



An independent evaluation of the service provided by Healthwatch York (HWY)

May 2017

Researchers:

Alison Laver-Fawcett, PhD, O.T.(C), DipCOT, PCAP, SFHEA

York St John University, Lord Mayor Walk, York, YO31 7EX

Jane Cronin-Davis, PhD, MSc, BHSc (Hons), BA(Hons), BA, PCAP, FHEA

St George's University of London

Contact details: 01904-876419

Email: a.laverfawcett@yorksja.ac.uk



Contents

- 1. Executive summary**
- 2. Methodology**
 - 2.1 Purpose of the evaluation
 - 2.2 Sampling strategy and process
 - 2.3 Non-respondents
- 3. Results**
 - 3.1. Obtained sample
 - 3.2 Who were the respondents (Q10)
 - 3.3 What services did they work for (Q12)
 - 3.4 Results for Question 1
 - 3.5 Results for Question 2
 - 3.6 Results for Question 3
 - 3.7 Results for Question 4
 - 3.8 Results for Question 5
 - 3.9 Results for Question 6
 - 3.10 Results for Question 7
 - 3.11 Results for Question 8
 - 3.12 Results for Question 9

Appendices

1. Survey questions and wording for survey introduction
2. Sampling frame – contacts list provided by HWY
3. Initial email requesting participants respond to the on-line survey
4. 2nd email requesting participants respond to the on-line survey
5. 3rd email requesting participants respond to the on-line survey

1. Healthwatch York Evaluation Executive Summary

1.1 Background

Healthwatch York (HWY) is a local, independent organisation which aims to influence health and social care in a variety of services in the York area. Healthwatch York's Mission Statement is: *'Healthwatch York puts people at the heart of health and social care services, enabling you to be heard. We believe that together we can help make York better for everyone.'* Their aims are:

'we will:

- Be responsive
- Understand what's really happening in relation to health and social care and speak up about it
- Use your words and stories to show the impact of services – good and bad
- Involve you in the work we do
- Champion your involvement in your health and care
- Work with existing partners
- Reach new people and partners'

1.2 Purpose of this evaluation

This is the second independent evaluation project undertaken by Dr Laver-Fawcett and Dr Cronin-Davis commissioned by Healthwatch York to consider services provided by Healthwatch York (HWY). The first project was conducted in May 2016. The specific objectives of both projects were to evaluate: whether statutory partners perceived that HWY meets its stated aims; obtain the views of statutory partners regarding how HWY has contributed to the improvement in health and social care services in York; and explore whether HWY has been able to influence such services from the perspective of statutory partners. The evaluation was conducted by two independent researchers, Dr Alison Laver-Fawcett (Associate Professor and Research Lead for the School of Health Sciences at York St John University) and Dr Jane Cronin-Davis (Associate Professor and Programme Lead for Occupational Therapy at St George's University of London). Both are occupational therapists who

have previously worked in health and/or social care and have conducted previous service evaluations for a variety of organisations.

1.3 Methodology used for the evaluation

This evaluation utilised an on-line survey using the York Centre for Voluntary Service's (York CVS) Survey Monkey account. The mixed method survey comprised 13 questions with a mix of closed and open questions and replicated the survey questions used for the Healthwatch York evaluation in conducted in May 2016. This allows for comparisons to be made between results obtained this year and last year. Quantitative data was collected using 5 point ordinal Likert rating scales, through which respondents indicated their level of agreement (strongly agree, agree, neither agreed or disagree, disagree and strongly disagree) in relation to a series of statements that reflected HWY's mission and specific aims. A detailed breakdown of the responses to the Likert rating scales are provided in the main report in both tables and graphs. For the overview of findings in this executive summary, strongly agree and agree responses have been totalled to provide an agreement percentage, neither agree nor disagree responses and referred to as 'neutral' responses, and strongly disagree and disagree responses were totalled to provide a disagreement percentage. Qualitative open questions sought free text comments and examples. The introduction to the survey and survey questions are provided in Appendix 1. HWY provided the researchers with a contact list of 141 service providers and / or service commissioners who were used as the sampling frame (Appendix 2). These people were invited to take part via email (Appendix 3) containing a link to the on-line survey. Two reminder emails were also sent (Appendices 4 and 5). A comparison of the data generated from the project conducted in 2016 has been given where appropriate.

1.4 Findings

A sample of 27 people responded to the evaluation survey giving a response rate of 19%. Of these, 59.3 % (n = 16) provided the name of the service they worked for and the respondents represented a number of organisations including: City of York Council; NHS Vale of York Clinical Commissioning Group (CCG); York Teaching

Hospital NHS Foundation Trust; Tees Esk and Wear Valleys NHS Foundation Trust; North Yorkshire Police; and York CVS. Eight respondents were willing to be named with their feedback comments in Healthwatch York's 2017 Annual Report; these will be provided separately to the organisation.

Overall, the information gained from Healthwatch York's partner organisations has been positive. The majority of respondents in 2017 (74.08%) were in agreement that *'Health care services in York have been improved as a direct result of the work of Healthwatch York'* (Question 1). This is an increase of 13.88% compared to the 59.2% who were in agreement last year. Less respondents (19.23% compared to 37% in 2016) provided a neutral response this year and just 7.69% (two people) were in disagreement with this statement. No one strongly disagreed with the statement. In addition, the majority of respondents (20/26; 76.92%) were in agreement that *'Health care services in York have been influenced as a direct result of the work of Healthwatch York'* (Question 4); this was same percentage as in 2016 when 20/26 respondents were in agreement. This year there was a slight decrease of 3.87% in the number of respondents who provided a neutral rating. However, one person (3.85%) disagreed with the statement this year, whereas in 2016 no one disagreed.

In terms of social care services, there was an increase of 11.31% in the percentage of respondents who agreed that *'Social care services in York have been improved as a direct result of the work of Healthwatch'* (Question 2); 46.11% agreed in 2017 compared to 34.8% in 2016. Whilst the number who gave a neutral response decreased this year by 19.08% from 65.2% in 2016 to 46.12% in the responses in 2017. However, last year no one disagreed or strongly disagreed with this statement, whereas this year two respondents disagreed.

There was agreement from 62.5% of respondents that *'Social care services in York have been influenced as a direct result of the work of Healthwatch York'* (Question 5). This was an increase of 14.5% on the 48% who agreed with this statement in 2016. A lower percentage of 33.33% provided a neutral response compared to 52% in 2016, which was a decrease of 18.67%. However, this year one person (4.16%) disagreed, whereas in 2016 no respondents disagreed with the statement. Specific

examples were provided by eight respondents regarding how Healthwatch York has influenced health and / or social care services in York (Question 6).

There was generally strong agreement that HWY was meeting its stated aims (Question 7); 93% per cent agreed that *'Healthwatch York is responsive to the needs of York residents'* and 89% agreed that *'Healthwatch York understands what is happening in relation to health and social services in York'*, and only one person disagreed with the latter statement.

Eighty-nine per cent agreed that *'Healthwatch York speaks up about the provision of health and social care services in York'* and 85% agreed that *'Healthwatch York uses the reviews, words and stories of service users to show the impact of health and social care services in York'*, one person disagreed with both of these. Ninety-six per cent of respondents agreed that *'Healthwatch York involves the public in the work they do'*, with only 4% (n = 1 person) disagreeing with this statement. Ninety-two per cent agreed that *'Healthwatch York involves partners and service providers in the work they do'*.

Eighty-eight per cent agreed that *'Healthwatch York advocates for people's active involvement in their health and social care'*, two respondents gave a neutral response to this statement and one person disagreed. Forty-six per cent of respondents agreed that *'over past year (May 2016-17) Healthwatch York has reached new people and partners'*; this is a decrease of 29% from last year. Fifty-five per cent gave a neutral response and one person disagreed with this statement. With regards to the statement that *'Healthwatch York provides an effective service for the people of York using health and social care service'* 85% of respondents agreed, 11% provided a neutral response and 4% (n=1) disagreed.

