Shaping Local Healthwatch in Shropshire
Report of Stakeholder Engagement Activity

Context

All Local Authorities in England who provide Adult Social Care services have been given the duty to commission a new service called Local Healthwatch.

Local Healthwatch in Shropshire will be in place by April 2013.

> The Department of Health's vision for Healthwatch is set out in the document 'Local Healthwatch: A Strong Voice For People – the policy explained; May 2012:
>
> *"Healthwatch will be the new consumer champion for both publicly funded health and social care. It will exist in two distinct forms – local Healthwatch, at local level, and Healthwatch England, at national level.*
>
> *Local Healthwatch goes to the heart of the government's ambition for a health and care service that is centred around patients and users. Local Healthwatch will gather people's (whether current users of services or not) views on, and experiences of, the health and social care system. In this way, community views will have real influence with those who commission and provide services about what users, carers and citizens need and want from them. Local Healthwatch will also be there to support individuals by providing information and advice about access to services and choice, e.g. signposting. It is hoped that this will enable people to take more control of their own health, treatment and care, and understand and use the increased choices available to them."*

Shropshire Council is advertising the opportunity for organisations to bid to become the Local Healthwatch in Shropshire. In order to inform this process and make a decision, Shropshire Council identified the need to recognise local needs and views. It therefore engaged in county-wide consultation activities to understand what was important to the people of Shropshire and what they thought the new organisation should look and feel like.

Scope

It was agreed to create and circulate for response a questionnaire. This was made available county-wide, online predominantly through Shropshire Council's website, social media and via email, but also in hard copy through GP Practice Patient Participation Groups. It was aimed at a broad audience and sought to identify responses that would help to inform how Local Healthwatch should focus its services to best meet the needs of Shropshire.

The following stakeholder groups were identified to promote the consultation and questionnaire to:
- Shropshire residents
- Elected members
- Shropshire LINk
- Parish and Town Councils
- Local and regional media

- Shropshire County PCT
- National Health providers)
- Hope House and Severn Hospices
- Patient Advice and Liaison Service (PALS)
- Carers Federation
- Shropshire Members of Parliament
- Shropshire Members of the Youth Parliament
- Health & Wellbeing Board
- Shropshire Partnership
- Shropshire People's Panel
- Patient Participation Groups
- Children Centre Services
- Parents and Carers Council, Shropshire (PACC)
- Shropshire VCS Assembly
- Care Council Crew
- Speak Out Group
- Shropshire Association of Senior Citizen Forums
- AgeUK
- Shropshire Youth Association
- Shropshire Disability Network
- Partnership Boards
  - Learning disability
  - Physical disability and sensory impairment
  - Family carers
  - Older people
  - Mental health

A total of 231 people responded to the questionnaire.

In addition, a series of focus groups were carried out to enable a deeper exploration of the issues. 24 members of the Shropshire People's Panel attended four focus groups across the county (Wem, Craven Arms and Shrewsbury). Alongside these, a session was held with 8 lead self-advocates from Taking Part (an independent service for people with learning difficulties). Additionally, a session was run with the Speak Out Group, a group of 11-18 year olds who provide the youth of Shropshire with a voice.

Summary Findings of the Questionnaire

Who responded to the questionnaire?

Of those people who answered the questions providing additional information about themselves 68% were female and 32% were male.

There was a wide scope of age ranges. 42% were between the age of 25-49, with 33% being in the 50-64 category and 19% in the 65-75 category. 3% were over 75, 3% were between the age of 16-24 and 1% were under 16.

The majority of people (91%) identified themselves as 'White British'. With a smaller number who identified themselves as 'Mixed' (1%) and 'White-Other' (1%). The remainder did not want to disclose such information.

Over three quarters (77%) of respondents did not have a long-term illness or disability and 13% identified themselves as an unpaid carer of someone with disabilities or long-term illness.

Do people in Shropshire feel that they are able to have their say on local health and social care services?
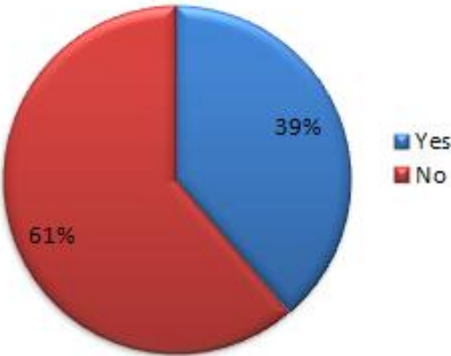

The majority of people in Shropshire (61%) don't feel that they are able to have their say. When asked **'what stops you being able to have your say'** most people indicated that they did not know what the process was to have their say (63%), followed by people feeling that they won't be listened to or fed back to (39%).
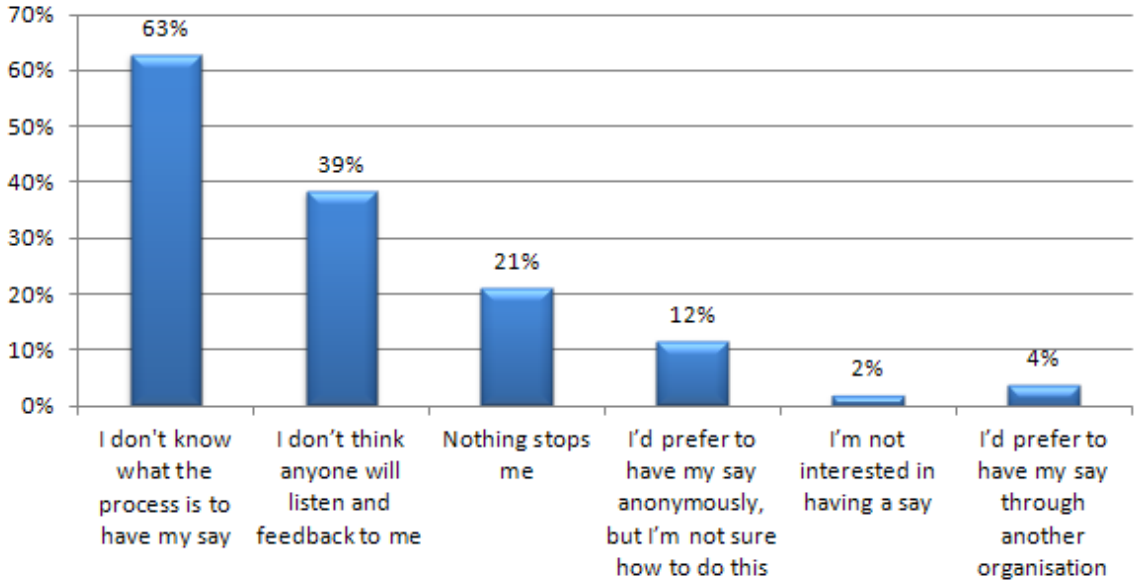

Key themes to come out of the extra comments on this question include people not feeling that what they say will make a difference and also finding it difficult to know who to talk to about various issues.

