

Healthwatch York: Performance Monitoring / Six Monthly Review

Name of Provider	York CVS
Service Provided	Healthwatch York
Contract Start Date (Service Commencement Date)	01 April 2017
Contract Finish Date (Expiry Date)	31 March 2020

The aims of the performance monitoring / six monthly review process are to:

- Review the achievements of the Service in delivering the agreed outcomes
- Consider how the Service might be developed going forward
- Identify how beneficiary needs are being delivered
- Establish that the Service is being managed in accordance with the Agreement

The information contained in this report will be used as a basis for the Annual Service Review, in conjunction with that information provided on a regular basis during each year of the Term.

Six monthly performance monitoring reports will include a mixture of qualitative and quantitative data to ensure that the process is not simply a mechanistic one, but feeds into a continuous cycle of improved performance. Six monthly reports will be presented to Performance Management Group meetings on dates to be agreed.

In addition, a six monthly performance management meeting will be held between representatives of the Council and Healthwatch York. The performance management group meetings will:

- Agree additional Key Performance Indicators that will constitute six monthly performance summaries
- Set annual milestones for each Key Performance Indicator as appropriate
- Receive six monthly performance summaries, define any gaps in performance and discuss how these might be rectified.

In addition to the six monthly reporting process it is proposed that 360 degree feedback on Healthwatch York activity is invited from all key stakeholders annually.

INDEX

- Section 1: To be completed six monthly
- Section 2: To be completed six monthly
- Section 3: To be completed six monthly

Signature on behalf of Provider		
Signature Siân Balsom	Name Siân Balsom	Date 05 December 2019

SECTION 1: Service Provided 01/04/19 - 30/09/19

What have been the main focus areas of Healthwatch York during the last six months?

Qtr 1

- Published 4 engagement reports – Changes to services: [Anticoagulation](#); Changes to services: [BMI thresholds for elective surgery](#); [CAMHS update report](#); [post-Archways update report](#).
- Held engagement events focused around the NHS Long Term Plan, as part of a national agreement between NHS England and Healthwatch England
- Published our [Annual Report](#) 2018/19
- Developed a project plan for exploring experiences of the Eye Clinic Liaison Officer role

Qtr 2

- Held our Annual Meeting
- Published our local York version of the [NHS Long Term Plan work](#)
- Began the Market Stall project on 24 August (more later in this report!)
- Held our first meeting with someone with experience of the safeguarding process for the Safeguarding Stories work

Key Performance Indicators to include:

- The impact of Healthwatch activity on community / commissioners / service providers – including progress towards Public Engagement Reports, involvement in key strategic meetings.
- Feedback mechanisms used by Healthwatch to inform participants and the wider public on the outcomes of the issues covered by Healthwatch.
- Communication and Reach - evidence of public, patient, carer and user-group engagement with / participation in Healthwatch
- Financial / Spend monitoring
- e.g. The number, frequency and type of methods used by the Host to engage with individuals, organisations and groups. (captured in quarterly Information and Signposting Reports)
- The outcomes of any visit to Health and Social Care premises in York.

What progress has been made during the last quarter in respect of the above? Have you identified any barriers to achievement of agreed outcomes?

Impact of Activity / Public Engagement Reports

Impact of activity:

Responses to reports

CYC response to Archways report

One Team' Achievements in 2018/19

Improved communication and relationships

- Progress with co-location of key players.....but still more to do
- Daily 10:30am meeting of reps from all services working well
- Monthly medicine management meeting
- Links with the Complex Discharge Hub to facilitate handovers where appropriate

Streamlined /clearer processes

- Development of a single referral form for step-down referrals
- Single referral point for, and joint triage, of step-down referrals
- Revised Supported Discharge process with most cases being assessed by CRT first
- More robust reporting process for delays and people waiting for long-term care packages for CRT, and in development with HSG

Management Information

- Continued development of management information - 6 Core KPIs

Hospital responses to Archways and Anticoagulation Reports

Cheryl Gaynor, Executive Support Manager

The two recommendations for the Trust refer to ongoing monitoring and continuation of work that we have already started:

Discharge Communication / Earlier Planning

We note the recommendation from the review and this work is ongoing through the development of the SAFER programme across the inpatient wards in the hospital and the development of the Integrated Discharge Hub with our local authority partners.

Monitoring overnight issues

We note the recommendation from the review and will monitor any feedback from those using our services around how we are able to meet their overnight needs.

These have been shared with the relevant operational managers to take forward.