Feedback comments for question 7, related to the high profile of Healthwatch York and how well HWY is meeting its mission and aims, such as: *'small organisation has significant presence in key and diverse arena; trusted as enabling voice for service users e.g. dementia'*; and *'York Healthwatch are exemplary; a critical partner; play a key role in constructively challenging and supporting improvement'*. However,

these need to be contrasted with comments relating to Healthwatch York's engagement with younger audiences and the processes for collating views. For example, one respondent stated: *'Healthwatch engage with the same audiences and are not successful at reaching younger audiences and those who remain disengaged'*.

Overall, a number of suggestions have been made regarding how Healthwatch York can increase its impact and effectiveness, including increasing partnerships and advertising its work. Several respondents encouraged HWY to continue with their good work, for example: *'Healthwatch already do a fantastic job. Further increasing impact and effectiveness may need an increase in staff numbers and/or funding'* and *'continue to work in partnership with health and social care providers-linking/promoting awareness of the work of other Healthwatches in adjacent areas'*. Other respondents recommended that HWY should increase its visibility in a number of forums, including the Health Wellbeing Board (HWB) and the Clinical Commissioning Groups (CCGs) and GP practices, and work to reach and provide a voice for more service users across the city. There was particular mention of the need to focus on younger people; and the need to address the issues highlighted in the York area. Some respondents have suggested the use of better communication systems, including the use of social media.

1.5 Conclusion

From the comments and responses provided in the survey, it would appear that overall Healthwatch York is valued by the majority of their partners and it is seen to be meeting its mission and aims. HWY needs to build on its achievements, strive to reach more people across the city and have a stronger voice on behalf of York residents in key forums and groups. Funding, resources and staffing were raised as an issue by a few respondents; sufficient funding will be essential if HWY is to fully meet its aims and continue to provide a valuable role in the city. The following quote summed up much of the feedback: *'Healthwatch already do a fantastic job. Further increasing impact and effectiveness may need an increase in staff numbers and/or funding'*.

2. Methodology

2.1 Purpose of this evaluation

The purpose of this evaluation was to provide an independent evaluation of services provided by Healthwatch York (HWY). Specific objectives were to evaluate: whether statutory partners perceived that HWY meets its stated aims; obtain the views of statutory partners regarding how HWY has contributed to the improvement in health and social care services in York; and explore whether HWY has been able to influence such services from the perspective of statutory partners.

The evaluation was conducted by two independent researchers, Dr Alison Laver-Fawcett (Associate Professor and Research Lead for the School of Health Sciences at York St John University) and Dr Jane Cronin-Davis (Associate Professor and Programme Lead for Occupational Therapy at St George's University of London). Both are occupational therapists who have previously worked in health and/or social care and have conducted previous service evaluations for a variety of organisations.

2.2 Methodology used for the evaluation

This evaluation comprised on an on-line survey using York Centre for Voluntary Service's (York CVS) Survey Monkey account. The mixed method survey comprised 13 questions with a mix of quantitative Likert rating scales and qualitative open questions which sought free text comments and examples. The introduction to the survey and survey questions are provided in Appendix 1.

2.2 Sampling strategy and process

Sampling strategy: this was a purposive sample of 141 people from organisations who Healthwatch York (HWY) considered would have experience and knowledge of its work. This survey was particularly focussed on obtaining the views of colleagues from the statutory sector.

Sample frame: the sampling frame comprised a data base of 141 colleagues provided by Healthwatch York to the researchers (see Appendix 2).

Sampling process: The initial email (see Appendix 3) inviting people to respond to the survey was sent to all people on the data base on 18th May 2017. Read receipts were requested. One address was not accurate and the email returned as not delivered; an updated email address for this person was provided by Sian Balsom and the email resent. A 2nd follow up email (see Appendix 4) was sent on 31st May 2016. Any respondents by this date who had provided their name or replied to say they were unable to complete the survey were removed from this email distribution. As some respondents had chosen to answer anonymously, some people who had already responded would have received this second email. Therefore, the following statement was included in the email: 'Thank you very much if you have already completed the survey. If you have yet to provide your feedback this is a reminder that the link to the survey is: ...' A final email was sent out on 2nd June 2017 (see Appendix 5). Any respondents by this date who had provided their name or replied to say they were unable to complete the survey were not sent this email. The deadline was extended slightly as the researchers had received quite a few out of office replies for colleagues over the schools' half-term period. Therefore, the deadline for completing the survey was extended to the end of the day on Wednesday 7th June 2017. Results have been presented in tables and graphs and verbatim quotes. For the comparison of the findings from 2017 and 2016 for the questions using Likert scales, agree and agree responses have been totalled to provide an agreement percentage, neither agree nor disagree responses and referred to as 'neutral' responses, and strongly disagree and disagree responses were totalled to provide a disagreement percentage.

2.3 Non-respondents

It is not possible to know why people chose not to respond to the survey, except for the few replies emailed to the researchers:

- An automatic reply was received from the emails sent to MPs this read:
'Parliament has now been dissolved until the General Election. Therefore there are currently no Members of Parliament. Incoming emails to this

account may be received and read, however this email address is only being used to respond to urgent constituency case work.'

- *'Apologies but although I have contact with Sian through the Regional HW Network and in her lead role with the Humber, Coast & Vale STP, I am not more widely familiar with the work of Healthwatch York and, on checking, find that I cannot complete large sections of this survey in any meaningful way.*
- *'I am really sorry I can't complete this survey. I live in Harrogate and don't have enough information. I always tell Sian when the newsletter comes out how good it is.'*
- *'I have not been involved in Healthwatch York.'*

3. Results

3.1 Obtained sample: The survey was available for 21 days between 18th May and 7th June 2017 and during this period 27 / 141 people responded to this survey. This provided a 19.1% response rate. This is the same sample size as last year, although the response rate was lower than the 39.1% (27/69) obtained in 2016, despite the survey being open for a longer period than in 2016 (13 days).

3.2 Who were the respondents?

Question 10 was an optional question **'Optional: what is your name?'**

Respondents had the option to answer the survey anonymously; 12 people (44.4% provided their name and 15 people skipped this question. This was a very similar response rate to the 2016. Three of the respondents who completed the survey in 2016 agreed to their name being given with quotes in the HWY annual report. Of the 12 people who provided their names in response to the 2017 survey, eight agreed that their details could be passed on to Healthwatch York and be used with their survey comments in Healthwatch York's 2017 annual report. Their comments and names will be provided separately to HWY.

3.3 What services did respondents work for?

Question 11 asked respondents: 'What is the name of your organisation or service?' Fourteen people (14/27; 51.8% of respondents) provided details and 13 people skipped this question.