Of the 39% who indicated that they do have a say on health and social care issues, when asked **'how can/do you have your say'**, just over two thirds (68%) said this is via face-to-face mechanisms.
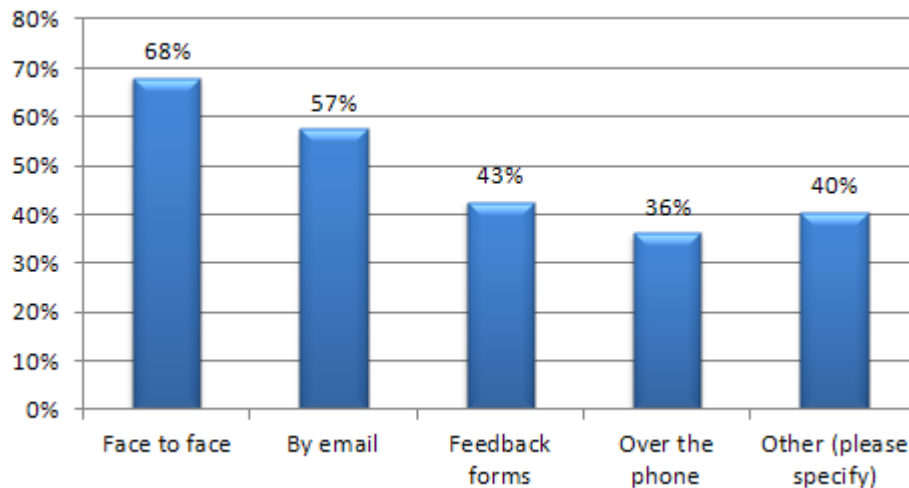

The 'other' mechanisms people said they use to have their say include Patient Participation Groups, PALS and writing letters.

How would people in Shropshire like Local Healthwatch to collect their views and experiences on health and social care services?
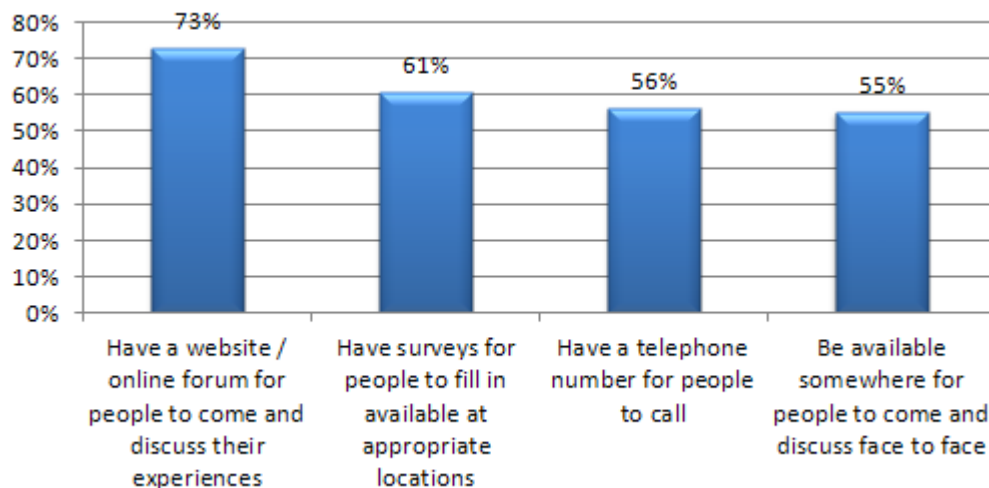

Online was the most popular method (73%) that Shropshire would like see Local Healthwatch using to collect their views and experiences. There was a lot of support for all of the feedback methods however. 'Other' methods that people identified include social media e.g. Facebook and Twitter and using existing relevant groups and organisations that operate within the county. Additional comments which were left highlight the need for multiple methods to cater for all people with different preferences.

How do people think Local Healthwatch can best engage with and encourage more participation from patients, service users and the public?
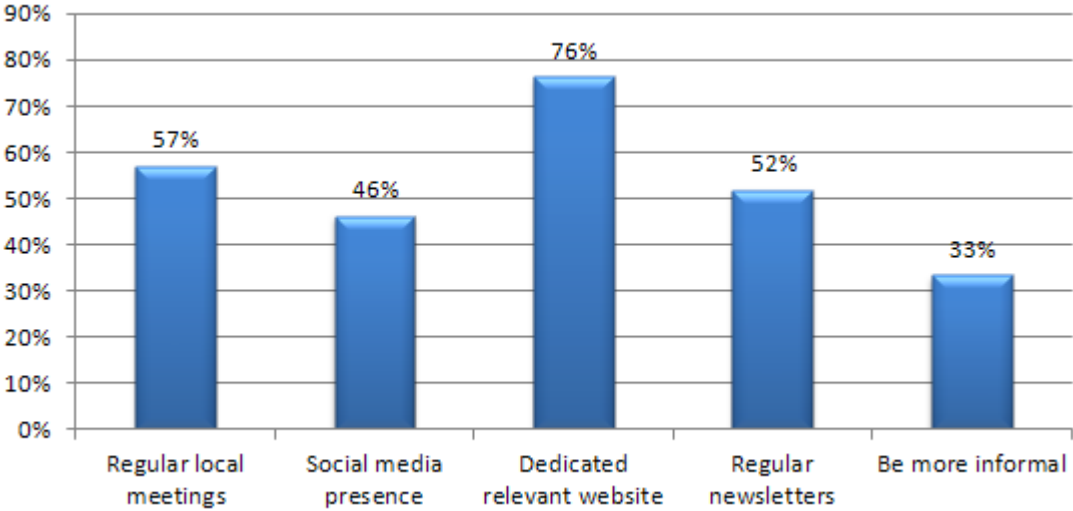

The majority of people (76%) thought that Local Healthwatch should have its own website in order to best engage with people and encourage more participation. Online however shouldn't be the sole way that this done, with over half (53%) saying that local meetings would also be important in terms of encouraging participation and engagement. 'Other' comments left by respondents indicate the importance of encouraging participation through a number of methods to suit a variety of people. Also highlighted was the need to use existing groups and organisations. Importantly, people stated that Local Healthwatch needs to effectively promote itself and get other high profile organisations such as Shropshire Council and the NHS to do this also.

