



Healthwatch North Yorkshire

Annual Report 2014/15



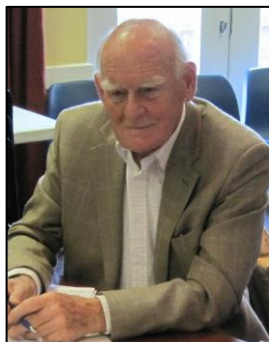


Contents

Contents	3
Note from the Chair	4
Glossary	5
About Healthwatch	6
Our vision/mission	6
Our strategic priorities	7
Engaging with people who use health and social care services	8
Understanding people’s experiences.....	8
Enter & View	11
Providing information and signposting for people who use health and social care services	15
Helping people get what they need from local health and social care services	15
Influencing decision makers with evidence from local people	16
Producing reports and recommendations to effect change	16
Putting local people at the heart of improving services	16
Working with others to improve local services	17
Impact Stories	19
Case Study One	19
Case Study Two.....	19
Adrienne Calvert - My Journey	20
Our plans for 2015/16	22
Opportunities and challenges for the future.....	22
Our governance and decision-making	23
Our board	23
How we involve lay people and volunteers	24
Financial information	25
Appendices	26
Contact us	27



Note from the Chair



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

The past year has seen a considerable increase in the involvement of our trained volunteers with various local and regional issues, and also to begin to develop our knowledge base about health and social care provision in the very large area of North Yorkshire that we cover.

Although our objective has been to learn and comment on a few specific subjects across the whole County, there is no doubt that our policy to actively develop our five Area Teams has been correct. They have specialist local knowledge of many matters of local concern and interest. In almost every Area we have been able to use that knowledge to comment and influence local decisions.

We have tried to develop a constructively critical approach with all our NHS and Local Government colleagues, and there is good evidence of effective working with Clinical Commissioning Groups (CCG's), Health Trusts, Social Care providers and District Councils. Similarly a very useful relationship has been maintained with the Care Quality Commission (CQC) who use our opinion regularly. There has been a

welcome change in the partnership nature of our work with the North Yorkshire Health and Wellbeing Board (HWB). We are constantly pressing for better outcome evidence from the various strategies that are developed, and initiatives such as the Better Care Fund (BCF).

Similarly, Healthwatch must increase its focus to demonstrate improvements made due to our own work and influence. In the next year, our key areas of research will be end of life care, access to primary care services, and a continuation of our interest in hospital discharge.

Healthwatch North Yorkshire operates on a very tight financial base, and we are actively looking at forms of organisational structure that enable more independent and sustainable operation. We need to be able to demonstrate good value for money on behalf of those who give their time so generously, as well as patients and carers.

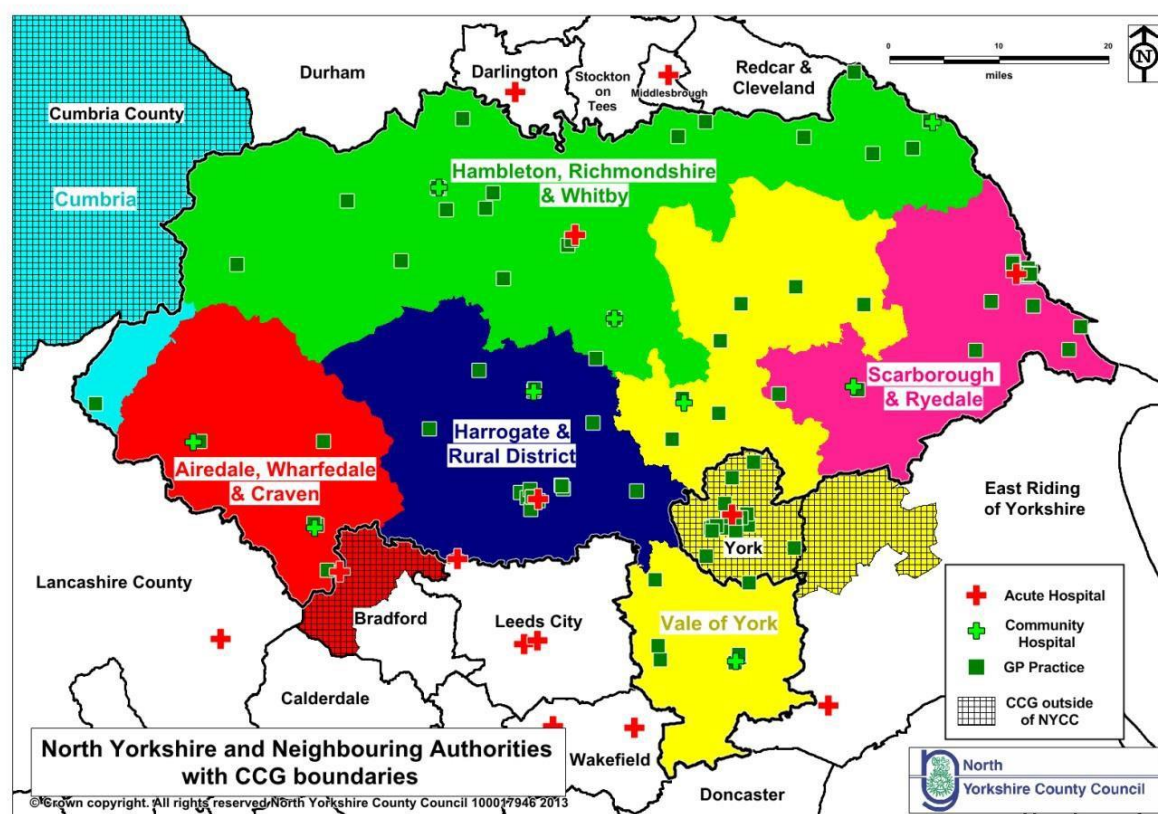
Finally, we owe a great deal to our volunteers and highly committed staff, for their continued support and efforts to maintain and develop a local and regional Healthwatch that has the confidence of our population.