Response from the Ageing Well Partnership to the recommendation in the Healthwatch Report entitled 'what's happened since the closure of Archways'

Recommendation: Work with other sectors to address non-healthcare issues such as social isolation mentioned in engagement feedback

Response: The top priority in the Ageing Well theme of the Joint Health and Wellbeing Strategy 2017-2022 is to reduce loneliness and isolation for older people. York is adopting an asset based approach to engaging citizens to help address loneliness and has invested in a number of co-produced early intervention and prevention programmes including Ways to Wellbeing (social prescribing); Good Gym; Local Area Coordinators; Community Catalysts; Health Champions and Cultural Prescribing.

The multi-agency Ageing Well Partnership supports these and has received updates on progress. The Partnership is leading on York working towards becoming an Age Friendly City and is using the approved WHO Framework to

shape that work. An Age Friendly Operations Group, reporting to the partnership, has been established to lead on this and to engage with appropriate groups and stakeholders on the themes in the framework. The themes are:

- Getting out and about (Your Journey and Your Destination)
- You Time (voluntary, leisure and employment)
- Your access to information
- Your home
- Your services.

For additional information please refer to the [Health and Wellbeing Board Annual Report 2018/19](#) which gives more detail.

NHS Vale of York Clinical Commissioning Group

The CCG welcomes Healthwatch York reports and takes on board the recommendations. During the process and development of the reports by Healthwatch York, NHS Vale of York CCG helped review the documents to provide information and updates on recommendations.

We would like to formally offer this response to the recommendations for the reports:

CAMHS

NHS Vale of York CCG and Tees Esk and Wear Valleys Trust (TEWV) worked with Healthwatch on the report which concerns the specialist CAMHS service, and provided the detail of the various service developments and investment from 2016 when TEWV took on the specialist mental health contract. As members of the Health and Wellbeing Board are aware, the CCG and TEWV have invested an additional £660K in the specialist service since the beginning of 2018/2019, of which £540K is recurrent, enabling earlier assessments, more autism assessments and reduced waiting lists.

The [Local Transformation Plan](#) sets out the details of work of the whole local system of support around the wellbeing of children and young people, including the jointly funded school well-being service, the counselling service and specialist support for eating disorders, Youth Justice Service and the FIRST service as well as for specialist generic CAMHS. The Plan demonstrates the significant progress made across all levels of need and is also forward looking

against national and local policy drivers around joint working across the whole pathway of need, and an integrated approach from ages 0-25.

Understanding patients experience of Thresholds for Elective Surgery

Recommendation: Consider ways to gather needed information/data to know if the policy is effective in saving money and improving patient outcomes in the areas outlined in this report:

Response: The CCG uses national RightCare data to measure activity levels. Our Patient Reported Outcome Measures, (PROMS) have improved for hip and knee surgery and activity levels have reduced.

Recommendation: Work in co-production with members of the public and to understand how to support people who have difficulty engaging with weight loss activity. Consider what programmes work best for people with specific conditions or barriers.

Recommendation: Create accessible and clear pathways of support, considering what pro-active steps can be taken to prevent individuals falling through the gaps and for the more disadvantaged individuals to engage with support programmes and services.

Response: Weight management and healthy lifestyle services are run by the local authority public health teams. Efforts to support people who have difficulty engaging with weight loss activity is not solely a CCG responsibility. This is a joint effort between the local authority and health. The CCG is actively part of a Health Weight Steering Group with other partners (e.g. local authority, third sector) working to try and improve services. The CCG's Director of Population Health and Primary care sits on the group.

The local authority public health teams would need to be invited to comment about their involvement with patients and the public who are involved in weight loss activity.

Different tiers of weight management services cover different activities. Definitions vary locally but according to NICE (2019) usually tier 1 covers universal services (such as health promotion); tier 2 covers lifestyle

interventions; tier 3 covers specialist weight management services; and tier 4 covers bariatric surgery.

For Tier 1-2, this is part of the local authority public health team's work, but with support from the CCG through the Healthy Weight Steering Group. Accessible and clear pathways of support are in place for the Tier 3 service that has been commissioned. The pilot has been running for three years.

Within our patch we offer a number of interventions for tier 3 and tier 4 weight management services.

The Tier 3 Obesity Management Service

The Tier 3 Obesity Management Service is a medically-led multi-disciplinary obesity management programme which has been commissioned by the CCG and is provided by York Teaching Hospitals Trust, has been a pilot scheme at York Hospital since February and is now onto its seventh cohort of patients. The service welcomes referrals from primary care colleagues and is working closely with primary care teams to increase and raise awareness of the referral opportunities.

The programme lasts up to 24 months, with an initial 12 weeks of intensive input and support that is closely monitored. During this period patients will attend group and one to one sessions with a dietician, physiotherapist and counsellor. Visits to Energise gym three days a week are also included in the programme.