How would people in Shropshire like Local Healthwatch to provide them with information and advice?
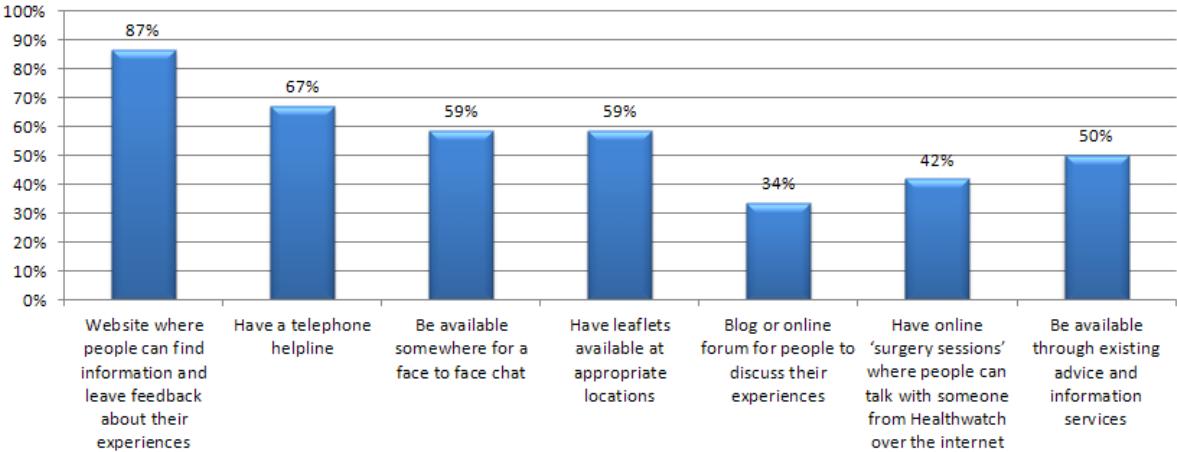
Again, a website is the most popular method (87%) that people indicate as a communication preference. Two thirds (67%) of respondents said that they would like Local Healthwatch to provide them with information and advice via a telephone, closely followed by being available face-to-face (59%) and through leaflets (59%). The additional comments left by respondents again highlight the need for a variety of approaches to cater for different people and the need to communicate with existing organisations and groups. People highlighted the need for advisors to be well-trained and to have detailed knowledge on health and social care. If information is to be given face-to-face it was emphasised that this needs to be localised. When asked **'which one of the list would be most helpful'** nearly half of the respondents (47%) stated a dedicated website. Other methods were given however, again highlighted the need for multiple methods.
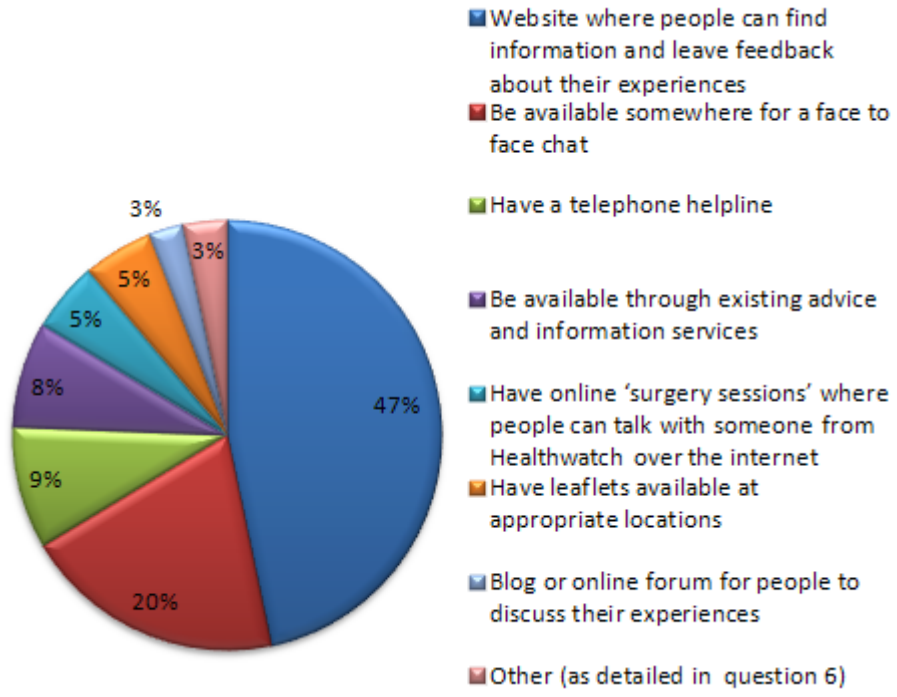

How would people like Local Healthwatch to report back to them on the difference their views have made?
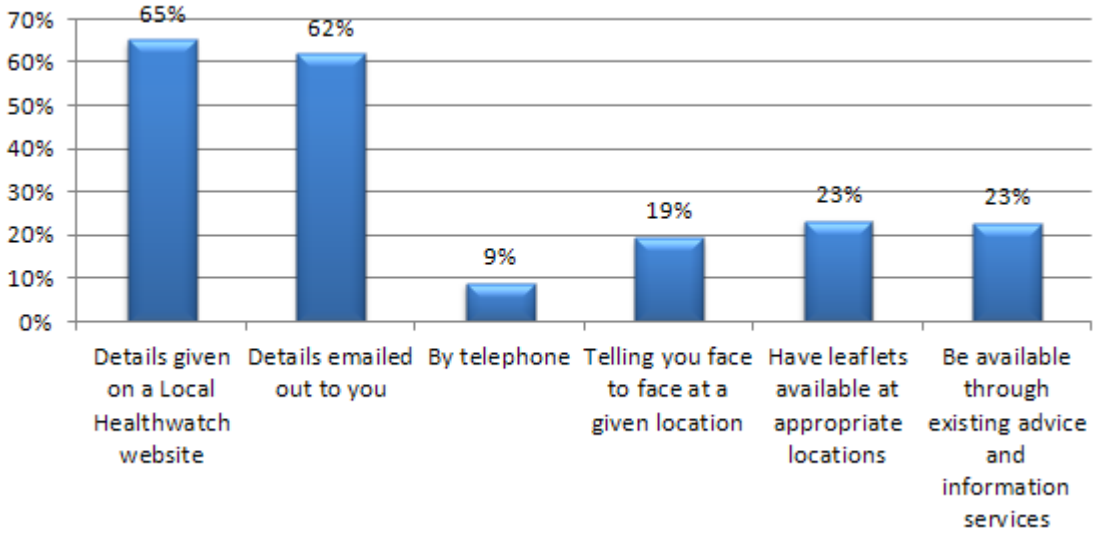
Online methods are again the most popular response, with 65% of respondents wanting Local Healthwatch to report back to them either via a Local Healthwatch website and 62% wanting details emailed out personally. Additional comments note social media and existing publications, websites, organisations and groups (e.g. Patient Participation Groups and VCS Assemble) as useful methods.

