Cheshire East Local Healthwatch Consultation

Adult Services, Consultation and Participation Team

Executive Summary

Local Healthwatch is a new organisation which local authorities have been asked to set up by the Government. It will act as a consumer champion for health and social care, with responsibilities for information and signposting, monitoring and scrutinising services, providing a representative on the Health and Wellbeing Board.

Cheshire East Council held a consultation on how Local Healthwatch should be set up and function from 22 May – 31 July 2012. This allowed the Council to understand local priorities and needs.

Three main techniques were used to gather feedback; events (162 attendees), questionnaires (345 received) and focus groups with 'harder to reach' groups. The consultation revealed that the majority of people felt that the Healthwatch Board should be selected rather than elected but safeguards needed to be in place to ensure that it was truly independent. It was also deemed that board members needed to be truly representative of the local community. This meant representation across age groups, client groups, ethnicities and background.

Consultees felt that Local Healthwatch could have an important role to play in joining up health and social care advice and information by performing a signposting role. Websites/email and a telephone helpline were seen as a good way for it to do this. The consultation also found that Cheshire East Healthwatch should communicate with its members and the wider public via the use of newspapers and a newsletter.

Having a clear work programme was seen as important, but they also felt it was vital that this was driven by the board and the wider membership. All areas of social care and health were seen as important for it to look at with prioritisation only occurring as its work developed. The consultation underlined that it is exceedingly important that Healthwatch supports and nurtures volunteers. The ability for them to make a real difference was cited as crucial.

The messages in the consultation will be used to write a service specification for a Cheshire East Local Healthwatch. This will drive a tendering process that will take place shortly.

Contents

Introduction

This consultation concerned the Local Authority consulting on the set up of a new organisation known as Local Healthwatch.

This will support health and social care services by working with, and listening to the views and experiences of local people.

It will do this by:

- Providing information and advice to people on health and social care needs
- Representing the local community with organisations that provide health and social care services
- Examining the quality of local health and social care services
- Having a seat on the local Health and Wellbeing Board
- Influencing decisions about planning and buying health and social care services.

Cheshire East Healthwatch will replace Cheshire East LINk which has a smaller set of responsibilities. All Local Authorities in England with social care responsibilities are under a duty to set up a Local Healthwatch in their area. Please see the original consultation booklet for further background.

The Consultation

Although it was mandatory for the Local Authority to set up Local Healthwatch, it was important for consultation to take place with the local community to understand how it could best be delivered according to local priorities.

There were two main areas that the consultation was shaped around:

- **How Healthwatch should be set up**

  This concerned which model should be adopted for recruiting a Healthwatch board. It also meant looking at how many board members would be required, what skills they needed to have and what leadership they needed to show.

- **How Healthwatch carries out its functions**
  Healthwatch has a number of functions that it must deliver. These include providing information and advice and representing the local community with social care and health organisations. However, the way that these functions should be carried out is subject to local decision-making. As such it was important to consult on local priorities and understand the way people currently engage with health and social care services.

This information would be used to write a service specification to describe what the local community wanted from Healthwatch. Following this, procurement would take place to find an organisation who could best set up Healthwatch according to this criteria.

The consultation information will provide some initial direction for Cheshire East Healthwatch, although it will be vital for the Local Healthwatch Board (once it is installed) to further shape and refine this.

Consultation Methodology

A number of techniques were used to ensure that feedback was obtained from a diverse range of people and groups. These included:

- **Events** - Three Local Healthwatch events were held at Congleton, Crewe and Macclesfield. The format consisted of presentations to provide background on Local Healthwatch, and five themed workshops to capture people's ideas on how this might work locally. A total of 162 people attended these events.

- **Focus Groups** – Seven focus groups were arranged to understand the barriers and issues facing specific groups of people. These were; carers, people in rural communities, learning disabilities, older people, gypsies and travellers, young people, ethnic minorities. [note: to date five have been carried out, two more will be carried out in due course]

- **Questionnaire** – a questionnaire was produced in paper and electronic versions in order to give a wide range of people the chance to comment on Healthwatch, and to collect valuable quantitative information, for instance, on which model was preferred for Healthwatch.

Promotion:

Consultation methods were promoted using a range of different channels. These included:

- **Radio** – radio interviews were conducted by Councillor Janet Clowes to help build awareness of the consultation. Stations included; Canalside Radio, Silk FM and Radio Stoke.

- **Press Release** – a press release was issued which was taken up by a number of local newspapers.

- **Town Centre Visits** – Visits were made to 8 different town centres to distribute questionnaires and to talk through issues that people raised over Healthwatch.

- **Display Stand** – Healthwatch display stands were located in libraries and hospitals to provide greater awareness about this new organisation. Questionnaires were also available to take away.

- **Emails/letters** – correspondence sent out to a range of stakeholders within Cheshire East. This included Voluntary Sector Organisations, Parish Councils, Patient Partnership Groups (run by GP Surgeries) and Councillors.

- **LINk Members** – all current Cheshire East LINk members were contacted about Local Healthwatch. This included being invited to the events and being asked to complete the questionnaire.

- **Website** – the Local Healthwatch questionnaire was available on the Cheshire East website. It was also promoted through websites of other local organisations. This included; CVS, Cheshire East LINk, Hope Street Centre, South Cheshire Health, Mid-Cheshire Hospital Trust, Cheshire Centre for Independent Living etc. We are grateful to all organisations

who assisted with this. A Local Healthwatch Facebook site was also developed.

- **Local Area Partnership Groups (LAPs)** – LAP Managers were appraised of Healthwatch and asked to disseminate information to relevant local groups.

Healthwatch Transition Group

The Healthwatch Transition Group was set up to assist and advise on the setting up of Healthwatch in Cheshire East. This included shaping the consultation process. This group was initiated in November 2011 and is made up of people from Cheshire East Council, Health, LINk, as well as other local stakeholders. These include:

Jill Greenwood – Cheshire East Council (Chair) **Bill Brookes** - LINk **Mike Crawshaw** – Cheshire East Council **Julie Cummings** – LINk (Care 4 You) **Matthew Cunningham** - East Cheshire Clinical Commissioning Group **Nik Darwin** – Cheshire East Council **Neil Garbett** – LINks Support Team **Maggie Harwood** – LINk	**Jan Hutflesz** – Age UK Cheshire **Kevan Larkin** – Future Northwest **Sue McDowell** – Central & Eastern Cheshire Primary Care Trust **Caroline O'Brien** – CVS Cheshire East **Sue Pickup** – Mid Cheshire Hospital Foundation Trust **Dave Siddorns** -LINk **Barrie Towse** - LINk **Terry Woodward** - LINk

Consultation Analysis

The Questionnaire

A questionnaire on Local Healthwatch was distributed to a wide range of people and organisations within Cheshire East. In total 345 questionnaires were received. The questionnaire was designed to provide useful feedback about the overall future direction of Healthwatch as well as marketing

intelligence to inform how it should perform its functions.