The service is available to patients aged 18 years of age and over, who are registered with a Vale of York GP practice, with a BMI of 35 or over and have maximised primary care and community conservative management including:

- Receiving healthy weight and lifestyle advice in primary care
- Evidence of active participation in modification to exercise and diet, which is patient- or GP-led, or delivered by an independent commercial service or Tier 2 service, depending on local availability
- Trial of pharmacological interventions, where there are no contra-indications
- Understanding of the commitment required for the Tier 3 programme and the willingness to engage.

Tier 4 Obesity Management Service

Bariatric surgery, Tier 4 of the Obesity Management Service, is not routinely commissioned but referral to Tier 4 will be considered by the Tier 3 weight management programme multi-disciplinary team panel following completion of the Tier 3 programme for the most cost effective subgroups where the patient has a:

- BMI \geq 50, or
- BMI \geq 45 with significant poorly controlled type 2 diabetes

The Tier 3 MDT Panel will consider bariatric surgery as a treatment for selected patients with severe and complex obesity, where all of the following criteria have been met:

- the person has not responded to all other non-invasive therapies and is willing to have the surgery
- there is no specific clinical or psychological contraindications to this type of surgery
- the person is generally fit for anaesthesia and surgery, with assessment of peri-operative mortality and postoperative complications of bariatric surgery
- the person commits to long-term follow-up and dietary compliance and is considered likely to engage in the follow up programme that is required after any bariatric surgical procedure.

Patient information can be found here:

<https://www.valeofyorkccg.nhs.uk/rss/data/uploads/tier-3-obesity-management-service/pi1304-introduction-to-the-adult-tier-3-weight-management-programme-v1-f....pdf>

‘What has happened since Archways’ report

The health and social care system is committed to a local ‘home first’ approach with the greater integration of services and an increased emphasis on prevention and self-care. The vision of out of hospital care and integration across the system is to support and enable the population of Vale of York to improve their health and wellbeing by organising our services around the needs of the person, their

family and the community to provide integrated care and support. The reconfiguration aligns with all of the principles for Out of Hospital Services outlined within York Teaching Hospital, NHS Foundation Trust - Out of Hospital Care Strategy.

Anti-coagulation report

The original aim of this project in 2015 was to move from a traditional phlebotomy-based service to a service that is provided to patients closer to their home. When the project was initially scoped, 4,200 anticoagulation patients were managed by York Hospital (the total number of patients is now closer to 3,900). Previously – patients had to go to the hospital, pay for their parking, wait to have their bloods taken and wait a day or two for the results. As part of the new service patients were offered an instant finger prick test and immediate results and dosing instructions at their local GP surgery.

As part of its work following engagement was carried out:

- Anticoagulation Survey – 2015/16
- Surveys for patients to complete were provided at GP practices
- The CCG's project manager attended York Teaching Hospital NHS Trust clinic sites (York Hospital, Selby Hospital and Asda) to discuss the proposed changes with patients and to collect their views

Who was engaged and involved?

- Patients who required anticoagulation monitoring both in General Practice and at the York Hospital Anticoagulation Clinic
- York Teaching Hospital NHS Foundation Trust
- GP Practices

What patients said	What we did
Patients wanted clinics to be more accessible and for it to be easier to park.	The service was moved to GP surgeries to ensure that patients would find it easier to access.
Patients said that they wanted quicker results and access to clinics at convenient times.	A finger prick service was introduced to provide quicker results for patients.
Patients said that clear information was important.	The CCG created a patient leaflet to provide information about the new service and its benefits.

Next steps

Initially patients were given a choice of where they would like to attend for their anticoagulation treatment, but this led to a slow transfer of patients to the primary care service. 21 practices confirmed that they would provide the service. It was agreed that we would undergo a procurement process to establish a default provider for the patients of the 5 practices that didn't want to offer the service (550 anti-coag patients). This service was put in place in early 2019. As more patients transferred to GP the hospital clinic reduced its staffing levels accordingly.

Our response to recommendations from Healthwatch:

Anti-coagulation report:

Recommendation: Consider feedback to date in terms of accessibility to appointments outside of working hours and in relation to individuals' needs.

Across the Vale of York patch evening and weekend routine appointments are offered as part of improving access to GP services.

Recommendation: Commit to co-design and co-production (in line with the Social Care Institute of Excellence definition) when creating new services. For future service changes that involve multiple services/providers, consider ways of working together to make sure positive patient experience is at the forefront).

The CCG continually strives to improve the way it develops services in partnership with patients. The CCG has designed a toolkit to provide staff with resources to help them to assess the level of public and patient engagement that is needed within any project large or small.

