

WY&H Health and Care Partnership Board

7 December 2021

Summary report	
Item No:	42-21
Item:	Local Healthwatch Insight Report
Report author:	Gary Jevon, Chief Executive Officer, Healthwatch Wakefield
Presenter:	Gary Jevon, Chief Executive Officer, Healthwatch Wakefield
Executive summary	
<p>The purpose of this paper is to ensure that the West Yorkshire and Harrogate (WY&H) Health and Care Partnership Board is sighted on the views of citizens by summarising the key messages from the insight work carried out by local Healthwatch organisations. The aim of the work, and this report, is to help ensure that future WY&H Partnership Board agendas are influenced by what is important to local people. We propose that the local Healthwatch summary report be presented to the WY&H Partnership Board every six months.</p>	
Recommendations and next steps	
<p>Members of the WY&H Partnership Board are asked to:</p> <ul style="list-style-type: none"> • note the contents of the report; and • agree the proposal to present the report on a six-monthly basis. 	

West Yorkshire and Harrogate Health and Care Partnership Board**Tuesday 7 December 2021****Local Healthwatch Insight Report****Introduction**

1. This report highlights the good working practice in place between local Healthwatch across West and North Yorkshire, and the West Yorkshire (WY) Health and Care Partnership. The report indicates the current arrangements for local Healthwatch in the area, describes the purpose of our joint work, and provides an overview of the work presented to the WY Partnership over the first part of the 2021/2022 financial year.
2. The purpose of this paper is to ensure that the WY&H Partnership Board is sighted on the views of citizens by summarising the key messages from the insight work carried out by local Healthwatch organisations. The aim of the work, and this report, is to help ensure that future WY&H Partnership Board agendas are influenced by what is important to local people.

Local Healthwatch in West and North Yorkshire

3. The local Healthwatch organisations currently working together on the WY&H footprint are:
 - Healthwatch Bradford and District
 - Healthwatch Calderdale
 - Healthwatch Kirklees
 - Healthwatch Leeds
 - Healthwatch North Yorkshire
 - Healthwatch Wakefield.
4. Each Local Authority in England has a legal obligation to commission a Healthwatch service, providing information, signposting and engagement activities related to publicly funded health and social care within that Local Authority boundary. The Health and Social Care Act (2012) that brought local Healthwatch in to being stipulates 8 functions of local Healthwatch that have to be delivered under any contract or grant set up. Funding arrangements differ between different Councils; funding for Healthwatch is not ring-fenced and each local Healthwatch manages unique sets of contract management criteria. Local Healthwatch respond to the needs of residents of their local place at neighbourhood, community and place level and adapt their mechanisms of delivery accordingly.
5. Healthwatch England offers support and assistance to the local Healthwatch network, and holds rights to the branding of local Healthwatch, but has no contractual relationship to each or any local Healthwatch organisation.
6. To ensure that when local Healthwatch work together across West and North Yorkshire, we do so with the same understanding and expectation, and local Healthwatch in the footprint have developed a Memorandum of Understanding. This has been signed off by all local Healthwatch Boards, and is currently undergoing

review, in light of the NHS White Paper, accompanying guidance and Partnership’s ongoing work on governance arrangements.