Profile of Respondents:

Out of the total of 345 questionnaires, a larger percentage of these were completed by women (men 36.9% and women 63.1%). This may be partially explained by the number of women who traditionally work in the health and social care field as well as greater female life expectancy amongst older respondents.

There was a fair spread of people completing the questionnaire from different age ranges, with the highest percentage completed by the 40 – 59 age group. The slight bias in this age group again might be explained by the fact that Local Healthwatch is of particular interest to health and social care professionals again which come from this age bracket. The 60 – 74 age group was the next most represented group, with the younger age groups having substantially lower percentages. The younger person's focus group was one mechanism to ensure the views of this age group were not overlooked.

74.6% of the respondents did not have a disability, whereas 22% stated that they did. 30.7% of respondents did care for someone with 69.3% not being a carer. The split of the ethnicity of respondents generally reflects the demographics of Cheshire East with 95.4% of questionnaires received being from White British people.

Section 1: Cheshire East LINK

1. Have you heard of Cheshire East LINk before?

A total of 43% of respondents stated that they had heard of Cheshire East LINK, with 52.2% stating that they were not aware of it; and 4.8% stating they did not know or were not sure. This figure should be understood in the context of the many people who completed the survey which included LINk members as well as people working in the voluntary sector. In this context it could be put forward that Cheshire East Healthwatch would need to take greater steps than the LINk in order to build the necessary level of awareness amongst the public.

The open comments also displayed a split. Some respondents praised the work of Cheshire East LINk, for instance, praising the way it gave a voice to local people on health and social care issues:

> *"Very effective. A positive input into Cheshire East Community. A lifeline away from other statutory bodies. These people care. Underfunded. This is not an excuse put out by LINK they have not been supported."*

> *"Works well with other partners in health and social care. Makes effective use of volunteers. Has a good understanding of health and social care issues."*

LINK's Enter and View work was also commended:

> *"The visits are excellent as they pick up on things that staff might not notice i.e. signage"*

> *"Enter & View activities have been developed very effectively. Patients are interviewed and improvements suggested, based on their experiences. Reports are sent to the Hospitals/Nursing Homes etc involved, for their consideration and appropriate action."*

A smaller number of respondents did feel that Cheshire East LINk required further powers to really make a difference. For instance,

> *"Its intentions are admirable. Whether it has sufficient weight to be successful in achieving the desired results for its members on key issues is the doubt. If it remains mostly just a consultative body without powers to achieve its desired aims then members will lose interest."*

However, the other section of opinion raised the issue of the lack of perceived profile of Cheshire East LINk. For instance,

> *"Difficult to contact & approach too remote out of touch with the people cannot see any useful achievements lack of response when queried minimum information/help provided"*

> *"Not sure it's made a big impression locally - could do better."*

A few respondents went further and felt that LINk was a talking shop which was unrepresentative.

"Not at all clear how they actually represent patients and unsure how effective it is."

"The whole LINk group is a cabal of old retainers, how does the group reflect the ethnic mix of residents?"

In addition to this, a small number of respondents also criticised the way it went about its work

"Events run by link have recently not come together too well and information was limited."

"The work has been very reactive, not proactive. Only in recent months has the amount of information coming out increased, though quality is very poor."

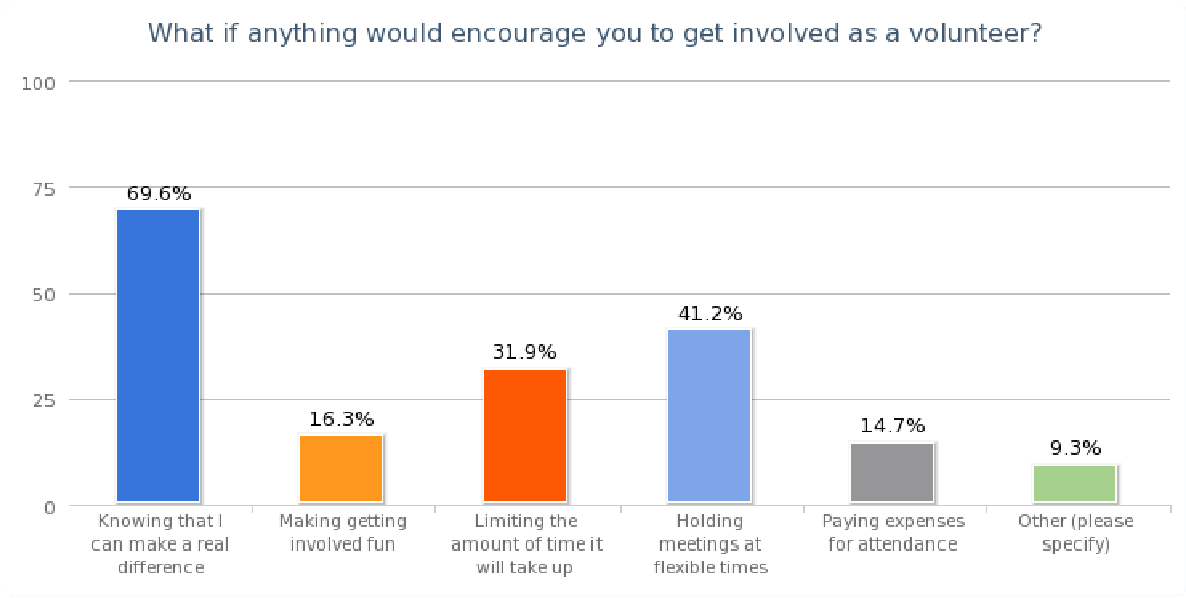
Overall this suggests that although LINk has had successes, Healthwatch would need to do more to really be seen as effective by the local community.

Section 2: Healthwatch – How should it be set up?

The first question in this section of the survey asked what people's preferred model was for selecting the Healthwatch Board. A clear majority of respondents (75.7%) stated that they would prefer Model 2, which was an appointed board. An elected board (Model 1) was favoured by 24.3% overall.