The CCG uses the NHS England patient and public engagement statutory guidelines to assist with decision making. This process includes tools such as a stakeholder mapping process, guidance for equality impact assessments and a template to address if the legal duty needs to be applied.

The CCG wants to be sure that the decisions it takes make a real, positive difference to its population. To ensure that participation activity reaches diverse communities and groups with distinct health needs the CCG has implemented a Quality and Equality Impact Assessment tool to assess and measure the potential impact of proposed service changes or reviews, as well as the need for patient and public involvement.

The CCG provides regular updates to staff to emphasise the importance of involving patients and public in its work to:

- increase awareness of the legal duty to involve
- encourage staff to incorporate communications and engagement throughout any project cycle, and
- improve knowledge of the connection between equality, engagement and health inequalities duties within the NHS.

Information about the training toolkit the CCG provides for staff can be found here: <https://www.valeofyorkccg.nhs.uk/get-involved/quality-equality-impact-assessments-qeia/>

Personal Impact

In May, we were called by a woman in Enfield. She rang to say thank you to Healthwatch York for our 2017 report on adults with ADHD. She came across it during a google hunt for information to support her son, now in his mid-40's, who's only just been diagnosed. He has been in and out of prison, and has a serious drug problem, and his mum said it's only now that they realise what he's been struggling with all these years. She said our report was the most useful thing she's come across by miles, and it has been enormously helpful for her and her son. Reading it has prompted her to make an appointment to see her

local HW, and she is also taking the report with her everywhere she goes, showing it to their GP & other professionals. She's also been using it to try and win round family members who she says have refused to have contact with her son for years.

A gay man saw the advert for the Free to Be Me training session we held with York LGBT Forum and York Dementia Alliance. On reading about it, he got in touch with York LGBT Forum. He had recently lost his partner, who had dementia. He said that seeing this information "blew his mind", and made him realise he could finally be himself. Although he could not attend the session itself, it led to him feeling able to reach out to others for support for the first time. He and his partner had kept their relationship hidden for 30 years, and the experience of caring for his partner when he had dementia was really traumatic trying to maintain the secret of their relationship as his partner declined. They avoided services, and possible support opportunities in order to protect their secret. They pretended to be cousins who lived together up to his partner's death. Seeing our publicity information was, in his words, "a life-changing moment". He has since written about his experience for York DAA, joined York LGBT Forum, and has been sharing his story.

Key strategic meetings

We attended all Health and Wellbeing Board meetings during this period. We also regularly attended the Mental Health Partnership, Ageing Well Partnership, Safeguarding Adults Board, and Voice and Involvement meetings. We also attend the Information Exchange, enabling information sharing between the Care Quality Commission, local authority, health colleagues and ourselves.

Developing a Multiple Complex Needs network for York

Funded through Lankelly Chase, the MCN Network meets every two months to support providers, practitioners and people with lived experience to develop a system wide approach in supporting people experiencing multiple and complex needs.

The overarching aim of this multi-agency network is to achieve better outcomes for people living with multiple complex needs and reduce the associated challenges to services. The network generates learning and knowledge and builds relationships to achieve its aims.

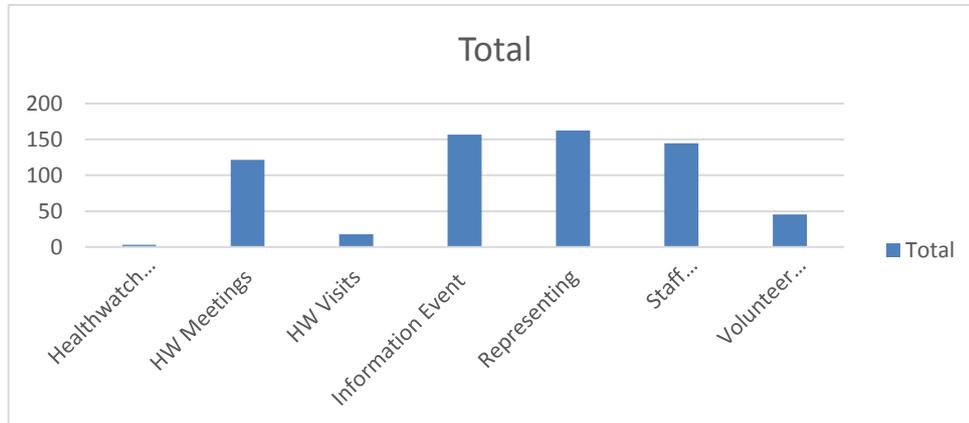
A key component of this work is to develop creative ways to include the voices of people often excluded from this type of work including people with personal experience of multiple needs and people working on the frontline.