Sir Michael Carlisle



Glossary

- AWCCCG - Airedale, Wharfedale and Craven Clinical Commissioning Group
- BME - Black and Minority Ethnic
- CCG - Clinical Commissioning Groups
- CQC - Care Quality Commission
- CVS- Community and Voluntary Service
- HaRDCCG - Harrogate and Rural District Clinical Commissioning Group
- HRWCCG - Hambleton, Richmondshire and Whitby Clinical Commissioning Group
- 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
- SRCCG - Scarborough and Ryedale Clinical Commissioning Group
- VoYCCG - Vale of York Clinical Commissioning Group
- YAS - Yorkshire Ambulance Service
- YTHFT - York Teaching Hospitals NHS Foundation Trust





About Healthwatch

We are here to make health and social care better for ordinary people. We believe that the best way to do this is by designing local services around their needs and experiences.

Everything we say and do is informed by local people and our expertise is grounded in their experience. We are the only body looking solely at people's experience across all health and social care.

We are uniquely placed as a network, with a local Healthwatch in every local authority area in England.

As a statutory watchdog our role is to ensure that local health and social care services, and the local decision makers, put the experiences of people at the heart of their care.

Our vision/mission

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

Our Values

Courage to trust the public

Healthwatch North Yorkshire (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 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 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.

Our Objectives

- Listen to people's views about their needs or experiences, and make sure these views are heard by those planning and providing services;
- Involve local people in how health and social care services are planned and provided, leading to improvements for all;
- Influence the way services are designed and delivered at both a local and national level;
- Help people find the information they need to make choices and get the most from health and social care services;
- Report back to the people of North Yorkshire, and achieve our statutory duties.

Our strategic priorities

North Yorkshire has a complex health and social care landscape with 5 Clinical Commissioning Groups (including Cumbria), three of which also operate in Bradford, City of York and East Riding of Yorkshire; 6 acute hospital trusts and 3 Mental Health Trusts. The area is also served by 2 NHS England Area Teams and 2

Commissioning Support Units. The County Council relates to 7 District Councils and has close economic and transport links with the conurbations of West and South Yorkshire and Teesside.

Healthwatch North Yorkshire (HWNY) agreed three county-wide health and social care priorities for 2014/15, and focused its efforts throughout the year on engaging patients and carers across North Yorkshire, gathering their experiences, views and evidence on these priorities with the aim of making appropriate representation on the feedback received to decision makers in Health and Social care. Our priorities were:

1. Hospital discharge and post-hospital support arrangements
2. Out-of-hours GP services
3. Carer support, with particular focus on unpaid carers.

These priorities were accompanied by at least one other district specific priority, which were tackled on a task and finish basis. This allowed HWNY to be effective in making representation about broader county-wide priorities as well as specific local priorities.

Furthermore, as HWNY is part of a network of up to 149 local Healthwatch organisations supported by Healthwatch England, we also shared some of our findings with other local Healthwatches, such as our neighbouring local Healthwatches both in terms of natural boundary lines and those with service providers and/or commissioners in common with us. This enabled us to take a joint approach to making representation and recommendations.



Engaging with people who use health and social care services

Understanding people's experiences

The core of our work is about gathering the views and experiences of the public, and articulating these into identifiable themes of compliments, concerns or complaints, then share these with key decision makers in the local health and social care landscape, requiring a response from them about these experiences.

In April 2014 we started a series of public conferences within each of our 5 clinical commissioning group areas, which lasted until October 2014. Conferences were held in Harrogate, Northallerton, Skipton, Selby and Scarborough. These were opportunities for us to share our priorities with the public, and engage them on the current health and social care matters like the complexities of NHS commissioning (choosing and buying). We teamed up with HRWCCG to design a commissioning simulation called "Strictly Commissioning", which proved a very useful tool to help members of the public understand some of the challenging financial decision that Clinical Commissioning Groups are faced with. The feedback from the public was overwhelmingly positive, as they felt they had a much better understanding, and hence could contribute to influencing some of the decisions of commissioners.

