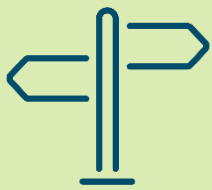


What's happening with local Healthwatch, and what action can you take if you're concerned?

We've written this information sheet because people have asked us:

- What is happening with local Healthwatch, including Healthwatch Sheffield?
- What do these changes mean for people in Sheffield?
- How can local people have their say on the proposals, or raise concerns with decision makers?



This document **sets out our concerns** with the proposals and how they could impact people in Sheffield.

It also **provides suggestions of who you can contact** if you want to raise these concerns or any others with decision makers.

What are the plans for local Healthwatch, and for patient and public voice?

The Government has recently published [the Dash Review](#) into patient safety. This review recommends:

1. Transferring the functions of Healthwatch England to the Department of Health, and
2. Transferring the functions of local Healthwatch into Integrated Care Boards (ICBs) and local authorities. For us that means South Yorkshire Integrated Care Board and Sheffield City Council.

The Government has said that it [accepts this recommendation](#).

This means that in the future, Healthwatch Sheffield won't exist, but some of the work we currently do will be picked up by teams within the NHS, and within the council.

When will this happen?

We don't know the timescale, but we do know that the law will need to be changed before local Healthwatch are closed.

This means that for the immediate future, Healthwatch Sheffield is still here.

What does this mean for people in Sheffield?

At the moment, we don't know many details of what this will mean for local people.

We *do* know that:

- There is a plan to increase the role of the NHS app in gathering feedback about patient experience (details are in the [NHS 10 Year Plan](#))
- There is an assumption that by bringing patient experience work 'in house', ICBs NHS trusts, and local authorities will get better at putting people's voices and views at the centre of their work.

Concerns about the future

Healthwatch Sheffield is deeply concerned about the proposed changes – you can read our initial statement [here](#). Below we've set out 5 key areas that we believe have not been fully considered in developing these plans.

1. Independent patient and public voice

The proposal means there will no longer be an independent organisation working to get people's views on health and social care. We believe the independence of Healthwatch is vital for the work we do. Our independence means that:

- We can choose to work on the **items that matter most to the public** – this doesn't always match the priorities of services
- **People trust us more** – sometimes people don't feel comfortable speaking up directly to the services they use
- We can bring challenge as a **critical friend** – it's hard for organisations to hold themselves to account without external views and perspectives

2. Joined up Health and social care

The proposal means that work to understand people's experiences of health and care will be split between the NHS and local authorities. Healthwatch looks at both of these together; we listen to people's *whole* story and make sure the feedback gets to the right place. This can be better for the people sharing experiences with us – it also enables services to hear about how well they are working together and understand where improvements can be made to join up care. Our integrated role means we act as the glue, helping to connect involvement work across the system, and connecting individuals and groups directly to decision makers.

3. Health Equity and the importance of trusted relationships

The proposal doesn't talk about the importance of reaching different communities, or describe how that will be done. We are concerned that the strong focus on using the NHS app for feedback will exclude many people from having their say, particularly those already at risk of poorer health outcomes. Building trusted relationships and giving people a range of ways to have their say is a strength of our Healthwatch approach, we work in different ways to ensure that different individuals and communities are involved and heard. For example our [Speak Up Grants](#) help us hear from groups on their terms – impact of these grants includes improvements in [sexual health services for young people](#) in temporary accommodation.

4. Advice and Information to navigate care

The [Dash report](#) and the proposed future model doesn't recognise the role that we play in giving people information and support, or suggest who will fill that role. We help

people understand their options and get the care they need – our information helps individuals to navigate complex services across both health and social care. As well as providing one to one support for individuals, we've worked with community groups to understand what topics are important to them, and involve them in developing tailored information to meet their needs – for example our work on [cost of living](#) which led to our [Help with Health costs](#) resource.

5. Resource, capacity and skills

The proposals don't set out how an in-house patient experience / voice function will be resourced and protected in a climate of strained finances and cuts. ICBs have been asked to reduce their running costs by 50% and are currently re-structuring their staff teams to meet this; how will they ensure that this important function (and the skills to do it) are adequately retained? Healthwatch Sheffield delivers excellent value for money; our core contract is worth £240K per year, and we have a team of 6 paid staff and around 30 volunteers. The same amount of money will not fund 6 staff posts within the NHS / LAs, and it seems unlikely that there will be the mechanism to support this level of volunteer input (if any). Therefore, overall, there will be a significant reduction in capacity. More than that, our volunteers bring a huge range of skills and perspectives; they help connect us to communities across the city, enriching our work and grounding it in the everyday experiences of local people.



This list is not exhaustive, and not everyone's concerns will be the same. You might have experience of Healthwatch Sheffield playing a particular role for you as an individual, or as an organisation and have a perspective on what the loss of our organisation means to you.

If you want to contact someone about the plans – to give views, or ask questions about the proposals – here are some suggestions:

- **Your local MP:** Find contact details here – www.members.parliament.uk/members/Commons
- **Your local councillor:** Find contact details here – www.sheffield.gov.uk/your-city-council/elected-representatives
- **Leader of the Council:** [Tom Hunt](#)
- **South Yorkshire Integrated Care Board** (email syicb.involve@nhs.net; write to 197 Eyre Street, Sheffield, S1 3FG)
- **Director of Adult Social Care**, Sheffield City Council: write to FAO Director of Adult Social Care, 1 Union Street, Howden House, Sheffield, S1 2SH

Contact us

If you want any more information, or need support to raise your concerns please get in touch with us on 0114 253 6688 or info@healthwatchsheffield.co.uk