This work has initially focused around developing a shared understanding of what could be changed.

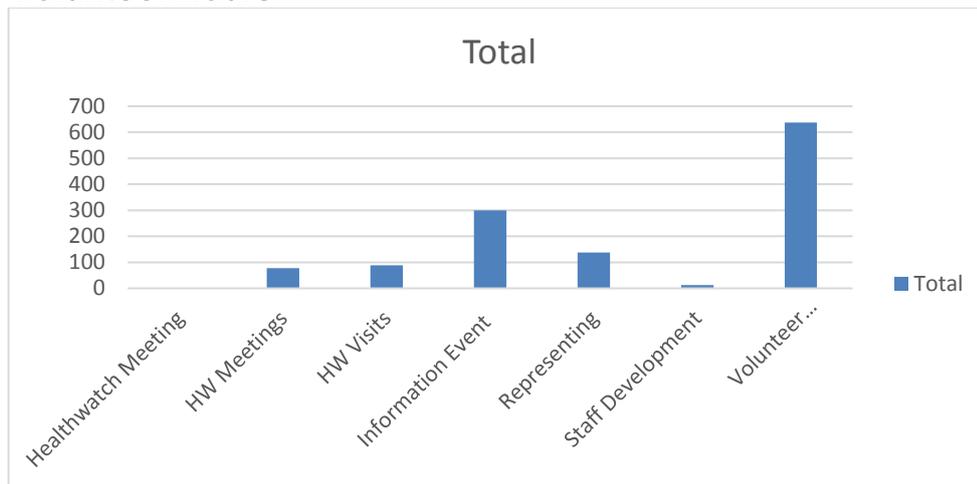
Communication, Engagement & Reach

Staff and volunteer hours by meeting type is detailed below:

Staff hours



Volunteer hours



For more details regarding our engagement work, we are happy to share our engagement calendar, giving details of all events we have held and participated in.

During public strategic meetings, both Healthwatch York staff and volunteer representatives complete Reps Reports. These reports can be found here:

April: <https://www.healthwatchyork.co.uk/wp-content/uploads/2019/12/All.pdf>

May: <https://www.healthwatchyork.co.uk/wp-content/uploads/2019/05/all.pdf>

June: <https://www.healthwatchyork.co.uk/wp-content/uploads/2019/07/june.pdf>

July: <https://www.healthwatchyork.co.uk/wp-content/uploads/2019/07/all.pdf>

August: <https://www.healthwatchyork.co.uk/wp-content/uploads/2019/09/All.pdf>

September: <https://www.healthwatchyork.co.uk/wp-content/uploads/2019/10/all-reports.pdf>

Outcomes of visits to Health and Social Care premises in York

In partnership with City of York Council, we support volunteers to visit local care homes and speak to residents about the care they receive. Our care home visits contributed to and enhanced 11 City of York Council care home reports, having engaged with 65 residents in total.

Readability Work

Our readability volunteers have an interest in supporting local providers and commissioners to improve their patient information. Over this half year we have reviewed 25 documents, 19 for York Teaching Hospital, and 6 for City of York Council.

Partner Programme

We have 40 voluntary and community sector organisations who are signed up as Healthwatch York partners, and 2 pharmacy partner organisations. We invite our partners to our quarterly Assembly and Annual Meeting to get involved in conversations about what is happening locally in health and social care. We also work closely with them to progress our work plan reports.

Volunteers

At the end of September 2019 we had 42 volunteers covering a range of volunteer roles. These include Representatives, Community Champions, Enter & View, Care Home Assessor, Research, Marketing and Communications, Readability Panel, Office Support and Leadership Group members.

We continue to support volunteers with regular meetings, both for all volunteers and specific meetings for certain roles. As a result of feedback from our volunteers, we have added quarterly drop-in meetings for volunteers, meaning that alongside our Assembly and formal Volunteer Meetings there is something every month our volunteers can attend if they choose.

We send out a bulletin for volunteers and partners every month, to help keep them informed of our activities, and to share information about health and social care. These can be found here:

April: <https://www.healthwatchyork.co.uk/wp-content/uploads/2019/04/april.pdf>

May: <https://www.healthwatchyork.co.uk/wp-content/uploads/2019/05/may.pdf>

June: <https://www.healthwatchyork.co.uk/wp-content/uploads/2019/07/June.pdf>

July: <https://www.healthwatchyork.co.uk/wp-content/uploads/2019/07/july.pdf>

August: <https://www.healthwatchyork.co.uk/wp-content/uploads/2019/09/August.pdf>

September: <https://www.healthwatchyork.co.uk/wp-content/uploads/2019/10/September.pdf>

Engagement

We continue to carry out community engagement activities at events and locations throughout York. Our volunteers are a regular presence at many community venues, signposting people to services across the city and recording people's experiences of health and social care services.

