

Central Bedfordshire Shadow Health and Wellbeing Board

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Title of Report Central Bedfordshire LINK Report

Meeting Date: 6 September 2012

Responsible Officer(s) Bob Smith (LINK Chairman), Charlotte Bonser (Host)

Presented by: Bob Smith, Chairman, (Central) Bedfordshire LINK

Action Required: The Board is asked to:

1. note the update on LINK work and progress to date for information and consideration by the Board.
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Executive Summary

1.	The LINK report is an update on the work items in progress or issues that have come to light over the course of the year; the findings of which will be passed to the relevant colleagues in health and social care and to Healthwatch as part of the LINK legacy work.
2	This report looks at LINK's progress in organising visits to the six care/nursing homes in Central Bedfordshire, some feedback on the first visit to a care home, initial feedback on its visit to the Coronary Care, Trauma and Orthopaedic Wards at Bedford Hospital. The report also outlines the need for further clarification on local commissioning and patient choice and an update on LINK involvement in the transition to Healthwatch.

Background

3.	This report is to update on the Health and Wellbeing Board on LINK's activities as it prepares for Healthwatch Central Bedfordshire. Although the LINK is actively focused on becoming Healthwatch, Members are also continuing to look at other areas of work such as inappropriate hospital discharge and standards of nursing care, Other work areas include enter and view visits to six care/nursing residential homes, the effects of the transformation of inpatient mental health beds and initial work on encouraging the participation of children and young people in the LINK/Healthwatch.
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Visits to care/nursing homes in Central Bedfordshire

4.	The LINK is presently in the process of arranging visits to the six care/nursing homes in Central Bedfordshire, which has proved quite challenging in terms of making contact with the homes and clarifying the roles and responsibilities of the LINK in comparison to the role of the Care Quality Commission and the Council's Compliance Team.
5.	The LINK has assured the homes that it is undertaking the visits purely from a layman's perspective and not as inspectors. It has also been made clear that we are looking at all aspects of the residents/carers experience and will comment on positive findings as well as on areas that may need improving. Because the LINK has had a great deal of time to prepare for the visits, members are confident in the task ahead and about their role, code of conduct aspects and reporting back procedures. The procedures followed to book the visits are very clear involving a telephone call to the home followed by written confirmation, further information about the LINK and a poster for the home to notify all at the home of the impending visit.
6.	The first of these visits have now taken place to the Woodside Care Home in Slip End. The report is currently being checked for factual accuracy by the care home, but we can report the following comments received from patients and staff at the home:
7.	<p>The majority of the residents have varying forms of dementia. We talked to some 5 residents during our visit and received the following comments.</p> <p>(I) Lunch was nice, I enjoy meal times</p> <p>(F) I enjoyed dinner.</p>
8.	<p>We spoke to some members of staff who made the following comments.</p> <p>(A) Nurses are fine, we have some problems with the GPs (example when requesting GP visit a resident).</p> <p>(B) I enjoy working here.</p> <p>(C) I enjoy working here, I feel supported, I am so happy.</p>

LINK Findings from visits to Bedford Hospital Coronary Care Ward and Trauma Ward/Orthopaedic Ward

<p>9.</p>	<p>The first of the LINK visits to Bedford Hospital, Coronary Ward (Godber) received a good report from visiting members. This is an extract from the report:</p>
	<p>“a caring, well-run unit, where the needs of the patient are seen as paramount. One can only commend the staff, medical, nursing and ancillary for performing a difficult job during trying times and doing it with such professionalism and diligence.”</p>
<p>10.</p>	<p>It was good to note that attention is paid to ensuring patients have water at easy reach at all times and that patients commented on their satisfaction with the food in hospital.</p> <p>The visit to the Acute Adult Trauma Ward (Reginald Hart) and Elective Orthopaedic and Women’s Health Bay has also recently been undertaken by members. Below is an extract from the executive summary of the report:</p> <p>“It was a pleasure to visit these busy areas, particularly the Reginald Hart Ward, that were clean and run very effectively.</p> <p>It was evident that there was some pressure on the acute trauma ward, Reginald Hart, over the smooth running of discharges although the Discharge Lounge was proving an advantage.</p> <p>It was understood that patients, who had a fractured femur, were arriving by Ambulance from areas that would have normally have gone to The Lister Hospital at Stevenage. This additional work-load had not been officially notified to staff. All members of staff encountered were very helpful and of excellent disposition.”</p> <p>The reports will now be checked for factual accuracy and then will be available to the Committee and for public consumption.</p>

