NHS West Yorkshire Integrated Care Board

Meeting name:	Shadow West Yorkshire Integrated Care Board
Agenda item no.	4
Meeting date:	17 May 2022
Report title:	Citizen Voice
Report presented by:	Hannah Davies, Chief Executive Officer, Healthwatch Leeds
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Committee/Advisory Group report previously presented:
Throughout 2021 and 2022, Healthwatch organisations have shared with health and care partners the key messages from their engagement work with people on their experience of health and care.

Purpose and any action required
☒   Assurance ☐   Decision *(approve / recommend / support / ratify)* ☒   Action *(review / consider / comment / discuss / escalate)* ☒   Information

Executive summary and points for discussion:
This report provides an overview of the issues Healthwatch organisations have identified in 2021 to 2022, based on people's experiences of health and care. It briefly sets out how Healthwatch intends to develop its role at a West Yorkshire level and opportunities that will enable the ICB Board to shape and develop our input, so that people's voices are central to health and care decision-making.

1. **Main Report Detail**

   1.1   In 2021-22, Healthwatch organisations in West Yorkshire have shared several papers with health and care partners on the key issues the public have raised with us. These papers recommended ways in which West Yorkshire's decision makers can shape health and care services so that they meet people's real needs now and in future.

   1.2   These papers served as an introduction to themes that will be explored further by Healthwatch organisations over the coming year as Healthwatch's role develops at a regional level. Some, such as mental health and health inequalities, were presented with a particular focus and will be examined from

different perspectives in future; others, such as care home visiting, have seen progress, but remain an important part of people's experiences in the region and deserve continued focus.

1.3   The themes raised in 2021-22 are outlined below (1.4 – 1.11), along with some recommendations based on people's experiences.

1.4   The switch to **remote health and care delivery**, driven by the onset of the pandemic, represents a radical change in the way people connect with health and care services. Some parts of our population are more likely than others to be digitally excluded, and people who aren't digitally excluded sometimes find face-to-face contact a more effective way of connecting with services. With this in mind, it is important everyone is enabled to make an informed choice about how they would like to connect with services, and have their choice accommodated wherever possible. Recommendations included the following:
- Take a region-wide approach to digital inclusion.
- Develop West Yorkshire metrics to assess how effectively people are being digitally included by services.
- Build digital inclusion into staff skills development programmes.

1.5   Based on Healthwatch's information, it has become impossible for people to register with an **NHS dentist** in West Yorkshire without having to face a waiting list of at least two years. As well as leaving people in pain and distress, this situation can have a knock-on effect on people's wider physical and mental health. The recommendations were as follows:
- Provide more appointments with NHS dentists.
- Work to alleviate the knock-on effects people experience when they are unable to get dental treatment (e.g.: pain, impact on mental health).
- Assess how the lack of NHS provision impacts on health inequalities.
- Ensure than NHS England and dentists provide clear, consistent information about people's right to access dentistry.

1.6 The COVID-19 pandemic has delayed many people's **access to routine or elective care**. While people contend with longer-than-planned waits, it is important services communicate regularly and clearly with them, and acknowledge and take action to tackle the impact waits have had on their wider physical and mental health. The recommendations were as follows:
- Communicate regularly and clearly (without recourse to jargon) with people waiting for treatment.
- Take action to tackle the impact waits have had on people's wider physical and mental health.

1.7   **Care homes residents**' access to family and other visitors was severely restricted by the pandemic, leaving them isolated from essential support networks. The recommendations were as follows:
- Work to ensure care home staff feel valued and supported in the work that they do.
- Workforce strategies should fully consider the social care workforce.
- When rolling out additional training and support for the care home sector to take on tasks often previously undertaken by other professionals and organisations, consider the impact this has on staff time in care homes. Additional tasks will need to be accompanied by resourcing.
- Establish a multi-agency task and finish group, including family carers, to consider the longer term conditions needed for residents and their families to have a high quality experience in a care home.

1.8   People have told us they have found it increasingly difficult to book appointments with their **GP**; furthermore, some have discovered that phone appointments haven't met their needs as effectively as in-person appointments. They report that problems accessing other parts of the health service (such as dentists and hospitals) are further compounding the situation, with some having to resort to contacting services that aren't most appropriate to their needs. The following recommendations were made:
- Review how GP surgeries' phone systems work, so that no patients feel obliged to give up and try again another day.
- Assess how patients are informed about their choices for accessing GPs remotely and in person, as well as the support available to the digitally excluded.
- Communicate with people about their options for accessing different parts of the health service, so that no one finishes up somewhere that isn't right for them. There should also be targeted communications for people on waiting lists.

1.9   **Integrated, joined-up health and care** is key to ensuring that people have the best outcomes from the services they receive, especially when they need to access health and care extensively. Effective communication with service users and patients, and between professionals, would help services to offer a more joined-up experience, as would more planning for transitions. The recommendations were as follows:
- Make the fundamentals of what makes a good service for people part of the pathways for all health and care services in West Yorkshire and Harrogate.