Where might be appropriate venues for Local Healthwatch in Shropshire to provide information and advice to people?
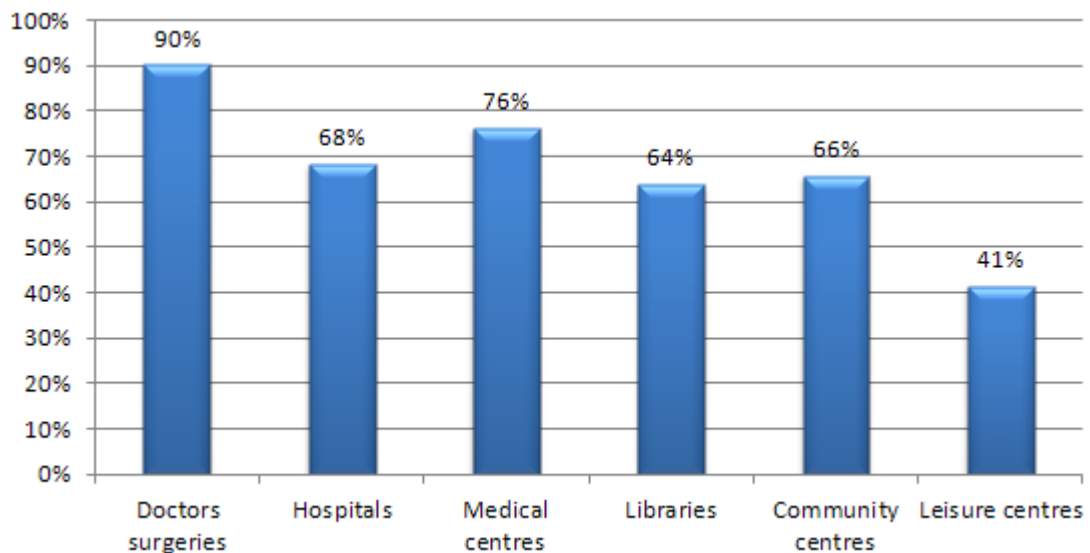
The consensus is to provide information and advice across a wide range of venues. The most popular venues however are doctors surgeries (90%) and medical centres (76%). Nearly a quarter (24%) of respondents detailed other appropriate venues. These include: schools and colleges, supermarkets, post offices, council buildings and in existing voluntary organisations.

What will make Local Healthwatch effective, efficient and accountable to the resident of Shropshire?
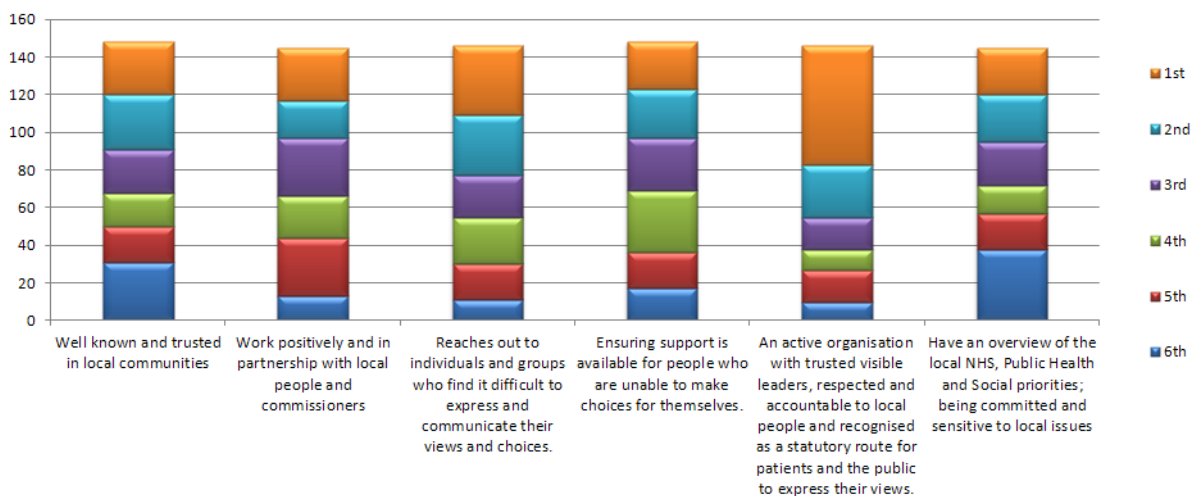
The majority of respondents indicated that the most important thing that will make Local Healthwatch effective is having trusted visible leaders and being respected and accountable

and recognised as a statutory route for people to express their views. 'Other' key messages include Local Healthwatch demonstrating that it is effective in creating change and making a difference and the need for it to work with existing organisations and not to duplicate efforts.

Do people in Shropshire feel that local knowledge and relationships in helping Local Healthwatch to reach out to them and other individuals and organisations?
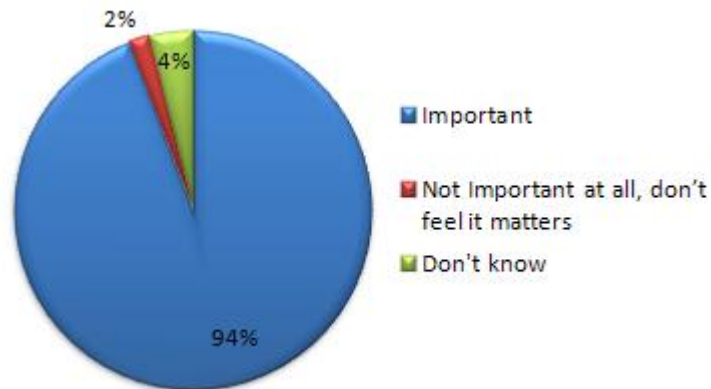
Nearly all of the respondents (94%) stated that they believe local knowledge and relationships are important. Only 2% felt that these aren't important at all in helping Local Healthwatch to reach out to people across Shropshire.

Is it important that Local Healthwatch is seen as independent from health and social care planner/commissioners and providers?
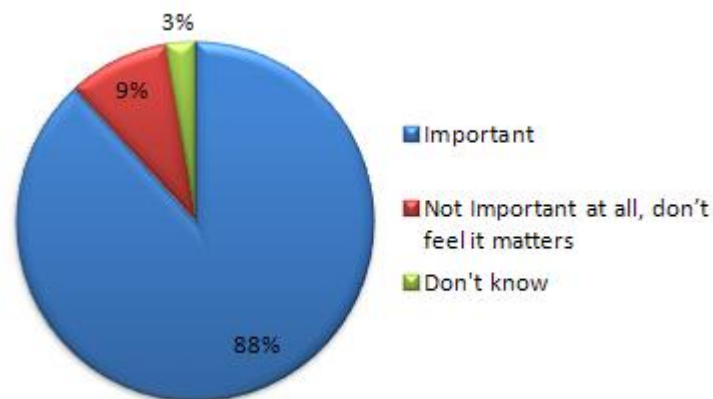
Independence from professionals in the health and social care sector was seen as important by the majority of respondents (88%). 9% didn't feel that this was important at all, with the remainder being unsure.

