



Healthwatch North Yorkshire
Annual Report 2013/14

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Glossary:

- CCG - Clinical Commissioning Groups
- CQC - Care Quality Commission
- HWB - Health and Wellbeing Board
- HWE - Healthwatch England
- HWNY - Healthwatch North Yorkshire
- ICA - Independent Complaint Advocacy
- JSNA - Joint Strategic Needs Assessment
- LINK - Local Involvement Network
- NBF - North Bank Forum
- NHS - National Health Service
- NYCC - North Yorkshire County Council
- PSI - Physical and Sensory Impairment
- RAJINY - Racial Justice In North Yorkshire
- YAS - Yorkshire Ambulance Service



Chairs Remark's

Healthwatch is the independent consumer champion for the public to provide better outcomes in health and social care.

Healthwatch England is the national organisation looking at services across England. At local level Healthwatch operates by working with, and listening to, local people and their views of health and social care services

Healthwatch is a powerful and clear name, and the aim of Healthwatch North Yorkshire is to ensure that this descriptive word will be turned into an active role at local level, rather than being passive observers. Healthwatch wants to put the voice of the public at the heart of health and social care. This creates quite a challenge in such a large geographical area as North Yorkshire, and it is for this reason that five Area Teams have been established, with a place on the Board alongside other partnership members.

“With a seat on the Health and Wellbeing Board, and strong links with the Care Quality Commission, Healthwatch North Yorkshire is well placed to influence and recommend improved outcomes in health and social care, and to monitor the effects of continual change.”



We have now completed our first year of operation, during which time a great deal of basic organisation and training has taken place. This has been a challenging task, as Healthwatch North Yorkshire is a completely new organisation with staff and volunteers, policies and procedures. We believe that partnerships are essential if we are to be effective and to this end a considerable effort has been made to forge links with key stakeholders and voluntary services.

A county wide Marketing and Engagement Strategy and Action Plan have been developed, with three Health and Social Care priorities for the coming year. This must also include representation of some key local issues that arise from time to time within any of the five Clinical Commissioning Group Areas that we serve. A series of Local Area Conferences will commence from April 2014 providing important views about current and future issues in health and social care and an understanding of the challenges faced by Commissioners in North Yorkshire. Local citizens and communities will take part in a series of

simulated commissioning exercises to help understand the roles and financial challenges of the Commissioning Groups. This is part of our commitment to inform the public regarding the new Health and Social care landscape, from planning to delivery.

Future actions must now become concentrated on local Area Team activities involving volunteers, supported by Healthwatch staff.

We owe a great deal to our highly committed staff, volunteers and board members, and I do thank them for their continued support and efforts in establishing a strong and sustainable local Healthwatch that will become an organisation that is trusted and has real impact on behalf of North Yorkshire residents.

Sir Michael Carlisle

Introduction

The reporting requirements for this first annual report for Healthwatch North Yorkshire (HWNY) are set out in accordance with the Local Healthwatch Annual Reports Directions 2013. These directions aim to ensure that annual reports:

- Are open and transparent and able to demonstrate that public money is being used effectively.
- Enable scrutiny and assess impact on delivery of statutory activities and powers.
- Clearly show how our statutory powers are being used.
- Identify the impact of partnerships with other organisations on effectively fulfilling our role.

These reporting requirements apply to the North Bank Forum, the 'host body' that was awarded the contract by North Yorkshire County Council to deliver Healthwatch in North Yorkshire. It does not directly apply to the contract for Independent Complaints Advocacy (ICA) which, in North Yorkshire, was separately awarded to Cloverleaf Advocacy. However, information on ICA activity is included in this report as an appendix as they are delivering a key element of local Healthwatch activity and are working closely with HWNY in supporting people who need to complain about NHS services.

Healthwatch England was established in October 2012 and is the body that enables the collective views of people who use health and social care services to be heard at a national level. Healthwatch England reports into the Care Quality Commission but is independent of it. In addition to providing leadership, guidance and support to local Healthwatch, Healthwatch England also provides advice to the Secretary of State for Health, the NHS Commissioning Board, Monitor and local authorities across England to which they must take account.

HWNY is one of 152 local Healthwatch organisations established on 1st April 2013 to take over the work of the Local Involvement Network (LiNK), although with additional responsibilities specified in the Health and Social Care Act 2012. Our statutory responsibilities are captured in the appendix below.





Mission, Values and Priorities

“Improving Health and Social Care Together”

The board of HWNY agreed a strapline that fits under our logo to give a clear and succinct message about our intention to adopt a partnership approach to delivering Healthwatch in North Yorkshire.

