





## Health and Wellbeing Board 22 November 2013

# Healthwatch Simulation Event and Action Plan

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## 1. Summary

- 1.1 The Health and Social Care sectors have put in place a complex set of changes to the structures and processes for commissioning health and care services alongside new support for public health and wellbeing. At the heart of these changes is the principle that all decisions about care and support should be undertaken with the involvement of citizens. To support this, a national body – Healthwatch England has been established as a statutory sub-committee of the Care Quality Commission. All Local Authorities (LAs) have now commissioned local Healthwatch organisations that are independent corporate bodies carrying out statutory functions including; information and signposting health and social care services; engaging with and representing local citizens; intelligence gathering and membership on local Health and Wellbeing Boards.
- 1.2 While the structural proposals are clear and now largely completed both locally and nationally, questions remain and indeed choices about how Healthwatch will work as the new system moves through transition and set up to a "settled state". These include how Healthwatch governance arrangements might work in practice; how to engage those communities that have proved difficult to reach in the past; how LA's can undertake performance management whilst also supporting development of Healthwatch and the tension between Healthwatch's role "scrutinising" services that the Council provides whilst also being funded by the Council.
- 1.3 In order to explore some of these questions locally, we delivered a simulation event that would encourage and organisations to explore and communicate their role in the new health and social care landscape through realistic, but fictitious scenarios.
- 1.4 As well as clarifying how the array of arrangements for citizen involvement might work, we hoped that it will help stakeholders in the Shropshire partnership area not only understand their role, but understand how they can support Healthwatch, to be a success.
- 1.5 Stakeholders (including representatives from the HWBB, HW, HOSC, CCG, LA, LAT, VCS, and Provider Organisations) from Shropshire and Telford & Wrekin gathered on September 24<sup>th</sup> to take part in the simulation and to help shape and support the development of our Local Healthwatch.
- 1.6 Over the course of the simulation partners were challenged to discuss and represent the issues from their own organisation's background and perspective. This allowed for shared

understanding of perspectives and it also highlighted where joint working would be helpful, not only for the development of Local Healthwatch, but where partnership working/ understanding would actually benefit all organisations.

1.7 The event highlighted key actions for Healthwatch and partners to undertake to continue to develop effective partnership working and to ensure success of Healthwatch. Please see the tables below for the actions.

#### 2. Recommendations

- 2.1 Note the contents of this report and support the actions in the table below.
- 2.2 Monitor the actions on a quarterly basis through the Health and Wellbeing Board.

## REPORT

#### 3. Risk Assessment and Opportunities Appraisal

(NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation)

Risk	Impact	Mitigation
Risk would be associated with not working together to support Healthwatch; potential for Healthwatch to not be as effective or trusted by consumers.	The health reforms rely on all components working effectively, therefore there is potential for significant damage to the reputation of HW and the Health Service if this part of the reform is ineffective.	Continue to work collaboratively in partnership.
Opportunity	Impact	Action
There is a great opportunity for partners to work together to support Healthwatch to ensure that the voice of the public/ patient is enveloped in decision making for health and social care services. There is also a great opportunity to develop good partnership relationships in the Shropshire Health Economy.	There is serious potential for meaningful impact for the health economy as Healthwatch's remit, in part, is to ensure that the consumer voice is heard routinely by decision makers. There is potential for true coproduction of service delivery plans.	Continue to work collaboratively in partnership and adopt the Joint Action Plan.

#### 4. Financial Implications

4.1 There are no immediate financial implications with regard to this report.

#### 5. Background

5.1 See point 2 above.

6. Additional Information

6.1 Joint Action Plans: the full Healthwatch Simulation event report can be found on the Shropshire Together website, however the action are summarised below and follow three main themes.

1. Development of joint working protocols, clarity around the escalation of identified issues and joint work planning;

- 2. Communication within organisations, across organisations, and with the media;
- 3. Data integrity, data governance and data sharing.

