

Report to:	HEALTHWATCH BLACKPOOL
Relevant Officer:	Steven Garner, Healthwatch Blackpool Manager
Date of Meeting	12 July 2016

HEALTHWATCH CONFERENCE REPORT

1.0 Introduction

The Healthwatch Conference took place in Nottingham and was a fantastic opportunity to meet with other Local Healthwatch and view their methods of working and share success stories and materials. It was also a chance to discuss some of the ongoing and future issues as a collective organisation with changes within health and social care. Steven Robinson, Mary and I attended a range of sessions provided by other local Healthwatch and providers. The theme of this year's conference was "The Value We Bring". All materials, which were produced, are available from the Local Healthwatch who facilitated the session.

1.2 Working with mental health services

This session was hosted by Healthwatch and MIND, discussing a collaboration, which could raise the voices of service users. Together Healthwatch and MIND tackled access and waiting time strategies and were involved in the Crisis Care Concordat and NHSE Five Year Forward View (Feb 2016). This session provided a good opportunity to see how two organisations can work together to raise the service user experience. This may open up an opportunity to speak with Lancashire MIND ahead of our Adult Mental Health review.

1.3 Sustainability

This session discussed branding and selling points for local Healthwatch we well as potential ideas, sources for income generation such as the Better Care Fund and Public Health in the development of trading arms, and profiles for commissioned work. The use of the Social Value Act in writing bids and commissions was also highlighted. Healthwatch Cumbria has provided research in conjunction with a local University and training. One Local Healthwatch said that they use a standard of £10 per hour for a member for staff and base their commissions and bids on this. The session suggested looking to the fire service, police as well as CCGs, Local Authorities and providers.

1.4 Patient Experience – Driving the improvement agenda

These sessions discussed the collaboration of Healthwatch with Patient Advice and Liaison Service (PALS) and Patient Experience managers in order to gather the views of people who have used complaints processes. It also gave some insight into getting in on the ground floor and emphasised the importance of building relationships within the local hospitals in order to make sure that Healthwatch is asking the right questions and the recommendations are being taken seriously by the service.

There was also discussion of a maternity review around “Better Births”, which formed a working group with Healthwatch and the local hospital to read 197 responses. Out of this came 16 detailed case studies and the hospital is working towards introducing a “maternity guardian”. Person centred care was driving the agenda and people with special needs were given extra consideration such as the option of being provided with anaesthetic whilst in the hospital care park to ease stress and anxiety.

1.5 Questions and Answers with David Behen (Chief Executive, CQC) and Susan Robinson (Acting National Director, Healthwatch England)

An interesting session with some emphasis on the closer working of Care Quality Commission (CQC) and Healthwatch, given recent integration changes to Healthwatch England which has now moved into CQC offices. The sponsor branch in the Department of Health (DoH) has changed and so Healthwatch and CQC are accountable to the same Government minister. The Healthwatch England Business Plan for 2016 has three priorities emphasis on quality statements, influence and to be fit for purpose. Healthwatch Rotherham raised a question around why a patient experience piece of funded work did not go to Healthwatch Rochdale, which was responded to by David Behen who explained that Healthwatch does not have a monopoly on patient experience. This session left Local Healthwatch with a sense that CQC were still at arms length despite the closer working agenda.

1.6 GP Appointments Research

An interesting piece of research by Healthwatch Newcastle along with Northumbria University. This was a Discrete Choice Experiment (DCE) in relation to GP appointment times, which asked service users which preferences they had and which they were willing to forgo. For example, preferences showed that women were willing to wait longer to see their GP of choice, whereas men were willing to wait shorter times to see any GP. There were also findings on evening and weekend appointments and the data was broken down by age, ethnicity, disability and sexuality. It is not yet known how this data will be used to influence change, but Healthwatch Newcastle was preparing to attend a scrutiny committee on the subject.

