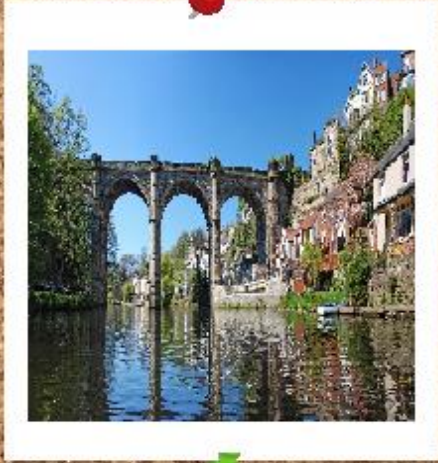


# healthwatch

## North Yorkshire



Healthwatch North Yorkshire  
Annual Report 2016/17



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# Message from our Chair



*Judith Bromfield*

2016-2017 represented a year of transition for Healthwatch North Yorkshire. We welcomed three new members of staff, said goodbye to our chair Sir Michael Carlisle and hello to four new members of our strategic board. We started the year under the umbrella of our host organisation and ended it as an independent charity.

I would like to take the time to thank those staff and volunteers that are no longer associated with the organisation. Sir Michael Carlisle was an excellent chair, an individual who commanded great respect across the county with his wealth of experience and knowledge in the sector.

North Bank Forum has been responsible for the Healthwatch contract for four years and have proved their ability to deliver a high quality service. Despite the challenges we

have faced this year. I do believe that Healthwatch North Yorkshire was as effective as it has ever been by the time of the contract handover.

We look forward to the year ahead with a new trustee board in place and exciting plans for increasing our influence and ability to represent the community in our area. It is a challenging time in the NHS especially and in local government and ensuring patient voice is heard is more important now than ever before.

In supporting this challenge we have reviewed our strategic direction and our current staffing structures looking to increase our capacity to deliver genuine and meaningful engagement and research.

**“ We look forward to the year ahead with a new trustee board in place and exciting plans for increasing our influence and ability to represent the community,**  
.....

None of this could be achieved without our team of enthusiastic volunteers. We always face the challenge of delivering across England’s largest county and only through the help and support of our volunteers are we able to reach all our communities.

# Message from our Chief Executive



2016 - 2017 was a very important period for Healthwatch North Yorkshire. The beginning of the year saw an entirely new staff team take over the reins and the end saw the transition from a hosted organisation to a fully independent charity.

The geography of North Yorkshire provides a unique challenge and opportunity for us as an organisation. It allows us to work with a population of over 400,000 people 6 different CCGs, a county and district council and many different providers of health and social care. Over this year, we have built strong relationships with each of these and I am confident we are working well to deliver real improvement to services in our area.

We work in a challenging climate with the introduction of Sustainability and Transformation Plans which see us working on even bigger footprints and with a wider group of colleagues. This has provided a

great opportunity to work with other Healthwatch organisations as far as Hull Bradford and Durham. It is essential at this time for us all to work together to ensure patient voice is at the heart of whatever changes happen to health and social care services in our area.

We are lucky to have had an excellent staff team this year and a fantastic base of volunteers without whom we would not be able to deliver the service we do. I'd like to take this opportunity to thank them all as well as the staff at North Bank Forum who hosted us for four years.

*“ It is essential at this time for us all to work together to ensure patient voice is at the heart of whatever changes happen to health and social care services in our area. “*

.....

2017-18 promises to be an exciting year, our first as an independent organisation. Working with the board there will be significant changes to how we work as we look to constantly improve the way we represent the residents in our area.



# Highlights from our year

*This year we have increased our social media channels and now engage through Facebook, Twitter, Instagram and our personal website which has received 12255 hits over the last year!*



*Our volunteers help us with everything from scrutinising documents through our readability panel to conducting Enter and View visits, as well as completing safeguarding training!*



*We have conducted 4 enter and view visits to local care homes this year, as well as engaging with local hospitals and services.*



*Our work plan has covered a wide range of issues, from Rural Access to Health Care Services, STP work and Mental Health Care Plan Approach*



*We have sent out approximately 52,000 newsletters over the last year!*



*We've received 286 direct communications from the public over the last year.*





# Who we are

We know that you want services that work for you, your friends and family. That's why we want you to share your experiences of using health and care services with us - both good and bad. We use your voice to encourage those who run services to act on what matters to you.