Our strapline is: “Improving Health and Social Care Together” as we believe we need to work closely with key stakeholders in the public, private and voluntary sectors to ensure that the experiences, views and evidence from the citizens and communities in North Yorkshire contribute to influencing the planning and delivery of local Health and Social care.

Mission Statement

Through our network of dedicated volunteers, Healthwatch North Yorkshire will listen to local communities and then work to improve their health and well-being by creating real opportunities for local people to have their say about the health and social care services where they live. We will retain our independence and challenge when we need to.

We will:

- Encourage people to share their views about the services they use
- Signpost people to health and social care services in North Yorkshire
- Provide information about who to talk to if things go wrong
- Harness the expertise of our local communities, charities and voluntary organisations
- Encourage health and social care providers to deliver more joined-up services
- Monitor and influence local health and social care provision

Volunteer with us

There are 5 different volunteering roles available, and training will be provided for each. You can apply for one or more roles depending on your interests and availability:

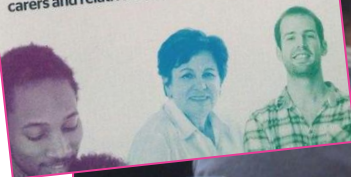
Community Engagement: Support engagement activities in your local community.

Intelligence Gathering: Organise engagement activities and gather evidence from your local community and/or be a Healthwatch representative on local groups and organisations.

Research & Information Sharing: Research and share information about local services, community groups and activities using social media and other means.

Readers Panel: Help summarise, comment on and explain national and local Health and Social Care documents and policies for local communities.

Enter & View: Visit Health and Social Care services to collect the views of service users, carers and relatives at the point of service delivery.



Our Values

Courage to trust the public

HWNY believes that North Yorkshire residents are able to understand the Health and Social Care issues which concern them, and that they can be trusted to participate in making decisions about the planning and delivery of health and social care services.

Challenging health inequalities

Challenging health inequalities will be central to the work of HWNY. However, overcoming such inequalities is not something one agency can achieve alone. HWNY will be seen as part of the wider system working towards solutions.

Engagement & representation

HWNY will be underpinned by strong community engagement and representation, encouraging those who are seldom heard to contribute their views.

Volunteering

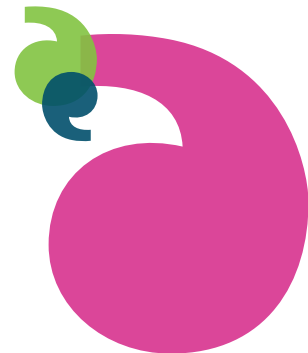
The notion of volunteering is important to the ethos of HWNY. Volunteers create the identity, recognition and commitment for others to follow.

Informed decision making

HWNY will be an important source of information to the County's health and social care system's decision making. HWNY will have a strong respect for robust research and facts in decision making.

Independent and user led

HWNY's effectiveness will depend on its independence. Trust is best gained when critical functions are carried out by individuals who are not employed by health or social care professional bodies. HWNY will preserve the role of users and volunteers in governance.



Top Line Priorities

The board of HWNY agreed 9 Top Line Priorities that will guide the effective delivery of Healthwatch in North Yorkshire. These are:

1. To develop an effective marketing and engagement strategy to promote HWNY to citizens and communities that takes into account the access requirements of those who are seldom heard, thereby establishing HWNY as a well-known “brand” in North Yorkshire.
2. To establish a robust and effective system for recording consumer views, and presenting this information in a user-friendly format. Partner consultation events / exercises.
3. To establish a cost - effective volunteer engagement strategy that delivers highly motivated and well respected volunteers from all sections of our community.
4. To identify the key decision-makers within the health and social care sector and build pro-active relationships that enables HWNY to exert strategic influence. To be devolved into Area Teams.
5. To hold the Health & Wellbeing Board to account for the implementation of its strategy.
6. To work with Health and Social Care service providers on the development of a strategic approach to the provision of signposting accessible advice and information.
7. To have a watching brief over emerging priorities regarding Health & Social care.
8. To establish and develop 5 local area teams based on Clinical Commissioning Group areas.
9. To monitor the delivery of the contract between NBF and NYCC.

What We Do: Listen and Act

Healthwatch is here to give people a stronger voice to influence the planning and delivery of health and social care services that matter to them:

We ask people about their experience of health and social care, going out and talking to people and communities.

We listen to people's experiences and look for patterns that show where change needs to happen.