Table 1: Services represented by the respondents (Q11)

(Where relevant 2016 figures given in brackets)

City of York Council / CYC	Vale of York CCG / NHS Vale of York CCG / VoY CCG	Priory Medical Group / Nimbus Care	North Yorkshire Police	[NHS Trust] TEWV / York Teaching Hospital NHS Foundation Trust	Other
6 (6)	1 (6)	1	1	3 (2)	2

3.4 Question 1: Health care services in York have been improved as a direct result of the work of Healthwatch York.

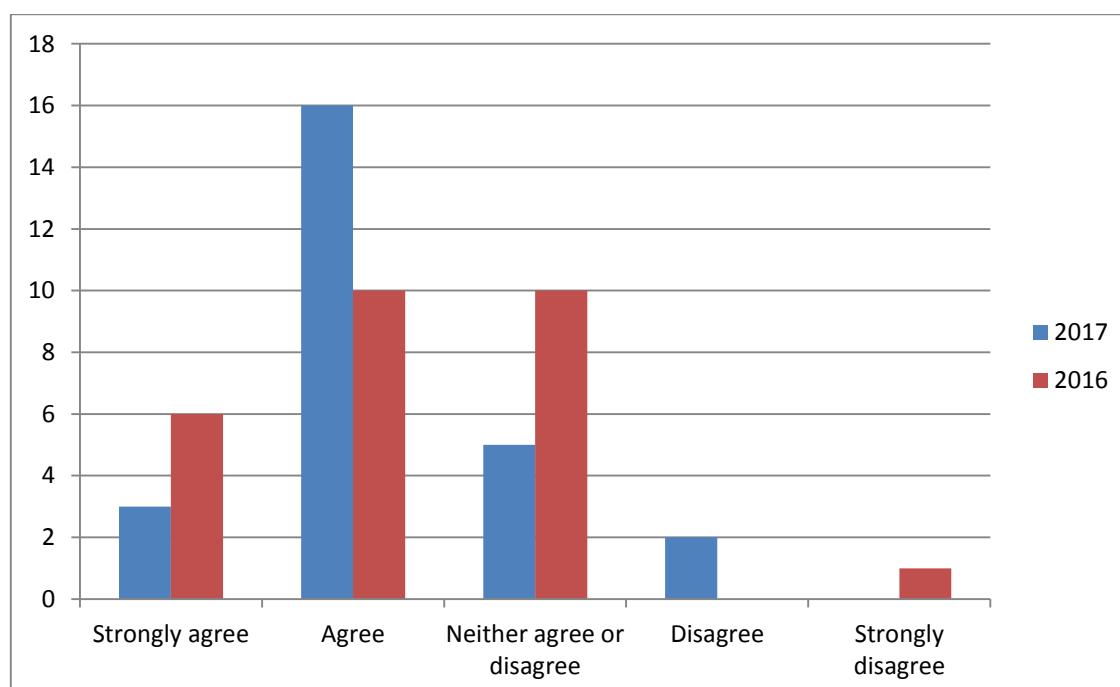
The response rate for this question was 26/27 people (96.3%) as one person skipped the question. Responses are provided below in Table 2 and Figure 1, both of which show 2017 results compared to results obtained in 2016. The majority of respondents (74.08%) were in agreement that *health care services in York have been improved as a direct result of the work of Healthwatch York*. This is an increase of 13.88% compared to the 59.2% who were in agreement last year. This year 19.2% provided a neutral response (this was lower than the 37% who were neutral in 2016). However, there was a slight increase in the percentage who disagreed with the statement; there were two respondents (7.9%) who disagreed with the statement compared to one person (3.7%) who strongly disagreed in 2016. This year no respondents strongly disagreed with the statement.

Table 2: Health care services in York have been improved as a direct result of the work of Healthwatch York (Q1)

Answer options	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree	Response Count
2017	11.54% (n = 3)	61.54% (n = 16)	19.23% (n = 5)	7.69% (n=2)	0	26/27
2016	22.2% (n = 6)	37% (n = 10)	37% (n = 10)	0	3.7% (n = 1)	27/27

Note: Percentages have been calculated as the percentage of the number of people responding to that question, i.e. for 2017 percentage of 26 respondents and in 2016 percentage of 27 respondents.

Figure 1: Health care services in York have been improved as a direct result of the work of Healthwatch York (Q1)



Question 1: Comments (n =10)

Of the 10 people who provided comments, one stated 'Not sure' which left nine respondents who provided feedback and / or examples. Seven people provided

positive feedback and / or examples related to how health care services in York had been improved as a direct result of the work of HWY:

- I think specific issues have been raised about health services - the level of improvement in services is probably more difficult to quantify.
- In the last 2 years I hear Healthwatch representing the views of service users all the time, a constant reminder during planned service development.
- Constructive reports e.g. Disability and Deaf/ hard of hearing.
- It is difficult to attribute any improvements directly to a particular cause, but the influence of Healthwatch is extremely valuable.
- Have witnessed first-hand challenges from HW colleagues at key multi agency strategic and planning Boards in the City.
- Response to deafness survey at York Teaching Hospital.
- Healthwatch have provided excellent feedback and constructive challenges to the sector. The impact is dependent upon statutory sector taking up the issues rather than a measure of Healthwatch' s performance

The other two respondents did not feel there had been any evidence:

- There is no evidence or direct correlation to suggest this is the case.
- I've no examples of this happening.

3.5 Question 2: Social care services in York have been improved as a direct result of the work of Healthwatch York

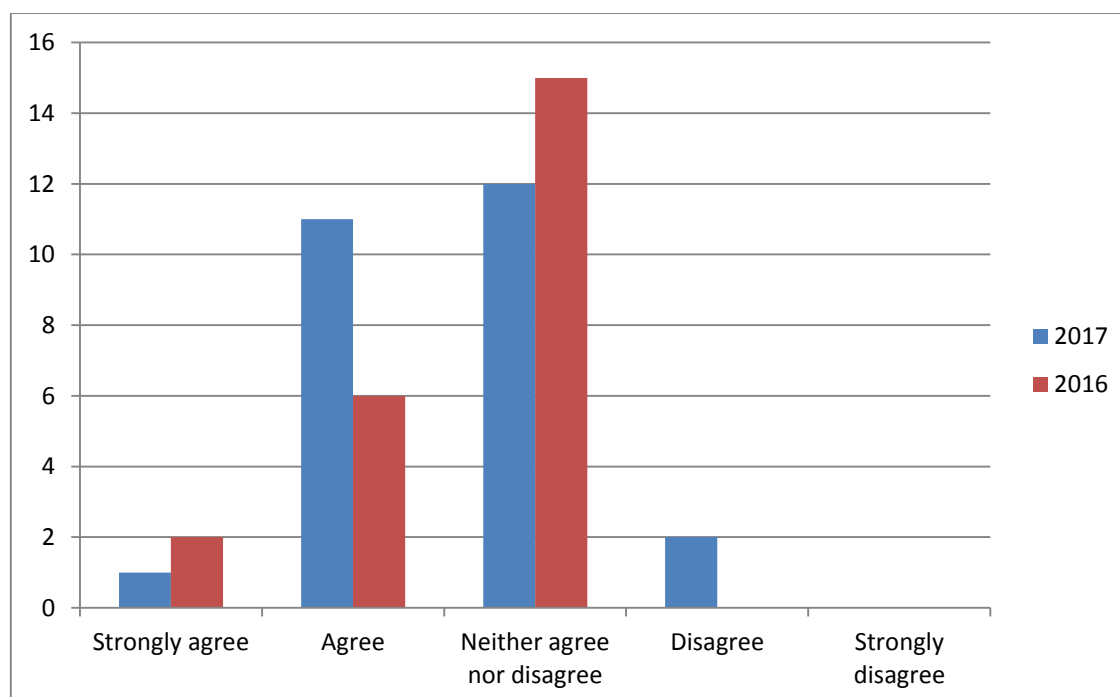
Twenty-six (26/27; 96.3%) answered this question (providing a slightly higher response rate than last year (23/27; 85.2%). There was an increase of 11.31% in the percentage of respondents who agreed that *social care services in York have been improved as a direct result of the work of Healthwatch*; 46.11% agreed in 2017 compared to 34.8% in 2016. The number who gave a neutral response decreased this year by 19.08% from 65.2% in 2016 to 46.12% in 2017. However, last year no one disagreed or strongly disagreed with this statement, whereas this year two respondents disagreed. The results and comparisons with the findings from the 2016 survey for this question are provided below in Table 3 and Figure 2.