1.7 Sustainability and Transformation Plans (STPs)

Every health and care system in England will produce a multi-year Sustainability and Transformation Plan (STP) showing how local services will evolve and become sustainable over the next five years, ultimately delivering the Five Year Forward View vision of better health, better patient care and improved NHS efficiency. To deliver plans that are based on the needs of local populations, local health and care systems came together in January 2016 to form 44 STP 'footprints'. The 44 Footprints often cross over counties and local authority boundaries meaning that local Healthwatch must come together to find a cohesive way forwards to raise patient experience. This session discussed the future of STPs and "Success Regimes". Some transformation funds may be available however, they are limited.

1.8 Managing Volunteers

This was a very good session and it was run by Kate from Healthwatch England. We discussed the differences between management and leadership and in a group talked about keeping and engaging volunteers. From these discussions, I have also decided to re-name the community networker role to 'Health watcher'. This role centres around attending forums and meetings is not popular, especially when you discuss both opportunities side by side so creating a unique role is going to make it stand out more. We also received an electronic copy of Kathy Gaskin's 'a choice blend'. This paper is brilliant at supporting people like me in managing and recruiting volunteers of a higher quality and making sure, they stay.

1.9 Engagement the Healthwatch commitment to seek and hear the voices of local communities

This session was run by North Somerset and was a brilliant workshop designed to think of engagement methods we have not explored. I will be producing a report on Blackpool and an engagement plan for the up and coming year taking into account awareness weeks and potential engagement events. We discussed ideas and resources that are available free and one of the ideas that come up was pop up shops in the town centre. I had the idea of theming the days so Monday dementia, Tuesday volunteers, Wednesday cancer etc. If we can also create a semi regular, rolling events like Coffee with Healthwatch it would go a long way to engagement and building up the brand of Healthwatch Blackpool.

1.10 Presenting evidence

It was interesting to learn the academic difference between data and information analysis and how to proof read. I think the session would be better if it was more applicable and gave us materials and methods to produce a report with infographic and charts instead of word documents and to rely on our IT skills.

We did receive a link to website that could help us generate images that allow us to explain information better. I mentioned that I send all our reports to Healthwatch England, we receive no information or feedback from them and we never hear if the reports are used again. I was told that the intelligence team now consists of one person and we have to ask for feedback from Healthwatch England. I also suggested that a repository of reports would be useful as it could save time and effort if other Healthwatch have done similar work.

1.11 Using enter and view with residential care homes

We found this session very interesting and a testament to why Local Healthwatch exists. Listening to the manager's experience of dealing with a stubborn Council and promoting the value of enter and view as a tool for positive change not an audit or an inspection. They explained their process and offered to send us their information they supply to care homes. The information covered a guide to Healthwatch, what to expect, what an Enter and View was and why they were conducting one. They also mentioned they put on care awards and give an award for most improved home and highest rated. I asked how their relationship is with the local authority now and they said it was stronger and has established Healthwatch as a trusted "critical friend". Many of the care homes in the Isle of Wight (the Healthwatch who ran the session) were Council run so there is a difference to Blackpool, but the methods they used are good and I will look into them to see if they could benefit us.

1.12 Young Healthwatch – young people leading the commissioning of children's services

This session was run by Healthwatch Leeds and a national charity. It was a good session with videos and links to more information about involving young people. I was very interested to learn that 25% of the UK population are aged 25 or under. If we are not speaking to them, we are missing a quarter of the population. We discussed methods to engage young people and the services they could help shape. Sexual health, school nurse teams and CAMHS are a few we could potentially involve them with. It was mentioned that it is easier to work with young people charities than to set up a youth group ourselves, although Healthwatch Blackpool has already taken steps to brand and create a Youth Healthwatch. We were also given a young people rights tool kit developed by local Healthwatch and NHS England that we can use in workshops or signposting, which was very useful.

1.13 CAMHS – The Rotherham experience

This session was very good and similar to the Enter and View with care homes, Rotherham has had some issues with CAMHS. There were many people in the room from other Healthwatch and it seemed common that people have issues with CAMHS all over so further work could highlight these issues. Rotherham is

infamous for several high profile child cases and CAMHS was an area that Healthwatch Rotherham was struggling with. I mentioned that our own CAMHS report got a lukewarm generic response like theirs and they suggested that pushing for a response from the commissioners and NHS England is a good way to highlight any issues we hear about if CAMHS do not give us one.