To recap, an appointed board would involve job descriptions being put together for posts on the Healthwatch Board. Candidates would then put themselves forward for posts based on their skills and experience.

The next question expanded on this subject and asked how people could be encouraged to volunteer.



Note: a maximum of two options could be selected

By far the most popular option was 'Knowing that I can make a real difference' (69.6%); this was followed (although with considerably less popularity) by 'Holding Meetings a Flexible Times' (41.2%). 31.9% of respondents endorsed 'Limiting the amount of time it will take up'.

There were relatively few open comments to this question. However, issues raised which were different to the main options included holding meetings in accessible locations (both for public transport and for wheelchair users). The need for the views of volunteers to be respected and acted upon was also an issue put forward as was 'monitoring of wasted resources'.

Section 3: Healthwatch – What should it do?

The next question involved respondents prioritising the functions that Healthwatch will provide (see table below). The aim of this question was to inform the future Healthwatch Boards decision-making and to ensure people's views were taken into account in the initial procurement.

Three of the functions were of particular importance to people. These were (in order of priority); 'providing information and advice about health and social care', 'influencing decision-making by health and social care organisations' and 'Inspections of services'.

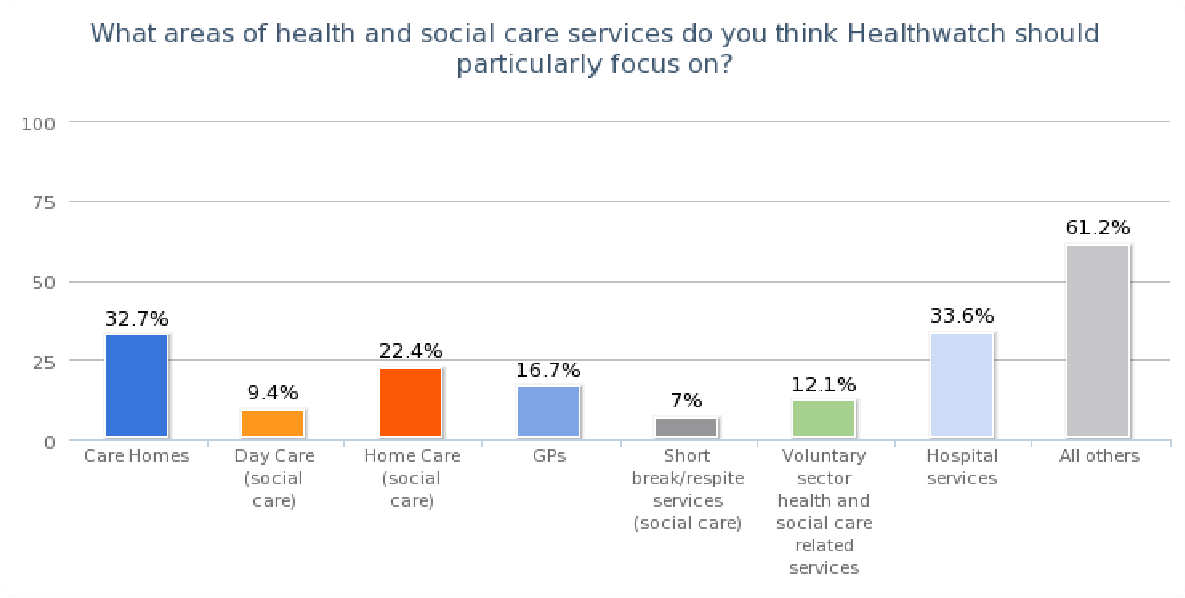
The last two areas received noticeably less interest from people; 'reports and research on local social care issues' and 'holding events on local health and social care issues'. This data will be vital intelligence for shaping Healthwatch's resources.

Item	Total Score[1]	Overall Rank
Providing information and advice about health and social care	1140	1
Influencing decision-making by health and social care organisations	1126	2
Inspections of services	1114	3
Reports and research on local social care issues	839	4
Holding events on local health and social care issues	701	5
[1] Score is a weighted calculation. Items ranked first are valued higher than the following ranks, the score is the sum of all weighted rank counts.		

The question that followed, had a similar intention, but requested that people prioritise specific health and social care services for scrutiny. However, many of the open comments received explicitly referred to the fact that it was only possible to select two options for this question when it was felt all were important. This was reflected by the fact that 61.2% of responses were in the 'Other' category, the most popular of all options. A sample comment was:

> *"It is very difficult to give priority within section 6, as all are important. Those deserving focus are surely those which emerge as most requiring attention from the Healthwatch's work and knowledge as it operates."*

This quote also highlights an idea, also raised by a couple of other individuals, that it is only through the course of Healthwatch's work that it would be possible to adopt any prioritisation.



For those respondents who did wish to prioritise; care homes (32.7%) and hospital services (33.6%) were deemed most important, with home care also being selected a significant amount of times.

Other services seen as significant to the scrutiny of Healthwatch which were not on the list were; accident and emergency, sexual diseases and teenage pregnancies, transport to and from health and social care services, young people's services (16-18), extra care apartments and learning disabilities [although this was covered in part by the day centre and home care option].

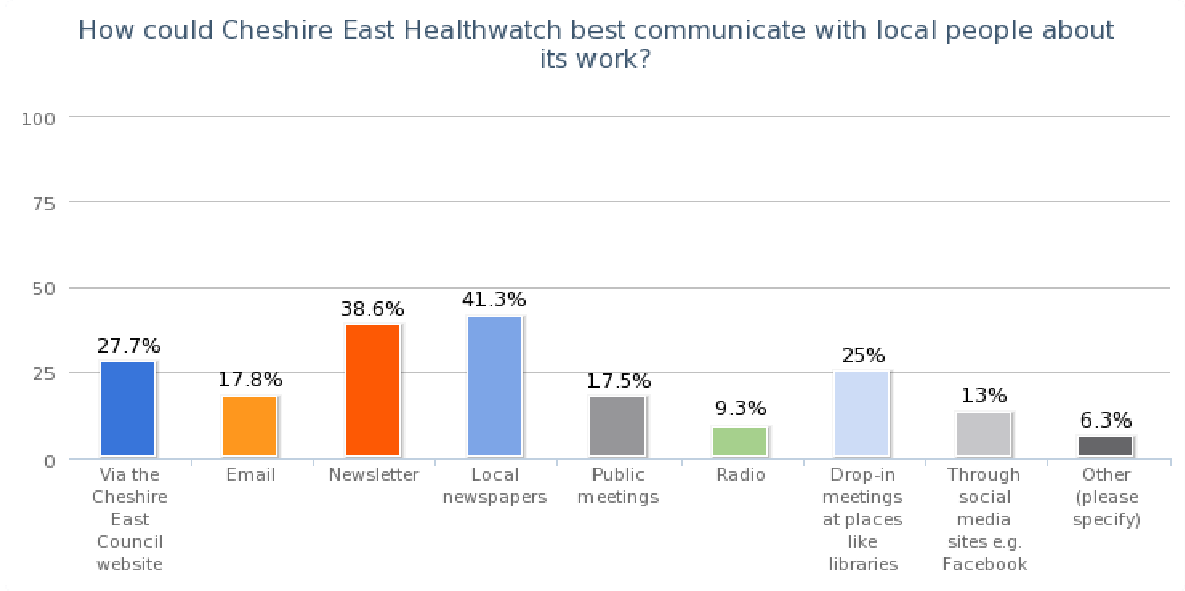
Section 4: Information and Communication

