

Introduction

This report summarises findings from a series of focus groups, stakeholder events and a residents' panel survey which took place between November 2011 and January 2012, in order to support the commissioning process for a Local Healthwatch.

This report also includes the findings of a stakeholder event which was held on 11 June 2012.

50 stakeholders including representatives from the LINK, Youth Council, Councillors, Health, Social Care and the voluntary and community sector attended the events.

675 members of the residents' panel responded.

The purpose of the consultation exercises was to:

- provide stakeholders with more information about Healthwatch
- Identify how we move forward from LINK to a Local Healthwatch
- Identify a vision for a Local Healthwatch
- Identify how Healthwatch can involve young people

The requirements set out in the Act mean that local Healthwatch, to be established by April 2013, will:

1. Provide information and advice to the public about accessing health and social care services and choice in relation to aspects of those services;
2. Make the views and experiences of people known to Healthwatch England helping it to carry out its role as national champion;
3. Make recommendations to Healthwatch England to advise the Care Quality Commission to carry out special reviews or investigations into areas of concern (or, if the circumstances justify it, go direct to the CQC with their recommendations, for example if urgent action were required by the CQC);
4. Promote and support the involvement of people in the monitoring, commissioning and provision of local care services;
5. Obtain the views of people about their needs for and experience of local care services and make those views known to those involved in the commissioning, provision and scrutiny of care services and
6. Make reports and make recommendations about how those services could or should be improved.

The themes for the consultation events were:

1. Moving forward from LINK to a local Healthwatch

What was said

- Identify what is good with LINK and what needs to be improved
- The present LINK needs to liaise with the voluntary and community sector to find out what can be done together
- LINKs needs to be more representative.

What we will do

- LINK reports will be included in the tender documentation and shared with the Local Healthwatch.
- Utilise national and local data to determine strengths and areas for improvement of the LINK in order to influence the development of Local Healthwatch.
- Bring LINK members and voluntary community sector together throughout the engagement and consultation process for Local Healthwatch.
- Emphasis representation in the specification for Local Healthwatch.

2. The vision for Healthwatch Harrow

What was said:

Structure and operating model

- An independent charity embedded in the local community.
- Outside organisations not to be parachuted in.
- A fresh start but learning from the LINK successes and non successes
- An organisation that has strong expertise of community work that can be trusted and respected in Harrow with a good track record.
- An organisation that can bring young people, older people and the seldom heard together.
- A professional organisation accountable to the public, with an elected board, transparent, not for profit, with knowledgeable, experienced staff and accessible premises.
- Procurement needs to test capacity to deliver, sustainability, inclusiveness and added value.
- Representative of local demography/people.
- Must be inclusive and transparent
- Focused
- Practical
- Independent but constructive

- Loved by Harrow people
- Must build trust
- Close to grass roots
- Central hub - service information, key events, connection to advocacy, specialist organisations
- Community engagement (increasing the numbers involved and the seldom heard) with the key principle – ‘you said, we did’
- Marketing and communicating Local Healthwatch including a robust website, premises in Harrow, hotline number
- Collecting and channelling concerns
- Signposting
- Monitoring
- Investigating - enter and view
- Strategic input to the Health and Wellbeing Board, CCG and London Boroughs
- Feed into Healthwatch England
- Healthwatch leads on a structure for complaints advocacy
- Will be well led, high quality, knowledge and skills at its core.
- Will be well managed, independent and embedded in the local community but can explore the potential for cross boundary provision
- Will be influential with a strong sense of its own values. Local people as well as local health and social care organisations will have trust and confidence in it by observing how it operates and seeing the evidence of its success.
- Will be accessible ‘for everyone’, must find the ‘silent majority’ and should communicate with people in different ways to achieve this
- Will be well known and have a high profile supported by a clear identity that makes it as easy as possible for people to find it and use it.
- Will be non bureaucratic but an organisation accountable to the public.

What we will do:

- Have a fair and equitable tendering process which will test the market.
- By law, Local Healthwatch has to be an independent ‘body corporate’ organisation that has legal rights and responsibilities.
- Produce a detailed specification for Local Healthwatch which will be made available for the open market with emphasis on local knowledge, ensuring that it cannot be interpreted as only being aimed at local organisations.
- Produce a specification for Local Healthwatch to make sure that what it does and how it works is fully inclusive, accessible and representative of Harrow’s population with emphasis on engaging and involving our ‘seldom heard communities’.
- Produce a specification for Local Healthwatch to make sure that it has clear directives which are transparent and practical so that the communities of Harrow can take part in its work and trust it to put across the views it receives, remembering that it is accountable to the public.
- Ensure that the health complaints advocacy service that will be commissioned; will be independent of the Local Authority.