Healthwatch involvement with the Partnership

7. In the Healthwatch West and North Yorkshire Memorandum of Understanding, signed in 2017, it is clearly stated that Healthwatch leadership will take the following roles in interacting with the WY&H Health and Care Partnership:
 - feed into WY&H Partnership leadership, the perspectives of our local Healthwatch, where agreed by all six organisations;
 - ensure that statutory partners carry out a good standard of public engagement;
 - act as a critical friend in leadership meetings, ensuring that community perspectives and equalities issues are embedded in NHS and Local Authority plans and activity;
 - proactively raising new and different issues of interest and concern to our local communities with statutory partners, ensuring that the voices of people using health and care services help shape the future agenda;
 - spotting and seeking opportunities for Healthwatch to carry out work to take forward specific work-streams, for example commissioned engagement work relating to planned service changes; and
 - contribute to strategic direction and collective decision making.
8. Senior managers at Healthwatch across West and North Yorkshire continue to take a team-based distributed leadership approach to interacting with the Integrated Care System (ICS). Local Healthwatch leaders and/or senior staff are routinely in attendance at all key forums within the Partnership (including System Leadership Executive, System Oversight and Assurance Group, and various Programme Management functions, amongst others) contributing information, expertise, local insight and advocating for public involvement.
9. In conjunction with the System Oversight and Assurance Group (SOAG), and the communication and engagement staff at the ICS, local Healthwatch have developed a regular insight offer to help inform assurance discussions. Led by Healthwatch Leeds, each month Healthwatch across West and North Yorkshire provide insights from the public on highly relevant and up to date topics of interest. This work started in March 2021, and topics covered are detailed below.

Key Messages

10. The following table highlights the key messages from local Healthwatch, presented to the WY&H System Oversight and Assurance Group since March 2021:

Topic	Findings
March 2021	
Digital	<ul style="list-style-type: none"> • Digital is not a “one-size fits all”. • People told us they want digital to enhance rather than replace services. • Digital works for some interventions and is not the best medium for others. • Some groups face significant barriers to accessing services digitally.

	<ul style="list-style-type: none"> • For parts of the population digital works really well for some interventions. • Some platforms work for some communities and not others. • Digitisation should take a person-centred approach and needs to be considered in partnership with the Accessible Information Standard requirements. • There needs to be a city-wide approach to tackle the issues raised. • People's experiences of digital are constantly evolving and the changing needs should be understood on an ongoing basis in the planning of services. • Health and care staff need tools, support and training.
April 2021	
Dentistry	<ul style="list-style-type: none"> • Lack of access to NHS dentists • The impact of delayed treatment and lack of access • Confusion around what treatment is being offered • Clear and accessible information
May 2021	
Planned Care	<p>A number of early themes have emerged from people waiting for treatment:</p> <ul style="list-style-type: none"> ▪ Importance of communicating to people whilst waiting for treatment ▪ The significant impact it is having on people's physical and mental health ▪ Wider impact on their daily lives.
June 2021	
Care Homes	<ul style="list-style-type: none"> • Deterioration in physical and mental wellbeing of care home residents as a result of prolonged severely restricted contact during the pandemic. • Impact on emotional wellbeing of family carers who have had little or no contact with loved ones for long periods of time. • Huge variation throughout the pandemic and continuing now in terms of how different care homes have enabled contact and meaningful visiting. • Lack of involvement of family carers in making visiting arrangements and doing person-centred individual risk assessments to take into account residents' wishes and needs regarding visiting. • Huge variation in terms of how regular contact/communication with family members is maintained when face to face visiting is restricted. • Variation over what care homes are 'allowing' in terms of visiting at the end of life despite guidance saying that end of life is the last months of someone's life not the last days and visiting should be permitted as much as possible. <p>Issues in the recent past have included:</p> <ul style="list-style-type: none"> • lack of awareness amongst care homes and families and/or reluctance amongst care homes to enable 'essential care giver' role as outlined in the current guidance on care home visiting. • Blanket visiting policies eg. half an hour once a week for everyone in a designated room, irrelevant of individual needs.

