result from the following:

- Our own organisational changes and the resulting loss of staffing establishment to support committee activity.
- Changes in staffing personnel in member organisations
- Additional professional commitments for representatives of partner organisations
- Volunteers moving on to other personal priorities.

We are therefore undertaking a recruitment drive to enrol new members as well as offering training and support to existing volunteers. We will build on the active involvement from many local people in the priority setting process earlier this year with the hope of developing longer term relationships with some of them.

Reframing representation and participation at a locality and borough based level will be imperative to ensure continued accountability in regards to the development and delivery of the organisations priorities between now and 2018. Addressing involvement, collaboration and wider participation will be addressed through the following mechanisms:

- Taking a more fluid approach to participation and collaboration. Targeted prioritisation and delivery will build local alliances, operational partnership and more long term commitment from individuals with Healthwatch as a keystone health and social care organisation.

- Build new audiences in targeted communities of interest based on age, gender, condition type, geography and service. A smarter approach will ensure strengthened participation from a wider audience base and be more impact driven in its delivery. We will vary our engagement approaches based on the audience.

- Increase the use of social media to targeted audiences (as above) to reframe what participation, reflective practice and experiential interrogation looks like with differing audiences. This will be highly dependent on our operating a flexible methodology to reach audiences and build both short and long term involvement.

**If you have any queries about this Report or wish to inspect any of the Background Papers please contact Ben Collins
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