Each of our public engagement events were supported by board members and volunteers, and were well attended. And having held public events in 5 very distinct areas of the county, it became clear we needed to tailor the programme of HWNY

to be locally relevant to each CCG area because each area did not identify themselves in the context of the county, but to their district instead. Moreover, the prevailing health and social care needs and priorities were different for each CCG area.

In response to the public feedback, our board took the decision that HWNY needed a representative within each of the 7 districts of North Yorkshire in order to give each local area its own distinct voice and an opportunity to influence the overall priorities and activities of HWNY. As a result, we carried out a successful recruitment campaign for lay members to make up the numbers needed.

Work with young people

In November 2014 HWNY attended a Youth Voice summit organised by North Yorkshire's Youth Council for young people between aged 11-18years. The event was attended by around 60 young people. These included young carers, looked after children and young people with disabilities.

Healthwatch engaged with about 40 young people, and asked them to share their experiences of the NHS, and then about their expectations from the NHS.

The general consensus was that the NHS was a great service and they felt lucky and grateful to have access to it. There were concern over services being moved or closed especially the Friarage Hospital in Northallerton. Some reoccurring themes were; long waiting times for a GP appointment, they liked the option to



book appointments online and text reminders. Communication was also an issue both out of hours and telephone queues when calling their GP.

Healthwatch shared this information with North Yorkshire County Council, and the CCG's within the areas that young people were most concerned about.

Work with BME communities

North Yorkshire has a black and minority ethnic population of between 2%-3% of the entire population, although there are greater concentrations of BME within the district of Selby, because of its proximity to the tourist city of York; and the borough of Scarborough because of its seaside town. In both areas, the prevalent ethnic groups are Eastern European communities.

HWNY is yet to engage specifically with the BME communities across North Yorkshire, however we took a step in the right direction in January 2015 when we joined the North Yorkshire Equality and Diversity Forum, which is consortium of organisations keeping equality issues within public services firmly on the agenda, and working to engage minority groups (including BME) on the health and social care issues that matter most to them. HWNY supports the group to raise the profile of equality issues to key decision makers within the local health and social care landscape.

Work with older people

North Yorkshire has an older population (aged 65+) that is higher than the average in England, with 22% of people falling within this category. Furthermore, as a largely rural county with 54% of the population living in Office of National Statistics classified rural areas. The combination of rurality and an ageing population means that the needs of this

group are often taken into consideration by local planners and decision makers.

Case Study

Robert Peacock, Lay Board Member for Scarborough, has worked tirelessly to connect with local voluntary user groups in Scarborough. In February 2015 Robert visited Scarborough's Older People's forum. He talked to them about our work and listened as they shared their views and experiences. Many spoke of their confusion concerning the eligibility criteria for the use of patient transport services, as some patients reported patchy success when trying to book the Yorkshire Ambulance Service's patient transport.

These concerns were subsequently passed on to Yorkshire Ambulance Service NHS Trust (YAS) for a response, and this resulted in YAS's Head of Stakeholder Engagement and colleagues attending the next Healthwatch board meeting to respond directly to these concerns. YAS gave a detailed explanation of the eligibility criteria and also promised to act on the particular concern about inconsistency by feeding this back to the Patient Transport team.

The response from YAS was subsequently shared with Scarborough Older People's forum, clarifying the eligibility criteria, which reassured them that their concerns were acted upon. Without Robert taking the time to visit such groups Healthwatch would not have heard about these issues and subsequently make representation on behalf of older people in Scarborough.

Work with disabled people

Patients and other local residents with physical and sensory impairment, as well as learning disabilities have 2 representatives on the Healthwatch board. They are responsible for championing the views of disabled people



across the county, in order to ensure that they are able to inform and influence the work of Healthwatch.

Case Study

In May 2014, HWNY, led by Lynne Taylor (board representative for Learning Disabilities), facilitated a public engagement event for people with learning disabilities and their carers in the SRCCG area. This event was attended by a total of 42 people.

People shared their experiences of a range of Health and Social care services from the perspective of a person with learning disability and their family or carers. Feedback received suggested that experiences were varied, often depending on the GP practice you are registered with, or the particular care staff that you are supported by. Concerns were also raised by carers about the availability and quality of respite for them, with particular issues about having to plan their respite between 6 months and a year in advance, which is often impractical and not responsive to when the need arises.

HWNY shared the feedback from this event with key decision makers in both the local NHS and Adult Social care, and will continue to solicit the views and experiences of people with disabilities in an effort to ensure that their voices are heard very clearly by planners and providers of services, in anticipation of a more equitable experience for service users irrespective of their disability.