### Development of joint working protocols, escalation of identified issues and work planning

Key Points raised	Action/ Exploration Identified	Key Stakeholders	Action Owners and Expected Time Scales
Work Planning Robust work planning is needed across the health economy including linking with JSNA, JHWS, HOSC and the CCG (and across T&W)	Healthwatch to ensure that when developing work plans it does so by linking with key stakeholders	Health Overview & Scrutiny Committee (HOSC), Healthwatch, Health and Wellbeing Board	Jane Randall Smith (HW) Neil Evans (LA) Cllr Gerald Dakin (HOSC) Cllr Karen Calder (HWBB) <b>On-going</b>
Information Sharing/ Escalation of Issues Identifying when information should become public and when it shouldn't Developing Protocols	Protocols and understandings to be developed around sharing information and raising concerns. Protocols between HOSC, HWBB and HW and also with the CCG and Providers that make clear the flow of information and reports and the escalation process when issues arise. Protocols for the escalation of issues relating to urgent matters and safeguarding to be developed as part of this. <b>Currently a workshop to further develop this is in the planning</b> <b>stages.</b> <b>CQC and LAT to be involved</b> <b>specifically with regard to</b> <b>information sharing and escalation of</b> <b>issues (CQC and LAT)</b>	All Statutory and Health Partners	Jane Randall-Smith (HW) Catherine Pritchard (HW) Cllr Gerald Dakin (HOSC) Cllr Calder (HWBB) Rod Thomson (PH) Deb Holland (CQC) Planned event for 4 <sup>th</sup> Feb, 2014 Protocol development by By March 2014
The role of the VCS, the VCSA, RCC and the SPC (Shropshire Providers Consortium)	Healthwatch to better understand how to involve VCS organisations as part of the evidence and intelligence gathering	Healthwatch, VCS (RCC and VCSA), SPC	Jane Randall-Smith (HW) Jackie Jeffrey (VCSA) Julia Baron (RCC) Pauline James and Kate MacDonald (VCSA) <b>On-going</b>

Key Points raised	Action/ Exploration Identified	Key Stakeholders	Action Owners and Expected Time Scales
Managing the media	Established organisations including the Local Authority, the CCG and Providers provide support and guidance for managing the media	Healthwatch, LA, CCG, Providers, the public	Adrian Osborne ( SaTH) LA – communication team (via Rod Thomson) Autumn 2013 and On-going
Communication and work plan development	Communicating work plans across partners to ensure that partners join up when it is appropriate. For the Local Healthwatch Communications Toolkit click <u>here</u> !	HOSC, HWBB HW, LA, CCG	Jane Randall-Smith (HW) <b>On- going</b>
Leadership	Bring in learning of other HW organisations. Invite learning and leadership from HW England, NHS England and the CQC. Develop understanding locally about good practice. Share good practice. Don't be afraid to learn from mistakes and share learning.	Healthwatch England, NHS England Area Teams, Healthwatch, LA, CCG, Providers	On – going
Managing complaints across the health economy	Develop and communicate a shared and agreed understanding across the health economy regarding dealing with complaints. Develop and communicate an understanding of complaints about Healthwatch	HW, Providers, CCG, RCC	Adrian Osborne – SaTH Jane Randall – Smith – HW Debbie Price – SPIC Maggie Bayley/ Vic Middlemiss – Community Trust Stephen Chandler – LA Paul Tulley – CCG Julia Baron – RCC <b>Summer 2014</b>
Communication/ making public information easily available	Once information is available publicly it should be made easily available.	Healthwatch, HOSC, HWBB, Providers, VCS	Catherine Pritchard (HW) Penny Bason (ST - Partnership) By <b>March 2014</b>

## Data integrity, data governance and data sharing

Key Points raised	Action/ Exploration Identified	Key Stakeholders	Action Owners and Expected Time Scales
Accuracy of reports	Healthwatch, with identified partners, to ensure that reports use robust data gathering mechanisms and analysis	Healthwatch, Public Health	Catherine Pritchard (HW) Emma Sandbach (PH)

	processes Public Health and Research Teams to assist Healthwatch develop processes and analytical ability		Helen Harvey (RI) <b>On-going</b>
Information Governance and Data using qualitative data effectively	Consideration for how information is received and documented. Consideration for how questions are formed to ensure objectivity. Currently a subgroup meets to understand and share patient experience engagement. The right people from Healthwatch, the CCGs, Providers, and Shropshire Council need to link into this. There is room for a coordination role to ensure that decision makers receive a rich quality of information about patient/ client experience and need.	Healthwatch, Public Health, the Partnership, CCG Shropshire, CCG T&W, Shropshire Council, T&W Council	Jane Randall Smith (HW) Steve Mayo – Telford CCG Penny Bason (ST- Partnership) <b>On-going</b>
Data using quantitative data accurately	Data can be interpreted and analysed in different ways. It is necessary to work across the organisations in Shropshire to ensure that we have a consistent approach.	Healthwatch, Public Health, NHS Advocacy provider (POWR),	Catherine Pritchard (HW) Emma Sandbach (PH) Helen Harvey (RI) Autumn 2013 and On-going
Contract and performance monitoring	HW Commissioner to take into account protocols and joint working across the health economy as part of the performance monitoring	LA commissioners	Neil Evans (Shropshire LA) Kim Grosvenor (T&W LA) <b>On-going</b>

#### 7. Conclusions

Nothing further

List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)

Full report on the simulation event can be found at <u>www.shropshiretogether.co.uk</u>

#### Cabinet Member (Portfolio Holder)

Cllr Karen Calder (Health)

Local Member

Appendices