

Leeds Health & Wellbeing Board

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Report of: Healthwatch Leeds

Report to: Leeds Health and Wellbeing Board

Date: 24 July 2013

Subject: Partner Perspective - Healthwatch Leeds

Are there implications for equality and diversity and cohesion and integration?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Is the decision eligible for Call-In?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Summary of main issues

This report intends to set out the vision and strategic priorities of the recently formed Healthwatch Leeds. It sets out how the organisation has been established so far and the plans and aspirations that Healthwatch Leeds has to engage with the Health and Wellbeing Board and the public as a whole.

Recommendations

The Health and Wellbeing Board is asked to:

- Note the content of the report and comment on the progress made to date;
- Consider the place of Healthwatch Leeds and how Healthwatch Leeds may be able to assist and enhance the Board in carrying out its work;
- Consider how the Board can support the role of Healthwatch Leeds as the independent champion of the people of Leeds.

1 Purpose of this report

- 1.1 To enable the Board to be updated on the progress made since the appointment of the Healthwatch Leeds consortia earlier this year.
- 1.2 To set out the intentions of Healthwatch Leeds and the support which the Health and Wellbeing Board and Healthwatch Leeds can provide each other.

2 Background information

2.1 Statutory Context

- 2.2 The government's vision for HealthWatch is for it to be the independent consumer champion for the public - locally and nationally - to promote better health outcomes in health for people of all ages, and in social care for the adult population. HealthWatch is to be representative of diverse communities. It is to provide information - including evidence from people's views and experiences - to influence the policy, planning, commissioning and delivery of health and social care services and their quality. Achieving real influence is Healthwatch's challenge – and opportunity!
- 2.3 Locally, Healthwatch is also to provide information and advice to help people access and make choices about services as well as to access independent complaints advocacy to support people if they need help to complain about NHS funded services.
- 2.4 Healthwatch was established 1 April 2013 and comprises Healthwatch England and Local Healthwatches. Local Healthwatches are statutory organisations, created under the health and Social Care Act 2012, that are funded through and remain accountable to local authorities. In Leeds, this is the Leeds City Council. The local Healthwatch also has a direct relationship and ongoing dialogue with Healthwatch England for advice and support, and can raise serious concerns with the Care Quality Commission.

2.5 Roles of the organisation

- 2.6 In line with national guidance, Healthwatch Leeds has 3 core roles as part of being the independent consumer champion for the people of Leeds:
 - 1) Influencing - to shape the planning and delivery of NHS, public health and adult social care services (HealthWatch's remit does not extend to children's social care). This will include scrutinising the quality of services, holding them to account, representing the voice of the public and patients, contributing to the work of the Health and Wellbeing Board, contributing to the Joint Strategic Needs Assessment (JSNA) and working in partnership with commissioners of NHS, public health and adult social care services.
 - 2) Signposting - to help people to make choices about their care by providing evidence-based information about local services and supporting patients to choose the most appropriate service.

3) Advising - to empower and enable individuals to speak out, including helping them to access NHS complaints advocacy services.

3 Main issues

3.1 What kind of Healthwatch do we want to be?

- Inclusive - we are for all the people and communities in Leeds and involve them effectively;
- Voice - we listen actively, ask insightful questions that encourage change, support citizens in expressing their views;
- Change - we influence health and social care providers and commissioners to go beyond communication and consultation to involvement and accountability, so that people are involved systematically in co-creating, co-designing, co-producing and co-delivering solutions;
- Quality - we help improve the quality of patient and user experience through this patient and public voice.

3.2 How we want to work

3.2.1 The values of Healthwatch Leeds, based on public consultation - are:

- Empowering people and communities;
- Building on what is working well;
- Being open, transparent and trusted;
- Valuing people and communities, and their contributions.

We expect to live these values through our behaviours, such as being respectful and inclusive, offering positive challenge, working collaboratively in partnership, and supporting innovation

3.3 Our aspirations as a member of the Health and Wellbeing Board

3.3.1 Offers from Healthwatch Leeds:

- To bring an independent citizen voice that offers constructive challenge;

A determination to be an exemplar Healthwatch on behalf of the city.

3.3.2 Asks of the Board:

- To view Healthwatch Leeds as an equal partner;
- To model processes by health and social care commissioners and act on the patient/user and public voice, and enable this voice to have influence on outcomes;
- To model open and honest debate from an early stage;
- To continue to support the Healthwatch Leeds Steering Group as a group that brings together the Chairs and lead officers for the Health and Wellbeing Board, the Health and Wellbeing and Adult Social Care Scrutiny Board, and Healthwatch Leeds to discuss how our work plans and priorities can best work together to deliver the vision for Leeds;

- To add value through bringing in the expertise of the consortium partners (Inclusion North, Leeds Involving People, Leeds Metropolitan University and Touchstone) who support Healthwatch, particularly around involvement and inclusion of our communities. Leeds Metropolitan University is proposed to take the second Healthwatch Leeds place on the HWBB for the initial period, and will bring a valuable perspective around evidence base and citizen involvement.