Patient experience of patient choice and local commissioning

<p>11.</p>	<p>The LINK has been logging issues to do with pain clinics and ear, nose and throat referral where patients in Central Bedfordshire, (West Mid Beds/Leighton Buzzard in particular), have tried to access patient choice in terms of where they receive treatment for a particular condition. In some instances patients have been told by their GPs that they can only access treatment from a particular clinic because of local commissioning arrangements.</p>
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12.	LINK would like to understand the guidance underpinning the various practice based commissioning groups who operate within each locality concerning commissioning of services. In particular the LINK would like to understand guidance relating to collaboration with neighbouring commissioners to meet the promise of patient choice as set out in the NHS constitution.
13.	The LINK has therefore written to John Rooke as Chief Executive to the Bedfordshire Clinical Commissioning Group seeking guidance on this issue.
An update on LINK involvement in the transition to Healthwatch	
14.	The progression towards creating a Central Healthwatch has moved on fairly rapidly over the last few months as there is a move to create a Shadow Healthwatch in line with the Local Authority's/LINK status of being a Healthwatch Pathfinder area. The LINK has worked closely with the Council on many aspects of this process.
15.	The LINK has been involved in the Healthwatch Transition Steering Group for some months now, given feedback to capture LINK legacy, and has contributed to discussions at both the Council's Seminar on scrutiny development for health and social care supported by the Centre for Public Scrutiny and the recent stakeholder event looking at the operating models for Healthwatch.
16.	The draft report following the 360 degree review of LINKs through questionnaires to the LINK Board, LINK membership and key stakeholders is being finalised. LINK Board members recently met with the Healthwatch Interim Lead, Sharon Ward to ensure that the draft report had captured the key points of what they felt should not be lost from the LINK structures and processes.
17.	The Healthwatch Transition Steering Group meets at the end of August to commence producing the specification for the Central Bedfordshire Healthwatch.
Detailed Recommendation	
18.	The LINK asks the Board to note the findings of the visit reports and to consider and address any actions required. Also to clarify the position on local commissioning and patient choice.

Issues	
Strategy Implications	
1.	LINK's work is aligned to the Health and Well Being Strategy in terms of improving outcomes for the most vulnerable and is an advocate for early intervention and prevention in terms of health and well being.
2.	The objectives in the LINK report are in line with the main themes within the JSNA and the BCCG strategy.
Governance & Delivery	
3.	Central Bedfordshire Council is responsible for contracting support arrangements for the independent LINK. Central Bedfordshire Council is responsible for commissioning Healthwatch under the Health and Social Care Act 2012.
Management Responsibility	
4.	Central Bedfordshire Council are responsible for contracting support arrangements that enables the work of the independent LINK which it is overseen by the LINK Board.
5.	Commissioning Healthwatch Central Bedfordshire is a duty for the Local Authority under the Health and Social Care Act 2012. Management of this process is via a multi-agency Steering Group which also is responsible for leading the development of Healthwatch Central Bedfordshire. Updates on progress towards commissioning Healthwatch to the Health and Wellbeing Board will be through the Director of Social Care, Health and Housing.
Public Sector Equality Duty (PSED)	
6.	The PSED requires public bodies to consider all individuals when carrying out their day to day work – in shaping policy, in delivering services and in relation to their own employees. It requires public bodies to have due regard to the need to eliminate discrimination, harassment and victimisation, advance equality of opportunity, and foster good relations between in respect of nine protected characteristics; age disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.
7.	The LINK abides by the Nolan Principles (seven principles of Public Life). Members are trained and developed in various aspects for their role as LINK member, e.g training in SOVA, Enter and View, Carers Awareness, Dementia and other personal development skills.
8.	Are there any risks issues relating Public Sector Equality Duty Yes
	Yes <i>Please describe in risk analysis</i>

Risk Analysis

In undertaking enter and view to health and social care bases e.g. hospital wards, care homes, GP surgeries, members must act with due regard to the day-to-day operations of these bases, in terms respecting the staff, patients and residents of those premises and having due regard to equality issues.

Identified Risk	Likelihood	Impact	Actions to Manage Risk
Enter & View visits	Low	High	Training and development carried out as required. This will include training in equality and diversity issues taking into account Public Sector Equality Duties.

Source Documents

None applicable

Presented by: Bob Smith