- The Local Healthwatch organisation itself will be independent and commissioned to co ordinate and performance manages all local advocacy and information advice services rather than directly providing them.
- We will use an outcomes based commissioning process to identify the organisation that delivers health complaints, advocacy and Local Healthwatch itself.
- Organisations will be able to bid independently or in consortia to provide these services.
- Local Healthwatch will be expected to pay due regard to other regulation, quality assurance and engagement activity in the borough when it plans its own rights of entry and engagement work.
- Ensure that Local Healthwatch is an organisation which makes a positive contribution to local strategic planning and service commissioning.
- Ensure that there is clear communication of the local communities' views based on credible evidence, presented in an accessible, relevant way.
- Ensure that Local Healthwatch can give constructive challenge on behalf of the community when required
- Ensure that Local Healthwatch develops informed, robust relationships based on mutual respect and an appreciation of the different roles each organisation plays.
- Ensure that Local Healthwatch develops judicious use of enter and view powers by collaborative working with other inspection regimes.
- Ensure that Local Healthwatch gives prompt, appropriate contact and reporting of concerns about service quality and safety.
- Ensure that work is co-ordinated between Local Healthwatch where providers or issues cross boundaries.

3. Engaging and communicating

What was said:

- Locations within Harrow, one key place with transport and access for all – outreach in less key localities
- Electronic – twitter, Facebook, email, text, maintained by skilled people
- Telephone (on call? Volunteers?)
- Website (good, easy to use, accessible, interactive)
- Contact with schools
- Engaging representation groups
- Groups – need to get something out of this, clarity that voice will be heard by commissioners etc. in return for time given by those organisations to run events – raise groups profile?
- Going to where people go (GPs, libraries, supermarkets)
- Representative/individual balance
- CCG/GP/Other groups

Involving young people

- A representative of young people from each school, social club etc.
- Spreading the word to their schools etc.
- Telling people through leaflets, newspaper advertisements etc,
- What about a having a Local Healthwatch App?
- A contact email so people can share experience of dentists etc.
- Healthwatch needs to be long-term relationship –if there are changes, there needs to be consistency.
- Volunteering work experience for young people target those who want to go into areas of Health
- Links on school websites
- Representatives go into schools to talk about Healthwatch

What we will do:

- Make sure that Local Healthwatch is accessible, easy to contact, visit and to get involved with.
- Give opportunities for all to get involved with local Healthwatch by using a range of methods and social media tools.
- Ensure Local Healthwatch reaches out to communities by going to where they are.
- Ensure local Healthwatch understands and is underpinned by Equality and Diversity.
- Involves young people in Local Healthwatch's decision making processes and activities.
- Ensure links with schools, youth organisations, and youth carer organisations.
- Make sure that young people are given the opportunity to volunteer and work with local Healthwatch.
- Continue the partnership work developed by the LINK with GP's and CCG's.
- Take on board the responses from the Residents' Panel survey, see below.

Summary of the residents' panel survey

We have 1165 members of the residents' panel and 675 responded to the Local Healthwatch survey, 45% were female and 55% were male. 31% were BME and 24% who responded have a long term health condition or disability.

The questionnaire was split into the following 3 sections:

- About Harrow LINK
- Information and Advice
- Making a complaint

About Harrow LINK

We asked 'where if at all have you seen or heard of Harrow's Local Involvement Network (LINKs)?'

18% of those who responded had heard of the LINK through one of Harrow's local newspapers in comparison to an average of 82% who had not heard or seen information about the LINK.

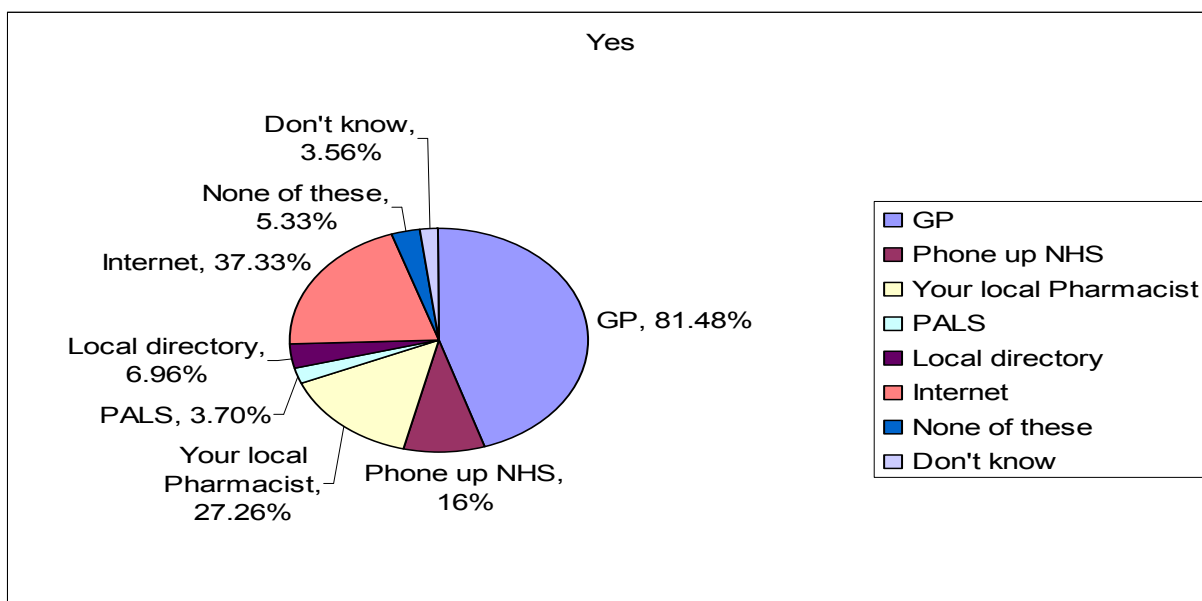
4% have attended LINK meetings and 16% knew about the LINK.

