

Annex A HealthWatch Update Report

Local HealthWatch Consultation Event - March 2012

1. As outlined in the main paper debate the HealthWatch Consultation Event (held at the Bar Convent in December) largely centred on the broad areas of activity that will comprise the core of HealthWatch (information, signposting, guidance and complaints advocacy) and within these themes, what would constitute an effective model of operation.
2. It was agreed that the broad areas of healthcare which Local HealthWatch could potentially influence may include;
 - Adult Health Services
 - Adult Social Care
 - Children's Health Services
 - The wider determinants of health e.g. Transport, Housing, Welfare etc.
3. It was suggested that the overarching remit of HealthWatch may include the following;
 - Providing Information, Advice and Signposting for patients / public
 - Having Voice and Influence around Health and wellbeing
 - Undertaking community engagement, gathering evidence from people's views and experiences.
 - Undertaking Complaints Advocacy.
4. There follows a summary of workshop discussions around the key themes outlined above

Information and Signposting

- Desired Outcome: that all members of the public get the information they need, from whomever they feel comfortable approaching (i.e. this could be from another signposting, advice or information service, rather than the specific 'HealthWatch' core organisation itself).

- Accountability: it was felt that HealthWatch should be accountable for ensuring that the initial advice and information guarantees to 'see the issue through to the end'.

It was recommended that not everyone should have to go to the 'central' healthwatch for advice and information if there was another organisation they were familiar with using. Some people felt that advice and information given by other signposting services could still be classed as 'HealthWatch related activity' (and recorded and monitored as such).

- This led to discussions around the model of a HealthWatch 'Hub' with many other voluntary organisations, who currently provide related activity operating as 'healthwatch spokes' (i.e. 'associated healthwatch partners').
- With this model people felt that a key role of the 'hub' (i.e. the core contract for healthwatch) would be to ensure the quality of advice / information provided by their partner organisations.
- It was felt that this would require a robust mechanism for ensuring quality and potentially *accrediting* their provider partners) and for the 'HealthWatch Hub' to fill any gaps where specialist advice / information isn't already available.
- Through this proposed model the HealthWatch Hub could also have responsibility for providing training and briefing updates (on relevant health and well being issues, changes in services available, etc) for their provider partners.
- Although various models were discussed, such as the 'hub' model, there should be sufficient flexibility within the specification to allow providers to put forward their own proposals for models that will meet the overall remit of the project, without duplicating existing services.
- HealthWatch should be e-mail, web accessible, with a distinct standalone website, containing clear links to partner organisations. Many contributors thought that HealthWatch should also be highly visible and accountable within local communities, through the use of either paid or volunteer outreach officers. These volunteers could act as a key conduit of health advice in community settings.

- Some consultees felt that HealthWatch should have a visible City Centre premises, or at the least a central office base and telephone information line. The service must be well advertised and promoted, and be widely known about by all stakeholders and across all communities.
- There was a strong desire to prevent duplication and confusion for customers, and to maintain services that currently work well.

Community Engagement

- HealthWatch should bring together robust, evidence based local intelligence and present this to key decision makers. Again this could be through a 'network of networks' approach as identified above, highlighting and championing other partners work rather than directly doing things itself.
- It was felt that a 'HealthWatch Hub' will be collecting data from a variety of sources anyway (e.g. issues raised to them). Therefore, it will hopefully be easy to identify themes and topics to research and cover.
- Some partners felt that HealthWatch York *should* be gathering intelligence on various healthcare services itself, employing robust research methods. It was felt that HealthWatch should use a variety of mechanisms to explore service quality issues.
- The key influences on a possible HealthWatch work programme were considered, including the JSNA, commissioners, members of the public, board members, voluntary groups etc.
- HealthWatch should be creative, innovative and constantly be exploring new and successful ways to find out about the views and healthcare experiences of York's citizens. This could include events to involve the harder to reach and disadvantaged groups (e.g. LGBT groups, BME community). Making use of other networks would be important in this respect.

- Methods and mechanisms of reaching out to the most marginalised were discussed in detail. Key suggestions included public information sessions and newsletters, attendance at ward / parish committees, stands in hospitals, anonymised suggestion boxes in hospitals etc.
- Topics shouldn't be one-off issues, they should be broader themes (or raised by a significant number of people). There was a strong feeling that HealthWatch should not be about individual membership. There should be an opportunity for any member of the public to raise issues.

Voice and Influence

- HealthWatch should create opportunities for all members of the community to feed-in issues around health and social care to decision makers and influence change. Crucially, there should be good feedback for the public about the outcomes and the things that have changed as a result.
- HealthWatch should provide a balancing, co-ordinating role. It should ensure that constituent Health and Wellbeing Board (HWB) partners have involved both patients and the public in decision making, but doesn't have to do everything itself.
- To have true voice and influence HealthWatch needs to be involved at all levels of decision making and all stages of the commissioning cycle.
- Alongside the HWB Board HealthWatch also needs involvement in HWB sub groups, Health OSC etc. Needs to determine the relationship with various voluntary sector forums, networks, GP Commissioning Consortia.
- HealthWatch should be capable of dissemination, feedback to the wider voluntary sector to explain decisions that have been taken at a strategic level. Sometimes HealthWatch must be able to understand and explain to the wider voluntary sector / community why a particular recommendation cannot be implemented.
- Various groups discussed the issue of 'evidence' and agreed that healthcare providers have a responsibility to take on board

comments and criticisms without having exact details of the complainant. People need to be able to raise an issue without it coming back to them. Some people might not want to raise and take forward the issue themselves. However, in such instances HealthWatch would need to be clear with members of the public that they could only take issues so far if they were not willing to give full details of the situation.

Complaints Advocacy

- Complaints Advocacy (an optional element of HealthWatch) was not raised in great detail. The majority of attendees felt that it did not necessarily matter if complaints advocacy was not delivered directly through HealthWatch (it was largely viewed as a more distinct, standalone role) so long as two-way information sharing around health themes, trends took place.
- Some attendees felt that members of the public / patients would approach HealthWatch with complaints, and expect HealthWatch to deal with these. It was felt that HealthWatch staff should be appropriately trained to signpost enquiries to the appropriate source of assistance.

5. HealthWatch Procurement Process - Emergent Themes

It is apparent that there are a number of emergent themes and patterns forming a 'golden thread' throughout the various consultation events and co-production workshops held so far

If the HWB Board is in agreement, the themes outlined below will help to form the basis for further consultation and discussion, helping to shape and influence the HealthWatch procurement process.

- York HealthWatch will be a **strong local consumer voice that makes a difference** to Health and Social Care provision on behalf of the citizens of York
- York HealthWatch will be a **network of networks** that builds on the work of York Local Involvement Network (LINK).

- York HealthWatch will **expand and utilise the existing expertise** of voluntary sector organisations and groups of people across York.
- York HealthWatch will provide a mechanism for **diverse voices** across York to be heard and ensure that where there are people who are seldom heard, and ensure that where there are people who are seldom heard HealthWatch will provide **innovative ways** to gather and include their views.
- York HealthWatch will be a **respected and credible** organisation that is unafraid to challenge service providers and commissioners.
- York HealthWatch will bring together robust, **evidence based local intelligence** that influences key decision making for health and social care.
- York HealthWatch will ensure that every individual and organisation that approaches HealthWatch for information and advice receives **timely and good quality information**.
- York HealthWatch will be widely known about and respected by patients, the public, community and voluntary sector organisations across the City with an excellent communications strategy.