

## Healthwatch Quarterly Meeting with Director of

### Adults and Communities (A&C)

Wednesday 4 March 2015

<b>Fiona Barber</b>	<b>Board Member - Healthwatch Leicestershire</b>
<b>Pat Fraser</b>	<b>Healthwatch Leicestershire Member</b>
<b>Ivan Liburd</b>	<b>Development Officer - Healthwatch Leicestershire</b>
<b>Mick Connell Amanda Price</b>	<b>Director of (A&amp;C) Strategic Planning and Commissioning Manager</b>

### Healthwatch Questions

Healthwatch Leicestershire have compiled the following questions informed through engagement events, information & advice service including drop-in clinics and other sources; news, journals, reports.

<b>Question 1</b>	Referrals to Adult Social Care (ASC) of Carers of people referred to and supported by ASC in particular, Carers of people discharged from a UHL facility - are these identified in data recorded by ASC?
<b>Response</b>	<p>It would be possible to interrogate the system to identify carers of individuals who are discharged from hospital, although it would not be possible to identify those specifically discharged from UHL. This would need to be a manual search, as this specific data is not held in a way, which is structured and can be easily aggregated.</p> <p>If this is something that is of specific interest it may be possible to conduct an audit of information held, although which may take some time to complete.</p> <p>(Since receiving final guidance re: Care Act in October, a specific work stream has been developed focusing on our information and advice offer. The priority at present is to develop a customer focused approach to the website which, although will be launched on 1st April, will be continually developed. Work to better understand access points/ accessibility of information is also underway and a customer reference group has been established to help us improve our information and advice offer, including co-producing information content. In order to support this development, an Information and Advice Officer is currently being recruited.</p>

	<p>In addition, the Unified Prevention Board, made up of several key partners has been approached to consider how we can better co-ordinate our information and advice offer, not only across the council, but with wider partners.</p> <p>Finally, investment has been secured to expand the Carer Health and Wellbeing Service into a countywide service, the key purpose of this service is to identify carers early in their caring role, and to ensure appropriate information, advice and support is easily accessible. Formal monitoring of the impact of the service is being undertaken through the Unified Prevention Board.</p>
Question 2	<p>National Carers Survey (ASCOF Measures) 2014/15 - disappointing to note a reduction in all measures in particular, that for Carers who find it easy to find information about support - 2009/10 = 80%; 2012/13 = 66%; 2014/15= 58%. In light of the Care Act changes it is of concern that there will not be appropriate and easily accessible information to support effective implementation of these changes. What assurances can be given to Carers that this will be positively addressed by ASC?</p>
Response	<p>Since receiving final guidance re: Care Act in October, a specific work stream has been developed focusing on our information and advice offer. The priority at present is to develop a customer focused approach to the website which, although will be launched on 1st April, will be continually developed. Work to better understand access points/ accessibility of information is also underway and a customer reference group has been established to help us improve our information and advice offer, including co-producing information content. In order to support this development, an Information and Advice Officer is currently being recruited.</p> <p>In addition, the Unified Prevention Board, made up of several key partners has been approached to consider how we can better co-ordinate our information and advice offer, not only across the council, but also with wider partners.</p> <p>Finally, investment has been secured to expand the Carer Health and Wellbeing Service into a countywide service, the key purpose of this service is to identify carers early in their caring role, and to ensure appropriate information, advice and support is easily accessible. Formal monitoring of the impact of the service is being undertaken through the Unified Prevention Board.</p>
Question 3	<p>Who is responsible for discharge planning? (Title/ Head of service)</p>
Response	<p>With regard to both discharge planning and safe discharge (below), this is a multi-agency responsibility, which is co-ordinated and monitored through the Urgent Care Board. If people need to make a complaint regarding the process/ safety considerations, a joint approach to handling complaints is in place.</p>
Question 4	<p>Who is responsible for safe discharge?</p>