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

## *Our vision*

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 priorities*

*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 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 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 Healthwatch Team Nigel Ayre, Rebekah Shirley*





We can  
help you...

Are you struggling  
with social care  
or social care?

*Your views on  
health and care*



## ***Listening to local people's views***

Healthwatch North Yorkshire is dedicated to its commitment to represent the wide and diverse communities of North Yorkshire building relationships with hard to reach groups and vulnerable people in order to widen engagement across the county.

We use a wide range of engagement techniques either led by us as an organisation or working with key partners or stakeholders. This year we have attended significant regional events ensuring we reach as many people as possible especially from our disparate rural communities. Events such as the Pickering Game and Country Fair and Harrogate Big Picnic allowed us to raise awareness to 1000s of people and hear views on a wide range of issues.

We have also spoken directly with service users at various health and social care settings. As part of our work with one of our local STPs we surveyed outpatients with regard to Stroke services.

Alongside hospital visits we have regular volunteer meetings with regional board representatives who provide us with local intelligence.

We also look to engage specifically with groups who are otherwise less represented. Examples include:

- + Regional Mental Health Forum
- + Older Peoples Forum
- + Equality and Disability Forum
- + Work with further education providers

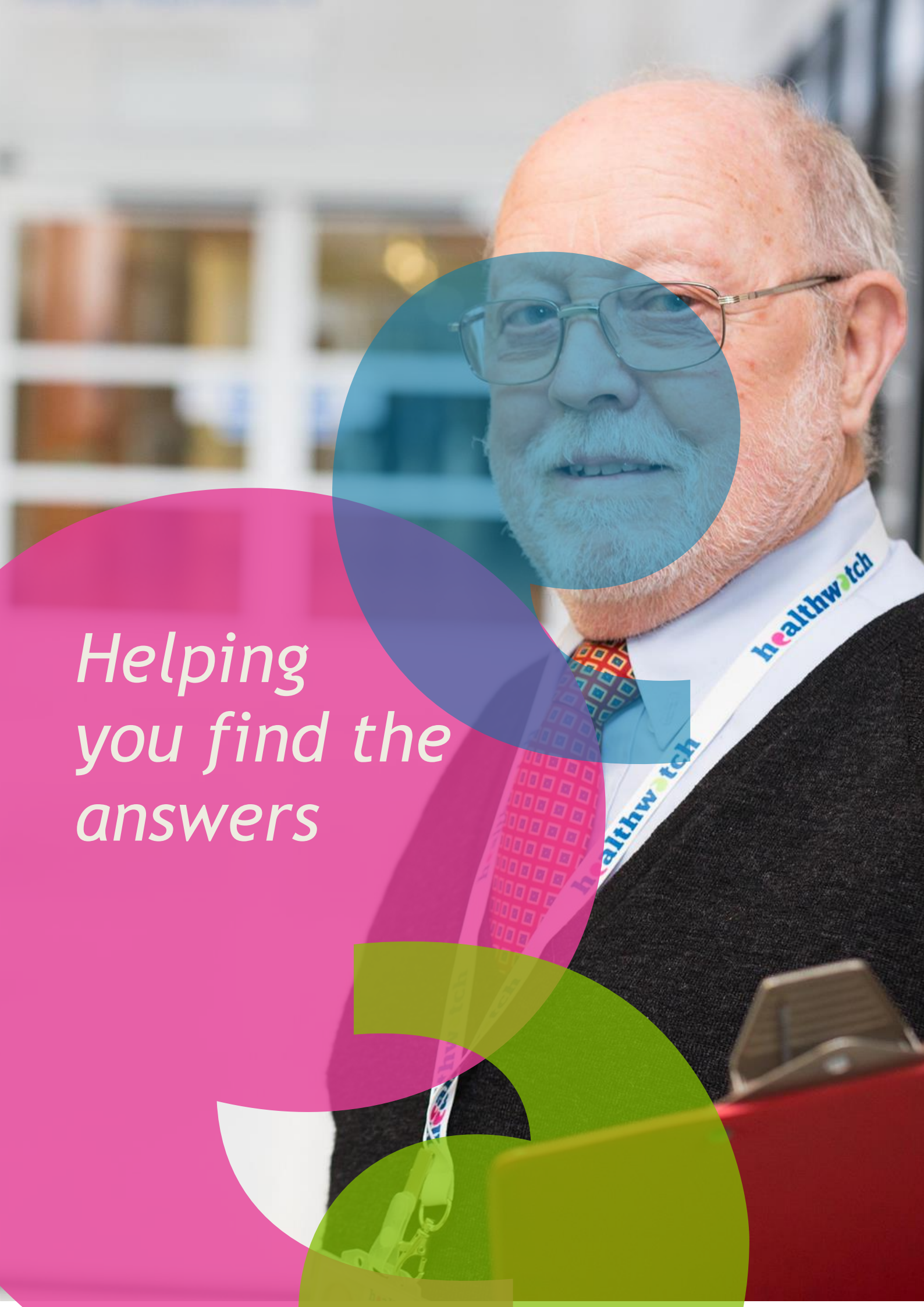
## ***What we've learnt from visiting services***

