

MEETING	B&NES HEALTH AND WELLBEING BOARD
DATE	25/03/2015
TYPE	An open public item

<u>Report summary table</u>	
Report title	Healthwatch Bath and North East Somerset Update
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List of attachments	None
Background papers	Health and Wellbeing Network meeting notes February 5 2015 and Healthwatch Bath and North East Somerset Issues and Concerns Quarterly Report available at www.healthwatchbathnes.co.uk
Summary	What are the trends identified through issues and concerns brought to Healthwatch Bath and North East Somerset in the past quarter, what has Healthwatch Bath and North East Somerset learned through its Health and Wellbeing Network and how does Healthwatch propose to respond.
Recommendations	The Board is asked to agree that: <ul style="list-style-type: none"> • It notes the feedback received through issues and concerns and through the Network, including an update on a research project conducted by Healthwatch within the Royal United Hospital. • It considers and notes the proposal for a model of Healthwatch work which maximises resources available within the overall Healthwatch project and local partners.
Rationale for recommendations	Public, patient and provider engagement is a principle for the Health and Wellbeing Board underpinning the Health and Wellbeing Strategy. Understanding people's needs and experiences and coproducing services and plans with them is key to many of the Health and Wellbeing Strategy's priorities including improving support for families with complex needs, creating healthy and sustainable places, improving support for people with long term conditions, reducing rates of mental ill-health and improving services for older people which support and

	encourage independent living and dying well.
Resource implications	
Statutory considerations and basis for proposal	
Consultation	The research project has been agreed by the Advisory Group of Healthwatch Bath and North East Somerset
Risk management	A risk assessment related to the issue and recommendations has been undertaken, in compliance with the Council's decision making risk management guidance.

THE REPORT

- Co-production has been described as: “A way of working where... people who use services, family carers and service providers, work together to create a decision or service which works for them all. The approach is value driven and built on the principle that those who use a service are best placed to help design it.” And: “A relationship where professionals and citizens share power to plan and deliver support together, recognising that both have vital contributions to make in order to improve quality of life for people and communities.”
- This report will demonstrate how Healthwatch Bath and North East Somerset is ensuring that the ideals of coproduction are informing how we work with voluntary and community sector partners, The Health and Well Being Network, members of the public, patient groups and statutory partners to achieve meaningful benefit for local people.
- The Health and Wellbeing Network meeting held on Wednesday 5 February, which looked at coproduction, was attended by 30 people. The meeting was mainly in the form of small discussion groups. Following two short DVDs on coproduction the groups considered their responses to the DVDs. They also discussed their own experiences of coproduction locally: What worked well? What difficulties were there? How could issues be overcome?
- The meeting revealed that there are many different examples of coproduction projects locally. In summary some of the key themes that emerged from the discussions were:
 - How can we make sure that involvement would work – how do we make sure a balanced view is heard.
 - What should the policy be on reward and recognition for people who get involved and what support might they need.
 - There are issues related to contracting and coproduction – there can be too much of a focus on outputs and contracts can be so tightly controlled as to not allow flexibility in meeting a person’s needs.
 - Providers need more information about other providers’ roles and capabilities.
 - There needs to be a recognition of the tiered nature of coproduction.
 - There needs to be a recognition that coproduction takes time.
 - It would be good to coproduce our own local definition of coproduction.
- One example of local initiatives to take forward coproduction is partnership work with a number of local organisations including St Mungos Broadway to develop and promote coproduction and progression opportunities. This is only one example of the broad range of work currently being undertaken and the Board is commended to read the full report to get an overview of the scope of the coproduced work already being done by local groups.

- Healthwatch will continue to consult patients, members of the public, voluntary sector groups and The Health and Well Being Network within Bath and North East Somerset during 2015/16 using consultation methodologies informed by learning around coproduction. This will result in findings that are representative of the views of a large cross-section of society.
- Healthwatch is also currently engaged in a research project, designed to recruit a cohort of patients within the RUH who will be surveyed as they move from inpatient care back into primary or residential care. An update on the findings of this research project will be provided to the Board in the near future.
- Planned and ongoing Healthwatch consultation work will dovetail with Health and Well Being Network themes, and will be tailored to address the key theme of loneliness and isolation, an area of specific interest as allocated by the Health and Well Being Board. An example of this can be seen in the current project Healthwatch is conducting within the Royal United Hospital - the findings of which will be important in the understanding of how isolation can arise, and could be addressed, following inpatient care within a secondary care setting. The results of this research project will be discussed, and conclusions drawn, in partnership with the Health and Well Being Network. A report will then be provided to the Health and Well Being Board, with recommendations, coproduced with the Network.

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