Should Local Healthwatch be inclusive of the ICAS function or commissioned separately?
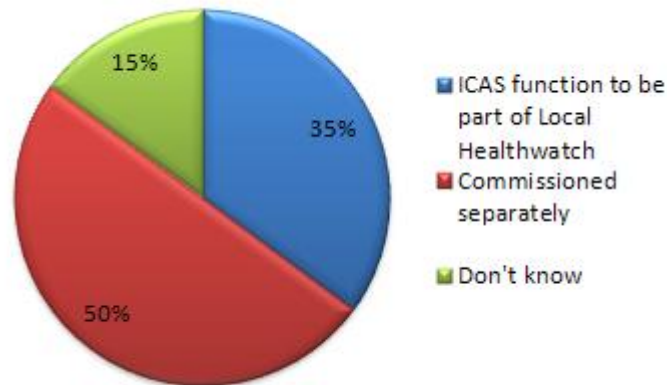
Half of the respondents (50%) indicated that Shropshire Council should commission another organisation to provide the complaints and advocacy function for health and social care services. 15% did not know whether it should be commissioned separately, and just over a third (35%) felt that the function should be part of Local Healthwatch.

Other comments about Local Healthwatch

Respondents left a wide range of comments and opinions regarding Local Healthwatch, summed up in the word cloud above. Key themes include:

- The paramount importance of people being able to have their say and feel that what they say makes a difference.

- The need not to re-invent the wheel; using and working with existing groups and organisations (in particular those in the voluntary sector) who currently provide services such as advocacy and signposting. There should not be a duplication of work.
- Local Healthwatch should be localised in order to effectively engage with Shropshire as a whole and represent the concerns of local people.
- The importance of promoting Local Healthwatch to the whole of Shropshire through a variety of channels, so people know about it. It needs to be high-profile. It was suggested by some respondents that this is potentially why other initiatives have failed.
- Views of the hard-to-reach and disengaged need to be actively sought and barriers to their involvement need to be broken down i.e. by using existing expertise in the voluntary and community sector.
- The significance of transparency in making Local Healthwatch effective and trusted by people and communities.
- The need for Healthwatch employees/volunteers to have the right mix of skills and qualities needed to be able to listen and provide advice to people in need.
- The importance of Local Healthwatch having effective 'powers' (referred to by some as 'teeth') to get things done and make a difference.

Summary Findings from the People's Panel Focus Groups

Members of the Shropshire People's panel were invited to focus groups across the county to discuss Local Healthwatch. Prior to these events, the members were sent background information in the form of the Frequently Asked Questions which accompanied the consultation questionnaire. The format was a general discussion, guided by facilitators which used the questions asked in the consultation questionnaire as a framework.

The following themes and ideas emerged from the discussions:

Having a Say

In terms of having a say currently, the groups generally felt that they weren't sure where to go to have their say on health and social care issues and better signposting was needed. Those that did have their say, tended to do so face to face with the service they were dealing with or write letters.

When asked what stops them from having their say there was a general consensus across the groups that no one takes notice when they do speak up and the feedback doesn't tend to get actioned.

In terms of Local Healthwatch enabling people to have their say, the groups felt that views and experiences need to be collected in a variety of ways in order to be accessible for everyone e.g. email, telephone, face to face. Where Local Healthwatch would do this face to face, groups expressed the need for this to be localised. It was also felt that Local Healthwatch needs to use existing groups and organisations to seek views e.g. LJC, voluntary sector, Patient Participation Groups etc.

Engagement and Participation

In order to engage with people across Shropshire and encourage participation, the groups highlighted the need for Local Healthwatch to be able to demonstrate its effectiveness;

people would not engage with the organisation unless they could see the difference it was making. Such impact stories will give the organisation the credibility it needs to succeed. The groups described the need for people to both receive feedback directly through whichever means they have the propensity to use, but also there should be a general 'you said, we did' section on the website for example.

Marketing and branding was deemed of paramount importance; in order to be an effective consumer champion Local Healthwatch needs to be visible and recognisable to the whole of Shropshire with people knowing what it does and what it can do for them. People were concerned that the name 'Healthwatch' only had 'health' connotations and social care wasn't explicit enough. However all groups thought that this could be solved by adding a strapline to the name. Groups highlighted that this strapline must make it clear to people what Local Healthwatch is and does. Raising the profile amongst health and social care professionals so they could signpost people to Local Healthwatch was also discussed.

Local Healthwatch needs to be available to people in places that they know and trust and can access easily. In this sense, Local Healthwatch will promote inclusion for everybody and break down barriers which may prevent hard-to-reach groups from being engaged with Local Healthwatch. Accessibility for all is key.

Information and Advice

Reliable information and advice was seen as essential across the groups; this should be Local Healthwatch's main and most important function. It was deemed that Local Healthwatch should be a sort of 'one-stop-shop' for health and social care information.

The groups felt that Local Healthwatch needs to be able to provide information and advice to people through all types of channels including face to face, online (including social media) and telephone. The telephone helpline was discussed as not needing to be 24hour and that consideration must be given to the expectations of people where Local Healthwatch may not be able to meet demand. One suggestion highlighted the effectiveness of having a web database on all health and social care services in the area. It was stressed that Local Healthwatch must have a physical presence where people can see Local Healthwatch representatives face-to-face and this should be localised. Using existing venues was deemed the most effective e.g. doctors, libraries, community centres, schools, supermarkets, voluntary and community sector venues.

The need to work with existing groups and organisations and build on their existing knowledge and information was seen as essential by all groups. It was noted that the focus should be collaboration, not duplication; there is no need to reinvent the wheel.

Groups stressed the need for Local Healthwatch to try and follow-up with people to make sure the advice/sign-posting they received led to a positive outcome.

The groups expressed the need for Local Healthwatch staff and volunteers to be experienced and well qualified and that training needs to be provided for them in order to be able to provide effective information and advice across all kinds of issues. Some groups mentioned the effectiveness of Age UK in this respect.

Local Knowledge and Relationships

All groups strongly agreed on the importance that local knowledge and relationships would be to the effectiveness of Local Healthwatch; it would not be able to succeed without this. It

was deemed that Local Healthwatch must be representative of Shropshire as a whole. An effective way of ensuring this local knowledge was highlighted to be working with the voluntary and community sector across the county and establishing local clusters.