Health and Wellbeing Board
North Yorkshire 

 North
Yorkshire County Council

 Care Quality
Commission



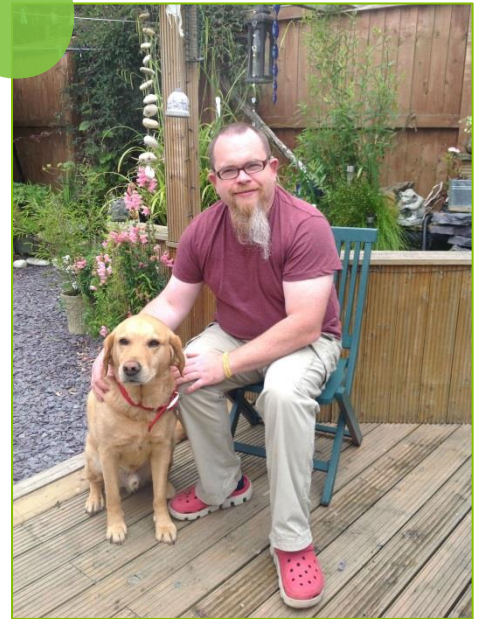
We tell organisations in charge of health and social care what the public think works well and what needs to change.

We check that these organisations are listening to people's views and using this information to improve services. In our first year Healthwatch has heard from a wide variety of people from right across North Yorkshire, and we've actively sought views from some groups whose voices aren't usually heard. These groups include; young people, older people, carers, people with learning disability, people with physical and/or sensory impairment, and people using mental health services.

Our work is driven by what people tell us about health and social care services in North Yorkshire, both good and bad experiences. Gathering views is an important part of how Healthwatch will help improve health and social care services.

We use a number of engagement methods to gather people's comments:

- We have spoken at dozens of community groups and stakeholder meetings to raise awareness of Healthwatch and gather people's views about the local health and care services they rely on.
- People share their views with us by phone, email or through our website.
- We produce weekly electronic news updates with accompanying surveys and questionnaires.
- Our leaflet gives people information about us and enables them to share their experiences of local services by returning it to a freepost address.
- Our dedicated volunteers (Healthwatchers) act as our eyes and ears, listening to the experiences of their friends, family, and community and feeding this information in to us.



Anthony Ackroyd
Healthwatch Volunteer



Case Study 1

Yorkshire Ambulance Service

In September 2013 a representative from the older peoples forum in Scarborough contacted Healthwatch to raise concerns about the reduction in the number of ambulance vehicles available in the Scarborough area from 2 to 1. As this was an issue that could potentially affect every resident in Scarborough, we logged our concerns with Yorkshire Ambulance Service (YAS) and requested a response. This led to a meeting with the head of engagement for YAS, who explained that YAS was replacing one of the fully kitted Ambulance vehicles with two First Responder cars in order to increase the number of incidents they could respond to in the Scarborough area during peak periods.


This information was subsequently relayed to the older people's forum in Scarborough and we made recommendations for YAS to explain the changes more clearly for local people in order to alleviate the public anxiety around the issue. The older people forum expressed their gratitude for the action taken by HWNY and the prompt response of YAS.



How we do it

Healthwatch North Yorkshire wants to be recognized as a leading consumer champion of health and social care across North Yorkshire. Effective engagement with our stakeholders and communities will be an ongoing marketing opportunity.

Work has been undertaken to establish the best way HWNY can use its resources to meet the challenges set. We have mapped the engagement work of other organisations to enable us to fit into existing plans and structures where possible. Meetings have been held with many organisations including: Clinical Commissioning Groups, Hospital Trusts and North Yorkshire County Council. We also held a series of Public Launch events in November 2013 within each of the 7 Districts of North Yorkshire, where we consulted voluntary sector groups and the public on what our priorities should be. These launch events also provided an opportunity for us to recruit our first set of volunteers (Healthwatchers) who would be pivotal to the visibility and success of HWNY. All of these discussions have informed our Marketing and Engagement Strategy and our Health and Social Care priorities for 2014/15.

