

Public Document Pack

Southend-on-Sea Borough Council

Legal & Democratic Services

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20 January 2020

HEALTH & WELLBEING BOARD - WEDNESDAY, 22ND JANUARY, 2020 SUPPLEMENTARY REPORTS PACK: HEALTHWATCH AND LEDER REVIEW

Please find enclosed, for consideration at the next meeting of the Health & Wellbeing Board taking place on Wednesday, 22nd January, 2020, at 5.00pm the following report(s) that were unavailable when the agenda was printed.

Agenda No Item

5. Healthwatch (Pages 1 - 4)

Report from Healthwatch attached

13. LeDeR Review (Quarter 3) (Pages 5 - 8)

Report for information attached

Robert Harris
Principal Democratic Services Officer

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Healthwatch Southend - Observations from NHS Long Term Plan Survey Engagement

5

- Residents were not familiar with what NHS LTP meant and where it had come from – Local Authority/NHS?’
- Lots of support needed to carry out Survey with participants – time consuming activity/lengthy process to explain context
- More Women than Men willing take part in Survey.
- Negative comments from participants about how questions were devised e.g. ‘Making joint decision about your care is’....Very Important, Important, Not important – multiple-choice answers do not fit all responses. As individuals are more likely choose ‘Very’ Important as an option.
- Anecdotal responses mostly mentioned barriers accessing GP services. Travel implications between Basildon, Chelmsford & Southend.
- Older population not happy with advent of digital services but, younger population were keen to have more digital access e.g. online consultations
- Participants were concerned that some of the proposals had already been implemented E.g. Out of Hours GP services not available in all areas, Repeat Prescription Process differs Practice to practice. Services have already cut in Southend Hospital – fewer appointments, longer referral times.
- Participants understood alleviating current pressures, but some viewed it as reduction of services in some cases thought it cost-cutting exercise.
- Participants would like to see more information about what the changes look like in more detail – out of 28 Surgeries, what are the expectations that improved offer provides equitable services.

Therefore, HWS will now engage as many local groups and residents as possible to explain background and raise profile of changes to local services, the Mid & South Essex Health & Care Strategy and Healthwatch offer to residents. Additional information will be available in range of formats e.g. additional languages, easy-read for LD, social media and face-to-face group presentations to be adapted to optimize understanding and participation. Mailshot of LTP Essex Wide Report to Care Homes, Libraries and Primary Care Settings.

Following completion of survey, HWS met with Claire Hankey (Director of Comms & Engagement STP) to look at how specific responses from the LTP Survey would inform STP/MSE 5 Year Strategy. Draft Strategy circulated - final publish date to be confirmed by STP.

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Healthwatch Southend

1st Oct 2019 – 31st Dec 2019

INFORM STATS / THEMES

Between 1/10/19 – 31/12/19 a total of 97 records were recorded onto the F.A. database INFORM.

The client contact methods included:

- Direct telephone to the office
- Emails into the Healthwatch Southend inbox
- Contact Forms via the website

Each individual contact has a specific enquiry. These are entered under generalised 'Headers' on our database. We have provided anonymised examples by each header to provide context and an understanding of the variety of calls we receive.

HEADER	ANONYMISED EXAMPLE/S
GP Concerns / access to GPs	<ul style="list-style-type: none"> • Lack of availability of GP's at x surgery • Issues with access and or delays to personal medical records
Southend Hospital Care	<ul style="list-style-type: none"> • Long waiting lists for non-acute operations in Southend (more than one specialty) • Pressure on infrastructure, long waiting lists etc due to numbers associated with local housing development
Children's Health Services	<ul style="list-style-type: none"> • Lighthouse waiting times, particularly ASD diagnosis • Poor paediatric service provision for hospital orthotics
Health General	<ul style="list-style-type: none"> • Signposting for weight management for teenage male
EHCP's (Educational health care plan)	<ul style="list-style-type: none"> • Difficult to access and navigate
Mental Health Services	<ul style="list-style-type: none"> • Signposting for advocacy support in southend / other routes
Transport	<ul style="list-style-type: none"> • Transport change by CCG to DHL for Moorfield pts – difficult booking line and process • STP, three hospital merger inter-hospital transport for patients and relatives
Other	<ul style="list-style-type: none"> • Volunteer enquires • Confusing DNR policy in assisted living housing association

HEADER	ANONYMISED EXAMPLE/S
Social Care	<ul style="list-style-type: none"> • Social care housing concern for signposting • Query capacity assessment
Homeless & Access to Services	<ul style="list-style-type: none"> • Non UK resident signposted for housing information
Dentists	<ul style="list-style-type: none"> • Access to new NHS general dental practitioner (new to area or closure of registered practice)
Safeguarding	<ul style="list-style-type: none"> • Advice required on raising a potential adult safeguarding incident within Southend Borough
Pharmacy	<ul style="list-style-type: none"> • Lack of HRT medications

Current local themes are around (**not relative just to this quarter**)

ASD waiting times / Gaps in provision for Childrens Services, particularly High Functioning ASD

Peoples concerns about local NHS infrastructure ability regarding agreed local housing developments and the demand on available resource

Inter-hospital transport for patients and relatives

Number of GPs and appointment availability - other issues connected with GP surgeries – access to medical records and a very common recurrence of communication breakdown whether it is GP or support staff related.