“Good introduction - quite relaxed and made it easy to have open discussion”

Member of the public attending our Scarborough and Ryedale Learning Disability and Carer Engagement Event

Healthwatch North Yorkshire's Feedback from Young People at Youth Voice Summit



■ Long wait for GP appointments (33%) ■ Online booking & texts ... (33%)
■ Long call queues for GP.. (33%)



Caption: top 3 recurring feedback from young people

Caption: Scarborough and Ryedale Learning Disability and Carer Engagement Event



Enter & View

Section 221 of the Local Government and Public Involvement in Health Act 2007 amended by Statutory Instrument No. 3094 of 2012 allow for authorised Healthwatch representatives to undertake visits of premises of Health and Adult Social Care providers within Local Authority areas such as North Yorkshire. These visits are described as "to enter, view and observe".

Enter and View is an important tool to gather evidence about how well services meet the needs of those who use them. Volunteers are recruited and trained to carry out visits linked with a specific purpose.

Our Approach

To gather the views of patients, relatives and carers in relation to their experiences of and opinion about the particular service; e.g. care homes, hospitals, general practices etc.

Focus on providing a lay person's view of observations at a particular point in time

Producing a simple and easily understandable report that gives a balanced view of the service visited.

“Authorised Representatives” undergo a series of specialist training (Enter and View, Safeguarding Adults, Data protection, Equality and Diversity etc.), and complete a Disclosure and Barring clearance (formerly CRB)

Independent, Lay “Authorised Representatives” specially vetted and trained to make observations (using all 5 senses) and gather views and experiences from patients, relatives and staff.

Our Authorised Representatives (April 2014 - March 2015):

- Carol Nardell
- Chris Gosling
- David Davies
- Gill Stone
- Jane Butler
- Jill Edmondson
- Julie Janes
- Julie Midsummer
- Patricia Staynes
- Tina Holroyd
- Sir Michael Carlisle
- Sue Staincliffe
- Sylvia Bagnall

This year, our authorised representatives carried out a total of 9 enter and view visits to a combination of care homes and hospitals. All 9 reports are published on our website, with each report carrying some recommendations and responses from each service visited. Through these visits, we have been able to make a difference to the experience of patients and residents. As you will see in the examples below service providers have generally welcomed our reports, and committed to taking on board our recommendations.



Caption: Sample of an Enter & View report



Examples of Some Enter and View Report Recommendations and Provider Responses

To read the full reports go to www.healthwatchnorthyorkshire.co.uk

Service Visited	Report Recommendations	Service Provider Response
Harrogate Hospital	<ol style="list-style-type: none"> 1. Regular communication with patients about their treatment/diagnosis could be improved and also keeping relatives or carers informed when they visit. 2. Consider asking all patients on admission and discharge whether they currently look after anyone (family, friend, neighbour etc.), and use this information to identify appropriate support within the community for the cared for person. 3. The benefits that your nutrition assistants bring to the care of patients is invaluable, and hence it is worth considering increasing coverage beyond 3pm on weekdays by creating a potential job share post, to match out of hours and weekend hospital admissions. 4. A possible re-introduction of the end of life care facilitator would greatly provide the much needed expert support for nursing staff, and ensure that patients nearing the end of their lives have the very best care possible tailored to their needs. 5. A dedicated discharge lounge would greatly aid the patient flow (freeing up bed space) through the hospital and out into the community. It would 	<ol style="list-style-type: none"> 1. The Trust is exploring the opportunity of how communication can be improved with patients and their families. 2. There is an opportunity within the admission documentation to ask this question. 3. Care Support Workers cover the duties of the Nutritional Assistants out of hours and at weekends and we have 45 mealtime volunteers who predominately work at teatime and more are being recruited. 4. End of life care facilitator role is being reviewed and will be reintroduced. 5. The management of the Trust are aware of a number of frustrations and improving discharge is a current improvement priority of HDFT. The environment, staffing and use of the



	<p>also greatly improve patient experience as they prepare to return back to their homes and communities now that they are deemed medically fit.</p> <p>6. Improved communication between wards and the discharge lounge in order to improve patient experience of discharge and enable a smooth patient flow. It is worth hearing the views of the duty nurse in the discharge lounge about how this can be improved.</p> <p>7. Explore the suggestion of using the ‘back door’ of the hospital for discharging elderly patients to care homes to avoid blocking the ambulance bays, which are always busy. And to avoid elderly patients being confused and distressed, as much as possible, only transfer patients to care homes during daylight hours.</p> <p>8. Your innovative use of volunteers to support meal times is very highly commended, but should be proactively increased as the demand for this service far exceeds the number of volunteers available to help. Harrogate and Rural Community and Voluntary Services will be best placed to assist you with recruiting the right volunteers.</p>	<p>Discharge Lounge are under consideration.</p> <p>6. The management of patient flow including discharge processes is a current focus as part of HDFT’s current Quality Improvement priorities.</p> <p>7. The use of an alternative exit is not being considered at present. Our aim is for all patients to be discharged as early as possible.</p> <p>8. As previously stated, there are 45 active volunteers at present with more being recruited.</p> <p>Finally, the care of dementia patients including the use of the Butterfly scheme is being reviewed.</p>
<p>Mount Vale Care Home, Northallerton.</p>	<p>1. Plans for an overnight visitor facility should be progressed, especially for relatives of residents on the end of life</p>	<p>1. We are in discussions with the Regional Director and the Property Services Manager on how the provision of an overnight facility can best be</p>