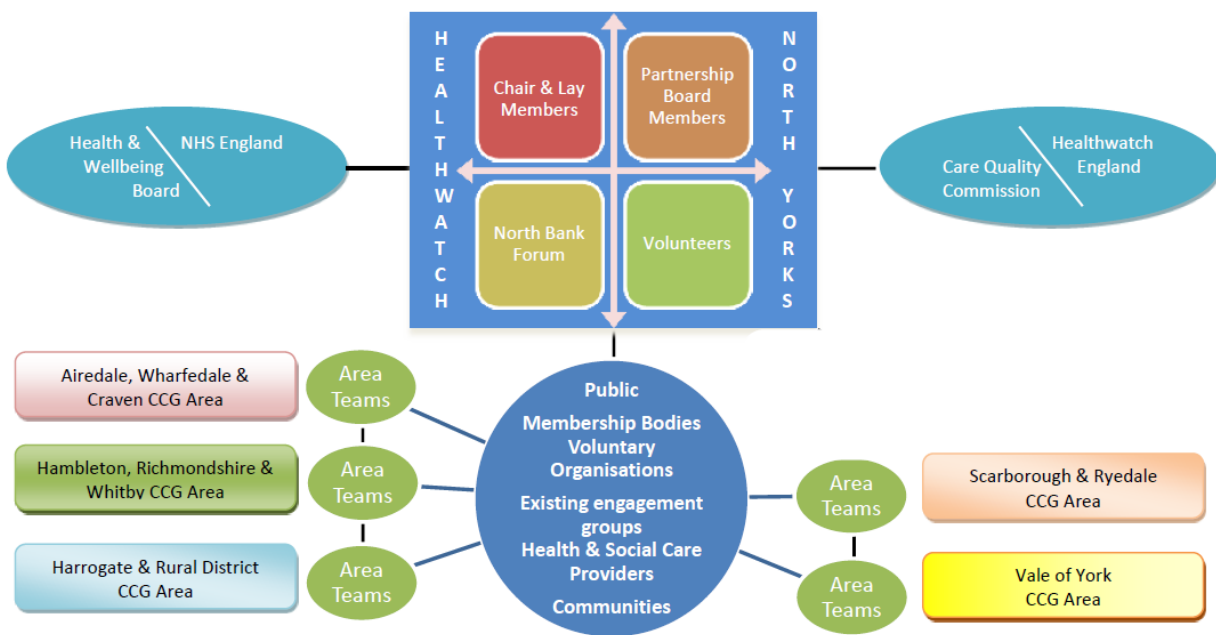


The organisational structure for HWNY is shown below. Our strategy and engagement will be influenced by this structure. Healthwatch engagement work must be efficient, effective and inclusive. HWNY is arguably the largest local Healthwatch in England covering a vast and diverse area and comprises of five Clinical Commissioning Groups. It is with these challenges that Healthwatch, as a representative body for the citizens of North Yorkshire, must enable the widest range of people to be involved.

In a two-tier local authority system, where each of the 7 Districts that make up the county of North Yorkshire are so distinct from each other in their demographic and needs, it was important to carve ourselves into area teams, broadly representative of the 5 CCG areas, making our work locally relevant, using the intelligence gathered to build up a county wide picture of key health and social care themes.

Healthwatch Structure

Structure of Healthwatch North Yorkshire



Area Teams will consist of **1 Lay Member**, **1 Partnership Board Representative** and **Volunteers** recruited from that area. With the support of the Staff Team, they will be responsible for engaging with all stakeholders (blue circle) within their area on all Health and Social Care issues.

Case Study 2

JSNA Editorial Group

In January 2014 Healthwatch North Yorkshire was invited to be part of a strategic group called the Joint Strategic Needs Assessment Editorial Group (JSNA). This group is made up of nominated members from the Health and Wellbeing Board (HWB), which is the highest decision making body in any local authority, where each Local Healthwatch has a statutory seat with voting rights. The JSNA Editorial Group has delegated powers from the HWB to review the JSNA and recommend changes to this document where necessary.

At its first meeting in March 2014, several topics were put forward for members to nominate themselves or their organization to take the lead in reviewing each topic. HWNY opted to review whether there are any differences between what is represented in the JSNA about carers and what citizens and communities tell us. With this in mind, HWNY will be able to recommend changes to this document, where necessary, hence reflecting the experiences, views and evidence of local citizens within the JSNA. Any such changes will naturally lead to a shift in focus for commissioners and providers of carers services, hopefully leading to improved Health and Social care outcomes for people in North Yorkshire

What we report on

In securing the views of a wide range of local people, we are required to specifically report on the following:

People under 21 - In September 2013 we began engaging with students from Harrogate Grammar School who were looking for some volunteering experience. We asked young people aged between 16yrs and 18yrs to come up with a plan of how to engage young people in Health and Social care. There were some exciting and innovative ideas that came from this exercise, which will be followed through in 2014/15 with the hope that this will culminate in a Health and Care event organised by young volunteers for their peers.