Table 3: Social care services in York have been improved as a direct result of the work of Healthwatch York (Q2)

Answer options	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree	Response Count
2017	3.8% (n = 1)	42.31% (n=11)	46.12% (n=12)	7.69% (n = 2)	0	26/27
2016	8.7% (n = 2)	26.1% (n = 6)	65.2% (n = 15)	0	0	23/27

Note: 2016 % calculated based on 23 respondents; 2017 % calculated based on a sub-sample of 26 respondents.

Figure 2: Social care services in York have been improved as a direct result of the work of Healthwatch York



Question 2 Comments: Comments were made by nine people

Of the nine respondents who replied to this question, four people did not have examples or evidence to offer:

- I am not aware of the specific work around social care - but it may be that the response is the same as my response to Q1.
- Not aware of this aspect of work so not appropriate for me to comment.
- I've no examples of this happening.
- There is no evidence or direct correlation to suggest this is the case.

The remaining comments provided positive feedback and / or specific examples of how social care services in York have been improved as a direct result of the work of Healthwatch:

- Although there is a well-established and embedded voice and participation ethos in children's services, HW colleagues routinely add to this picture feeding in their observations and challenges gleaned from their engagement activity.
- It is difficult to attribute any improvements directly to a particular cause, but the influence of Healthwatch is extremely valuable.
- Healthwatch volunteers have contributed to CYC ongoing consultation with receivers of residential care services.
- Healthwatch work with LA to improve social care with their members.

One person wrote '*As above in question 1*' (Note: this person's previous comment for Q1 was: Healthwatch have provided excellent feedback and constructive challenges to the sector. The impact is dependent upon statutory sector taking up the issues rather than a measure of Healthwatch's performance)

3.6 Question 3: Please provide specific examples of how the work of Healthwatch York has led to the improvement of health and / or social care services in York.

Eighteen people provided responses and nine people skipped this question. One person stated *'I've no examples of this happening'* and another said *'There are no examples where this would be the express outcome.'* The other 16 respondents provided examples:

- Promotion of good practice at GPs' surgeries.
- Personally I have learnt why co-production will lead to a better service outcome; I am aiming to implement this with support for the Primary Care Home projects.
- Raised issues around specific services e.g. ADHD/ CHC.
- Providing independent reports that providers can act on.
- Raising concerns or issues with commissioners or providers. Being involved and having a relationship with different stakeholders.
- Joint enter and view visits with the council - providing feedback and influencing practice.
- The reports mentioned at point one have contributed to our work to continuously improve access to services.
- Healthwatch York reports set out recommendations that when implemented lead to improvements in both health and social care services for the people using them.
- Comments on hospital patient leaflets by readability panels.
- The above partnership working has helped to identify both good and poor practice with residential care services which has been fed back to providers to address.
- Colleagues from Healthwatch have shared user experience to help shape the development of the School Well-Being Service in the City.
- Better partnership working across H&SC due HW communications/networking.
- Involvement in development of mental health provision and pathways.

3.7 Question 4: Health care services in York have been influenced as a direct result of the work of Healthwatch York.

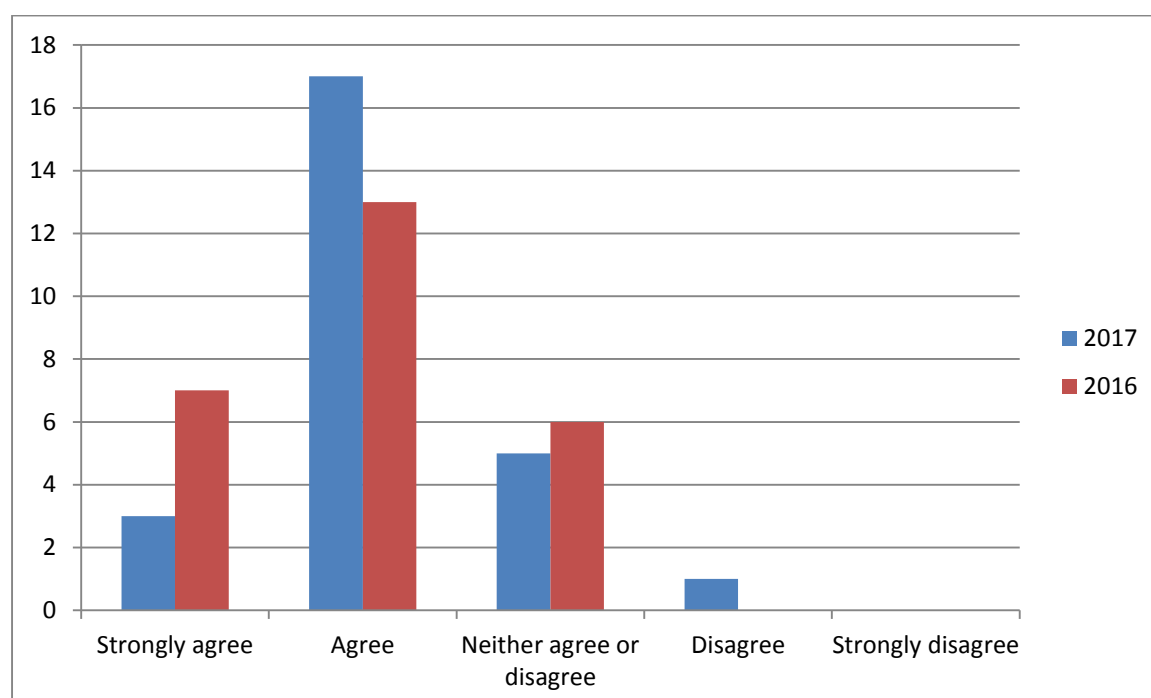
This question was answered by 26 of the 27 respondents (96.3%), providing the same sample size and response rate as last year's survey. The majority of respondents (20/26; 76.92%) were in agreement that *health care services in York have been influenced as a direct result of the work of Healthwatch York*; this was same percentage as in 2016 when 20/26 respondents were in agreement. This year there was a slight decrease of 3.87% in the number of respondents who provided a neutral rating. However, one person (3.85%) disagreed with the statement this year, whereas in 2016 no one disagreed. The results obtained in 2017 and 2016 are provided below in Table 4 and Figure 3.

Table 4: Health care services in York have been influenced as a direct result of the work of Healthwatch York (Question 4)

Answer options	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree	Response Count
2017	11.54% (n=3)	65.38% (n = 17)	19.23% (n = 5)	3.85% (n = 1)	0	26/27
2016	26.9% (n = 7)	50% (n = 13)	23.1% (n = 6)	0	0	26/27

Note: Percentages have been calculated out of 26 for both 2017 and 2016.

Figure 3: Health care services in York have been influenced as a direct result of the work of Healthwatch York (Question 4)



Question 4 Comments: Ten people provided comments.

Of the ten people who answered this question, three referred back to their answers for earlier questions. One person stated: *'Again there is little evidence to suggest this is the case.'*

The other six respondents provided positive feedback and or examples:

- Healthwatch are involved in supporting the engagement around some service redesign issues. They have connected effectively with specific providers to help influence next steps around plans.
- Changes to appointments at Unity Health. Unity Health responded in a positive way to the recommendations in the Healthwatch York Report.
- I believe so though I'm not a decision maker - the reports will be evidence to support business case plus. Lesley brings patient stories/lived experiences to our Fairness Forum Meetings which always have an impact.
- Work of Health & Wellbeing Board/ H&SC Partnership Alliance Board shaped by HW.

- Active participation in commissioning (Governing Body, Accountable Care System Partnership Board & locality meetings).
- The advocacy of Healthwatch is exceptionally valuable in championing the needs of our most vulnerable people.