These include our regular outreach work, which is going strong. We now have monthly drop-ins at Lidgett Grove, St Sampson's café for 60+, Spurriergate centre, Café Nelli, Fulford Church, Oaken Grove Community Café, Acomb Library, West Offices, Ellerby's Hub at York Hospital, the Church of the Holy Redeemer, Red Tower's 'pay as you feel' café, and Planet Food. We have continued our involvement with the York Explore Mobile Library, travelling to locations across the city. We have also done various events with both York St John and University of York, which included monthly stands in the library throughout exam season at York St John and joining in with University of York's Study Smart Campaign. Throughout the year we do various one off events with various other organisations such as Kyra women's charity, York Advocacy, YOPA and York Mind. During the Summer period we do various events all over York, running stalls at Fayres and other Summer days such as Copmanthorpe Carnival, West Bank Park Summer fayre and many others.

Through our relationship with Make It York, we have created an exciting new strand of engagement work – our market stall. Make It York have given us use of a stall at Shambles Market every Tuesday, free of charge, year-round. We manage the stall as a community resource. Local community groups, charities and Partner organisations have jumped at the chance to use the stall, which is fully booked until late autumn 2020. We use the stall ourselves on the last Tuesday of each month, and find that we get to talk to members of the public from socio-economic and ethnic groups that we don't encounter so often at other engagement events.

We have sent out our Annual Report and Summer magazine. This was a new format, responding to feedback that our summer magazine has been missed since we moved to 3 magazines and the Annual Report to reduce costs. This was produced and distributed by post to 325 people and organisations, and by email to 380 individuals and organisations. It was also available through our website, and was distributed at our information stands at community venues, and through our Annual Meeting.

@healthwatchyork has now got 2,404 followers, 75 additional followers since our last report, continuing the steady increase. Over the 6 months from April to

September we gained 53,600 twitter impressions, 127 link clicks, 153 retweets and 211 likes. To give a flavour of our activity, our top tweets for each month were:

April: Do you have [#dementia](#)? Do you [#care](#) for someone with [#dementia](#)? Do you want to have your say when it comes to the future of the [#NHS](#)? [#NHSlongtermpian](#) [#haveyoursay](#) (2,322 impressions)

May: Tomorrow is Mental Health Awareness Event @ 30 Clarence Street! Come along and get some [#Information](#) a [#cake](#) and join in with some [#Mindfulness](#)! (2,179 impressions)



June: Did you know there is a [@SafePlacesUK](#) smartphone app? This will help you find the nearest open Safe Place in York while you are out and about in York. To download the free to use Safe Places app for your phone visit the App Store or Google Play. (1,282 impressions)

July: Would like to say a massive thank you and well done to our 2018/19 Healthwatch York award winners! Give yourself a pat on the back! (1,400 impressions)



August: Come and see us at [#Shambles](#) [#Market](#) and get information and advice on the health and social care services in [#York](#) (2,617 impressions)



September: We will be back at the Market Stall tomorrow! Come pop down and see us for advice or to tell us what you think to the health and social care services in York. Grab some food from the lovely food stalls while your there!
[@MakeltYork](#) [@LiveWellYork](#) (2,660 impressions)

Media work

We appeared on Radio York as follows:

Saturday 17 August – about our Awareness Survey

Friday 6 September – about using the NHS App

Thursday 19 September – to discuss NHS funding following “NHS has been destroyed” confrontation at Leytonstone Hospital

We spoke to Minster FM as follows:

Wednesday 18 September – about NHS dentistry

We appeared in York Press as follows:

Saturday 27 July – About our Making a Difference Awards

<https://www.yorkpress.co.uk/news/17797686.awards-honour-york-39-s-unsung-health-heroes/>

Tuesday 20 August – About changes to repeat prescriptions in York

<https://www.yorkpress.co.uk/news/17846312.fears-patients-may-39-fall-gaps-39-amid-york-prescription-shake-up/>

Monday 16 September – About our concerns around urgent dental care and

dentistry <https://www.yorkpress.co.uk/news/17902226.39-urgent-39-call-review-nhs-dental-care-york/>

Monday 16 September – About changes to repeat prescriptions in York

<https://www.yorkpress.co.uk/news/17902242.prescriptions-shake-up-causing-39-massive-inconvenience-39-patients/>

Logging issues

We logged 190 issues. This includes some double counting where people provide feedback about two or three different organisations within one issue as feedback is logged against organisations.