This is an obvious area for improvement, using the right media and material to give continual and consistent messages to the community.

Information and Advice

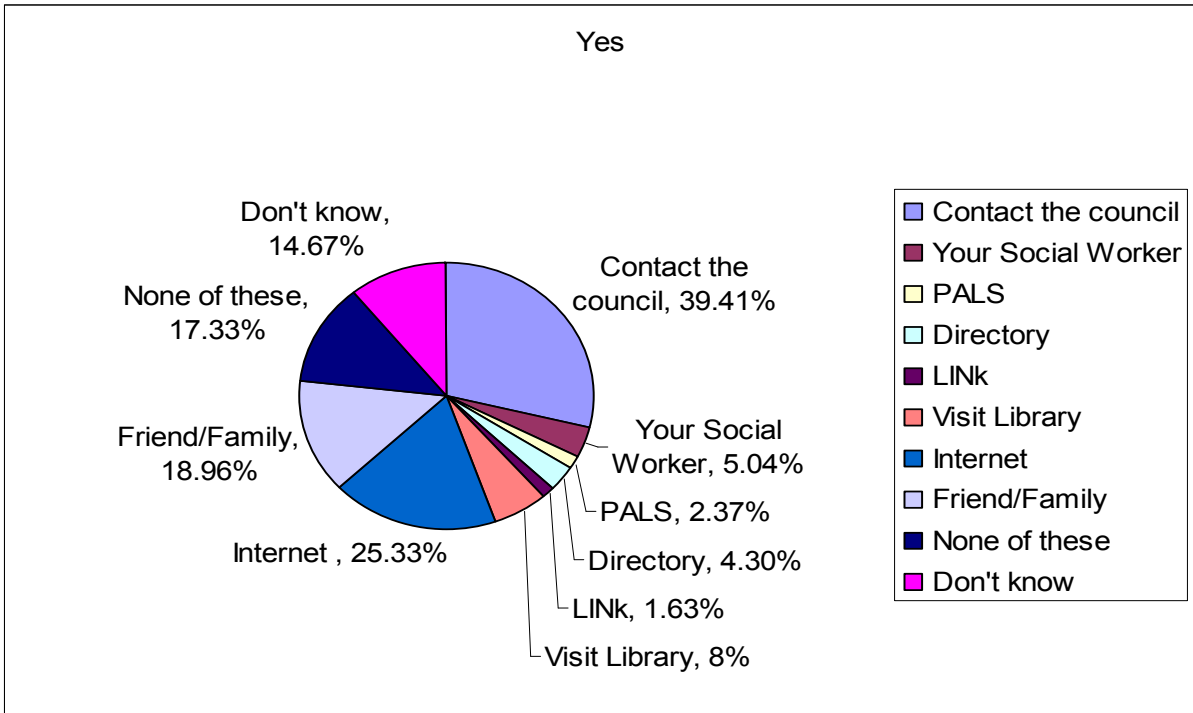
We asked 'where if at all do you get information about Health services?'

The majority got information from their GP's 81%, from the internet 37% and local pharmacists 27%.



We asked ‘where if at all do you get information about Social Care services?’

The largest group got social care information by contacting the Council 39% and just over 25% got information from the internet.



We asked where people would prefer to get Health and Social Care information from.

73% agreed or strongly agreed that they would prefer to get information about Health and Social Care from a dedicated Healthwatch phone number, 70% from a dedicated Healthwatch website and 58% from their local pharmacy.

We asked ‘who would you contact if you needed to make a complaint about a Health issue?’

56% would complain to their GP, 37% to the NHS and 31% to a local organisation such as CAB, HAD, Mencap, Age UK, MIND and Harrow Carers.

12% did not know.

We asked ‘who would you contact if you needed to make a complaint about a Social Care issue?’

39% would complain to the Council, 37% to a local organisation and 29% to their GP. 19% did not know.

We asked ‘if you need to meet someone to help with a Health issue where would you visit?’

82% would visit their GP if they need help with a Health issue, 22% would visit a local organisation 20% would visit the Local NHS and 20% the hospital.

We asked 'if you need to meet someone to help with a Social Care issue where would you visit?'

41% would visit their GP if they need help with a Social Care issue, 37% would visit a local organisation and 36% would go to the council.

We asked 'in the long term where would you prefer to go and get help about a Health issue?'

77% would prefer to go to a dedicated office in Harrow that is accessible and with personnel to resolve things informally compared to 22% who would prefer to access a regional service across West London where you could phone, email and/or visit similar to the traditional ICAS model.