Response	As above
Question 5	How can the Department ensure A&C are adequately represented across the BCT family?
Response	<p>Development of the Adult Social Care element of the BCT strategy is underway. Each individual authority across Leicester, Leicestershire and Rutland (LLR) are developing this and the three individual strategies will be amalgamated into an overarching LLR strategy by the end of April. This will ensure social care issues are clearly visible throughout the Better Care Together programme.</p> <p>On a more practical level, the council is represented at various levels including the Delivery board and on individual workstreams. It is sometimes not possible to have a representative from each Local Authority at all meetings, so LLR authorities are working together to ensure Adult Social Care representation.</p>
Question 6	What input is Adult Social Care having into the development and working of the Older Persons Unit at Loughborough Hospital?
Response	Adult Social Care has been fully involved in the planning of the Older Persons Unit and is continually involved in its development, working closely with relevant partners to make it a success.
Question 7	How can the resilience of the HART teams be improved so more people can access the service?
Response	<p>Although HART continues to be successful in supporting people to regain independence, the arrangement of ongoing care for those exiting HART services requiring longer term support continues to be a challenge. This has an impact on the capacity of HART services due to delays in the arrangement of ongoing care.</p> <p>This continues to be a focus for the department and a number of short term and longer terms actions are underway, including closer working with providers to flexibly manage support and maximise capacity, and the Help to Live at Home project which aims to deliver an outcomes focussed approach to support.</p>
Question 8	What work is being undertaken to establish why the proportion of complaints in the Melton district is higher than other localities and what are the findings?
Response	Both Locality Managers in relevant areas, and research leads at the council have been approached to explore the reasoning behind the differences highlighted. Unfortunately, due to the low number it has proven difficult to establish reasoning, and no specific pattern in terms of the category of the

	complaints has been identified. This year's annual report will provide an overview of actions taken and how the complaints data can be developed in the future to better understand patterns.
Question 9	How will Adult Social Care use the 'My Expectations for Raising Concerns and Complaints' document recently published by the Local Government Ombudsman and others?
Response	We are in the process of updating the complaints process. This will result in updated guidance and public facing information. This development will be informed by the useful and informative work undertaken as referenced above.
Question 10	Reports have been received that there is a lack of stroke rehabilitation services in the east of the County, this is post HART involvement, 3patients need ongoing rehab? Any there any plans to fund such services?
Response	The department does not commission stroke rehabilitation services and therefore cannot provide a specific answer in relation to services in the East of the county. The department does however commission several Stroke clubs across the county, with the purpose of providing social and peer support to those who have experienced a stroke
Question 11	<p>The following comments have been received in relation to discharge and care, how can ASC ensure these are exceptions and not the rule:</p> <ul style="list-style-type: none"> <li>• Patients told us of being discharged from hospital and not receiving care at home in a timely manner, even though it should have been agreed and in place. This has lead to incidents when themselves or family members were readmitted due to the process and lack of joined up services.</li> <li>• I was released from hospital 9pm and my care was not in place in time for me when I arrived home. Hours later I needed help and luckily the warden managed to call social services as my carer never turned up. Unfortunately for me no one could come out to me and at 2am we had to call the paramedics, who were very nice. I was returned to hospital and readmitted".</li> <li>• A neighbour receives Domiciliary Care and said that on the weekend their breakfast would be delivered late and their dinner would arrive early. This had happened on more than one occasion and had resulted in food being wasted, the person not eating enough or eating too early and left them feeling quite helpless at a time when they where trying to be more self sufficient.</li> </ul>
Response	<p>As already highlighted, issues relating to provision of domiciliary care is a focus for the department and a significant amount of work is being undertaken at present to improve the way that homecare is being delivered through the Help to Live at Home project. We are continually working closely with hospital 4 colleagues to improve the way in which hospital discharges are organised, as already detailed above.</p> <p>It is always concerning to hear of situations such those highlighted below. Although it is difficult to respond specifically to individual circumstances,</p>

	we are always keen to hear from people in order to better identify ways to improve provision.
--	---

*HWL - Healthwatch Leicestershire*