	Complaint	Compliment	Concern	Point of view	Request for Info	Grand Total
Ambulance	1	1	2			4
CCG	13	2	17	8	1	41
Dental	2	3	2	1		8
GP	18	8	7	1	1	35
Hospital	10	8	5	4		27
Mental health	7	2	5		2	16
NHSE	3		3	1	3	10
Optician		1				1
Other	4	20	1		2	27
Pharmacy	1	2	1			4
Social care	5	4	2		2	13
Transport	1		1			2
(blank)	1	1				2
Grand Total	66	52	46	15	11	190

April to October – Summary of Key Themes from Issue Log April to October 2019

A prominent issue has been people's ability to access GP services and appointments. This has been relatively consistent across the 6 month period.

Access to dentistry and being unable to find a dentist in York has also been a recurring theme.

Difficulties and concerns have been expressed around mental health support for children and adults and in getting access to crisis support.

People have told us about major challenges they've experienced in relation to changes to services which have been put in place such as: changes to the warfarin clinic and changes to repeat prescription.

Compliments to services have been in relation to helping individuals understand a condition or health query, services with health professionals who communicate well and promote understanding and services with clear routes of access which have been efficient and timely in supporting patients.

Signposting and advice

We continue to record signposting activity through the issues log where this is received in the office via phone calls or emails.

We keep a full log of all signposting contact through community activities and events, much of which is through our Community Champion volunteers. We provided opportunities for people to access information, advice and signposting support at 82 different events between 1 April 2019 and 30 September 2019, attended by over 3,000 people.

We signpost to a large number of health and social care organisations and services in York, including the “Big 6” (Dementia Forward, First Call 50+, Family Information Service, York CAB, York Carers Centre, York Mind). We also share information from and about York Advocacy, particularly their NHS Complaints Advocacy service. Through our engagement work, we have given out 425 magazines, 285 mental health guides, 56 dementia guides, and 314 leaflets to members of the public at events during our conversations with them, as well as hearing 41 experiences about health or social care services.

Future Developments

We will publish our report looking at people’s experiences of accessing support with sight loss in Autumn 2019, and present it to the Health and Wellbeing Board in December 2019.

Through the Multiple Complex Needs network, we are exploring how we can help improve the experiences of those with multiple complex needs. Although the initial phase was about building relationships and identifying shared priorities, the focus is now shifting to how we work together to address these priorities. We expect a number of projects will start over the coming months, aiming to deliver tangible improvements.

We are offering our support to the Safeguarding Adults Board in terms of hosting useful personal safety advice, and adding regular updates on safeguarding within our popular magazine.

We will review our Market Stall pilot and consider plans for future developments.

We want to work closely with council colleagues to raise awareness of the benefits to all in following the shared approach we have taken to engaging with care home residents through the Care Home Assessor programme. Through discussions with fellow LHW, it is clear this programme is both well-developed and a clear demonstration of the benefits of partnership working, but there is

little awareness amongst the wider population that this work is being done, or how it supports quality improvement in local care homes.

We have begun discussions with York Hospital, through their new Equality and Diversity Lead about improving reporting on action taken, both as a result of our reports and from issues we record. This should lead to us having a greater understanding of the impact of our work.

We have invited Jo Holloway-Green from York Advocacy to join our Leadership Group, in order to improve information sharing. We have already identified shared concerns around support for Deaf people when trying to access health and care services, which Healthwatch York previously looked at in 2013/14. We have begun conversations about how we might tackle this together, with support from the council and the hospital.

Barriers

Our contract comes to an end in March 2020. There is an option to extend the contract for a further 2 years. We hope the contract situation can be clarified at the earliest possible stage, to make sure we can continue our day to day delivery with the minimum disruption.

We need to identify future funding for the production of our Mental Health and Dementia guides. Whilst we want to continue to provide these, as we have received very positive feedback about their value, we need to be realistic about how far our core budget can stretch. In the past, we have received additional funding from TEWV and Ways to Wellbeing to produce the Mental Health guide, and from Joseph Rowntree Foundation and Ways to Wellbeing for the Dementia guide. These guides are now over 18 months old, and funding their ongoing production is a recurring challenge.

There is a need to consider how, when we are looking to gather feedback about service change, we can rely on the support of providers and commissioners to share opportunities to give feedback even where providers or commissioners perceive significant amounts of the feedback may be negative. Although we use local press, and share information widely through our own networks, to reach the most people we need all stakeholders to feel invested in supporting us to reach further.

We have identified that we do not as yet have a good process for sharing information with GP practices, and flagging up any recommendations with them. We had assumed that the CCG would co-ordinate this as the joint commissioner of primary care services but appreciate that we have not discussed this, or worked together to develop a solution. This issue needs addressing, and the solution could potentially link in with work around the new

Primary Care Networks. We have agreed with the Head of Engagement at the CCG to feed this into our ongoing conversations around improving engagement.