	<ul style="list-style-type: none"> • No visiting allowed on evenings or weekends. • Concerns raised about quality of care and safeguarding when family members haven't been able to play informal 'monitoring role' through visiting regularly. • Fear of repercussions on resident care or even eviction if concerns raised or complaints submitted. • 14 day isolation rule after admission to care home detrimental to wellbeing of residents.
August 2021	
Primary Care / Access to GP services	<p>Recurrent themes around GP access are:</p> <ul style="list-style-type: none"> • Difficulties booking appointments • Digital exclusion • Difficulties navigating a health and care system under pressure
September 2021	
Integrated Care	<p>Themes key to meeting people's needs in terms of integrated care:</p> <ul style="list-style-type: none"> • Effective and good communication with service users/patients • Communication between professionals • Planning for transitions and decision-making • Viewing mental health and physical health as interlinked • The role of families and carers • Crucial role of person-centred co-ordinated care • Importance of good compassionate care
October 2021	
Planned Care	<p>The key points taken from the Citizens' panel are that patients waiting for elective care:</p> <ul style="list-style-type: none"> • need to be kept informed; • are prepared to travel if that means they can receive treatment sooner; and • want the information and guidance that will help them to wait well
November 2021	
Mental Health	<p>Key interconnected themes which leave service users with a sense that the health and care system that doesn't view their mental health needs with the seriousness they deserve:</p> <ul style="list-style-type: none"> • Getting lost in the system • Connecting with the support offered by an overstretched service • How staff interactions make a difference

Forward Plan

11. The following table highlights the proposed topics from local Healthwatch, for consideration and discussion at future meetings of the WY&H System Oversight and Assurance Group:

Month	Topic
December 2021	Health Inequalities
January 2022	Thematic Review of 2021

Actions taken following local Healthwatch reports into SOAG

12. Local Healthwatch organisations are encouraged that System Oversight and Assurance Group (SOAG) members take proactive action following the presentation of our reports, and that the citizen voice across the district is being listened to, heard, and contributes to the decision-making process in the partnership.
13. Our April 2021 report on Dentistry had wide-reaching impact: SOAG implemented a regional task-and-finish group comprising members of the partnership, local Healthwatch, programme and place leads, NHS England, and subject matter experts to keep the matter under review. Local Healthwatch leads were also invited to join local Place-based Oral Health Action Groups and Local Dental Committees in order to ensure the citizen voice is being heard at a local level.
14. Our report gained national attention, being highlighted by Healthwatch England, and leading to parliamentary health and care select committee hearings. Access to, and quality of, dental service provision remains high on the local, regional, and national agendas.
15. In May 2021, our report on Planned Care was used to help implement a new Planned Care Citizens Panel at a WY&H level, a panel which continues to this day and gives the citizen voice enhanced importance (*See Item 39/21*). In June 2021, Richard Parry (Director for Adult Social Care from Kirklees Council) attended meeting for Healthwatch item on care homes and took this intelligence away to play into the decision-making process at Place level.
16. Similarly, for the July 2021 SOAG meeting, Keir Shillaker (Programme Director for Mental Health, Learning Disabilities and Autism programme) engaged in an active discussion with local Healthwatch colleagues particularly around issues reported across the district with access to services. It was agreed that deeper insight would be collected and reported back to SOAG at a later date. At the same time, it was noted that system pressures were increasing, and being felt strongest at Urgent and Emergency Care units across the region: WY&H leaders therefore commissioned a deeper-dive piece of insight work into peoples' experiences of these services, a piece of work which is currently ongoing.
17. Our report into integrated care is being used in the governance and structure planning for the post-April 2022 health and care landscape across the region, and the planned care work continues, alongside the Citizen Panel, to help shape the way services are reset following the coronavirus pandemic lockdowns.

Next steps

18. Local Healthwatch organisations continue to listen to local people, and we continue to work together across the region to identify key themes and issues, and report on these to WY&H senior leaders through whatever mechanism is most relevant, be it at the System Leadership Executive Group, Programme Boards or Citizen Panels.
19. We will continue to use our independence to ensure that leaders, decision-makers, and providers are held to account, and to ensure that the health and care services delivered across the district are of the quality that our people deserve.

20. We will continue to provide monthly themes reports to the System Oversight and Assurance Group, and to support any actions that come out of that forum. We propose that the local Healthwatch summary report be presented to the WY&H Partnership Board every six months.

Gary Jevon, CEO, Healthwatch Wakefield