Independence from health and social care planners/commissioners and providers

There was strong agreement that Local Healthwatch must be independent from the health and social care professionals. Without this, groups argued that Local Healthwatch would not be able to evaluate and monitor health and social care services effectively. It was highlighted that although the Local Authority will fund Local Healthwatch it must not dictate but support its development as an independent organisation. Real value will not be gained if Local Healthwatch is not independent.

ICAS function

There were mixed views around whether the Independent Complaints Advocacy Service (ICAS) should be part of Local Healthwatch or whether the Local Authority should commission another organisation to do this. Some felt that the function needed to be separate in order to ensure Local Healthwatch isn't overburdened and can concentrate on providing information and advocacy services; others felt that it needed to be separate as there may be cases where people may want to complain about Local Healthwatch itself. Those that felt that it should be included within Local Healthwatch felt that this would help Local Healthwatch to review services and signpost people more effectively and others expressed the ability Local Healthwatch would therefore have in identifying trends in services.

Funding

All groups mentioned the funding aspect of Healthwatch and were concerned that the level of funding may inhibit Local Healthwatch's ability to deliver and meet expectations.

Influence

Groups expressed the need for Local Healthwatch to be respected as part of decision making processes. In order to gain respect, groups discussed the need for Local Healthwatch to demonstrate its knowledge around the people of Shropshire's needs and concerns and help the sector understand the benefits of listening to people. It needs to have representation on health and social care partnerships and have a defined role and place in influencing commissioning bodies. Some felt that the Local Authority must ensure Local Healthwatch was taken seriously by the statutory sector. All groups spoke about the importance of Healthwatch having 'teeth' in order for it to be effective, in particular in gaining public involvement.

Joint Working

All groups expressed concern that Shropshire Council and Telford & Wrekin Council weren't providing Local Healthwatch jointly. They did not want inconsistent performance between two organisations who were effectively serving the whole of Shropshire as a county and who would be working with the same healthcare providers. There was concern that this would lead to conflict and people not being treated equally.

## Summary Findings from the Speak Out Group (11-18 year olds)

The Speak Out Group on this occasion was made up of 13 young people ranging between the ages of 11-18. This group also included 2 young people from Severndale School, a school for children with special educational needs.

The consultation questionnaire was run using the interactive voting tool to try and engage with the young people more and make the session a bit more interesting and fun for them.

Having a Say

Over half of the group felt that they did not have their say on health and social care services at present. Similar to the general consultation results, they felt that this was because they didn't know the process to have their say and didn't feel that anyone would feedback to them. For those that did have their say, this was through face-to-face mechanisms such as their GP.

When asked how they would want Local Healthwatch to collect their views and experiences, over half of the group felt that this should be done online through a website. None of the group felt that a telephone line would be helpful. Another option provided by the group was the need for Local Healthwatch to come and visit young people in schools to collect their views.
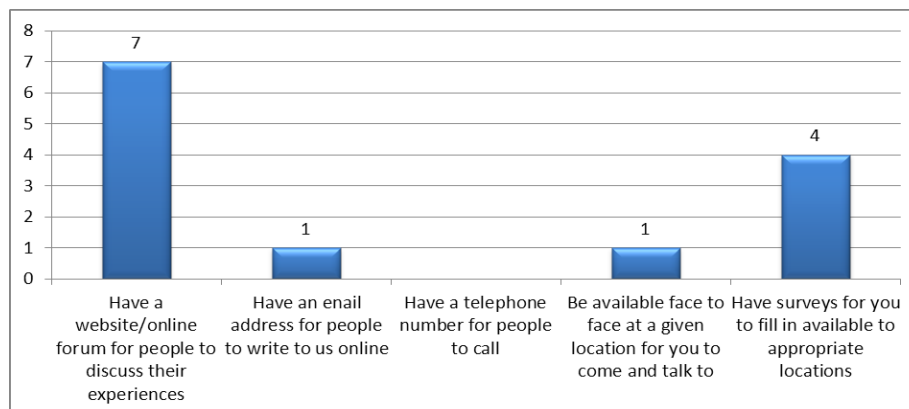

Engagement and Participation

The group felt that the best way to encourage people to engage with Local Healthwatch was to reach out to them through social media; however this was closely followed by the need to have local meetings across the county for everyone to attend.
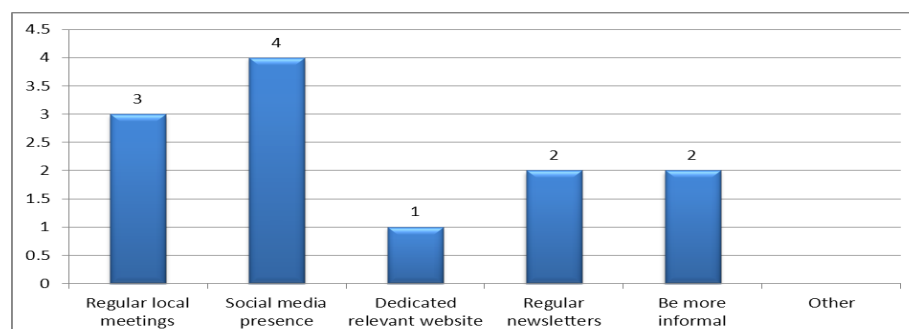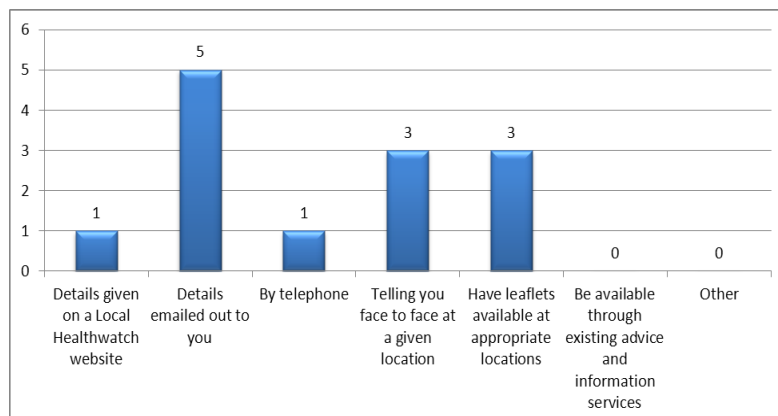
Information and Advice