Communication will be an important issue for Local Healthwatch. Firstly, and mostly obviously, in order for the public to use it they will need to know it exists. Secondly, in order for the public to value it they will need to understand the work that it is doing.

Two clear channels of communication were highlighted by the public as being of significance. These were; Local Newspapers (41.3%) and Newsletters (38.6%), which could be deemed relatively traditional media. The next two most popular options were via the website (27.7%) or drop in meetings (25%). In the 'Other' category the Local Area Partnerships were highlighted as a good

means of communicating, as was a Local Healthwatch website, shops/supermarkets, local radio and TV, referral, and through existing groups.

Whilst extremely valuable intelligence, there does need to be a recognition when drawing conclusions from this data that different techniques will be favoured by different segments of the Cheshire East public. As such, there may still be a place for some of the less popular channels in order to reach particular types of people. Further analysis will therefore be required by Healthwatch to compare responses for this question against demographic and other respondent information.

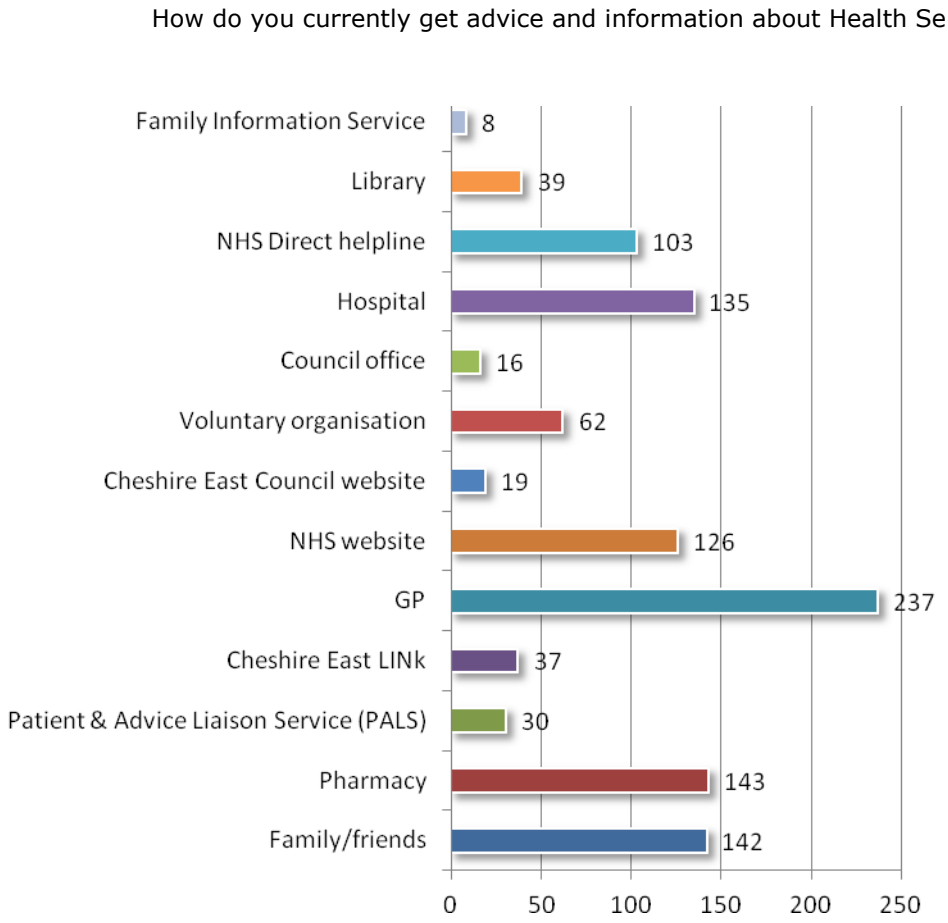


Note: respondents could select as many options as they wished

Two questions were posed to look at the advice and information that Healthwatch should provide. The first question posed how people currently receive advice and information about Health and Social Care (respondents could tick all that applied). Respondents had to provide separate responses for both Health and Social Care.

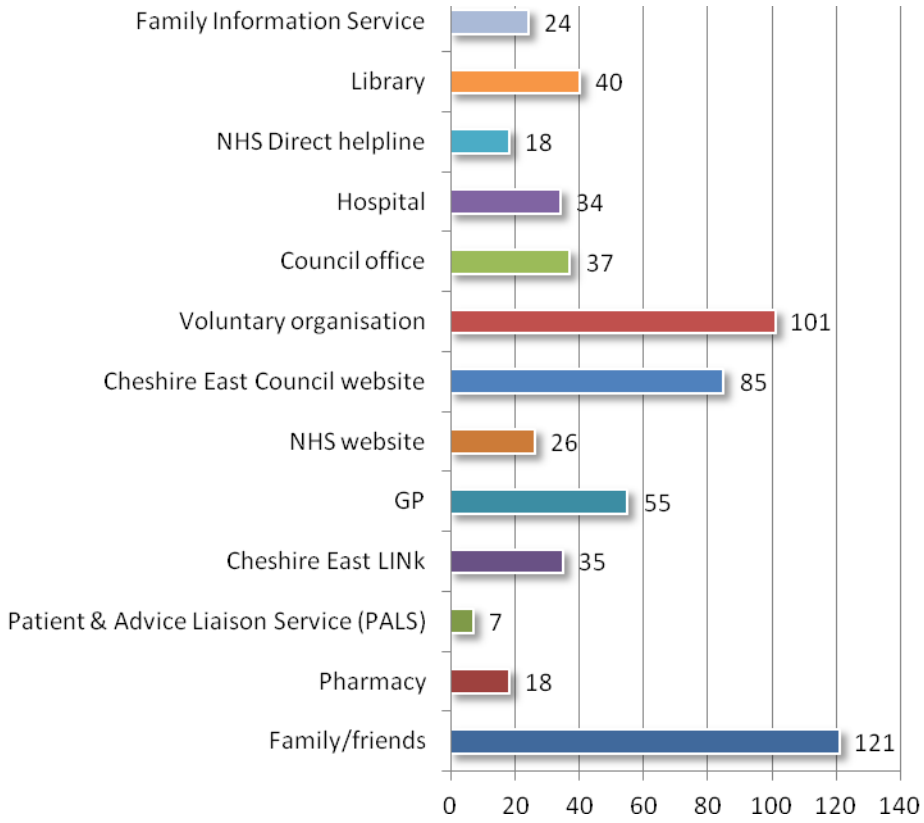
In studying this information specifically for Health we find, perhaps unsurprisingly that a GP (237 responses) was by far the most popular option.