People over 65 - The over 65 population in North Yorkshire currently stands at 22% of the entire population, which is above national average. This is expected to increase even further to between 25% and 27% by 2025. We have taken extensive steps to engage with the older people's forums within each District of NY and are currently conducting a Loneliness and Isolation survey, which we hope to present our findings at the national Loneliness Summit in April 2014.

Disadvantaged people - In January 2014, Scarborough and Ryedale CCG announced their review of urgent care services, which included a walk in centre that is much loved



and used by the travelling community in Scarborough. HWNY was able to gather the views of some local citizens and used this information to seek assurances from the CCG that the Castle Health Walk-In Centre would not close as part of this urgent care review.

Vulnerable people - We have coopted representatives from both the Physical and Sensory Impairment (PSI) Groups as well as the Learning Disability Groups onto the HWNY board in order to ensure that issues that concern some identified disadvantaged groups are always on the agenda of HWNY. We also recruited our first deaf volunteer who would be responsible for gathering the experiences, views and evidence of the deaf community using social media platforms like Facebook and feeding this to the staff team.

Seldom heard people - In January 2014 HWNY met with Racial Justice in North Yorkshire (RAJINY) to discuss a report that RAJINY had recently published on the variations in public sector organisations implementation of their Equality Policies. HWNY has agreed to work with RAJINY in holding Health and Social care organisations to account on the implementation of their equality policy.

The NHS sees over a million patients every 36 hours



That's over 27,000 patients every hour



Working Together

Working Together

It was great fun but also gave us some very useful information. I think the more things we can do together the better!

Debbie Newton, Chief Operating & Finance Officer
Hambleton, Richmondshire & Whitby CCG

HWNY has established working relationships with a diverse range of health and social care stakeholders as set out in the table below:

<u>Date</u>	<u>Meeting</u>	<u>Outcome(s)</u>
October 2013	Airedale General Hospital NHS Foundation Trust	Discuss and agree process of information sharing and exchange
	Harrogate and Rural District CCG	Introductory meeting between HaRD CCG and HWNY
	East Area Health and Social Care Forum	To update on HWNY
	Scarborough Deaf Club	Presentation about HWNY / Gather views of Deaf community / Recruit HWNY Volunteer from the deaf community
	NYCC Adult Social Care Consultation	HWNY chaired consultation meeting as an independent body
	Harrogate Grammar School	Recruiting student volunteers for HWNY
	Harrogate and District Hospital NHS Foundation Trust	To update on HWNY
	York NHS Hospital Foundation Trust	Introduce Duncan Webster to Alan Rose, and agree a process for information sharing.
	Conference (Health Care, Social Care, Voluntary Care - Perfect Partnerships or Dangerous Liaisons)	Networking Event / Opportunity to promote HWNY
	York and Selby Care Home Managers Meeting	To update on HWNY and discuss new Enter & View strategy + opportunity to build working relationships with Care Homes by understanding their concerns.
November 2013	Conference - Valuing Volunteers	Networking opportunity / promote HWNY volunteer opportunities

	Healthwatch England CEO's / Managers Webinar	Update from different local Healthwatches + ideas about what support is required from HW England.
	Launch Events	Total of 257 attendees (organisations and public) - Presentation on HWNY and recruitment of volunteers.
	Volunteer Induction Day	Inducted 12 volunteers into various roles - DBS Checks, Volunteer Handbook, Health & Safety and Equal Opportunity.
	North Yorkshire Wider Partnership Conference	Networking event / Roundtable discussions on integration agenda
	Hambleton, Richmondshire and Whitby CCG	To discuss and agree working protocols, including the role of HWNY Board representative.
	Right Care, first time: An Event to discuss a new model for urgent care in Scarborough and Ryedale	S&RCCG requested HWNY to play a crucial role in overseeing the upcoming consultation exercise with the public.
	Community Care AGM	Update on HWNY + Q&A
December 2013	Carefound Homecare	Update on HWNY following mail out in September + opportunity for joint working. Offered free training on Dementia awareness for HWNY Enter & View volunteers.
	Hambleton, Richmondshire and Whitby CCG	Friarage Hospital - HWNY invited to attend and observe 2/3 proposals being put forward for delivery of services within the Friarage Hospital, following consultation a few months earlier.