- + Healthwatch North Yorkshire have reviewed their approach to Enter and View visits over the year. Regional Enter and View leads now meet on a regular basis to identify areas where Enter and View visits can help deliver the priorities within our workplan.
- + We conducted several Enter and View visits over the last year, all with the purpose of representing the voice of service users through the identification of good practice and highlighting any areas of concern.
- + We have served 4 enter and view visits this year alone, including **Moors Care Centre in Ripon, Boroughbridge Manor and Lodge and Mary Fisher House in Harrogate**. Our final reports are accessible online via our personal website. The reports have helped to identify key themes determined by HWNY board - including End of Life Care.

All of our Enter and View authorised representatives undertake appropriate training, including safeguarding and quality assurance - with additional training for any volunteers who wish to be Enter and View visit leads. We also ensure all representatives undergo enhanced clearance DBS checks

Our current representatives are:

**Gill Stone**  
**Gill Braithwaite**  
**Richard Cyster**  
**Adrienne Calvert**  
**Julie Midsummer**  
**Diane Martin**



*Helping  
you find the  
answers*

## ***How we have helped the community access the care they need***

Healthwatch North Yorkshire logs all communication with the public - including correspondence via our website, social media channels and emails - which allows us to highlight any concerning trends that may arise. We can then lobby services for improvement using feedback we have received directly from the public.

Our website provides key links to local services and information and we continued to provide a weekly newsletter highlighting key issues both nationally and regionally. We work closely with communications teams across health and social care to make sure the public are receiving key information and fully aware of engagement opportunities within their communities.

## ***Rural Access to Services***

As part of our process to identify priorities for 2016-2017 we spoke to a number of key stakeholders in the Airedale, Wharfedale and Craven area. As a result of these conversations the strategic board decided to include issues of Rural Access to health services as part of our work plan for 2016/2017. We had received an increased number of issues raised by the public regarding missed appointments and limited

access to Healthcare services throughout the Craven District due to its rural locality. This included qualitative information that vulnerable residents were forced to pay for overnight accommodation to enable them to access key appointments.

Our extensive research aimed to address the apparent issues with limited access to rural transport links, the resulting decreased access to local healthcare services and the issue knock on effect of missed appointments throughout the Craven district.

Working with Craven CVS we collected public experience data to influence service providers and promote best practice, putting emphasis on local solutions and peer support - building a framework of information to improve the effectiveness and access to local healthcare service providers when providing care and distributing appointments.