	<p>care.</p> <ol style="list-style-type: none"> 2. A health and safety risk assessment should be carried out on the kitchen on the memory lane community, which is currently kept open with kitchen utensils accessible in unlocked drawers. This should assist the home in ensuring the safety of dementia residents who may sometimes wonder. 3. Safety Inspections of equipment should include a date the inspection was undertaken. This will provide a clear audit trail of inspections. 4. As the staff are the homes greatest asset, an acknowledgement from Barchester of this fact would be very welcome by staff. 	<p>met.</p> <ol style="list-style-type: none"> 2. A Health & Safety Assessment has been carried out in the residents' dining area on the first floor (Memory Lane Community). The cutlery drawer has been fitted with a lock. 3. The hoists and other equipment used in the home are regularly inspected. The dates of inspections, name of inspector as well as projected inspection dates are listed. All the details are kept in the Equipment Log Book held by the Maintenance Manager. This is viewed regularly during the Quality First regular visits by the Regional Director.
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Providing information and signposting for people who use health and social care services

Helping people get what they need from local health and social care services

One of our statutory functions is about helping people find their way around the system. We continue to provide a signposting service via telephone and website. People contact us for a number of reasons, ranging from finding their local dentist, to knowing how to choose the right care home for their family. People have also contacted us in order to get help with making a formal complaint about the NHS service(s) they or their relatives have used.

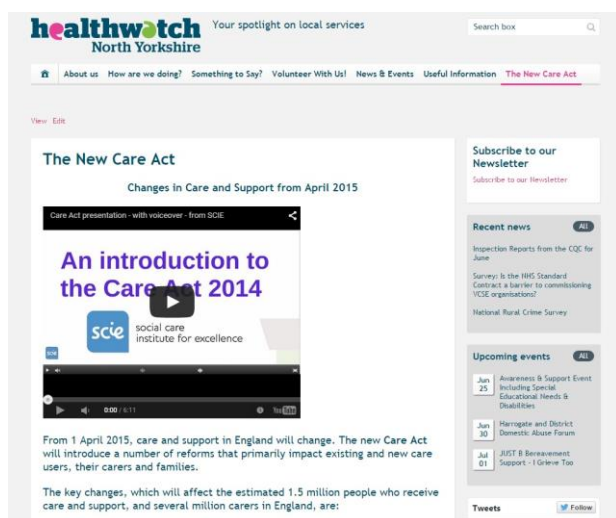
We work very closely with the Independent NHS Complaint Advocacy Service, and have a dedicated page on our website for complaints, so that whenever

people contact us via our website, the advocacy service receives an email immediately alerting them to the request for help with complaints. All contact is followed up within 5 working days.

“The Trust is exploring the opportunity of how communication can be improved with patients and their families.”

Harrogate Hospital NHS Foundation Trust in response to our recommendation.

Healthwatch North Yorkshire’s website had 30091 views



Caption: Healthwatch North Yorkshire created an information page on the Care Act 2014

A news update from Healthwatch North Yorkshire

Is this email not displaying correctly? View it in your browser.



Healthwatch North Yorkshire Activities



Last Chance to Tell us about York NHS Foundation Trust Before CQC Inspection
The Care Quality Commission (CQC) are to inspect all of the services run by the Trust in Easingwold, Filey, Malton, Scarborough, Selby, Whitby, Bridlington and York. The inspection is due to take place from March 2014, and your experiences will help inform their inspection. This survey will be open until the 2nd March 2015. [To share your experiences click here.](#)

Caption: Healthwatch North Yorkshire newsletter



Influencing decision makers with evidence from local people

Producing reports and recommendations to effect change

Healthwatch North Yorkshire publishes reports which outline the feedback we have gathered on services and make recommendations for improvement. Our approach is to share these reports with providers and commissioners and request their response before making them public. This enables us to tell members of the public what action is being taken to address the issues they have raised.

All reports are available on our website and are shared with all our subscribers through our e-newsletters. We have produced the following reports this year that have influenced local decision makers:

- Loneliness Survey - the impact of loneliness and isolation in North Yorkshire
- Enter and View visit to Friarage Hospital, Northallerton.
- Enter and View visit to Southwoods Care Home, Northallerton.
- Enter and View visit to Skell Lodge Care Home, Ripon.
- Enter and View visit to Harrogate and District Hospital, Harrogate.
- Enter and View visit to Mansion House Care Home, Selby.