3.8 Question 5: Social care services in York have been influenced as a direct result of the work of Healthwatch York.

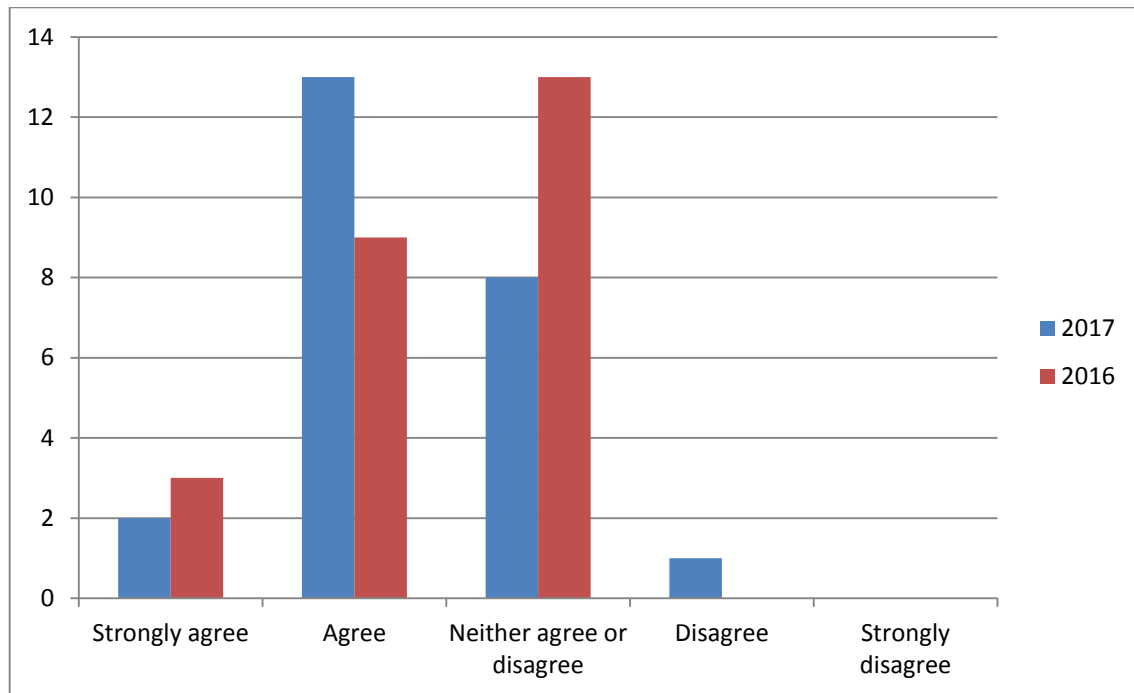
This year 88.88% (24/27) responded to question 25, compared to 92.59% of respondents (25/27 people) in 2016. There was agreement from 62.5% of respondents that *social care services in York have been influenced as a direct result of the work of Healthwatch York*. This was an increase of 14.5% on the 48% who agreed with this statement in 2016. A lower percentage of 33.33% provided a neutral response compared to 52% in 2016, which was a decrease of 18.67%. However, this year one person (4.16%) disagreed, whereas in 2016 no respondents had disagreed with the statement. The results obtained in 2017 and 2016 are provided below in Table 5 and Figure 4.

Table 5: Social care services in York have been influenced as a direct result of the work of Healthwatch York (Question 5)

Answer options	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree	Response Count
2017	8.33% (n = 2)	54.17% (n = 13)	33.33% (n = 8)	4.16% (n = 1)	0	24/27
2016	12% (n = 3)	36% (n = 9)	52% (n = 13)	0	0	25/27

Note: Percentages have been calculated as the percentage of the number of people responding to that question, i.e. for 2017 percentage of 24 respondents and in 2016 percentage of 25 respondents.

Figure 4: Social care services in York have been influenced as a direct result of the work of Healthwatch York (Question 5)



Question 5 Comments: Ten people provided comments. Of the 10 comments provided, one person stated *'I am not aware of specific examples'* and another commented *'As per point 2 - not appropriate for me to comment'*. Two people referred back to their comments for earlier questions. Another respondent was 'unsure' but suggested:

- I am unsure but suspect the influence could be greater as the links were stronger sooner.

The remaining comments were:

- The advocacy of Healthwatch is exceptionally valuable in championing the needs of our most vulnerable people
- Challenge to and participation in the Health and Well-Being Board
- Healthwatch work with LA to improve social care with their members
- Think they do link in, & have been to the same meetings.

- I think that this and other areas rely on the manager attending meetings. I am not clear how that manager is the conduit for all the voices that Healthwatch are supposed to hear. Nor have I witnessed true representation of the public voice. The current model seems to be awareness raising and a manager's opinions.

3.9 Question 6: Please provide specific examples of how Healthwatch York has influenced health and / or social care services in York.

Thirteen (14.15%) of respondents replied to this question. Two people did not have examples: *'I've no examples of this happening'* and *'I do not have any'*. Another three referred back to replies to earlier responses ('as above', 'Please see 3 above' and 'See 4 above'). Eight respondents provided specific examples of how Healthwatch York has influenced health and / or social care services in York:

- Mental health guide excellent reference and awareness raising.
- Various reports, supporting consultations, engagement events.
- Active and productive leadership representing Healthwatch on key boards and forums.
- Healthwatch York actively take part in the Health and Wellbeing Board agenda, including sub-groups and working in partnership with health and social care providers.
- Reminded everyone to put patients / residents at the forefront of service delivery.
- Comments on hospital patient leaflets by readability panels.
- Input from HW colleagues have prompted a dedicated Access to Services work stream for the Strategic Partnership for Emotional and Mental Health [Children and Young People].
- Supported peer work.

3.10 Question 7. How well is Healthwatch York meeting its aims?

Question 7 had nine sub-questions which reflected Healthwatch York's mission and aims. All 27 respondents answered overall to this question; this was the same for the last evaluation conducted in 2016. However, not all 27 provided a response to each component; the lowest number of responses for any sub-question was 25. This was for the statement 'Healthwatch York involves partners and service providers in the work they do'.

Comparative figures are provided in Table 6 below. There was very little difference in response percentages between 2016 and 2017, except for one person indicating disagreement with certain statements in the evaluation. Noticeable differences in response rates between the two evaluations are highlighted in bold, this pertains to whether Healthwatch York has reached new partners and people and provides an effective service for the people of York using health and social care services.

Table 6: How well is Healthwatch York meeting its aims (Q7)

Answer Options	Year of Evaluation	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
Healthwatch York is responsive to the needs of York residents.	2017	37% (n=10)	56% (n=15)	7% (n=2)	0	0
	2016	37% (n = 10)	48% (n = 13)	14.8% (n = 4)	0	0
Healthwatch York understands what is happening in relation to health and social services in York.	2017	56% (n=15)	33% (n=9)	7% (n=2)	3% (n=1)	0
	2016	56% (n = 15)	37% (n = 10)	7% (n = 2)	0	0
Healthwatch York speaks up about the provision of health and social care services in York.	2017	70% (n=19)	19% (n=5)	7% (n=2)	0	4% (n=1)
	2016	59% (n = 16)	30% (n = 8)	7% (n = 2)	0	0