This was followed by using a Pharmacy (143 responses), the hospital (135 responses), the NHS website (126 responses) and the NHS Direct Helpline (103 responses). The Patient Advice and Liaison Service received a relatively low number of responses (30).



Answers were significantly different for social care. For this family and friends was the most favoured option (121 responses) with a voluntary organisation (101 responses) and the Cheshire East Council website (85 responses) also popular. One important consideration must be that social care services are traditionally used by a much smaller quantity of people in comparison to health services. However, the fact the first two more favoured options were relatively informal ways to obtain information and advice suggests that either there is a lack of knowledge of the fact the Local Authority provides social care, or a suspicion with going to it directly. Using a GP with 55 responses was still a relatively prominent option.

How do you currently get advice and information about Social Care Services?



Some of the open comments, perhaps anticipating later questions, stressed that whilst websites were important, some individuals (particularly older people) found them hard to access and use, so a range of methods were required. A representative statement was:

> *"It is important to know where to find the information when it is needed, and vulnerable groups are the ones who do not necessarily have access to internet social media."*

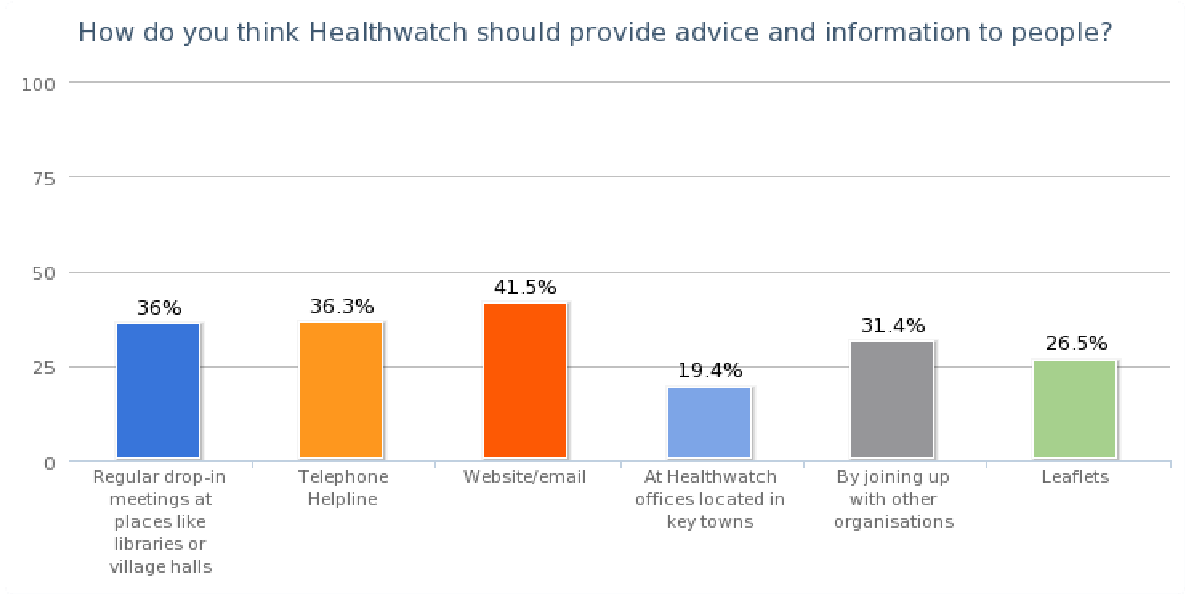
Other respondents stated that they used other websites via Google. A further remark made by a few individuals was that information and advice was very 'scatter-gun' and it was hard to know who to go to and hard to gauge the quality of advice. For instance, one remark was;

> *"There does not seem to be a focal point for advice. All agencies seem to give differing advice."*

The follow-up question had a slightly different emphasis and asked people how Healthwatch itself should provide information and advice specifically to

individuals with problems. For this, it was striking, despite answers given to other questions, that the website/email was the most popular choice. A telephone helpline (36.3%) and (36%) regular drop-in meetings were also seen as important. Having Healthwatch offices in key towns was conspicuously the least popular with 19.4% respondents selecting this.

Despite this, it should also be noted that in looking at open answers some people did not comprehend the difference between Healthwatch generally informing people about its work, and giving specific advice and information in relation to an individual's specific problem. As such some open comments were purely reiterating choices made in the first question in section 4.



Other comments were put forward flagging up the potential of Healthwatch to be a white elephant. These included:

> *"Healthwatch should give the money they get from the government for this and from local rates to the charities which already work in these areas in order for them to deliver the services."*

> *"I trust Healthwatch is not going to be another resource that is expensive and another waste of time."*

There were also comments suggesting that Healthwatch needed to ensure its advice and information service was well focussed.

"Healthwatch is the last place I would go to for advice on Health or Social care. I do not imagine they have the data or knowledge to support callers? Perhaps this is overly harsh? But for Social Care I would call the Council. NHS Choices is the first place to look, and if I had no internet access I would ring them. Why duplicate existing services? Healthwatch should signpost, no more than that."

"I think this should be a signposting service only to avoid duplication of services and systems already set up."

A couple of other comments received of particular relevance were:

"Drop in meetings are a waste of time. I've held these for health events before. Poor attendance usually patients attend who already have info. Don't reach the right people."