The group highlighted that all communication methods were needed by Local Healthwatch in order to provide information and advice. When asked to provide the method which the group thought would be most effective, online methods and leaflets were highlighted. Some of the group also thought that having someone available for a face-to-face chat would be useful.
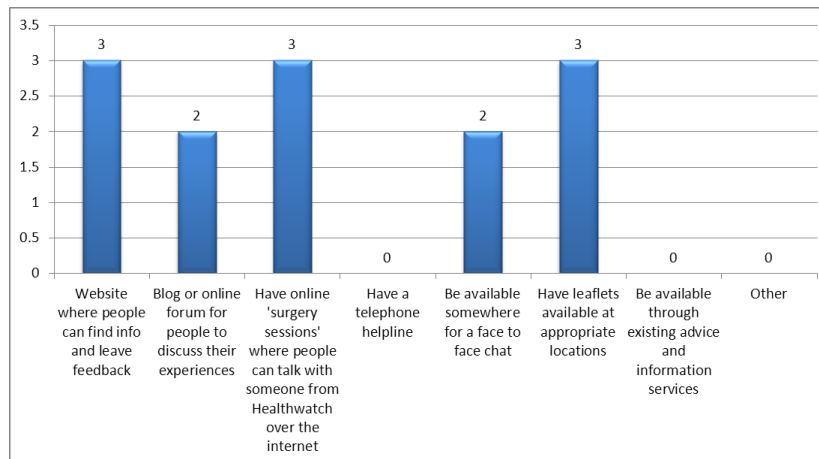
It was felt that Local Healthwatch should make people aware aware of the difference their views made. The majority of the group felt that this should be done via email or on the website.


The most popular venue for Local Healthwatch to provide information and advice according to the group was libraries, closely followed by doctor's surgeries. Schools were another option which the group felt was important.
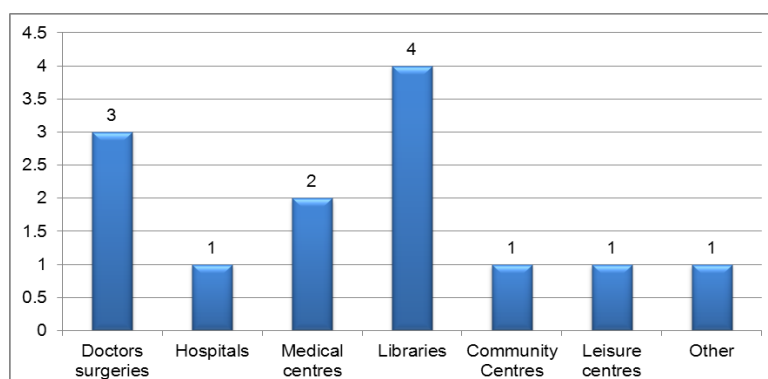
Local Knowledge and Relationships

No general consensus was reached around whether or not the group felt local knowledge and relationships would be important to Local Healthwatch. Nearly half of the group felt that local knowledge and relationships would be important to Local Healthwatch, however some did feel that they didn't know whether it would be or not.
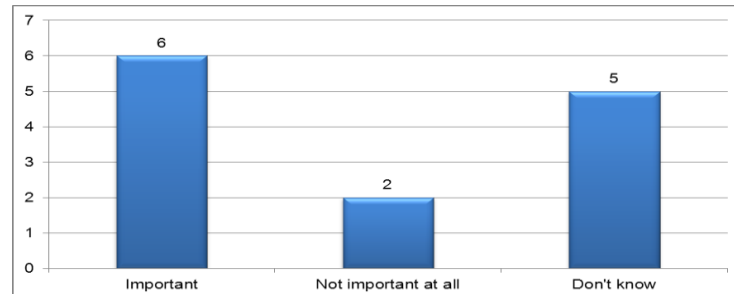

Independence from health and social care planners/commissioners and providers

No general consensus was reached around whether Local Healthwatch should be independent from health and social care professionals.
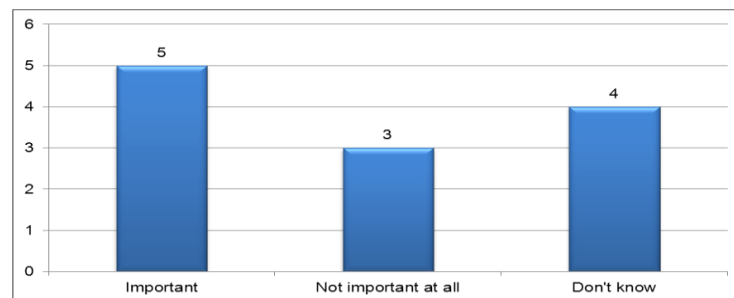
ICAS function

Nearly half the group did not know whether the complaints and advocacy function should be part of Local Healthwatch. When comparing those that did have an opinion, more of the group felt that it should be provided by another organisation.
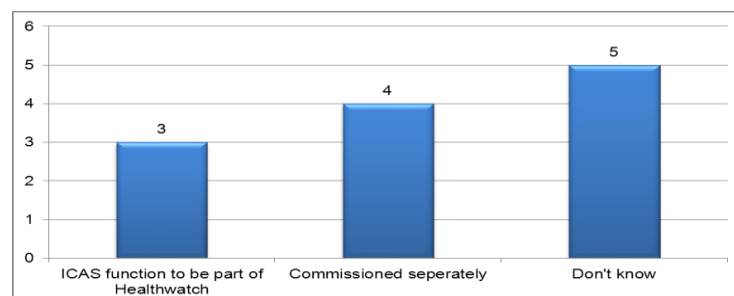
Those that voted for ICAS to be part of Healthwatch were quite vocal and thought it was best to keep it all under the same organisation, otherwise it would just be *another* organisation they would have to go; there are lots of different groups/organisations as it is.

Summary Findings from Taking Part

Taking Part is an independent charity specifically providing services for people with learning difficulties. A facilitator met with 8 of the charities self-advocates, who come from across Shropshire to discuss Local Healthwatch. The session was based around the questions asked in the consultation questionnaire and thoughts were captured on a flip chart.

Having a Say

When asked whether the group felt that they had their say about health and social care services they stated that they felt they had more of a say in the past than they do now and similar to the feedback from the other consultation groups, they felt that they weren't aware of the difference that their views make. The group commented that their peers potentially did not have a say in health and social care at all and their views were not actively sought, but should be.