Answer Options	Year of Evaluation	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
Healthwatch York uses the reviews, words and stories of service users to show the impact of health and social care services in York.	2017	54% (n=14)	31% (n=8)	12% (n=3)	0	4% (n=1)
	2016	48% (n = 13)	33% (n = 9)	15% (n = 4)	0	0
Healthwatch York involves the public in the work they do.	2017	58% (n=15)	38% (n=10)	0	0	4% (n=1)
	2016	56% (n = 15)	26% (n = 7)	15% (n = 4)	4% (n = 1)	0
Healthwatch York involves partners and service providers in the work they do.	2017	56% (n=14)	36% (n=9%)	8% (n=2)	0	0
	2016	52% (n = 14)	41% (n = 11)	7% (n = 2)	0	0
Healthwatch York advocates for people's active involvement in their health and social care.	2017	50% (n=13)	38% (n=10%)	8% (n=2)	4% (n=1)	0
	2016	30% (n = 8)	52% (n=14)	15% (n = 4)	0	0
Over past year (May 2017-17 or 2015-2016) Healthwatch York have reached new people and partners.	2017	23% (n=6)	23% (n=6)	55% (n=13)	4% (n=1)	0
	2016	33% (n = 9)	33% (n = 9)	30% (n = 8)	4% (n = 1)	0
Healthwatch York provides an effective service for the people of York using health and social care services	2017	33% (n=9)	52% (n=14)	11% (n=3)	4% (n=1)	0
	2016	33% (n = 9)	33% (n = 9)	30% (n = 8)	4% (n = 1)	0

Question 7: Comments were provided by eight people:

One person stated the '*blanks denote areas where I don't have sufficient knowledge to comment*'. The remaining seven comments have been grouped into positive comments and suggestions for improvement.

Positive comments:

- Children's Social Care service in York welcomes every opportunity to engage with our local communities - we strongly welcome the work of HW and any opportunity to strengthen this relationship.
- Small organisation has significant presence in key and diverse arena; trusted as enabling voice for service users e.g. dementia
- In my view, Healthwatch have a high profile, are very actively engaged and a very strong advocate for residents. I would like to do more work with them specifically with them on the children's agenda. That is not a criticism of them (more of me for not getting to it!).
- I can only comment on Healthwatch providing patient assessors for PLACE audit. They are a responsive, well organised team that are always happy to help. They provide an excellent service training assessors, equipping them with the essential skills required. Unfortunately I cannot comment on some of these questions due to a lack of knowledge on my part.
- York Healthwatch are exemplary; a critical partner; play a key role in constructively challenging and supporting improvement.

Suggestions for improvement:

- Healthwatch engage with the same audiences and are not successful at reaching younger audiences and those who remain disengaged.
- I am not assured of their processes of collating views and using them in their purest form, without manipulating them to the agenda of Healthwatch and its manager.

3.11 Question 8: How do you think Healthwatch York could increase its impact and effectiveness over the next 12 months?

Twenty-one people made a range of comments when asked to comment on how Healthwatch could increase its impact and effectiveness; the remaining six respondents skipped the question. These figures are very similar to last year's evaluation, as are the comments made by respondents. There was recognition of the challenges faced by Healthwatch, its need to prioritise the '*voice of local people*', a continuation of its work with people and partners, and the need to focus on specific groups and organisations. There is acknowledgement that Healthwatch York require more staff/resources and to involve new/other people in aspects of its work, and that it could help shape care. Some felt that the work of Healthwatch could be shared more widely, focused on the specific issues related to the York area, and advertised more widely.

Comments from respondents included:

- Difficult to balance the number of meetings (to ensure Healthwatch representation) and yet generating outcomes from these structures. There is a challenge in the scope of Healthwatch organisation being 'all things to all people', so being clear about how to prioritise the voice of the local people is important. Also maximising the voice of 'ordinary' health service users-to avoid lone issues/ensure that there is a balance of minority issues with wider inputs.
- Healthwatch don't appear to be embedded within primary care. With the out of hospital care agenda Healthwatch could form a key role in shaping how that care is delivered.
- Continue to work with the Integrated Boards and continue to support us co-produce with the public.
- There's a real burden on the manager's shoulders. Would it be possible to train up other staff to represent Healthwatch at meetings?
- To continue to promote itself and what it stands for.
- Healthwatch already do a fantastic job. Further increasing impact and effectiveness may need an increase in staff numbers and/or funding.

- Continue to work in partnership with health and social care providers- linking/promoting awareness of the work of other Healthwatches in adjacent areas.
- Continue to promote the patient voice in planning and delivery of services.
- Involve new people.
- Continue and develop its direct work with the receivers of services.
- Make its work more well known to members of the public.
- It may be helpful for some greater alignment of HW's areas of focus and scrutiny with the priority's set out in the Children and Young People's Plan.
- Influence as partner via city volunteering strategy; influence via HWB/partnership alliance board on STP/Accountable Care System development.
- More public promotion and awareness e.g. local press and social media.
- By focusing on specific issues highlighted as problems in York, rather than trying to generally improve health and social care.
- In terms of my role by ensuring that they are linked into the children's voice work in the city. Specifying what it is aiming to do. Currently I think it is representing the patient voice, & is effective at collating it, but not sure what else it is doing with those voices. It is a lobbying group?
- By actively supporting organisations more rather than talking a lot and being negative.
- True representation of the public's voice and evidence of this.
- Maybe advertising their services and championing their work.
- Yes if the team were larger
- Ensure greater link to service user groups in other organisations and as such extend their membership and reach.

3.12 Question 9: Do you have any further comments, examples or suggestions related to the work of Healthwatch York?

In the 2016 survey thirteen people answered this question and 14 people skipped the question. In 2017, the number of people answering this question was very similar, i.e. 12 responded with 15 skipping the question. There were many positive

comments along with some suggestions for development. The comments made by respondents speak for themselves, and are as follows (provided verbatim):

- Noted that there is a balance with work and interface with NY Healthwatch – there is a need to continue to work with NY, yet maintain independence across organisations.
- Explore IT/Communications links with technology such as twitter and other media.
- How will Healthwatch develop if further structural changes to CCGs?
- Many thanks to Sian who has provided me with huge insight and support, often at short notice.
- Healthwatch are an excellent organisation. They are always available to take part at both strategic level with key partners and at ground level with members of the public. They are keen, knowledgeable and able to translate complex information given to them into something that members of the public can understand.
- Healthwatch are a true believer in co-production and work tirelessly to make this a reality in health and social care system.
- Keep up the good work-apologies very short time to complete this.
- We would welcome the opportunity for greater collaboration with HW in relation to C&YP emotional and mental health.
- Style of working is helpfully inclusive and enabling; regarded as being supportive not threatening to providers who are stressed and struggling to cope/improve in the current climate.
- Well done and thank you.
- It feels as if Healthwatch act as the police and not as a true advocate between health/care and the public.
- The team? What do they do? How does Healthwatch reach hard to reach groups?
- I would be happy to work with them, to raise profile of any infection and control.
- Sian and her team are a credit to the local population and a great team to advice assist and support the providers in meeting the local population needs.

- Critical role in supporting ASC and the council transformation based on co-production and asset based approach

Comments are similar to those made in the 2016 evaluation project in terms of the praise for Healthwatch, Sian Balsom and the team. There is recognition of the inclusive approach adopted by Healthwatch and its focus on co-production.

Additional comments included the need to be more proactive and a more prominent partner within the CCG.

3.13 Conclusion

From the comments and responses provided in this year's survey, it would appear that overall Healthwatch York is valued by the majority of their partners and it is seen to be meeting its mission and aims. HWY needs to build on its achievements, strive to reach more people across the city and have a stronger voice on behalf of York residents in key forums and groups. Funding, resources and staffing were raised as an issue by a few respondents; sufficient funding will be essential if HWY is to fully meet its aims and continue to provide a valuable role in the city. The following quote summed up much of the feedback: *'Healthwatch already do a fantastic job. Further increasing impact and effectiveness may need an increase in staff numbers and/or funding'*.