"People tend to seek out information at the point of 'need' and promotional strategies need to take this into account."

The Workshops

Three events were held on Local Healthwatch at Macclesfield, Congleton and Crewe. At these, attendees were allocated to a workshop on the basis of the type of group they represented, ensuring that there was sufficient variety of viewpoint.

There were five workshops in total (at each event), concentrating on the following themes; Information and Advice, Leadership, Partnership, Representation and Work Programme. Workshops were facilitated, with a series of questions being worked through by the group as a starting point for conversation.

1) Information and advice

What barriers do people face in obtaining information and advice?
Contributors felt that some of the barriers were:

- Organisations constantly changing thus leading to people not knowing the right places to go to

- Lack of communication meaning it takes a long time to find the right information
- The need to have an allocated social worker to have better access to social care information
- Not all individuals being able to use IT / social media
- Communication barriers for example hearing problems, physical disabilities.

Where do people go at the moment?
People gave a number of different examples when they were asked where they obtained information. These included using websites, libraries, colleges and information centres.

How should Cheshire East Healthwatch offer information and advice?
Many suggestions were put forward by contributors over how Cheshire East Healthwatch could offer information and advice. It was felt that a shop could be expensive and therefore libraries, community centre or charity shops might offer an alternative means of having a town centre presence. In addition to this, it was recognised that as Cheshire East is mainly rural, approaches need to allow for a good spread of geography. This meant that supermarkets, day care centres, community centres and pubs should also be used to help market it.

There were also a number of miscellaneous comments which included:

- It was felt that Healthwatch should be a hub which engages with other organisations and directs individuals to the best service.
- The importance of information being in accessible formats (such as Braille and foreign languages) was also stressed. Local radio was seen as useful for people with limited reading skills. Using screens at doctor's surgeries was also seen as potentially useful.
- To encourage young people to use Healthwatch use mobile apps as a way to offer information and advice.
- Having a clear communications strategy for Healthwatch was seen as paramount.

What should the role of volunteers be in this?
It was felt that it was important to understand how much support a volunteer could truly give. In this way volunteers could be properly valued. Some of the information they could provide would depend on their background knowledge in health and social care although training could develop this.

How should Cheshire East Healthwatch work with other organisations to provide this?

A few separate points were raised for this question:

- The need for information sharing to take place between Healthwatch and other organisations
- The benefits of linking into lots of different websites – therefore accessing far more advice and information
- The need to ensure that working with organisations is done carefully so that for instance particular age groups are not excluded.
- It is important to ensure there is a consistent partnership approach to map existing infrastructure.

2) Leadership

What do you think the pros and cons are of the two models for Cheshire East Local Healthwatch

Model one – A membership which elects a Board

In this model, a Healthwatch Board would be elected by Healthwatch members. This Board would help determine the work Healthwatch should concentrate on.

Model two – Appointed Board

In this model, no elections would occur instead people would apply to be on the Healthwatch Board. Candidates would then be chosen by an independent selection panel on the basis of their skill and experience.

There was no consensus in the Leadership Workshops on which model was preferable. It was felt that there was a need to ensure the Healthwatch board and membership was representative of the local community. However, questions were raised over who would sit on the selection panel for Model 2 and how they would be chosen. It was stressed that people with a 'single agenda' should not be on the Board, they must be independent. Some suggested that the Board could be a mix of the two models, for example, with a mix of elected and selected members.

How can we make the best use of volunteers?

When asked how we would attract a diverse range of volunteers to be involved the response was; good communication, target hard to reach groups, look to champions in the local community. The workshop groups also felt that people perhaps would need motivation to get involved. This would mean assuring

them that their voice would be heard and that things would change as a result. It was recognised that is was important to integrate Healthwatch into the community and to make it accessible to all. As such, there was a need to attract young people and to engage them in a proactive way.

What qualities will a well led Local Healthwatch have?
The workshop said there was a need to ensure that the Healthwatch Board and membership is representative of the local community. The Board should be multi-talented with the right skill mix. This should include commissioners, volunteers, local organisations, people who use services and people who live in the community. It was also of high importance that a member of the Local Healthwatch was a representative on the Health and Wellbeing Board.

How can we ensure that Cheshire East Healthwatch has good leadership?
It was felt that board members of Healthwatch must be visible in lots of creative ways. One thing stressed in particular was the need to ensure the selection panel was independent.

What skills do you think Cheshire East Healthwatch Board members might require?
It was stated that Healthwatch board members needed to be multi talented and independent with good communication skills. It was also suggested that membership should change every three years.

3) Partnership

How can the Local Healthwatch work together with other organisations in Cheshire East?
There was more or less a consensus at the events over this particular question. It was felt that engagement was required with a wide range of groups. This could be helped to be achieved by compiling a list of organisations in the local community (including parish councils, faith groups, black and minority ethnic and voluntary groups).

Getting information out to these groups was deemed vital. It was suggested that this was done by networking, working with customers to share information and through understanding what other organisations were already doing so that there was no overlap. Selling the benefits of Healthwatch was an important element of this.

There were a number of suggestions over the detail of how Healthwatch then might work with the Cheshire East public:

- Healthwatch should be a one stop shop
- It must have a pool of skills including working with people with learning disabilities and mental health
- It must be accessible
- It must be known to the public
- It should involve local people
- It should Involve the Patient Advice and Liaison Service (PALS)
- It must target local issues and give clear information

How can Cheshire East Local Healthwatch fill a niche in the community?
An often repeated suggestion at the workshops was that it was important to find out what the gaps were in order to work with other organisations to fill these. The phrase '*Don't reinvent the wheel'* was often stated. Integration of services was raised several times as a way forward. Other ideas suggested were;

- A franchise – other organisations work under Healthwatch brand to deliver services.

- Healthwatch needs good intelligence to signpost effectively to partners.

- Healthwatch needs to offer comprehensive, quality information.

If the tender resulted in an organisation being recruited to provide support to the Healthwatch, what kind of support should this be?
Most groups felt that any organisation that was recruited needed to be local. It was also felt that Healthwatch should be a brand new organisation controlled by the Board with administrative support. In addition to this, it was suggested that the Independent Complaints Advocacy Service should sit under Healthwatch.

How easy will it be to recruit volunteers and how could this take place in conjunction with other organisations?
There were quite a few different points raised to this question. These reflected that whoever did the recruitment would need to have a clear marketing strategy in place in order to make Healthwatch appeal to people – as there was nothing particularly engaging about it at the moment. Leadership was deemed

as particularly important due to the number of organisations likely to be involved.