## ***How has this helped?***

Healthcare and public transport service users situated throughout the Craven district of North Yorkshire will be now be able to access the timetables, in order to efficiently and easily plan necessary journeys to service providers. The report has been provided to the local Clinical Commissioning Group who is also sharing with their Executive GPs. At the time of



publishing the report the local CCG were involved in reviewing service provision locations for local community hospitals and the report will also provide a key evidence base as part of their engagement. Given part of the focus of the research also included access to pharmacy it has also been provided to the local authority to inform the work they are doing as part of the Pharmaceutical Needs Assessment.



A woman with dark hair, wearing a dark green top, is looking slightly to her right with a gentle smile. She is holding a white card in her left hand. The card has the text "Have you visited Care Home Reli" and "What was it like?" visible. A large, semi-transparent green circle is overlaid on the lower-left portion of the image, containing the text "Making a difference together" in white. The background is a warm, out-of-focus indoor setting.

*Making a  
difference  
together*

Have you  
visited  
Care Home  
Reli  
What was it like?



## ***How your experiences are helping influence change***

During the course of the year all 5 clinical commissioning groups that cover North Yorkshire considered proposals to improve long term patient health and wellbeing and address the financial challenges facing NHS commissioners across the country as a whole. One proposal was introducing clinical thresholds that would see smokers and people with high BMIs referred to smoking cessation and weight management support prior to receiving routine surgery.

One key responsibility of all clinical commissioning groups is to achieve the best health and wellbeing for everyone and to encourage residents in our area to live the healthiest lives possible. Work undertaken by public health in North Yorkshire has shown that smoking in pregnancy rates continue to be a major concern, especially in Scarborough. The prevalence of smoking in pregnancy (measured at time of delivery) in NY in 2013-14 was 12.9%. This ranges from 8% for women in Harrogate and Rural District CCG to 21.1% for women within Scarborough and Ryedale CCG. This can be compared with the national prevalence of 11.4% in 2014/15.

The Scarborough District has four indicators significantly worse than the England average:

- Smoking attributable mortality 2011-13
- Smoking attributable heart disease 2011-13
- Smoking attributable strokes 2011-13
- Smoking attributable hospital admissions 2011-13

Plans by our commissioners to introduce a 6 month health optimisation period, to encourage and support patients to undertake a lifestyle change had the potential to provide people with the best

possible clinical outcome and significantly improve their general health and wellbeing. All CCGs engaged positively with their communities and despite some adverse attention in the wider media the proposals were well received by the majority of the public. As a Healthwatch organisation we were supportive of plans that would improve clinical outcomes and improve the wellbeing of our population but had concerns over any potential impact on more vulnerable groups. The same research by Public Health in North Yorkshire and wider studies showed for example people with mental health conditions were significantly more likely to be smokers than the general population. Similarly those who are more economically disadvantaged see far higher rates of smoking. In some cases, learning disabilities are associated with other conditions that make being overweight more likely, such as Down's syndrome or Prader-Willi syndrome, which causes an insatiable appetite.

These factors can make weight management particularly challenging. People with a limiting disability are more prone to problems of high BMI and would find it harder to engage in lifestyle changes that would lead to weight loss.

As a Healthwatch organisation we have worked closely with all our clinical commissioning group governing bodies and enjoy positive working relationships that have allowed us to have constructive engagement around policy decisions. We were able to outline our concerns and provide each governing body with evidence based on research by our staff highlighting where any unintended consequences of these policies may have a disproportionate effect.

All CCGs had undertaken Equality Impact Assessments that had highlighted some potential impacts of proposals and combining these with evidence supplied by Healthwatch North Yorkshire it was possible



to develop robust policy exclusions that ensured people from our most vulnerable groups were given extra protection.

Through the emerging sustainability and transformation plans that evolved over the year it became clear that other clinical commissioning groups within our three STP footprints, but outside of our area, were looking to introduce similar policies shortly after they came into effect in North Yorkshire. It is testament to the positive work undertaken by the CCGs and ourselves that the exclusion policies introduced in North Yorkshire were held up as best practice by other regional Healthwatch in their discussions with their commissioners.