The group felt that they have their say currently through face-to-face mechanisms, since other methods of communication e.g. telephone, writing letters can be difficult to use and do. The importance of advocacy and support was highlighted as a mechanism for people with learning difficulties to have their say.
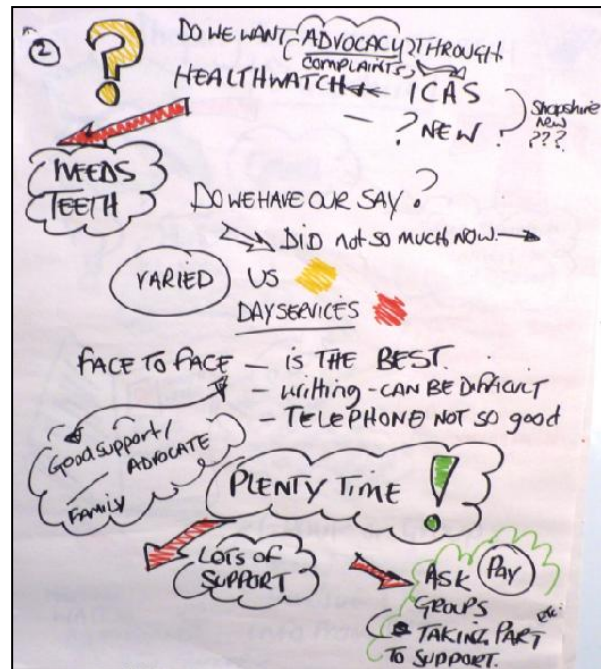
In terms of collecting the views and experiences of people with learning difficulties and engaging with hard to reach groups, the importance of using existing groups, such as Taking Part was expressed. A concern around the funding of such groups was highlighted however. For these groups to continue to exist, it was expressed that it would be great if funding could be available to them for assisting with engagement-type efforts.

Information and Advice

The most effective method by which Healthwatch should provide information and advice to people with learning difficulties, again was highlighted to be face-to-face. Drop-in sessions around the county were stated as useful. Venues mentioned included doctors, Patient Participation Groups, libraries and existing venues used by those

groups that already support people with learning difficulties.

Where leaflets might be provided by Local Healthwatch it was expressed that these need to be in 'easy-read' format. Taking Part are able to provide this service.

The group stated that the use of a telephone helpline would not really be effective for the majority of their peers. However a simple telephone number would be needed and the operators would need training and specialist knowledge. The group highlighted Shrop Doc as an example of a good telephone helpline which they have used in the past. An example was given

It was felt that whilst some people with learning difficulties have excellent computer skills and would like to use a Local Healthwatch website to get information and advice, not all people would do this. The website would have to be simple to use and clear.

The group discussed the need for Local Healthwatch to work with existing groups and organisations in terms of providing advice and support.

Local Knowledge and Relationships

The group stressed the importance of keeping Local Healthwatch localised; they expressed that they would want Local Healthwatch to be delivered by Shropshire based organisation(s).

Independence from health and social care planners/commissioners and providers

The group discussed whether Local Healthwatch would actually ever be independent as the Local Authority would be funding it. It was argued that independence was very important in order for Local Healthwatch to effectively review services and engage with people, but it still needed to work closely with health and social care professionals. The group stated that Local Healthwatch needs to have 'teeth' however; the powers to get things done.

ICAS function

The group were unsure about whether the complaints function should be part of Local Healthwatch or commissioned out to another organisation. It was suggested that the Taking Part Manager would express views on this.

Next Steps

The feedback and advice gained from this consultation exercise will be used to inform what we ask potential providers of Local HealthWatch to do. We will describe our requirements using information from the following places:

- Regulations from the Government telling us as a minimum what Local HealthWatch should do; AND
- This consultation exercise; AND
- Feedback from our partners who have a real interest in ensuring that Local HealthWatch is effective

We will then place an advertisement asking organisations who may be interested in becoming Local HealthWatch to tell us how they will meet all of these requirements and we will select the best option. We will then sign a contract with the successful organisation and monitor regularly and closely how well they are doing as the Local HealthWatch organisation.

Whilst all the comments we have received during this consultation exercise are valued and reflect peoples' real desire to make Local HealthWatch as strong and as effective as it can be, there are some areas where there have been differing opinions and so in some areas we have had to weigh up overall what will be the best approach. However, there are many areas where almost everybody agrees on what is most important and we have taken that on board.

So, the points that we take from this consultation exercise to build into our requirements for Local HealthWatch will be:

- We were told that Local HealthWatch needs to be highly visible and recognisable and that people know what it can do for them. We will ask how Local HealthWatch will show that they will have a high profile and ensure that people do know about them and what they can offer.
- People want Local HealthWatch to have 'teeth' and to be effective in its role as consumer champion. Local HealthWatch will be represented in key decision-making groups and we will be asking how Local HealthWatch will ensure that it is influential and that its representatives will have the necessary skills to undertake this role effectively.
- Many people do not know how they can have a say regarding their experiences of health and social care services and so we will ask how Local HealthWatch intends to make information about this widely available.
- People tell us that they currently don't think that anyone will listen or feed back to them so we will ask how Local HealthWatch will show how effective they are through listening and providing good feedback on what they have done with information given to them.
- We were told that people want to be able to have their say and to make their experiences known in a range of ways from using e-mail, social networking and websites through to face to face and telephone. We will ask how Local HealthWatch will make a range of opportunities available to people that is most relevant to their preferences and how they will ensure that this remains most effective.
- Similarly we were told that people like to have access to information and advice in a range of different ways as described above but also including information to be available through existing resources – "don't reinvent the wheel". We will ask how Local HealthWatch will ensure that information is available readily, in the right places

and making best use of existing resources and partnerships, as well as in other locations which people regularly use or visit.

- People tell us that they want to be able to trust the information given to them and that they will know something will be done with feedback they may wish to give and so we will ask Local HealthWatch to tell us how they will ensure that their representatives do have access to the right information and do know how to engage well with people.

- There was a strong recommendation from all the groups taking part in this consultation that local knowledge and partnerships are essential to the success of Local HealthWatch. We will ask how Local HealthWatch will ensure that it understands the local 'landscape' including both health and social care services and also local people and the communities that they live in and the issues affecting them. Linked to this will be the need to demonstrate a clear understanding of the role of community and voluntary groups across the county.

- People tell us that it is important that Local HealthWatch must be seen as being independent from the council and health and social care services. We will ask Local HealthWatch how they will ensure independence but we will also look very closely at the way that the council will monitor the Local HealthWatch contract to ensure that there is some independent input.

- There was concern amongst people that Shropshire and Telford & Wrekin councils were not working together to create a Local HealthWatch organisation across the whole of Shropshire. Whilst we recognise this we also need to balance that against the desire to have a truly 'local' organisation which understands the local landscape and is able to adapt to changing local needs and priorities. We will therefore ask how Local HealthWatch will compare itself with other Local HealthWatch organisations and how best practice will be shared.

- There were mixed views around whether the NHS Independent Complaints Advocacy Service (ICAS) should be part of Local HealthWatch or whether it should be independent with good signposting in place. ICAS is currently a single regional service operating across the whole of the West Midlands and has a fairly well-defined role and we feel there are good reasons for exploring whether we can work with other local authorities to get maximum efficiency.