3.4 Conversations - key themes

- 3.4.1 We have created a Relationship Development Plan and used this to prioritise initial networking. The Chair and Director have held one to one meetings with a number of key partners, including commissioners, volunteers, statutory service providers, third sector providers and groups and others. We have shared views on aspirations and working together. The staff team are busy meeting as many patient and public groups as possible.
- 3.4.2 Arising from these early conversations, the Chair has written a think piece – please take a look at our website:
<http://healthwatchleeds.org.uk/news/article/chairan-update-linn-hipps-healthwatch-leeds>. We plan to follow this with a think piece on our aspirations for involvement. We are pleased to hear that there is a great desire among our partners to work with Healthwatch Leeds and increase the influence of patient and public voice.
- 3.4.3 We will continue to keep the Board updated on what is important for Healthwatch Leeds and our growing, involved constituency of volunteers through the website and other communications channels. For example, we have also just published our first e-bulletin: <http://healthwatchleeds.org.uk/news/article/healthwatch-leeds-bulletin-july-2013>
- 3.4.4 Healthwatch Leeds believes that at this stage asking key questions is more crucial than having answers. Some questions emerging from our networking, which we invite the Board to explore with us - are:
- How are we going to support providers to champion the patient and public voice for all the communities of Leeds – and be inclusive of all groups?
 - How will we demonstrate that Healthwatch Leeds has made a real difference to how services are commissioned?
 - What do we mean by “evidenced-based” – how will we collect and use evidence, for example about people's experiences, and how will we use this to drive up quality?
 - Who are our key stakeholders and how are we relating to them as a “critical friend”?
 - How do we create a “broad church” of people to collaborate on increasing the influence of local people and service users in health and social care?

3.4.5 As well as the Joint Health and Wellbeing Strategy's priorities and commitments, other areas of priority focus for the work of Healthwatch Leeds may be the key themes deriving from the conversations so far. Some of the key themes from local people – and key questions around these - include:

- Information and Signposting
- The Health and Social Care system is complex -- how effective are we in Leeds in having a shared approach to this?
- Service Quality
- How citizens can influence this?
- Service Change
- How can service reconfiguration and transformation – for example, future changes like health and social care integration - be managed in the most inclusive way?
- Involvement
- What performance measures do we use to keep track of our engagement and involvement processes across the Leeds Health and Social Care System?
- How systematic are we in Leeds at involving people, particularly those with particular needs such as people with a learning disability and those from minority ethnic groups?
- Priority Service Areas
- Areas like A&E/urgent care, supported community self care, early intervention, dementia, continuing care, end of life care, Childrens Services, Mental Health and access to GPs in and out of hours, have been identified.
- Intelligence
- How can we work together across Leeds to use information – and what will be Healthwatch's role.

3.4.6 We recognise that these early themes come more from organisational leaders than the wider community – and emerging themes are likely to change as we build our process of community involvement.

3.5 Establishing the organization – activity so far

3.5.1 As well as developing our governance and policies, and meeting as many partners and groups as we can, we have been:

- Transferring staff under TUPE regulations and recruiting employees;
- Recruiting a Chair and Vice Chair;
- Developing strategies for recruiting volunteers and a Board, and a Shadow Board in the interim;

- Developing criteria to decide the areas of work that Healthwatch Leeds will take forward (We will test these criteria through consultation with volunteers and partners and through an event later this year);
- Commenting on all local provider Quality Accounts.

3.5.2 We have also been involved in working with partners on particular streams of work:

- The New Economics Foundation and local volunteers;
- Health providers on an annual and early dialogue around quality, which will also inform our future comments on their Quality Accounts;
- Leeds Partnerships NHS Foundation Trust on their review of complaints processes – which may well form a model for future complaints processes;
- Leeds City Council (Peter Roderick – Health and Wellbeing Delivery Officer) on involving volunteers in video feedback;
- The NHS Leadership Academy with regard to involving volunteer patients in development of Leadership Programmes.

3.5.3 Next we plan to:

- Develop our model of participation to involve patients, groups and the public, building on the foundations of the four consortium partners; Leeds Metropolitan University Health Together, Inclusion North, Leeds Involving People and Touchstone;
- Establish a regular dialogue with our stakeholders e.g. through talking to people, an e-bulletin and social media;
- Finalise our priorities and workplan for year one;
- Support the Health and Wellbeing Board – building on initial meetings between the Chairs of the Health and Wellbeing Board, the Health and Wellbeing and Adult Social Care Scrutiny Board, Healthwatch Leeds etc., in their new steering group to ensure that priorities and workplans are shared and where appropriate aligned.

4 Health and Wellbeing Board Governance

4.1 Consultation and Engagement

4.1.1 Healthwatch Leeds has undertaken a wide range of consultation and engagement however this report is primarily for the information of the Health and Wellbeing Board and as such no consultation or engagement has taken place as a direct result of this.

4.2 Equality and Diversity / Cohesion and Integration

4.2.1 Healthwatch Leeds will need to meet its equality duties however there are no issues arising directly from the content of this report.

4.3 Resources and value for money

4.3.1 There are no significant implications as a result of this report.

4.4 Legal Implications, Access to Information and Call In

4.4.1 There are no legal implications or exempt information included within this report. It is not eligible for call in.

4.5 Risk Management

4.5.1 Engagement between Healthwatch Leeds and the Health and Wellbeing Board is crucial for effective working and failure to take into account the perspective of partnership organisations could result in the best health outcomes for children, young people, adults and communities of Leeds not being achieved.

5 Conclusions

5.1 Healthwatch Leeds is still a relatively new organisation born out of the changes to the health system in 2013. Whilst significant work has already been undertaken, there is much more in the pipeline to enable Healthwatch Leeds to reach its full potential for the people and communities of Leeds.

6 Recommendations

6.1 The Health and Wellbeing Board is asked to:

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