LeDeR Quarter 3 Report

Performance

1. CCG representation – in place
2. Annual Report – to be delivered May 2020
3. KPIs

LeDeR reviews - notified to 31st December 2019																											
N.B. These figures reflect the information in the LeDeR online review system as of midnight on 31st December 2019																											
Region, st	Number of notifications received		ALL NOTIFICATIONS TO DATE							NOTIFICATIONS OF DEATHS OF PEOPLE AGED 18 AND OVER (EXCLUDING REVIEWS 'ON HOLD')										DEATHS OF PEOPLE AGED 18 AND OVER - REVIEWS			CHILD DEATHS				
			Total	Unallocat ed	In progress	Completed	Unallocat ed	In progress	Completed	Total to date	Unallocat ed	In progress	Completed	Unallocat ed	In progress	Completed	Reviews assigned within 3 months of notification (notifications received >3m ago)	Reviews completed within 6 months of notification (notifications received >6m ago)	Waiting for coroner's inquest	Waiting for other investigation	Delays with family involvement	Total notifications to date:	In progress	Completed	Completed		
	This month	MAT	No.	No.	No.	No.	%	%	%	No.	No.	No.	No.	%	%	%	No.	%	No.	%	No.	No.	No.	No.	%		
England & Wales	271	3060	7145	2027	1923	3195	28%	27%	45%	6503	1984	1570	2949	31%	24%	45%	2093	36%	580	11%	27	71	27	516	270	246	48%
EAST OF ENGLAND	23	345	820	371	192	257	45%	23%	31%	729	349	154	226	48%	21%	31%	89	13%	23	4%	1	30	3	57	26	31	54%
Essex	4	104	250	107	77	66	43%	31%	26%	222	104	67	51	47%	30%	23%	34	17%	8	4%	0	5	1	22	7	15	68%
NHS BASIL	0	10	21	9	9	3	43%	43%	14%	18	9	6	3	50%	33%	17%	3	23%	0	0%	0	2	0	1	1	0	0%
NHS CAST	0	9	20	10	6	4	50%	30%	20%	20	10	6	4	50%	30%	20%	3	18%	1	7%	0	0	0	0	0	0	0%
NHS MID ESSEX	0	15	45	24	14	7	53%	31%	16%	38	22	11	5	58%	29%	13%	6	17%	1	3%	0	2	0	5	3	2	40%
NHS NORTH	3	31	77	33	21	23	43%	27%	30%	72	33	21	18	46%	29%	25%	9	13%	0	0%	0	0	0	5	0	5	100%
NHS SOUTH	0	16	35	10	12	13	29%	34%	37%	32	10	10	12	31%	31%	38%	7	23%	4	15%	0	0	0	3	2	1	33%
NHS THUR	0	6	18	7	4	7	39%	22%	39%	13	7	3	3	54%	23%	23%	3	27%	2	17%	0	0	1	4	0	4	100%
NHS WEST	1	17	34	14	11	9	41%	32%	26%	29	13	10	6	45%	34%	21%	3	12%	0	0%	0	1	0	4	1	3	75%

			ALL NOTIFICATIONS TO DATE						
Number of notifications received			Total	Unallocat ed	In progress	Completed	Unallocat ed	In progress	Completed
Region, steering group &	This month	MAT	No.	No.	No.	No.	%	%	%
Essex	4	104	250	107	77	66	43%	31%	26%

Please note that these figures include the cases allocated to NEC (the CSU commissioned by NHSE to tackle the 2018 backlog) These have not been allocated yet. Our local database shows the following data for Q3:

unallocated	in progress	complete	waiting QRP	with NEC
21	73	66	3	87

We are not yet able to allocate reviews within 3 months of notification or complete many of them within 6 months of allocation. Our aim is to clear our backlog and be able to meet KPIs by end of March 2020. To achieve this we are using the following capacity:

- a) 1.8 wte permanent reviewers are in post to deliver 40 reviews. All allocated.
- b) three independent contractors are on fixed term contracts to deliver 30 reviews . All allocated
- c) ELDP capacity to deliver 28 reviews is identified in place plans – this are currently at risk as only 19 could be allocated to date.

NHSE target of 94 completed local reviews by 31st March 2020 (excluding child death reviews) continues to be challenging. At the end of December we had completed 17 of these. Each reviewer has a trajectory with delivery dates against each review and regular meetings with LAC to update.

A key delay in completion continues to be the lack of access to records. We are in the process of employing additional fixed term administrative support to address this. Our IG leads are writing out to all GP surgeries and we have requested direct access to both health and social care electronic systems for permanent reviewers and admin.

A Quality Panel is now well established to check reviews before final submission. There is consistent representation from Health (Quality and Safeguarding) Social Care and Commissioning, but we are waiting on contractual issues to

4. Learning and Action

The action plan for 19-20 identifies key areas for action:

- a) Early frailty and deterioration including long term conditions
- b) DNACPR
- c) MCA and health insight
- d) Dysphagia

- e) Communication
- f) Not known to services
- g) End of Life
- h) Social care provision and living arrangements
- i) MDT/Collaborative working and case management

We now have named leads for almost every organisation against these areas and in quarter 4 will be capturing evidence of how change has been implemented at

- a) A systems level
- b) For individuals
- c) For families

This will then be reported in the End of Year 2020 LeDeR report.

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Rebekah Bailie
Local Area Coordinator

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