

Central Bedfordshire Health and Wellbeing Board

Contains Confidential or Exempt Information No.

Title of Report Healthwatch Central Bedfordshire – Becoming insightful

Meeting Date: 9th January 2014

Responsible Officer(s) Ruth Featherstone, Chair

Presented by: Ruth Featherstone, Chair

Action Required:

1. To receive an update on recent activities of Healthwatch Central Bedfordshire and to address the recommendations listed below.

Executive Summary

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| 1. | This report is submitted to the Board for information and consideration. |
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Background

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| 2. | Healthwatch Central Bedfordshire is the new consumer champion for both health and social care. The aim of Healthwatch Central Bedfordshire is to give local residents and communities a stronger voice to influence and challenge how health and social care services are provided within Central Bedfordshire. |
| 3. | Since our launch event in September we have continued to promote Healthwatch Central Bedfordshire (HWCB) through our 'network of networks'. This includes building relationships and working in partnership with our key stakeholders with a focus on recruiting volunteers to achieve our aim of building a network of Volunteers for HWCB that will give local residents and communities an influential and effective voice. |

Detailed Recommendation

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| 4. | <ol style="list-style-type: none">i. That the Health and Wellbeing Board consider taking the lead in co-ordinating (and expanding) the identified activities in item 1 below; Excess Winter Deaths and to add an Action Plan to the joint report.ii. That the Health and Wellbeing Board consider including food preferences in future service specifications for care homes in Central |
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	<p>Bedfordshire as highlighted in item 3 below.</p> <p>iii. That the Health and Wellbeing Board consider the results of the Dr Foster research into 'Operation Rationing' as highlighted in item 4 below.</p>
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Report	
<p>1.</p>	<p>Included in Healthwatch Central Bedfordshire's priorities, older people were listed with emphasis on quality of life and support in the community. With the onset of winter, HWCB are particularly concerned that measures to guard against excess winter deaths in the frail older population of Central Bedfordshire are not being addressed within an appropriate timescale. According to the National Institute for Health and Care Excellence (NICE), over 90% of excess winter deaths occur among the over-65s and in particular, among the over-85s, adding that excess winter death rates are not necessarily linked to deprivation. In a joint report, produced by CBC and the BCCG, which shows a local picture, key inequalities highlighted in the report are listed as:</p> <ul style="list-style-type: none"> ▪ Households on low income ▪ People with disabilities ▪ People with long term illness ▪ Individuals in deprived areas suffering fuel poverty ▪ Homes with poor insulation, draughts and high heat loss ▪ Single people of working age ▪ Residents in rural areas ▪ Living alone in large house (asset rich, cash poor) ▪ Poor nutrition ▪ Inappropriate clothing for cold weather <p>Whereas the current activity & services, also highlighted in the report, are listed as:</p> <ul style="list-style-type: none"> ▪ Regular review of benefits and entitlements ▪ Annual flu and pneumococcal vaccination before the winter period ▪ Provision of annual medication review (every 6 months if taking 4 or more medications) prior to winter for most vulnerable ▪ Interventions in place which includes advice and support to stop smoking, sensible drinking, healthy eating, adequate hydration, and daily active living ▪ Assessment and support programme to prevent falls <p>HWCB are concerned that these activities will not address what is actually happening 'on the ground' to support frail older people and the inequalities identified in the report itself. NICE have developed a stakeholder panel which includes Local Authorities such as Cornwall County Council and Luton Borough Council. HWCB feel that CBC / BCCG should be a part of the Stakeholder Panel (if not already) to learn best practice and also contribute ahead of the NICE guidance being published, to feedback information and take action, which will result in a reduction of excess winter deaths within Central Bedfordshire this winter.</p>

2.	<p>Previous work with BCCG's Planned Care Board included reviewing the Community Ophthalmology Service Specification. Our input was recognised and led to the inclusion of psychological support in the service specification.</p>	
3.	<p>Following on-going promotion of HWCB we are experiencing higher levels of calls and correspondence relating to a wide variety of issues and concerns involving health and social care. Evidenced within this is the recognition that local residents are unaware of who to contact to resolve or deal with their concerns. It is apparent they feel over whelmed, not listened to and exhausted with the process. HWCB have signposted where necessary and will also monitor particular cases going forward. In addition, HWCB have noticed particular trends developing from the diverse issues coming forward. For example, consistency of carer in residential care homes was a common theme. Another issue was in relation to nutritional standards in care homes, encompassing food preferences. Whilst being aware that food preferences do not necessarily fall within the Care Quality Commission (CQC) nutritional standards we have been made aware that if it is possible for care homes to take account of food preferences this can improve quality of life for frail older people. We would therefore recommend that CBC include this aspect in future service specifications for care homes in Central Bedfordshire.</p>	
4.	<p>On HWCB website we have included information about 'NHS Operations Being Rationed?' The NHS in England appears to be rationing access to vital non-emergency hospital care. The analysis by the Dr Foster research group looked at three key procedures - knee, hip and cataract operations, all of which affect the quality of life of the frail elderly. For much of the past decade, patient numbers have been rising as would be expected with an ageing population. But since 2010, the numbers have levelled off with just one in eight areas now doing more hips and knees and one in five seeing rises in cataracts. It comes amid mounting pressures on the health service. The challenges facing A&E units have been well documented, but reports have also been emerging that non-emergency care is being squeezed too. Local residents, via our website, can discover indicated figures relating to knee, hip and cataract operations based on their postcode. Significantly, in Bedfordshire, figures are down in relation to cataract operations only, which would appear not to fit with an increased older population. Hip and Knee operations appear to be up; the inference being that cataracts operations are being rationed in order to allow for the increase in hip and knee operations. HWCB are concerned about the long term effects of rationing of cataracts operations and would recommend that the BCCG look into the number of people waiting for a cataract operation, reasons for the delay and the level of cancellations.</p>	
5.	<p>Further developments following the establishment of Healthwatch Central Bedfordshire is as follows:</p>	
6.	i.	<p>Having successfully completed the arduous requirements of the Charities Commission, Healthwatch Central Bedfordshire achieved charitable status on 18th November 2013 and HWCB CAF Bank will be operational from December 2013.</p>