4) Representation

How can we ensure that Local Healthwatch members are representative of the local community?
Feedback received highlighted the importance of communication to ensure true community representation. Some of the groups thought that the name Healthwatch was positive whereas others felt that it was unhelpful due to its emphasis on health rather than social care.

How can we ensure that the Local Healthwatch has a large membership?
It was discussed that members would need to have time to dedicate to Healthwatch and they should be independent. The importance of engaging with young people was raised on many occasions with suggestions that there needed to be a separate group for young people. However, it was stated that there would have to be an awareness that would need to work alongside members of the Board. The idea of older volunteers mentoring younger volunteers was put forward as a possible way forward.

The importance of having a mix of age groups and experience was seen as vital. It was recognised that it might be particularly difficult to recruit from the thirty to sixty age group and as such innovative techniques might have to be used to do this.

The workshops also discussed the selection panel for the Healthwatch Board if this option was chosen. It was felt that this should take place in a sensitive way so as not to act as a barrier to people putting themselves forward. For instance, instead of a formal interview process, recruitment should happen more by way of an informal discussion or chat.

What kind of representation is required on the Board?
Workshop members at the events felt that representatives would need skills and experience of health and social care. They also believed there should be a mix of age groups, experience, service users, professionals and carers.

How can we ensure that the Local Healthwatch Board is representative of the local community?
The workshop raised the idea of local groups feeding into Healthwatch such as the 50+ Network, patient involvement groups and service users. It was suggested that there was a risk of tokenism if recruitment to the board was too focused on being representative. Other points raised included the need for the board to be accountable to members and to give broader opportunities for the public to be involved.

5) Work Programme

What do you think are the priority areas for Cheshire East Healthwatch?
At this workshop, views were raised that the Healthwatch's work programme should reflect the JSNA (Joint Strategic Needs Assessment). It was also felt that the work could be conducted with the Health and Wellbeing Board to jointly identify priorities as well as with other organisations and agencies. Complaints were also seen as a useful source of intelligence. The need to identify what work is already taking place was seen as important so as not to duplicate existing work.

A number of other points raised included:

- Promoting and supporting the involvement of local people in decision making
- Having a promotional strategy for Healthwatch
- Building in contract requirements and development into the work programme
- Maintaining the valued enter and view function from LINk including the volunteers who currently perform this
- Validating outcome measures from services, identifying trends and general issues
- Completing and reviewing the existing LINk work programme and looking at the mapping which has already taken place
- Managing expectations
- The need to feedback information adequately to decision-makers
- Ensuring standardised processes were in place for receiving information about services that could then be acted on.

Do you think Independent Complaints Advocacy Service (ICAS) should be delivered by Healthwatch?
Opinion was split over whether ICAS should be offered by Healthwatch or not. Some attendees felt that it might not be sufficiently independent enough to offer this service and to build trust. Other attendees felt that it would be positive for this function to sit in Local Healthwatch as it was an extension to the advice and information function that it already possessed.

What role should volunteers have in this work?
There were a number of points raised on the role of volunteers in implementing Healthwatch's work. These were:

- Young people might be interested in being involved in Healthwatch to increase their experience (particularly in years 11 and 12)
- Work that volunteers carried out should be appropriate to their age
- There are various legal issues which need to be investigated when working with volunteers. These include; data protection, insurance, CRB and lone-working.
- Appropriate training was also seen as a key area for investigation.

The Focus Groups

Focus groups were planned with seven distinct groups of people on Healthwatch. The aim of these groups was to try and understand the specific barriers/issues that people from these communities would face in taking part in Healthwatch and in accessing social care/health information and advice. This would assist us in trying to ensure that Healthwatch was commissioned in a way that was as inclusive and representative as possible. To date, five have been completed with two to be carried out in the coming weeks.

Younger People:

Only 1 person from this focus group knew about Cheshire East LINk

Representation:

- The group felt that it might be difficult for a single young person to sit on a Healthwatch Board. This was because the young person would need the confidence to speak and argue their case in a relatively large meeting. There might also be problems with their contribution being taken seriously. As such, the group felt a Healthwatch sub-group of young people might be useful. However, there was debate over whether

a representative from this group should then sit on the Healthwatch Board or whether this group would be sufficient in itself.

Involvement:

- It was felt that technology could be used to enable points to be raised for the Healthwatch Board. This could take the form of social media or emails. It was felt it might be easier for young people to put views forward using these facilities.
- It was suggested that younger people might wish to get involved if volunteering could contribute to their curriculum vitae.
- 10 people was seen as a workable number for the Healthwatch Board.

Communication:

- Social media/websites were seen as an important way to contact young people. Although younger people would not necessarily want to join a Healthwatch Facebook page.
- It was also felt that a comment box in places where people use health and social care services for Healthwatch might be a useful way to gain feedback.
- Posters were seen as a good communication tool if they were specifically designed to interest and include younger people.

Information and Advice:

- GPs and websites (particularly NHS Direct) were seen as key means by which younger people obtained information.

Miscellaneous

- Mental Health issues were seen as particularly relevant for young people e.g. depression

Learning Disabilities

3 out of the 7 attendees had heard of Cheshire East LINk.

Representation:

- The group felt that it was important that people with Learning Disabilities were involved in the Healthwatch Board. They suggested that there should be 2 people on this board (with support).
- Attending meetings was seen as a key means for allowing views to be conveyed.

Communication:

- Radio, websites and use of advertising were identified as useful ways to communicate with people with learning disabilities.

Information and Advice:

- A number of methods were seen as useful for obtaining information and advice. These included drop-in centres, libraries, GP surgeries and through easy read leaflets.

Rural Focus Group:

Note: understanding rural issues was a strand of the original Cheshire East Healthwatch Pathfinder bid.

0 out of the 6 attendees had heard of Cheshire East LINk.

Representation:

- Group members were unsure whether they would be prepared to commit time to Local Healthwatch.
- It was felt that Healthwatch could best reach rural communities by sitting alongside existing groups e.g. Parish Council Meetings, Women's Institute.

Communication:

- Email was seen as a key means by the group of communication. As one person said, their nearest neighbour is a quarter of a mile away so sharing information can be difficult. Mobile phone reception was stated as limited by many group members.

Information and Advice:

- Most people used the telephone to get information and advice although the internet was also a useful tool for some as was visiting a GP surgery.