SECTION 2: Staff training and development / Healthwatch Volunteers			
<i>Details of all training courses undertaken in the last six months:</i>			
Course title	No's Of Staff / volunteers Attended	Refresher	
		Yes	No
• Virtual Dementia training	1S / 2V		✓
• Free to be me training	2S / 4V plus DAA members		✓
• Safeguarding training	2S		
• Level 3 Education and Training (formerly PTLLS)	2S started September		✓
• PLACE training York Hospital	1S/ 1V		
• PLACE training delivered by HWY	4V		
• Care Home Assessor training meeting	9V	✓	
• How to Navigate CRM Webinar by HWE	2S		✓
• Volunteer Induction	11/4 - 1V, 5/8 – 1V		

- *A brief update on the roles / achievements of staff and Healthwatch Board members during the last quarter.*

Siân Balsom, Manager, returned to work 3 days a week from 1 April 2019. She represents Healthwatch York at a number of key meetings including the Health and Wellbeing Board, and York Mental Health Partnership. During this period she has also begun attending the YorOK Board, and York Human Rights City Steering Group.

Emily Abbott was successful within the restructuring process in becoming the team's Deputy Manager. Emily is leading on the development of our Safeguarding Stories project, being developed with Kyra Ayre. She also manages the information, advice and signposting function within Healthwatch York, and leads on our publications. Emily manages the community market stall project. She also deputises for the Manager as needed, and attends a number of strategic board meetings including the Ageing Well Partnership and the Safeguarding Adults Board.

Helen Patching, Project Support Officer, provides administrative support for Healthwatch York, including coordination of all internal and external Healthwatch York meetings. She leads the Readability programme, and leads on all our lay visiting programmes – the care home assessor programme and PLACE visitors programme. Helen has also played a significant role in the coordination and creation of our quarterly magazines, coordinates all staff and volunteer training and delivers some of our training.

Abbie Myers was successful in retaining our Engagement role, and continues to lead our Engagement work, developing new partnerships and identifying opportunities to reach new audiences. For example she has created relationships with the Pay As You Feel Cafes across York engaging with people that we wouldn't normally reach. She has been working with Liz around new ways to engage young people, which has resulted in Abbie and Liz going all over York visiting various youth groups with our 'Listening Board', the aim of this piece of work is to get the voice of Children and Young People in York heard.

Liz (Elizabeth) Belsey joined the team on 15 April 2019 as our Research Officer. She has completed reports begun before she joined the team, and led the work around the NHS Long Term Plan engagement. She also developed and led the work around the Eye Clinic Liaison Officer role. She and Abbie have also been working together to engage with young people as above.

Catherine Scott, formerly the Interim Manager, has stayed with the team as Systems Change Lead, due to the kind support of Lankelly Chase, working to support the Multiple Complex Needs network and activities to support Systems Change.

John Clark, our Chair, has continued to chair our Leadership Group meetings, creating a helpful and supportive environment within which to discuss the challenges of delivering a successful Healthwatch. He is also a substitute on the Health and Wellbeing Board. He chairs our Assembly meetings, making sure volunteers, partners and key stakeholders have opportunity to debate key issues in health and social care, and raise matters of concern or interest. He has continued to support the staff team following the challenges of last year.

Staff Support	
<i>How often are staff meetings held?</i>	We continue to hold monthly team meetings, to plan and co-ordinate our work. We regularly attend York CVS weekly catch up meetings.
<i>How often do staff receive supervision from a senior?</i>	At least every 6-8 weeks.
<i>How often are staff formally appraised?</i>	Staff are formally appraised annually.
<i>Number of staff appraised in last period:</i>	0
Complaints/Commendations about Healthwatch York	
<i>How many informal complaints have been received?</i>	0
<i>How many formal complaints have been received?</i>	0
SECTION 3: Additional Comments	
<i>Please list any additional details/comments/recommendations that you wish to make.</i>	

Draft finances (April 2019 – September 2019)

	Budget	Actual	Variance	Explanation of over spend
<i>Staff Costs (Salaries & Expenses)</i>	£41,700	£39,471	£2,229	n/a
<i>Volunteer Expenses</i>	£1,564	£1,550	£14	n/a
<i>Training and recruitment</i>	0	0		
<i>Local Administration</i>	£11,704	£11,686	£18	n/a
<i>Other</i>	£12,001	£12,310	-£309	<i>Slightly higher spend on evaluation this year as developed a new process.</i>
<i>Total Expenditure</i>	£66,969	£65,017	£1,952	