Appendix 1: Survey questions and wording for 1 page introduction to the survey:

Dear Colleague,

Healthwatch York's Mission Statement is:

'Healthwatch York puts people at the heart of health and social care services, enabling you to be heard. We believe that together we can help make York better for everyone.'

Their aims are:

'We will:

- Be responsive
- Understand what's really happening in relation to health and social care and speak up about it
- Use your words and stories to show the impact of services – good and bad
- Involve you in the work we do
- Champion your involvement in your health and care
- Work with existing partners
- Reach new people and partners'

Healthwatch York has commissioned this independent evaluation to: explore the impact it has made; obtain stakeholders' views on how effective it is; and evaluate whether it has reached more people over the past year (April 2016 - March 2017). The evaluation is being undertaken by Dr Alison Laver-Fawcett, Associate Professor from the School of Health Sciences at York St John University. (Contact details: a.laverfawcett@yorks.ac.uk; Telephone; 01904-876419)

This survey comprises 13 questions. Some questions comprise statements which you will be asked to rate in terms of your level of agreement or disagreement. There also questions where we ask you to write/type examples, comments and suggestions.

You may complete this survey anonymously but, in order for Healthwatch York to learn the most from this independent evaluation, it would be helpful to know your name, role and organisation. If you are willing to provide this information please do so in the boxes provided at the end of this survey.

The survey is being undertaken using Survey Monkey and the full responses to questions will be shared with Healthwatch York staff. This will help to inform their annual report which is due to be published in June 2017.

Thank you for your participation.

Evaluation questions

1. Health and Social Care Services in York have been improved as a direct result of the work of Healthwatch York

5 point ordinal rating: Strongly agree / agree / neither agree or disagree / disagree / strongly disagree

2. Health and Social Care Services in York have been influenced as a direct result of the work of Healthwatch York

5 point ordinal rating: Strongly agree / agree / neither agree or disagree / disagree / strongly disagree

3. Please provide specific examples of how the work of Healthwatch York has led to the improvement of health and / or social care services in York.

Open text box

4. Health care services in York have been influenced as a direct result of the work of Healthwatch York.

5 point ordinal rating: Strongly agree / agree / neither agree or disagree / disagree / strongly disagree

5. Social care services in York have been influenced as a direct result of the work of Healthwatch York.

5 point ordinal rating: Strongly agree / agree / neither agree or disagree / disagree / strongly disagree

6. Please provide specific examples of how Healthwatch York have influenced health and / or social care services in York.

Open text box

7. How well is Healthwatch York meeting its aims?

Sub-questions all be rated on a 5 point ordinal scale and followed with an open text comments section:

Strongly agree / agree / neither agree or disagree / disagree / strongly disagree

- Healthwatch York is **responsive** to the needs of the York population.
- Healthwatch York **understands** what is really happening in relation to health and social care in York.

- Healthwatch York **speaks up** about health and social care provision in York.
 - Healthwatch York **uses** service users' **words and stories** to show the impact of health and social care services in York.
 - Healthwatch York **involves the public** in the work they do.
 - Healthwatch York **involves partners and providers** of health and social care services in the work they do.
 - Healthwatch York **advocates for** people's active involvement in their health and care. Agree – prefer advocates for
 - Over the past year (May 2016-2017) Healthwatch York have reached **new people and partners**.
 - Healthwatch York provides an **effective service** for the people of York using health and social care services
8. How do you think Healthwatch York could increase its impact and improve the effectiveness of its work over the next 12 months?

Open text

9. Do you have any further comments or suggestions related to Healthwatch York's work?

Open text

10. Optional: what is your name?

11. Optional: what is your job title and / or job role?

12. What is the name of your organisation or service?

13. If you have provided your name in question 10, would you be happy for your name to be used with your survey comments in Healthwatch York's 2017 Annual report?

Yes, you can provide my details

No, please ensure my comments are anonymous

You have now completed the survey. Please click 'Done' to submit your answers.

Thank you very much for taking the time to contribute to the evaluation of Healthwatch York.

Appendix 2: Sampling frame – contacts list provided by HWY

Name	Organisation
Councillor Carol Runciman	City of York Council
Councillor Mary Cannon	City of York Council
Councillor Denise Craghill	City of York Council
Councillor Jenny Brooks	City of York Council
Martin Farran	City of York Council
Sharon Stoltz	City of York Council
Jon Stonehouse	City of York Council
Julie Warren	NHS England Area Team
Patrick Crowley	York Teaching Hospital
Rachel Potts	Vale of York CCG
Phil Mettam	Vale of York CCG
Lisa Winward	North Yorkshire Police
Mike Padgham	Independent Care Group Tees, Esk and Wear Valleys NHS Foundation Trust
Colin Martin	
Cllr Paul Doughty	City of York Council
Cllr Chris Cullwick	City of York Council
Cllr Stuart Barnes	City of York Council
Cllr Tony Richardson	City of York Council
Steve Entwistle	City of York Council
Mary Bailey	City of York Council
Tracy Wallis	City of York Council
Tom Cray	City of York Council
Mary Weastell	City of York Council
Michael Melvin	City of York Council
Kyra Ayre	City of York Council
Melanie Hopewell	City of York Council
Gary Brittain	City of York Council
Jo Holloway-Green	City of York Council
Sally Dixey	City of York Council
Angela Thacker	City of York Council
Jo Bell	City of York Council
Charlie Croft	City of York Council
Eoin Rush	City of York Council
Niall McVicar	City of York Council
Fiona Philips	City of York Council

Hester Rowell	York Teaching Hospital
Sue Symington	York Teaching Hospital
Susan Manktelow	York Teaching Hospital
Steve Reed	York Teaching Hospital
Margaret Millburn	York Teaching Hospital
Kay Gamble	York Teaching Hospital
Mike Proctor	York Teaching Hospital
Beverley Geary	York Teaching Hospital
Carol Birch	York Teaching Hospital
Chris Finch	Nuffield Hospital
Lizzy Ferguson	The Retreat
Sharron Hegarty	Vale of York CCG
Fliss Wood	Vale of York CCG
Victoria Hirst	Vale of York CCG
Paul Howatson	Vale of York CCG
Becky Case	Vale of York CCG
Elaine Wyllie	Vale of York CCG
Gerard Crofton-Martin	Healthwatch England
Sarah Armstrong	York CVS
Jane Hustwit	York CVS
Kevin McAleese	City of York Council
Christine Pearson	Vale of York CCG
Catherine McGovern	CQC
Ruth Hill	TEWV
Stephen Wright	TEWV
Heather Simpson	TEWV
Bill Scott	North Yorkshire Police
Tracy Preece	Vale of York CCG
Dr Louise Barker	Vale of York CCG
Dr Andrew Philips	Vale of York CCG
David Booker	Vale of York CCG
Emma Broughton	Vale of York CCG
Michele Carrington	Vale of York CCG
Dr Paula Evans	Vale of York CCG
Louise Johnston	Vale of York CCG
Dr John Letham	Vale of York CCG
Sheenagh Powell	Vale of York CCG
Keith Ramsay	Vale of York CCG