Gypsies and Travellers

Representation:

- It was felt that there should be clear criteria as to who could be involved in the new organisation.
- It was also felt that extensive efforts should be made to promote volunteering opportunities (including how to apply for these) particularly for people not normally involved in health and social care and from hard to reach groups.
- Independence for the organisation was seen as vital.
- The group stated that the organisation should have a pre-defined local emphasis. But this should not prevent others from participating.
- It was also felt that the organisation should work in an informal way including using informal language so as not to exclude people.

Communication:

- The group felt a large communications campaign should be run to promote what Local Healthwatch will do. A number of channels should be used in order to reach a range of people. This should not purely consist of the internet and press as other techniques were needed for a transitional community.

- Face to face engagement was seen as vital which would require sufficient resources being made available.

Information and Advice:

- The focus group stated that a central point of information would be useful for health and social care. However, It was stated that any signposting responsibilities of the new organisation should be well advertised to the travelling community.
- Simple identifying features such as a logo were seen as important in order for the organisation to be recognised.

Older People

Representation:

- It was felt that the Healthwatch Board has to be genuinely representative and thus include people from all ages and geographical areas. This included ensuring that the Board did not include the same old faces. The appointed model was felt more likely to achieve this than the elected model with safeguards (such as two independent people overseeing the process). Having lay representation on the board was also seen as important. It was suggested that there should be a way to vote out Healthwatch members if they don't perform and they might also have a fixed term of office.

LINk:

- Most of the focus group had heard of LINk. However, negative comments were raised over people's awareness of it and how it functioned e.g. communication. For instance, one person stated that they had left the organisation as they felt it did not compare well to LINKs in other areas.

Involvement:

- The group felt that whether they wanted to be involved depended on its priorities and its work programme. It was felt that objectives needed to be specific and measurable in order to gauge whether the organisation

was working successfully. Publicity was seen as a key area for work. One person felt that taking on the Independent Complaints Advocacy Service might be too much for Healthwatch initially.

Communication:

- Emails and linking in with other organisations work e.g. newsletters was seen as important.
- This group stated that they normally obtained health and social care information from their GP and also from websites.

Conclusion

The consultation feedback provides valuable information to be used by the Council for determining how Healthwatch should be procured. In addition to this it will also provide an extremely important resource for informing the Healthwatch Board's decision-making.

There are a number of overarching themes apparent in both the questionnaires, the focus groups and the events workshops. These will be summarised next.

Representation:

It was clear in the questionnaire that most people preferred having a selected Healthwatch Board rather than one that was elected. The discussion groups uncovered the complexity of the issues involved with recognition that although it was important for the Board to be representative of the local community, it was also important for it to be clearly independent. This led to questions being raised over who would serve on the selection panel and the interview process itself. It was also felt that any interview process should be informal and therefore not act as a barrier to Board recruitment.

Comments were also raised in the consultation that the board should not consist of the 'same old faces'. One way suggested to ensure this did not happen was having a fixed 'term of office'. Having a genuine mix of people as board members (of different ages, backgrounds, experience, ethnicity and areas) was seen as important by almost all contributors. There may be a role for sub-groups to feed into Healthwatch decision-making e.g. of young people, or those with learning disabilities.

Priorities for Healthwatch:

This consultation could only be advisory over the priorities for Healthwatch with much of the future direction to be determined by the Healthwatch Board. Nevertheless, some important points were raised that need to be taken account of.

Firstly, all areas of health and social care were seen as important for the work of Local Healthwatch. However, if priorities were to be given then hospital services and care homes were the most popular answers. Healthwatch's information and advice function was seen as particularly important as was it influencing health and social care decision making. This direct approach with both the public and decision makers was seen as more important than conducting research or holding events.

The workshops stressed the need for Healthwatch not to replicate work done by others, but instead to join up existing services. A key way this could be applied for instance, would be through information and advice; Healthwatch should signpost rather than volunteers/staff endeavouring to understand complex health and social care conditions. It was felt Healthwatch should maintain an up to date record of who does what in health and social care as this was complex and constantly changing. In this, there might also be a role for it in guiding information and advice from health and social care related organisations including ensuring accuracy.

Communication:

The consultation raised the issue that communication of the existence/role of Healthwatch needed to occur in a planned and comprehensive way, targeting specific groups of people using different methods. Traditional methods such as the press, newspapers and advertising were seen as useful. It was stated that significant resources would be required in order to do this.

Feedback on how people currently obtain information and advice on health and social care will be valuable for understanding how Healthwatch can sit within these mechanisms (e.g. GPs, NHS Helpline). Although people appear to understand where to go for health information, the situation appears to be less clear for social care information. This is a possible gap for Healthwatch to fill.

There was a slight favouring of more distanced methods of providing information and advice to people such as a website, emails and telephone helpline. There was uncertainty over the use of drop-in meetings which were generally reasonably popular among questionnaire respondents but were less favoured by people working in social care and health organisations. The need

to reach people in all parts of Cheshire East especially in rural communities was seen as particularly crucial.

Cheshire East LINk:

Whilst the future belongs to Local Healthwatch, it was recognised in the consultation that Cheshire East LINk performed a number of its functions successfully. For instance, its work on 'Enter and Views' was highlighted in particular.

Nevertheless, the consultation does disclose that Healthwatch would need to go to greater lengths both to involve local people on a wider basis and to build better general awareness of its existence. 52.2% of questionnaire attendees being unaware of LINk could be deemed low given that a tranche of respondents will have been from LINk itself and from voluntary sector organisations working on a daily basis in the health and social care field. As such, having appropriate resources for communication will be vital.

Volunteers:

Volunteers were seen as key to Local Healthwatch working successfully. However, it was felt that they could not be taken for granted. Work needed to be done to recruit people so that they would be representative of the community and they needed to be nurtured by giving them appropriate training and infrastructure. As an extension of this, knowing that people could make a difference was seen as key. Part of this was ensuring that volunteers could make decisions on the board or in other Healthwatch work. Flexibility over meetings both in terms of location, length and time was also raised as significant to encouraging involvement.

Final Thoughts

Overall although there was some pessimism apparent both at the events and in the feedback over whether the Local Healthwatch could make a genuine difference, there was real enthusiasm as well. This is particularly highlighted by the fact that a significant proportion of respondents indicated interest in following developments with Healthwatch in the future. It will now be the challenge of the Healthwatch Board and the procurement process to make

people’s wishes reality.