- Enter and View visit to Airedale Hospital, Keighley.
- Enter and View visit to Mount Vale Care Home, Northallerton.
- Enter and View visit to Scarborough Hospital, Scarborough.
- Enter and View visit to Rivermead Care Home, Malton.
- Survey of Carers about their experiences of receiving support as an unpaid carer

Putting local people at the heart of improving services

In addition to carrying out our own independent work, Healthwatch supports the wider involvement of lay people and volunteers in the commissioning, provision and management of local health and social care services.

We regularly advertise opportunities for people to get involved, for example as governors of local Trusts or taking part in consultations. This information is published on our website and sent out in regular e-bulletins. We have also helped local Trusts to recruit volunteers to take part in PLACE (Patient Led Assessment of the Care



Environment).

Our volunteers are local people who are passionate about improving services in their communities. We have volunteers in all 7 districts of North Yorkshire who are our representatives at various decision making boards and committees. A good example is the yearlong work Judith Bromfield, one of our Lay Members completed for HRWCCG, which was acknowledged by the CCG.

“I would like to pass on our thanks and appreciation for your contribution to Whitby Fit 4 the Future Programme... As we move to the next stage of the Whitby Programme delivery we look forward to working further with... Healthwatch”

Debbie Newton, Hambleton, Richmondshire and Whitby CCG

Health and Wellbeing Board

Our chair, Sir Michael Carlisle is a voting member of the Health and Wellbeing Board, and takes up his seat at meetings as the representative of the patient and public voice. He is supported by the Healthwatch Partnership Co-ordinator, who also substitutes for him in his absence. Sir Michael has often encouraged the board to be more focused on measuring the quantifiable difference it is making for the people of North Yorkshire, which has been welcomed by the board. The Health and Wellbeing board

now considers Healthwatch an equal partner and a valuable contributor at meetings, and as such now involve Healthwatch at all its key sub-committees like the JSNA Editorial Group.

Healthwatch has also been actively supporting the board in the refresh of its Joint Health and Wellbeing Strategy.

Working with others to improve local services

Regularly feeding in to the system Healthwatch collates all the feedback we gather from the public and routinely shares this with service providers and commissioners across the county on a quarterly basis. We anonymise such feedback before sharing by taking out any personal identifiable information, unless the contributor wishes to be identified.

Health, and Care and Independence, Overview and Scrutiny Committees

We have forged strong links with these two important committees and have presented both formal papers and contributed informally to specific agenda items where these coincide with Healthwatch issues. Healthwatch now has a standing agenda item on the Health OSC, providing a regular platform to inform the committee about issues relating to NHS services. Efforts are also underway to replicate this approach on the Care and Independence OSC, where information on Adult Social care issues can be brought to the attention of members. We regularly share public feedback with these committees, and have formally presented all out enter and view reports to both committees.



Working with the Care Quality Commission

Healthwatch has very strong links with the local CQC inspection team covering North Yorkshire, and regularly communicates with them about planned inspections and enter and view visits. As both our statutory duties can sometimes cross over, we have taken steps to avoid duplication by always notifying our local CQC inspectors of our plans for an enter and view visit before we undertake such visits. This way, the CQC can advise us if they also have any plans to inspect the same service, and whether or not it would be advisable for us to carry on with our planned visit.

We have also passed on intelligence and patient feedback to the CQC about local health and social care services when they have been carrying out inspections of these services, including a number of care homes.

Healthwatch North Yorkshire has not made recommendations to the Care Quality Commission (CQC) - either via Healthwatch England or directly - to undertake themed or responsive investigations.

Quality Accounts

A Quality Account is a report about the quality of services of an NHS healthcare provider, like an NHS Hospital Trust. It is produced by the provider itself, and shared with key stakeholders including Healthwatch in order to scrutinise and comment on. Any formal comment

made by Healthwatch has to be incorporated into the final Quality Account and made public.

The official Healthwatch comment is often a combination of the comments made by all Healthwatch representatives (volunteers and board members), and articulated by the Healthwatch Partnership Co-ordinator before feeding back to the relevant provider for inclusion in the published report. This year Healthwatch has commented on the Quality Account of Leeds and York Partnership NHS Foundation Trust, Harrogate and District NHS Foundation Trust, and York Teaching Hospitals NHS Foundation Trust.

“We do appreciate and value scrutiny and welcome Healthwatch onto all of our sites”

Ruth Holt, South Tees NHS Trust

556 people attended our conferences and drop ins



Caption: Sir Michael Carlisle, David Ita meet Judy Robinson Chief Executive of Involve Yorkshire and Humber



Impact Stories

Case Study One

Healthwatch and CQC working together

As part of our protocol when planning an enter and view visit, we contacted the CQC to inform them of our plans to conduct a visit to the Friarage Hospital in Northallerton in November 2014. The CQC informed us that they were also planning an inspection to the NHS Trust that runs the Friarage Hospital, that is South Tees Hospitals NHS Foundation Trust.

We considered cancelling our planned visit in order not to compromise the CQC's planned inspection, and also to avoid inspection fatigue on the part of the hospital itself having to go through two formal reviews in the space of two months. However, the CQC asked us to go ahead with our visit nonetheless, as they wanted to incorporate some of our initial findings into their planned inspection approach. As a result we carried on with our visit, and duly shared our initial findings with the CQC team prior to putting together our report.