### ***Working with other organisations***

The introduction of Sustainability and Transformation Plans has required us as an organisation to work closely and collaboratively with our neighbouring Healthwatch, commissioners and providers. In 2016-2017 we received additional funding through the West Yorkshire STP to deliver engagement as a Healthwatch network on proposals brought forward as part of service design. This included work on Hear See and Treat, Urgent and Emergency Care and Stroke services.

In early 2017 Healthwatch was asked to help clarify what matters most to the public about the care people receive when they have a stroke. The piece of work was undertaken across the whole West Yorkshire footprint by the local Healthwatch, commissioners and providers.

Information about Healthwatch North Yorkshire's engagement went out to STP partners, which was cascaded to staff within NHS bodies - who supported our engagement and encouraged public

participation in surveying.

### ***Stroke Engagement Events***

Healthwatch across our region came together to hold engagement events and ask people what they think of care and treatment after a stroke:

- + Healthwatch North Yorkshire and Healthwatch Bradford surveyed both inpatients and outpatients at Harrogate hospital.
- + We attended various specialised groups such as providing presentations to Exercise after Stroke classes
- + In February we arranged an Engagement event specifically targeting Voluntary Sector Organisations with an interest in stroke services organisations.
- + In total 940 surveys were completed across the district, with 110 via social media and 830 via the online survey.

### ***How we've worked with our community***

HWNY has a dedicated team of passionate volunteers with representatives in each locality:

- + Hambleton, Richmondshire and Whitby
- + Scarborough and Ryedale
- + Harrogate and Rural District
- + Vale of York

We hold regular local area volunteer meetings as well as annual full volunteer meetings.

### ***Volunteer Engagement***

Our volunteer engagement continues to increase and we are committed to ensuring

our volunteer cohort is diverse and interested in working on a wide range of issues.

- + We recruited student volunteers to work on our rural access report and continue to engage younger volunteers for a wider perspective on our involvement with Health and Social care issues.
- + We have introduced new training protocol for our Enter and View work and have held regular Enter and View lead meetings for consistency.
- + We have involved volunteers in their particular fields on interest, including Mental Health forums and Local Safeguarding Adult Groups.
- + We also continue to work in partnership with York NHS Trust through our Volunteer Readability panel by reviewing Trust literature prior to its publication.





*It starts  
with you*





## ***#ItStartsWithYou***

Over the course of the year, with support from Healthwatch York, Healthwatch North Yorkshire have held several meetings for Community Equipment and Wheelchair Users as part of our outreach to diverse and hard to reach groups.

Vale of York CCG led the engagement and resulting procurement on behalf of other CCG across the county following correspondence with the public and stakeholders to understand underlying issues with services and how best to improve them.

## ***Examples of issues raised by the public:***

- + Equipment is often delivered with no information on how on how to use it.
- + More information regarding available equipment and services needs to be made available.
- + Patients did not feel providers listened to their individual needs.

## ***Sandra's Experience***

Sandra wanted to share her positive experience of the service she received when having her assessment.

Sandra, a community equipment and Wheelchair service user, was referred to the service provider by her GP. Sandra had suffered an initial delay when waiting to be given an appointment date for her assessment to come through but received assessment shortly after at her local wheelchair centre.

Sandra highlighted that the service she received was of a good standard and that

the staff were kind and very thorough throughout her experience.

Following her assessment Sandra opted to source a specialist wheelchair through *Motorbility* in order to accommodate her immediate needs.

Sandra expressed concern that there was a lack of information available to service users at the Wheelchair Centre regarding the forum and other offered services.

Now, thanks to Sandra and others from the Forum raising the issue of limited material available to service users, this information has since been provided and made more accessible to service users.

## ***Key statistics:***

**Community equipment providers** have also been directly involved with the forum and have heard from service users. Since the forum began there has been a significant investment in infrastructure, systems and fleet. To date this has seen:

- + An extra 24 delivery vehicles
- + 6 service engineers
- + Brand new depot in Scarborough.
- + Updated warehouse and customer service systems.
- + 18 technicians.