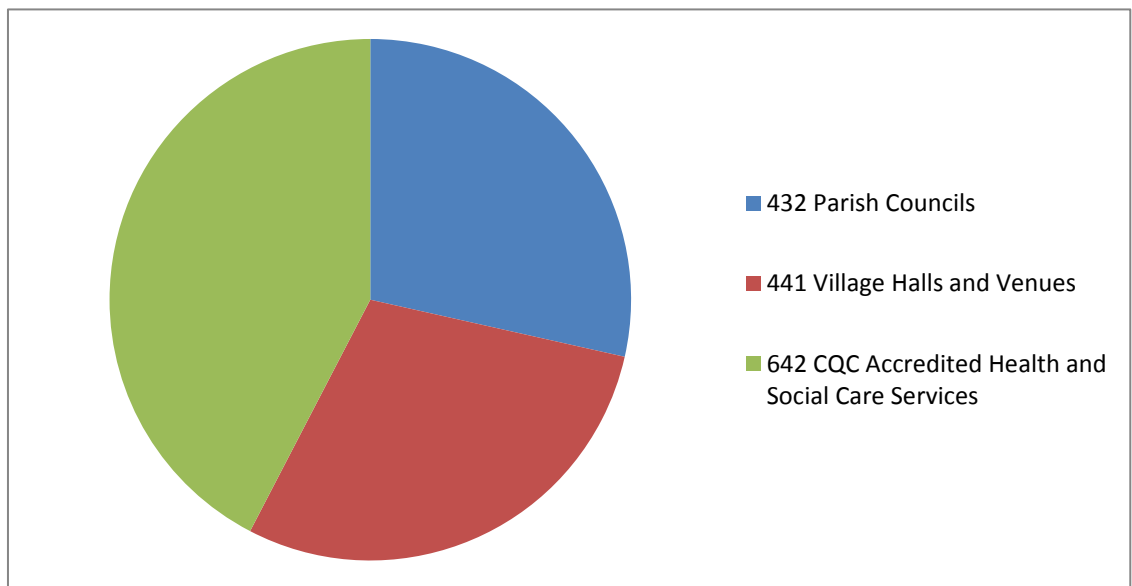
Date	Meeting	Outcome(s)
January 2014	Care Quality Commission	Accompanied Denise to a live CQC inspection of a Care Home in York. HWNY has built a very good relationship with the local CQC inspection team, and this inspection arrangement happened as a result of that partnership. The experience was invaluable in helping to understand the difference between CQC inspections and Enter & View visits.

	Healthwatch Bradford	Meeting to discuss and agree joint working arrangements between HWNY and HW Bradford and District, specifically around the Airedale, Wharfedale and Craven CCG area.
	Racial Justice in North Yorkshire	Meeting to discuss the role of HWNY in holding planners and providers of Health and Social Care to account over the delivery of their equality and diversity policies.
	NHS North Yorkshire and Humber Commissioning Support Unit	Meeting to discuss HWNY idea of working with the CCG on a game show that gives the public an insight into some of the complex spending decisions of an average CCG. The idea is called "Be the CCG for a day" and will feature in HWNY's area conference on 21 st May 2014.
	Yorkshire Ambulance Service	Meeting to discuss joint working between HWNY and YAS on public engagement.
	North Yorkshire CQC	Meeting with the local CQC inspection team for North Yorkshire to discuss joint working, especially around Enter & View visits and CQC inspections.
February	NHS England	Meeting between NHS England and local Healthwatches in North Yorkshire and Humber to discuss the involvement of local Healthwatch in the CCG assurance process.
	North Yorkshire County Council	Meeting to discuss HWNY's role on the Health and Wellbeing Board, give a preview of HWNY engagement strategy, and explore the wider partnership between HWNY and NYCC.
	Cloverleaf Advocacy	Meeting to discuss and agree process of intelligence sharing, and proposal for a joint quarterly contract monitoring with NYCC.
	Airedale, Wharfedale and Craven CCG	To introduce HWNY lay member for AWC CCG area team, discuss HWNY conferences and agree working protocol between AWC CCG and HWNY in respect of communication and information sharing.
	Hambleton, Richmondshire and	Friarage Hospital - HWNY invited to attend and observe last of 3 proposals