When the CQC eventually carried out their inspection they acknowledged that they had taken our findings into consideration when planning their inspection.

Case Study Two

Improvement to Mental Health Services

Earlier in the year Healthwatch North Yorkshire attended an event by Craven CVS and received a number of concerns raised by people in Craven District about the provision of Mental Health services. From the individual concerns received the people of Craven District felt their mental health services did not compare favourably with the provision in other areas of North Yorkshire.

In July 2014 Healthwatch North Yorkshire acted on this information and met with Craven Mental Health Forum and raised concerns to the Health and Wellbeing Board. Healthwatch North Yorkshire decided to make this issue a local priority for Healthwatch in Craven and to work with the Mental Health Forum to influence improved outcomes.

Since Healthwatch North Yorkshire and Craven CVS highlighted the issue at the Health and Wellbeing Board meeting Mark Vaughan from Airedale, Wharfedale and Craven CCG who commission mental health services in Craven have met with Craven Mental Health Forum, and agreed that Social Isolation and Loneliness, Transport, and accessibility of services should be the CCG's top three priorities for the area.

Bradford District Care Trust (mental health service provider) also met with the Mental Health Forum in September 2014 to give a presentation on new developments for Craven, including a 24/7 first response project and a dedicated telephone number for all mental health referrals for all ages.

In November 2014 Bradford District Care Trust recruited two senior specialists, Friends and Family/Patient Experience Lead, and a Carers Lead, all to enhance the mental health service provision in Craven. The new team have all been to Craven to meet service users and carers in order to get their thoughts and views on mental health service provision.



Adrienne Calvert - My Journey

Back in 2011 I was sitting at home enjoying my early retirement from the Civil Service when my husband asked me a simple question ‘What do you know about the new Health & Social Care Act?’ As it happens I knew nothing but decided I needed to find out just what was being proposed by the Government. As a child I was very ill and wouldn’t be here today if it wasn’t for the NHS. I had also recently suffered a Transient Ischaemic Attack (TIA) or mini-stroke, and again the NHS had been my saviour. I am very fond of the NHS!

My husband and I joined an online campaign group called 38 degrees who champion good causes. They had gathered signatures nationally for a petition demanding changes to the Health & Social Care Act. As William Hague was then my local MP they wanted people in his constituency to meet him and hand over the petition.....so we volunteered. So began a journey, one I am still on today.

A few months had passed since I handed the petition to William Hague MP, when I began attending a series of public meetings and conferences about the proposed new NHS, in my capacity as a representative of 38 degree and/or a member of the public. I attended meetings of my local shadow commissioning group, HRWCCG and my local Patient Participation Group.

In May 2013, I attended a meeting with HRWCCG where I first heard about Healthwatch. When Healthwatch began its volunteer recruitment campaign a few months later, I successfully applied and had my induction in November 2013, where I met other likeminded volunteers. After my training I began attending key meetings in my capacity as a Healthwatch representative and learnt a lot in the process, slowly building up my understanding of the new Health and Social care landscape ushered in by the new Health and Social care Act.

My increasing knowledge of the NHS has given me the confidence to give a presentation to the local Multiple Sclerosis Society about Healthwatch; and when there became a vacancy for a lay member to represent the district of Hambleton on the Healthwatch board, I successfully applied in October 2014. Since becoming a board member, I have grown even more in confidence, and been able to lead the work of Healthwatch within the district. I was also chosen as the visit lead for the recent enter and view visit into Friarage Hospital, a much loved local hospital.

When I started out on this journey I had little or no understanding of the NHS, other than as a user, but you quickly pick up information and find that before long you actually know things that are useful. I found that management issues are the same whatever strand of the public sector you are involved in, so my experience in the Civil Service has come in handy too.

Remember how my journey started, with my husband asking me what I knew about the new Health and Social care Act? Well, he sometimes wonders what would have happened if he didn’t, as he occasionally complains that he never sees me! Having said that, I am confident he is very proud of what I now do, so onwards and upwards.



The Independent NHS Complaints Advocacy Service



Independent NHS Complaints Advocacy

Cloverleaf Advocacy have provided NHS Complaints Advocacy since April 2013 to people living in North Yorkshire.

Free Independent Confidential

How can an advocate help?



How can I get help from an advocate?

Telephone **0300 012 4212**

Website www.helpwithnhscomplaintsnorthyorks.org

Help Pack available by post, email or download





Our plans for 2015/16

Opportunities and challenges for the future

The pace of change in the national and local health and social care system is astonishing, and it can sometimes be very challenging to keep on top of it all. There are some major events happening in the next financial year, April 2015 to March 2016.

Politically, we have national parliamentary elections coming in May 2015, the results of which could either help maintain the current direction of travel for health and social care if we retain the same government, or may usher in a whole new direction at least for the National Health Service in England.

