

HEALTH AND WELLBEING BOARD	AGENDA ITEM No. XX
19 MARCH 2018	PUBLIC REPORT

Report of:	Healthwatch Cambridgeshire and Peterborough	
Contact Officer(s):	Val Moore, Chair Gordon Smith, Vice Chair Sandie Smith, Chief Executive Officer	Tel. (office) 0330 355 1285

Healthwatch - Priorities, Ways of Working across Cambridgeshire and Peterborough

RECOMMENDATIONS	
FROM: Val Moore, Chair Healthwatch Cambridgeshire and Peterborough	Deadline date: N/A
<p>It is recommended that the Health and Wellbeing Board:</p> <ol style="list-style-type: none"> 1. Note the recent examples of impact following the development of a combined Healthwatch (section 4.5) 2. Comment on the priorities and ways of working adopted for 2017/18 (section 4.4) to inform a refresh for the coming year. 3. Note the future review of Healthwatch strategy from 2019 onwards (section 5.1). 	

1. ORIGIN OF REPORT

1.1 This report is submitted to the Board under its terms of reference and as part of a request from the Board itself

2. PURPOSE AND REASON FOR REPORT

2.1 The purpose of this report is to update the Board on the Healthwatch arrangements for Cambridgeshire and Peterborough and to

- (a) provide background information requested by the Board at its meeting on (date);
- (b) to obtain views on the development of how Healthwatch works in this area;

2.2 This report is for the Board to consider under its Terms of Reference No. 2.8.3.8:

To oversee the development of Local HealthWatch for Peterborough and to ensure that they can operate effectively to support health and wellbeing on behalf of users of health and social care services.

3. TIMESCALES

Is this a Major Policy Item/Statutory Plan?	NO	If yes, date for Cabinet meeting	
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4. **BACKGROUND AND KEY ISSUES**

A combined Healthwatch

- 4.1 Since October 2017 Healthwatch for Cambridgeshire and Peterborough has been commissioned jointly by Peterborough City Council and Cambridgeshire County Council through the joint commissioning team. This was the culmination of a process started in 2016 to explore options for closer joint working between the two organisations and ensure best use of resources.

A reminder of the Healthwatch function

- 4.2 The statutory requirement for a Healthwatch function has not changed (see section 9.2 for legal implications). We are the independent champion for people who use health and social care services. We exist to ensure that people are at the heart of care. We listen to what people like about services, and what could be improved, and we share their views with those with the power to make change happen. We also help people find the information they need about services in their area.

We have the power to ensure people's voices are heard by government and those running services and to involve people in decisions that affect them. Our sole purpose is to help make care better for people.

Both previous Healthwatch recognised the impact of health inequalities in our local communities and our methods will continue to include a focus on bringing forward insights from those voices less well heard.

Governance and resources

- 4.3 The organisations merged in April 2017, and directors have combined to form a new Board. There is one Guarantor, Victor Lucas. We are seeking appointment of another. In summary the role is to support the local authorities to appoint the Chair, and to be an independent source of advice to directors.

Sandie Smith leads a staff team of 12 whole time equivalents responsible to Communications, information and signposting, communities' engagement, volunteer management, projects, office management and business development. There are 25 volunteers including community listeners and those trained in Enter and View procedures to look directly a whole range of local health care providers from a patient perspective.

Building on the Peterborough model of using community meetings for engagement with service providers, we plan to support local community Healthwatch forums in other localities within Cambridgeshire, ensuring a geographical perspective to our feedback gathering and networking.

The combined annual budget is £475,000. A plan is being developed to ensure the organisation can withstand inflationary and other pressures on the budget. We aim to grow income for patient and public engagement activities through local partnerships, seeking funds from outside the statutory sector.

Healthwatch priorities and way of working 2017/2018

After reviewing available data, and comparing approaches from the two predecessor Healthwatch, the staff and director team identified priorities for 2017/18 as follows:

- 4.4
- Access to and experience of primary care particularly in growth areas
 - Access to social care assessments and experience of integrated support services
 - Access to and experience of mental health services for children and young people and adults
 - The promotion of health, self-care and independence
 - Transforming pathways for urgent and emergency care services
 - Engaging patients and the public with the Sustainability and Transformation Partnership (STP)

For all these priorities the Healthwatch way of working is to:

- Scrutinise the quality of patient and public engagement by the providers and commissioners of health and care services
- Promote the value of lived experience
- Encourage shared health and care decision making between people and professionals
- Review the impacts of service change on people's experience.