- The new Quality arrangements at both place and West Yorkshire level should use these fundamentals to assess the quality of service provision.
- Make the importance of effective communication with service users and patients part of the pathways for health and care services.
- Make the West Yorkshire health and care system the first Plain English ICS in the country.
- Review where communication between professionals consistently falls down, so that procedures can be put in place to prevent this from happening.
- Train health and care professionals in how to support service users and their carers to play a meaningful part in decisions.
- Record on patient notes how mental health needs are factored into decisions about physical health (and vice versa).
- Work with carers' support services to learn more about how carers can be both included and supported by health and care professionals.
- Work to ensure everyone who would benefit from a care co-ordinator or similar has access to one.

1.10   It is important people who approach services for help with their **mental health** feel that their needs are taken seriously. Sometimes people don't feel this is the case when they get lost in the system (for example, they are told they are too unwell for one service but not unwell enough for another), or when promised referrals or phone calls are not made. The way all staff, clinical and otherwise, talk to service users makes a real difference in terms of people's perception of how seriously the service takes their needs. The recommendations were as follows:
- Examine discharge and rejection processes, with a particular focus on where people would benefit from more communication:
  - Assess where good practice is already happening and what lessons can be drawn from this;
  - Service users should be given a customised explanation as to why decisions have been made and what they can do next. We suggest written communication addressed to the service user should be the minimum offered;
  - Identify where people aren't receiving follow-up contact after discharge or rejection, so that it is never the service user's job to start again from scratch in the mental health system.
- Assess records to review where staff haven't been able to signpost people effectively (or provide another suitable solution) with a view to identifying gaps in the system.

- Review monitoring systems for flagging up when appointments have been missed or curtailed by staff and evaluate relevant cases to identify action that will prevent such outcomes from happening.
- Identify clinical and non-clinical staff with exceptional interpersonal skills and use them to model what makes a good interaction with service users.
- Give clinical and non-clinical staff the opportunity to speak openly about how it could be made easier for them to have productive conversations with individuals.

1.11 The **cost of living** is rising across the country and will impact on the many deprived communities living in our region. We have heard how people's access to health and care can be hampered when they don't have the **money** to pay for transport or treatment not available to them on the NHS, such as routine dentistry. People who can't afford to get and stay online can also find accessing online services harder than others. The recommendations were as follows.

- Across West Yorkshire, our whole health and care system specifically monitors how low income and financial hardship affect residents' access to and relationship with health and care services. Examples of how we might do this include:

  o Using metrics (such as, but not necessarily limited to, IMD scores) to monitor who accesses services and who doesn't
  o Ask people about the costs of accessing health and care through services' routine feedback mechanisms
  o Regularly gather intelligence from our population about deprivation-related wider determinants of health through data, but also community engagements, third-sector networks, surveys and so on.
- Health and care boards in West Yorkshire continually use the data sources around deprivation suggested above as part of all their decision-making, and put together a library of pre-existing studies related to deprivation and health for leaders to use.
- West Yorkshire should consider how it can take action on the issues raised in this report, namely access to NHS dentistry, digital exclusion, travel costs and people feeling they have no choice but to pay for private treatment

1.12 In March 2022, we asked health and care partners to report on progress made based on Healthwatch's recommendations. Their submissions will be collated into a report demonstrating how people's voices have been

integrated into decision-making in West Yorkshire and will be brought back to a future meeting of the ICB Board.

2. Next Steps

2.1   The way health and care are organised is changing following on from the introduction of the Health and Care Act. In each of our local places - Bradford, Calderdale, Kirklees, Leeds and Wakefield – there are different mechanisms for listening to the experiences and voices of people and implementing them in the planning, delivery and evaluation of health and care services. It is important that we maintain these various mechanisms, but also build on them across West Yorkshire in a way that avoids duplication and truly reflects the region's many communities, especially those from whom we hear the least.

2.2   The West Yorkshire Communications and Involvement team have asked Healthwatch to develop a Citizens Panel/network that will support all the involvement happening at a West Yorkshire level. Healthwatch organisations are currently scoping out this work with local partners.

2.3   Key focus areas as we develop this work include ensuring West Yorkshire people's voices mechanisms are oriented towards action, not just words, and ensuring systems put the people of West Yorkshire in the driving seat in terms of the decisions made for them.

2.4   Funding has been sought and approved for an additional member of staff, based at Healthwatch Leeds but working across West Yorkshire. This member of staff will be dedicated to overseeing how insight from people is continually fed into West Yorkshire's health and care system, and they will start their post by summer 2022.

2.5   Healthwatch organisations look forward to being members of the key West Yorkshire strategic boards over the coming year and bringing insight about what matters most to people in our region.

3. Recommendations

The ICB Board is asked to:

- Be part of the work that considers how the voice of people in West Yorkshire can be made central to health and care decision making in the region.
- Request a report to a future meeting on progress against the recommendations in this report.