

Francis Report

Chapter 6: Patient and Public Local Involvement and Scrutiny

Recommendations and Local Implications

No.	Recommendation	Action for the Health Overview and Scrutiny Committee
43	Those charged with oversight and regulatory roles in healthcare should monitor media reports about the organisations for which they have responsibility	<p>Systematic monitoring of local papers by the Health Overview and Scrutiny Committee Support Officer and Committee Members to identify any issues reported.</p> <p>This monitoring should be ongoing and lead to items coming before the Committee should the Chairman and Committee Members consider this to be appropriate.</p>
145	There should be a consistent basic structure for local HealthWatch throughout the country, in accordance with the principles set out in Chapter 6: Patient and public local involvement and scrutiny	<p>Barnet Healthwatch are presenting a report to the 4th July 2013 meeting which will outline their structure, planned work for 2013/14 and response to the recommendations made in the Francis Report.</p> <p>In addition, Healthwatch have been issued with a standing invitation to attend all Barnet Health Overview and Scrutiny Committee meetings to enhance linkages between the Overview & Scrutiny function and the body responsible for Patient and Public Involvement.</p>

No.	Recommendation	Action for the Health Overview and Scrutiny Committee
146	<p>Local authorities should be required to pass over the centrally provided funds allocated to its Local HealthWatch, whilst requiring the latter to account to it for its stewardship of the money. Transparent respect for the independence of Local HealthWatch should not be allowed to inhibit a responsible local authority – or HealthWatch England as appropriate – intervening.</p>	<p>Barnet Council have commissioned Healthwatch in accordance with all centrally prescribed requirements.</p> <p>The Barnet Health Overview and Scrutiny Committee will receive regular updates on the work of Healthwatch, including how they use the funding allocated to them to support their activities. If there are any concerns regarding the work of Healthwatch and their activities, concerns will be raised as appropriate. It is anticipated that this will be avoided by developing and maintaining a strong relationship between Healthwatch, the Health Overview and Scrutiny Committee and the Health and Well Being Board locally.</p> <p>In addition, the Barnet Health and Well Being Board Working Group have requested that Healthwatch identify key areas of local concern that they intend to investigate on behalf of patients. If there are concerns about the focus of the Healthwatch work programme, key partners represented on the Health and Well Being Board will work with Healthwatch to seek to ensure that significant issues for Barnet are reflected on their work programme.</p>

No.	Recommendation	Action for the Health Overview and Scrutiny Committee
147	Guidance should be given to promote the coordination and cooperation between Local HealthWatch, Health and Well-Being Boards, and local government scrutiny committees.	<p>On 9 May 2013, the Committee were requested give consideration as to whether Barnet should develop an NHS / Scrutiny Protocol which takes into account the new health structure and regulations, with engagement taking place with all stakeholders.</p> <p>The Chairman considers that existing working practices have been effective and there is no requirement to develop protocols with the NHS. Committee Members regularly attend the Health and Well Being Board as observers and the Chairman has contributes when invited to. In addition, the Chairman and Vice-Chairman work closely with other boroughs via the North Central London Sector Joint Health OSC. It is recognised that there is scope to improve the coordination of scrutiny work in North Central London and Scrutiny Officers in Barnet, Camden, Enfield, Haringey and Islington will work closely to achieve this.</p> <p>The Scrutiny Office have started to work closely with the local Healthwatch Manager and will have an oversight of their ongoing work programme and activity. When appropriate, issues will be escalated to the Health OSC work programme. In addition, regular monitoring of the work of the Health and Well Being Board will continue.</p>
148	The complexities of the health service are such that proper training must be available to the leadership of Local HealthWatch as well as, when the occasion arises, expert advice.	Barnet Healthwatch are presenting a report to the 4 th July 2013 meeting which should address this recommendation.

No.	Recommendation	Action for the Health Overview and Scrutiny Committee
149	Scrutiny committees should be provided with appropriate support to enable them to carry out their scrutiny role, including easily accessible guidance and benchmarks.	<p>The Health OSC receives support from dedicated support officers, including scrutiny officers, the public health team and corporate performance (as and when required). It is recommended that if the scrutiny committee determine that additional expert support is required, this is requested through the Governance Service initially.</p> <p>Further work is required to ensure that more regular monitoring of complaints data or CQC inspection reports is used in identifying systemic issues which can feed into the work programme.</p> <p>The Chairman is recommending that committee include on their work programme a bi-annual report on performance against the local NHS outcomes framework in order for the committee to make a comparison against local and national benchmarks.</p>
150	Scrutiny committees should have powers to inspect providers, rather than relying on local patient involvement	<p>On 9 May 2013, the Committee were requested to consider if informal visits should be scheduled to local wards and care homes to gain a better understanding and overview of the services as this would provide an opportunity to see how wards/homes are working and speak to patients/residents to inform the work of the Committee. During the last 18 months, Health OSC Members have undertaken a number of visits to healthcare settings as follows:</p> <p>Royal Free Hospital – visit to review Alzheimer’s and Dementia training and signage. Members also inspected wards where CQC had reported nutrition and dignity issues.</p>

		<p>Barnet Hospital – reviewed arrangements for Alzheimer’s and Dementia care / training in Barnet and Chase Farm Hospitals NHS Trust</p> <p>Rethink Centre – Members visited the Colindale Hospital / Elysian House site to review arrangements for short stay mental health patients</p> <p>Springwell Centre (located on the Barnet Hospital Site and provided by Barnet, Enfield and Haringey Mental Health Trust) – Members visited former patients of Napsbury Hospital who had been transferred from Elysian House to the Springwell Centre. There has been a recent Barnet LINK visit to site which the committee will review when published.</p> <p>Finchley Memorial Hospital – Members visited the hospital in May 2013 to look at new facilities including the walk-in centre, rehabilitation ward, GP services and infusion suite.</p> <p>New Beginnings and Northgate (provided by Barnet, Enfield and Haringey Mental Health Trust on the Edgware Community Hospital Site) – Members of the Joint Health OSC visited these sites to consider the reconfiguration of child and adolescent mental health services. Members also visited the linked pupil referral unit whilst on site.</p> <p>These visits will continue during 2013/14 and beyond.</p> <p>In relation to care homes, visits to these premises are something that is currently in the remit of Healthwatch (and formerly the LINK). Findings of Enter & View visits are reported to the Safeguarding Overview and Scrutiny Committee. If specific health implications are identified in</p>
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		<p>an E&V report, this would be referred to the Health OSC. Reporting of this information will be kept under review to ensure that issues are reported and escalated appropriately.</p>
151	<p>MPs are advised to consider adopting some simple system for identifying trends in the complaints and information they receive from constituents. They should also consider whether individual complaints imply concerns of wider significance than the impact on one individual patient.</p>	<p>Committee to determine if they should receive regular complaints data from NHS and Social Care services to identify any trends to inform the work of the Panel. It is recommended that this be adopted and added to the work programme for reporting to future meetings. Appropriate data sources to be identified following consultation with the Director for Public Health.</p>