Stuart Calder	Vale of York CCG
Dr Tim Maycock	Vale of York CCG
Dr Arasu Kuppuswamy	Vale of York CCG
Dr Shaun O'Connell	Vale of York CCG
Michele Saidman	Vale of York CCG
Dianne Willcocks	City of York Council
Dr Andrew Field	Provider Alliance
Dr Lesley Godfrey	Priory Medical Group
Nigel Ayre	Healthwatch North Yorkshire
Keren Wilson	Independent Care Group
Matthew Fawcett	Healthwatch East Riding
Gail Purcell	Healthwatch Hull
Kirsten Spark	Healthwatch North Lincolnshire
Paul Glazebrook	Healthwatch North East Lincolnshire
Katie Johnson	Healthwatch England
Julie Turner	Healthwatch England
Angela Harris	Yorkshire Ambulance Service
Ali Richardson	Yorkshire Ambulance Service
Amanda Best	Yorkshire Ambulance Service
Chris Weeks	City of York Council
Gillian Younger	York Teaching Hospital
Joe Micheli	City of York Council
Lindsay Cunningham	Hull CCG
Emma Latimer	Hull CCG
Cllr Keith Aspden	City of York Council
Cllr Neil Barnes	City of York Council
Cllr Barbara Boyce	City of York Council
Cllr Ian Cuthbertson	City of York Council
Cllr David Carr	City of York Council
Cllr Sonja Crisp	City of York Council
Cllr Andy D'Agorne	City of York Council
Cllr Fiona Derbyshire	City of York Council
Cllr Peter Dew	City of York Council
Cllr Helen Douglas	City of York Council
Cllr Stephen Fenton	City of York Council
Cllr James Flinders	City of York Council
Cllr Tina Funnell	City of York Council
Cllr John Galvin	City of York Council

Cllr John Gates	City of York Council
Cllr Ian Gillies	City of York Council
Cllr Johnny Hayes	City of York Council
Cllr Susan Hunter	City of York Council
Cllr Sheena Jackson	City of York Council
Cllr Lars Kramm	City of York Council
Cllr David Levene	City of York Council
Cllr Sam Lisle	City of York Council
Cllr Janet Looker	City of York Council
Cllr Ashley Mason	City of York Council
Cllr Suzie Mercer	City of York Council
Cllr Danny Myers	City of York Council
Cllr Keith Myers	City of York Council
Cllr Keith Orrell	City of York Council
Cllr Stuart Rawlings	City of York Council
Cllr Ann Reid	City of York Council
Cllr Hilary Shepherd	
Cllr Chris Steward	
Cllr Dave Taylor	
Cllr Andrew Waller	
Cllr Mark Warters	
Cllr Margaret Wells	
Cllr Dafydd Williams	
Julian Sturdy	Member of Parliament
Rachel Maskell	Member of Parliament
Julia Mulligan	Police & Crime Commissioner
Joanne Addis	The Retreat
Nigel Costello	North Yorkshire & York Police
David Haywood	Partnerships in Care
Karen Agar	

Appendix 3: Initial email requesting participants respond to the on-line survey

From: Alison Laver Fawcett [<mailto:A.LaverFawcett@yorks.ac.uk>]
Sent: 18 May 2017 11:18
To: 'Sian Balsom'
Cc: Cronin-Davis, Jane
Subject: Request for your feedback for Healthwatch York's annual service evaluation
Importance: High

Dear Colleague,

Your details have been passed to us by Healthwatch York as we are undertaking an independent evaluation of the impact of Healthwatch York's work. I am contacting you to invite you to take part in this annual service evaluation. This is being undertaken via an online survey. Please participate by clicking on this link to take you to the survey:

<https://www.surveymonkey.co.uk/r/HealthwatchYork>

The **deadline** for completing the survey is **5th June 2017**.

Healthwatch England is the national consumer champion in health and care and they have significant statutory powers to ensure the voice of the consumer is strengthened and heard by those who commission, deliver and regulate health and care services (for more information see: <http://www.healthwatch.co.uk/about-us>). Healthwatch York's aim is to put local people at the heart of health and social care services in York (for more information see: <http://www.healthwatchyork.co.uk/our-work/>)

Healthwatch York has commissioned the School of Health at York St John University to undertake this independent evaluation to:

- Explore the impact it has made.
- Obtain stakeholders' views on how effective it is.
- Evaluate whether it has reached more people over the past year (April 2016 - March 2017).

This survey comprises 13 questions and should take approximately 10 -15 minutes to complete. You may complete the survey anonymously. However, in order for Healthwatch York to learn the most from this independent evaluation, it would be helpful to know your name, role and organisation. If you are willing to provide this information please do so in the boxes provided at the end of this survey.

The survey is being undertaken using Survey Monkey and your responses to questions will be shared with Healthwatch York staff. This will help to inform their annual report which is

due to be published in June 2017.

Please feel free to contact me if you have any queries related to this evaluation.

Thank you for your participation.

Alison

Dr Alison Laver-Fawcett | Associate Professor | Research Lead for the School of Health Sciences | Senior Fellow of the Higher Education Academy (SFHEA) | Occupational Therapy, School of Health Sciences, York St John University, Lord Mayor's Walk, York, YO31 7EX | +44(0)1904-876419 | <https://ray.yorksj.ac.uk/profile/689> | www.yorksj.ac.uk |

Appendix 4: 2nd email requesting participants respond to the on-line survey

From: Alison Laver Fawcett [A.LaverFawcett@yorks.ac.uk]

Sent: 31 May 2017 09:59

To: Sian Balsom; Dr Jane Cronin-Davis

Subject: FW: Request for your feedback for Healthwatch York's annual service evaluation

Dear Colleague,

Your details have been passed to us by Healthwatch York as we are undertaking an independent evaluation of the impact of Healthwatch York's work.

Thank you very much if you have already completed the survey. If you have yet to provide your feedback this is a reminder that the link to the survey is:

<https://www.surveymonkey.co.uk/r/HealthwatchYork>

The deadline for completing the survey is 5th June 2017.

With thanks

Alison

Appendix 5: 3rd email requesting participants respond to the on-line survey**From:** Alison Laver Fawcett**Sent:** 02 June 2017 16:40**To:** 'Sian Balsom'**Cc:** 'Cronin-Davis, Jane'**Subject:** Request for your feedback for Healthwatch York's annual service evaluation -deadline extended to 7th June**Importance:** High

Dear Colleague,

Your details have been passed to us by Healthwatch York as we are undertaking an independent evaluation of the impact of Healthwatch York's work.

Thank you very much if you have already completed the survey. If you have yet to provide your feedback this is a reminder that the link to the survey is:

<https://www.surveymonkey.co.uk/r/HealthwatchYork>

As we have received quite a few out of office replies for colleagues who return to work next week we have **extended the deadline** for completing the survey to the end of the day on **Wednesday 7th June 2017**.

Healthwatch England is the national consumer champion in health and care and they have significant statutory powers to ensure the voice of the consumer is strengthened and heard by those who commission, deliver and regulate health and care services (for more information see: <http://www.healthwatch.co.uk/about-us>). Healthwatch York's aim is to put local people at the heart of health and social care services in York (for more information see: <http://www.healthwatchyork.co.uk/our-work/>)

Healthwatch York has commissioned the School of Health at York St John University to undertake this independent evaluation to:

- Explore the impact it has made.
- Obtain stakeholders' views on how effective it is.
- Evaluate whether it has reached more people over the past year (April 2016 - March 2017).

This survey comprises 13 questions and should take approximately 10 -15 minutes to complete. You may complete the survey anonymously. However, in order for Healthwatch York to learn the most from this independent evaluation, it would be helpful to know your

name, role and organisation. If you are willing to provide this information please do so in the boxes provided at the end of this survey.

The survey is being undertaken using Survey Monkey and your responses to questions will be shared with Healthwatch York staff. This will help to inform their annual report which is due to be published in June 2017.

Please feel free to contact me if you have any queries related to this evaluation.

Thank you for your participation.

Alison

Dr Alison Laver-Fawcett | Associate Professor | Research Lead for the School of Health Sciences | Senior Fellow of the Higher Education Academy (SFHEA) | Occupational Therapy, School of Health Sciences, York St John University, Lord Mayor's Walk, York, YO31 7EX | +44(0)1904-876419 | <https://ray.yorks.ac.uk/profile/689> | www.yorks.ac.uk |