	Whitby CCG	put forward by Richmondshire District Council for the delivery of services within the Friarage Hospital, following consultation a few months earlier.
March	North Yorkshire Forum for Older People	To introduce HWNY and establish working relationship with the forum as a key partner in helping HWNY engage with the older population of North Yorkshire.
	Safeguarding Adults Board	Meeting to discuss joint working between HWNY and the Safeguarding Adults Board in terms of sharing intelligence on Enter and View and empowering the public in knowing how to raise a safeguarding alert. Jonathan also proposed that HWNY join the board in order to help challenge the board using its local intelligence.
	Scarborough and Ryedale CCG Assurance Meeting	First opportunity for HWNY to observe the CCG assurance process. Opportunity for HWNY to begin to gain a deeper understanding of how the CCG delivers on its measurement targets. It is anticipated that in the very near future HWNY will be able to provide local intelligence to inform this process.
	North Yorkshire and York Forum	To discuss and agree joint working between NYF and HWNY and the wider voluntary and community sector in North Yorkshire in terms of influencing the wider health and social care agenda, engaging citizens and communities and signposting to community services.
	Centre for Public Scrutiny	Event to discuss the changing landscape for Scrutiny Committees in light of the impending Care bill and the new CQC inspection regimes, and also what the role of local Healthwatch is within this?

Achievements 2013/14

Mail Out in North Yorkshire



- Recruitment and selection of Chair + 10 Project Board members (5 lay members and 5 Partnership Board representatives)
- Held 7 public launch events in November 2013 within each district
- Recruiting and inducting our first 38 volunteers, 14 of which are Authorised Enter & View Representatives.
- 182 registered subscribers to our news updates
- 384 registered organisations
- 482 Twitter followers
- 561 interventions by HWNY
- 98% satisfaction rate with HWNY events, meetings and engagement between January and March 2014
- 6189 unique website visits in the last quarter

Looking Ahead - 2014/15

HWNY PROPOSED PRIORITIES FOR ACTION IN 2014-15

In light of what HWNY has heard and understood from local residents, it is proposed that the priorities for action should be drawn from the following list highlighted by direct or indirect public consultation:

Jointly examining and making recommendations with key stakeholders, notably service users, patients and their carers, about care and support in the following areas, drawing attention to, and helping disseminate, good practice examples, with a view to promoting consistent and high standards of care across North Yorkshire

- **Hospital discharge and post-hospital support arrangements** focussing initially on those with long-term conditions, including those with needs associated with mental health and dementia; - **Agreed priority for 2014/15**
- **Out-of-hours GP services** - **Agreed priority for 2014/15**
- **Carer support** in light of significant reductions made and planned in North Yorkshire's volumes of adult social care at home - **Agreed priority for 2014/15**
- Social care service outcomes
- Transport to and from hospital
- Extended GP appointment times

It is envisaged that in light of HWNY's current capacity it is feasible to address two or three priorities from the above list, the most immediately pressing of which would seem to be items 1-3. Items 4-6 on the other hand, HWNY proposes to have a watching brief over these for 2014/15, with a view to prioritising these in 2015/16 or towards the latter part of 2014/15 should our capacity permit.

Meet the Board



Sir Michael Carlisle

Interim Chair



Judith Bromfield

Lay Member



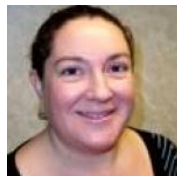
Sylvia Bagnell

Lay Member



Ian Parkinson

Partnership Board Representative - Carers



Lynne Taylor

Partnership Board Representative - Learning Disabilities



Nigel Ayre

Partnership Board Representative - Mental Health



Ann Hill

Partnership Board Representative - Older People



Andrew Newton

Partnership Board Representative - Physical & Sensory Impairment

Meet the Team



David Ita

Partnership Co-ordinator (Operational Lead)



Becky Spence

Communications and Engagement Lead



Daniella Cattini

Project Support Officer

healthwatch
North Yorkshire

Improving Health & Social Care Together

Financials

INCOME		Q1	Q2	Q3	Q4	Total
		Actual	Actual	Actual	Actual	Actual
Balance b/f	1,049	1,049				1,049
North Yorks Contract	146,360	36,590	36,590	36,590	36,590	146,360
Total Income	147,409	37,639	36,590	36,590	36,590	147,409
EXPENDITURE	Budget					
Salaries	75,613	17,195	17,602	19,123	15,067	68,987
Premises	2,887	723	723	723	723	2,892
Management Function	9,000	2,250	2,250	2,250	2,250	9,000
Training	2,500	85	131	0	0	216
Staff Expenses	3,343	882	1,579	1,836	1,531	5,828
IT & Telephones	4,000	2,242	730	346	202	3,520
Finance Function	2,500	625	625	625	625	2,500
Insurance	667	167	167	167	167	668
Auditing	1,000	250	250	250	250	1,000
Admin	1,500	375	375	375	375	1,500
Postage & Stationery	1,750	520	689	1,758	2,105	5,072
Equipment	2,000	2,461	234	668	1,143	4,506
Utilities	1,250	312	312	312	312	1,248
Contracts	1,000	552	249	249	249	1,299
Office & Utilities	14,000	3,500	3,500	3,500	5,861	16,361
Reprographics	2,850	186	583	161	996	1,926
Website	3,000	0	0	2,081	0	2,081
Engagement	3,000	1,696	2,284	482	0	4,462
Responsiveness Fund	12,000	1,781	666	3,712	4,657	10,816
Volunteer Expenses	2,500	22	269	1,537	1,678	3,506
Total Expenditure	146,360	35,824	33,218	40,155	38,190	147,387