On the more specific events relating to local NHS, April 2015 will see the beginning of Primary Care Co-Commissioning for CCG's, where CCG's will become increasingly responsible for choosing and buying primary care services like GP services. This responsibility was previously held by NHS England, who will begin its move towards a purely assurance role - responsible for monitoring the performance of CCG's. However with CCG's taking on this new responsibility, the issue of "conflict of interest" is brought to the forefront, which is where Healthwatch need to play its crucial "critical friend" role and ensure that the experiences, views and evidence from patients and members of the public are still able to influence CCG decision making in this new era.

As Healthwatch North Yorkshire, we intend to focus our efforts in 2015/16 on 3 priorities, each pertaining to Primary Care, Secondary/Community Care, and Adult Social Care. We will continue our work on Hospital Discharge (Secondary Care) as we feel there is still work to be done. Our enter and view Authorised Representatives would like to focus a lot of our visits in 2015/16 looking at End of Life care within care homes (Adult Social care) we also intend to convene a task and finish group to look at the issue of access to primary care services. We will then report on all three priority areas during 2015/16 and make recommendations for improvement where necessary.



Caption: Members of the public playing the Commissioning Maze



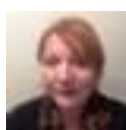
Our governance and decision-making

Meet the board

The board sets the strategic direction for Healthwatch, and ensures our work is driven by the priorities of local communities. Members are volunteers drawn from a range of different backgrounds and communities, representing service user groups or partnerships from across the county.



Sir Michael Carlisle
Chair



Judith Bromfield
Lay Member HRW CCG Area (Richmondshire)



Sylvia Bagnall
Lay Member HaRD CCG Area



Holly Bainbridge
Lay Member VoY CCG Area



Adrienne Calvert
Lay Member HRW CCG Area
(Hambleton District)



Heidi Edmondson
Lay Member AWC CCG Area (Craven District)



Sam Jones
Lay Member S&R CCG Area
(Ryedale District)



Robert Peacock
Lay Member S&R CCG Area
(Scarborough District)



Nigel Ayre
Mental Health Representative



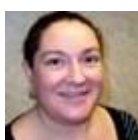
Ann Hill
Older People's Representative



Andrew Newton
Physical & Sensory Impairment
Representative



Ian Parkinson
Carers Representative



Lynne Taylor
Learning Disabilities
Representative

Our board

All members of our board have signed up to a Code of Conduct, and they work in partnership with the staff team and the host organisation to oversee the performance of Healthwatch North Yorkshire.



Our host organisation

The contract for Healthwatch North Yorkshire was awarded by North Yorkshire County Council to North Bank Forum for Voluntary Organisations (NBF), which is a company limited by guarantee and a registered charity. The contract runs until March 2016 with the option to then extend or retender the contract.

NBF is accountable for the delivery of the contract and has responsibility for employing staff.



Meet the Staff



David Ita
Partnership Co-ordinator



Daniella Cattini
Engagement Worker



Rebecca Hall
Project Support Officer

94 issues were logged on our system and we had 299 responses to our Health and Social Care Survey

How we involve lay people and volunteers

Decisions made by Healthwatch North Yorkshire are rooted in the experiences of the communities we serve; our priorities for work are driven by the evidence we are continually collecting from the public.

Healthwatch staff and board members hold meetings to consider which health and social care priorities we will cover in our work, and how to undertake these activities.

Members of the board sometimes establish smaller steering groups to consider particular issues, such as our Marketing and Engagement Strategy.

Volunteers are routinely involved in helping to make decisions about our work. For example, enter and view volunteers meet with staff to jointly consider which services to visit and to establish plans for conducting the visit. Volunteers who carry out the visits draft the report and decide on recommendations to be made.



Caption: Volunteers at our Volunteer Development Day



Financial information

INCOME		£
Funding received from local authority to deliver local Healthwatch statutory activities	£143,444.00	
Additional income (commissioning maze consultancy)	£600.00	
Total income	£144,044.00	

EXPENDITURE		
NBF Costs	£22,390.09	
Staffing costs	£83,133.98	
Premises	£8,340.00	
Staff Expenses	£6,892.97	
Volunteer Expenses	£5,879.04	
Communications	£4,114.02	
Recruitment	£1,920.00	
Meetings/ Conferences	£5,797.70	
Marketing	£2,044.00	
Responsiveness Fund	£3,532.20	
Total expenditure	£144,044.00	
Balance brought forward	0.00	



Appendices

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.



Contact us

Get in touch

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Phone number: 01904 621631

Email: healthwatchny@nbforum.org.uk

Website URL: www.healthwatchnorthyorkshire.co.uk

We will be making this annual report publicly available from 30th June 2015 by publishing it on our website and circulating it to Healthwatch England, CQC, NHS England, Clinical Commissioning Groups, Overview and Scrutiny Committees, and our local authority.

We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

If you require this report in an alternative format please contact us at the address above.

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