	<p>ii. We have advertised for an Insight & Research Officer position with HWCB to enable us to develop and maintain high quality and effective insight and research services to enable HWCB to monitor, assess, report and advocate on the provision of health and social care services in Central Bedfordshire.</p>
	<p>iii. Following development of HWCB Volunteer Policy, this has now been ratified by the Board together with supporting Policies such as:</p> <ul style="list-style-type: none"> - Equality & Diversity Policy - Health & Safety Policy - Code of Conduct - Confidentiality & Data Protection (& Agreement) Policy - Expenses Policy <p>All Policies are included in the Application Pack for Volunteers. We have also developed a Volunteer Work Plan which outlines how we intend to recruit, train and support additional volunteers going forward.</p>
	<p>iv. We have developed various role descriptions for volunteers, also to be included in the Volunteer Pack, to encourage more people to volunteer in different capacities, as follows:</p> <ul style="list-style-type: none"> ▪ Enter & View ▪ Champion ▪ Representative ▪ Mystery Shopper ▪ Researcher ▪ Project Group Member ▪ Office Support <p>All role descriptions will also be available to download on our website.</p>
	<p>v. We are continuing to work with the Bedfordshire Clinical Commissioning Group (BCCG) as a member of the Stakeholder Forum in relation to the recent changes in Paediatric services at Bedford Hospital. We will also be an integral part of the wider review of health services in Bedfordshire which will look at how best to provide high quality, sustainable acute and community care for the people of Bedfordshire. This review has national support from Monitor, the Trust Development Authority (TDA) and NHS England and will be jointly carried out with the BCCG and NHS Milton Keynes Clinical Commissioning Group. Central to the review will be engagement with local patients, patient groups, local nurses and doctors, national clinical experts, local people living with long term conditions, local politicians and voluntary and community groups.</p>
	<p>vi. Discussions with Bedford Hospital have continued with regard to clarification of staffing ratios and complaints handling which will be monitored going forward. We have escalated our concerns to the Care Quality Commission (CQC). We have also scheduled a visit to two wards at Bedford Hospital in early January 2014.</p>

	vii.	HWCB Board meetings held in 2013 were in relation to operational and financial issues. Going forward all HWCB Board Meetings in relation to the activities of HWCB will be held in public and information of the date / time / venue will be published on our website.
	viii.	HWCB will be actively recruiting for additional Directors/Trustees in 2014 to play a key role, along with other Board Members, in setting the strategic direction of Healthwatch Central Bedfordshire, ensuring the organisation lives up to its shared vision, aims and values, in line with the Department of Health and Healthwatch England requirements. Further information will be posted on our website in 2014.

Issues	
Strategy Implications	
7.	Healthwatch Central Bedfordshire will impact upon the Health and Wellbeing Strategy for Central Bedfordshire, the Community Engagement Strategy, the Social Care Health and Housing Advice and Information Strategy, the BCCG's Engagement and Communication Strategy and have influence and input into the Joint Strategic Needs Assessment.
Governance & Delivery	
9.	Through our contract with Central Bedfordshire Council managed by the Assistant Director of Commissioning which provides the governance and delivery of Healthwatch Central Bedfordshire including monitoring.
Management Responsibility	
10.	Updates on progress of Healthwatch Central Bedfordshire to the Health & Wellbeing Board will be through the Director of Social Care, Health & Housing.
Public Sector Equality Duty (PSED)	
11.	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.
	Are there any risks issues relating Public Sector Equality Duty
No	Yes
	<i>Please describe in risk analysis</i>

Risk Analysis

Briefly analyse the major risks associated with the proposal and explain how these risks will be managed. This information may be presented in the following table.

Identified Risk	Likelihood	Impact	Actions to Manage Risk

Source Documents	Location (including url where possible)

Presented by Ruth Featherstone