Appendix 1:

The statutory activities of local Healthwatch:

1. promoting and supporting the involvement of local people in the commissioning, the provision and scrutiny of local care services;
2. enabling local people to monitor the standard of provision of local care services and whether and how local care services could and ought to be improved;
3. obtaining the views of local people regarding their needs for, and experiences of, local care services and importantly to make these views known;
4. making reports and recommendations about how local care services could or ought to be improved. These should be directed to commissioners and providers of care services, and people responsible for managing or scrutinising local care services and shared with Healthwatch England;
5. providing advice and information about access to local care services so choices can be made about local care services;
6. formulating views on the standard of provision and whether and how the local care services could and ought to be improved; and sharing these views with Healthwatch England;
7. making recommendations to Healthwatch England to advise the Care Quality Commission to conduct special reviews or investigations (or, where the circumstances justify doing so, making such recommendations direct to the CQC); and to make recommendations to Healthwatch England to publish reports about particular issues;
8. providing Healthwatch England with the intelligence and insight it needs to enable it to perform effectively.

Appendix 2:

NHS Complaints Advocacy

Cloverleaf Advocacy, a body fully independent of the NHS and Healthwatch North Yorkshire, was appointed by North Yorkshire County Council to deliver this Independent, Free and Confidential NHS Complaints Advocacy Service for all North Yorkshire citizens from 1 April 2013. We have Advocates who live and work across North Yorkshire and a detailed Annual Report for 2013/14 will be published later this year. The previous service was provided via a national Department of Health Contract.

The NHS complaints advocacy service exists to help anyone who normally lives in North Yorkshire and requires help dealing with any concern regarding a NHS service. This includes hospitals, doctors, dentists, pharmacists, ambulances or other NHS services delivered within the County of North Yorkshire or elsewhere at a hospital, clinic, in the community or at any location including prisons and private health establishments if the treatment has been paid for by the NHS.

Advocacy is the process which helps people - who might otherwise have difficulty to make their case - to get their views heard by the NHS. Sometimes dealing with professional people or people in authority can be very daunting. For example the NHS has the support of experienced

complaints teams and Managers. Someone not used to making a complaint could be put off starting the process simply because it all seems too daunting, or assumes the paperwork would be too hard, or the process too stressful, or just an overwhelming fear that they will be 'fobbed off'.

Advocacy levels the playing field. We provide people who can listen to an individual's point of view and help them put their own concerns into words or even draft a complaint letter. We can help people to ask the right questions and to identify the right person to send any complaints to. We can help ensure individuals receive a comprehensive answer and assist with any clarification meetings or resulting issues. We can also explain any further appeal options that may support a resolution. All the views expressed are 100% those of the complainant who also selects the level of Advocacy support they require. The NHS also benefits from receiving a more structured "complaint" which should also include clear information of what the complainant wishes to achieve. By tracing patient experiences and pathways everyone in the NHS can better see where things need to be put right and ensure that the lessons are learned from each



event, at all levels up to and including the organisations Boards.

The service has provided a wide range of support ranging from the provision of self-help information, telephone support and detailed casework with over 90 new individual cases being supported during 2013/2014.

The service has a dedicated web site,
www.helpwithnhscomplaintsnorthyorks.org

Cloverleaf have robust links with Healthwatch North Yorkshire and their web site carries our NHS Complaints Enquiry Form which helps individuals cross refer to Cloverleaf as required

The team of advocates can be contacted via the web site or:
North Yorkshire NHS Complaints Advocacy Service at Tower Court
Oakdale Road, Clifton Moor, York, YO30 4XL

A unique telephone number was set up for the service, Telephone 0300 012 4212 (local call cost). This number is supported by a digital telephone messaging service for out of hours.

Fax 01924 438444

By email: helpwithnhscomplaintsnorthyorks@cloverleaf-advocacy.co.uk



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