A woman with long brown hair is looking down at a brochure she is holding. The brochure has the text 'healthwatch' and 'Your voice counts' on it. There are large, semi-transparent red and green circular overlays on the image. The red circle is on the left side, and the green circle is on the bottom right side. The background is slightly blurred, showing what appears to be a public event or exhibition.

*Our plans  
for next  
year*

healthwatch

Your  
voice  
counts



## What next?

2017-2018 will be Healthwatch North Yorkshire's first year as an independent organisation. This represents both a challenge and a real opportunity.

In North Yorkshire we work with 6 clinical commissioning groups and three Sustainability and Transformation Plans.

As well as internal challenges the NHS Five Year Forward view and new Sustainability and Transformation Plans will see significant changes to health and social care in our area. These changes are set against the backdrop of historical funding issues in North Yorkshire which mean engagement and dialogue with all sectors of our community is vital.



Throughout the last year we have spoken to those people in our county through organised meetings, long standing forum and through our online presence. Combining these channels with our trustee board we have highlighted a number of key priority areas to look to deliver in the forthcoming year.

## 2017-2018

- Working with our commissioners to review existing and potential changes to services
- Completion of outstanding projects looking at Yorkshire Ambulance Service and the Care Plan Approach process.
- Joint engagement work with North Yorkshire Safeguarding Adults Board.

For the first time in its history Healthwatch North Yorkshire Board has also agreed that a countywide consultation will be undertaken on new priorities identified through the last year's engagement. This will include meeting with volunteers and conducting an online survey to discuss the following ideas.

- Do not Attends.
- Delayed Transfers of Care.
- Avoidable admissions from care homes.
- Mental Health referrals that do not meet the threshold for secondary care.
- Dentistry.



*Our people*



## Decision making

Through 2016-2017 Healthwatch North Yorkshire's Board was made up of Lay members representing geographical areas and representatives from key partnership boards. We also undertook recruitment for four new board members and appointed a new interim chair.

During the year these were:

- Sir Michael Carlisle - Chair
- Robert Peacock - Scarborough
- Adrienne Calvert - Hambleton
- Judith Bromfield - Richmondshire and Interim Chair
- Richard Cyster Harrogate
- Ian Parkinson - Carers
- Emma Finn - Ryedale
- Alan Woodhead - Vale of York
- Cheryl Johnson - Craven
- Cate Quinn - Harrogate

## How we involve the public and volunteers

Throughout the year our Executive Board consisted of both volunteers and nominations from Partnership Boards across the county. This allows a two way flow of information through:

- + Area Leads maintaining links with each district council area ensuring information from Healthwatch is cascaded and views of local areas are fed into strategic decision making.
- + Through partnership board representation or staff attendance at

key meetings the views of harder to reach groups are fed directly into strategic planning.

- + Quarterly volunteer meetings were introduced in each region as well as an annual meeting for all volunteers, board members and staff to attend.

We utilise existing networks and links in both the statutory and voluntary sector as far as possible to gather local intelligence.

Our AGM featured members of the public and key stakeholders from across the county. As part of the event there was an open discussion of what the organisations priorities should be for the following year. All this information was collated and presented to the board as part of the process of setting priorities for 2017-2018.

## Transparency

All our board meetings were held in public and all papers published on our website. Members of the public were also able to raise questions directly at board meetings.





*Our finances*



www.healthwatch

Healthwatch



Income	£
Funding received from local authority to deliver local Healthwatch statutory activities	£144,848.65
Additional income	£18,000
Total income	£162,848.65
Expenditure	£
Operational costs	£22,851
Staffing costs	£116,387
Office costs	£22,768
Total expenditure	£162,007
Balance brought forward	£841.65



# Contact us

## Get in touch!

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**Twitter:** <https://twitter.com/HealthwatchNY>

**Facebook:** <https://www.facebook.com/HealthwatchNorthYorkshire/>

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We will be making this annual report publicly available on 30 June 2017 by publishing it on our website and sharing it with Healthwatch England, CQC, NHS England, Clinical Commissioning Group/s, Overview and Scrutiny Committee/s, 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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