Examples of impact over recent months

- 4.5
- Between September and December 2017, the team spoke to 2,261 people at 56 events in Peterborough and Cambridgeshire.
 - Healthwatch provided advice to four GP Practices, or groups of Practices, regarding engaging with patients about their merger proposals.
 - We published "Minding us: Improving services for young people at greater risk of mental ill health". It was funded by local joint commissioning partners to inform the development of services.
 - Our preliminary Healthwatch report to assess how NHS and care organisations are implementing the NHS requirement for 'Accessible Information as Standard' was published in November 2017. Action plans to improve the experience of people with sensory or learning disabilities are now being collected from the main NHS providers in Peterborough and Cambridgeshire.
 - We raised concerns with the CCG regarding inconsistencies in practice and poor experience of Tongue Tie Division services. In response the CCG have agreed that redesign of this service will form part of the Cambridgeshire and Peterborough Better Births Plan.
 - Work initiated by a Healthwatch working group on discharge from hospital has been used by the CCG as basis for a new leaflet, resulting in improved information for patients and carers.
 - Following feedback from patients about poor signage and directions to the Out of Hours service at Cambridge University Hospitals (CUH), the Estates Team and Hertfordshire Urgent Care (the service providers) have collaborated and signage and direction-giving has improved.

- Informal feedback has been given to the CCG regarding cost limits for home-based Continuing Health Care. The CCG are undertaking further work to benchmark and discuss with patients and carers what are reasonable costs.
- The Chief Executive, Chair and Directors of Healthwatch raise the profile of patient experience on a number of STP related groups. They provide challenge and practical help to support the participation of people and wider public engagement.

5. CONSULTATION

- 5.1 The Health and Wellbeing Board should be aware that in addition to the current refresh of priorities, a new three-year strategy for Healthwatch will be developed from 2018/19 onwards. The input of a range of stakeholders will be sought during this review process.

The views and contacts of Health and Wellbeing Board members are welcomed in advance of any detailed planning.

6. ANTICIPATED OUTCOMES OR IMPACT

- 6.1 The Health and Wellbeing Board will play a key role to encourage the integration of services, in part on the basis of people's experiences of care. Members will influence communities and organisations on many of the issues Healthwatch is involved in. A strong partnership and shared understanding of priorities is therefore essential for maximum impact.

7. REASON FOR THE RECOMMENDATION

- 7.1 It is the responsibility of PCC and CCC to ensure Healthwatch is fit to fulfil its statutory function in this area. As described in 6.1 input to Healthwatch priorities will support the focus of activities.

9. IMPLICATIONS

Financial Implications

- 9.1 The Healthwatch budget is set until March 2019.

Legal Implications

- 9.2 Local Government and Public Involvement in Health Act 2007: Part 14.
Health and Social Care Act 2008: Part 1, Chapter 3
NHS Bodies and Local Authorities (Partnership Arrangements, Care Trusts, Public Health and Local Healthwatch) Regulations 2012: Part 6.

Healthwatch was created with the purpose of understanding the needs, experiences and concerns of service users and to speak out on their behalf. Established through the Health and Social Care Act 2012, this created a model that operates both locally (Local Healthwatch) and nationally (Healthwatch England).

Local Healthwatch organisations carry out a range of activities in their local area, including:

- promoting and supporting the involvement of local people in the commissioning, provision and scrutiny of health and social care services;
- enabling local people to monitor and review the commissioning and provision of health and social care services;

- obtaining the views of local people about their needs for, and their experiences of, health and social care services;
- making such views known and making recommendations about how or whether health and social care services could or ought to be improved to those responsible for commissioning, providing, managing or scrutinising health and social care services and to Healthwatch England;
- providing advice and information about choice and access to health and social care services; and
- reaching views on the standard of health and social care service and whether, and how such services could or ought to be improved, and making those views known to Healthwatch England.

Bodies that are responsible for commissioning, providing, managing or scrutinising local care services must have regard to the views, reports or recommendations received from Local Healthwatch. They are also required to acknowledge and respond to such reports or recommendations. Such bodies would primarily include NHS England, CCGs, NHS foundation trusts, NHS trusts and local authorities in the area, as well as private providers of health and social care.

Healthwatch England provides general advice and assistance to Local Healthwatch organisations. It also has statutory powers to provide the Secretary of State, NHS England, NHS Improvement and local authorities with information and advice on:

- the views of people who use health or social care services and of other members of the public on their needs for and experiences of health and social care services; and
- the views of Local Healthwatch organisations and of individuals on the standard of health and social care services and whether or how it could or should be improved.

The bodies listed above are legally required to respond in writing to such advice from Healthwatch England.

Equalities Implications

- 9.3 Healthwatch Cambridgeshire and Peterborough Community Interest Company is subject to equalities legislation and associated requirements from Company House.

10. BACKGROUND DOCUMENTS

Section 4.4 Working Together Final Report, July 2017, taproot

Section 4.4 and 4.5 Healthwatch Cambridgeshire and Peterborough Board papers, Sept, and Nov 2017 and January 2018.

Please see website for further information. (Note – the Peterborough site is currently being developed)

<http://www.healthwatchcambridgeshire.co.uk/content/about>

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