

Healthwatch Shropshire Forward Work Programme 2016-17

1 Introduction

Local Healthwatch were established under the Health and Social Care Act 2012 requiring them to undertake a range of statutory activities:

1. promoting and supporting the involvement of local people in the commissioning, the provision and scrutiny of local care services;
2. enabling local people to monitor the standard of provision of local care services and whether and how local care services could and ought to be improved;
3. obtaining the views of local people regarding their needs for, and experiences of, local care services and importantly to make these views known;
4. making reports and recommendations about how local care services could or ought to be improved. These should be directed to commissioners and providers of care services, and people responsible for managing or scrutinising local care services and shared with Healthwatch England;
5. providing information about access to local care services so choices can be made about local care services;
6. formulating views on the standard of provision and whether and how the local care services could and ought to be improved; and sharing these views with Healthwatch England;
7. making recommendations to Healthwatch England to advise the Care Quality Commission to conduct special reviews or investigations (or, where the circumstances justify doing so, making such recommendations direct to the CQC); and to make recommendations to Healthwatch England to publish reports about particular issues;
8. providing Healthwatch England with the intelligence and insight it needs to enable it to perform effectively.

Healthwatch Shropshire (HWS) was established in April 2013 as one of a network of Local Healthwatch organisations across England. It is a registered charity and company limited by guarantee.

Healthwatch Shropshire has used the statutory obligations and HWE guidance to inform its own vision statement:

Through Healthwatch Shropshire the people of Shropshire know that they have a powerful voice and can make a difference.

Building on this vision statement it was agreed that the following best encapsulated HWS's purpose.

To be the recognised independent voice of the people of Shropshire in seeking to improve their experience of Health and Social Care services.

The strap line to accompany and reinforce this statement is:

Your voice counts

The statutory requirements, additional guidance from Healthwatch England and the local context together have informed the forward work programme for HWS.

2 Work plan 2016-17

The forward work programme for 2016-17 outlined below has been informed by the intelligence received, the health and social care context in Shropshire and local insight by colleagues and stakeholders.

The Forward Work Programme has also taken into account the resources available both financial and in terms of capacity. At the beginning of the year HWS had 11 Board members, a staff team of 6 (5 whole time equivalents) and 23 active volunteers.

A major challenge in looking forward is to build in flexibility so that HWS has the ability to respond in a timely and appropriate manner to feedback as it is received and to local circumstances as they develop during the year.

This next section outlines the priorities as currently identified for the year ahead and specific activities to be undertaken, together with the resources available to HWS.

2.1 Priorities

Key priorities

Three key priorities have been identified for the year that will be undertaken as discrete programmes of work in addition to the regular work of HWS (see below). Identification of the key priorities has been informed by the feedback HWS receives and discussion at the Intelligence Committee.

Discharge

- To understand patient experience of the discharge process from the Royal Shrewsbury Hospital and a report to be produced for the Shropshire Health Overview and Scrutiny Committee meeting in July. Further work will be undertaken later on at other providers
- Project lead: Chief Officer
- Time frame: May - July and August to October

Young People (17 - 25 years)

- To engage with the Child and Adolescent Mental Health Service Transformation Plan
- To understand better the experiences of young people aged 17-25 years using (or not using) health and social care services
- Project lead: Community Engagement Officer
- Time frame: September to March

Domiciliary and community NHS services

- Develop methodology to seek feedback on social care services and NHS services provided to people in their own homes and use it to understand the experiences of people using these services across the county.
- Project lead: Information Officer
- Time frame: September to March

Other priorities

Local Transformation programmes

HWS will continue its involvement in the local transformation programmes under Future Fit, Community Fit, Rural Urgent Care and the new Sustainability and Transformation Plan. HWS provides insight from the people's perspective and challenges when necessary.

Intelligence

During this coming year HWS will continue to encourage feedback from service users - increasing numbers of comments received by HWS will add validity and credibility to the hot spots and trends identified from the intelligence received. "Hot Topics" will continue on a monthly basis during 2016-17 to encourage people to share their experiences of local services and to raise the profile of HWS. To date the Hot Topics have focussed on:

April Stroke Services

May Dementia Services

June Ambulance Services

Possible future Hot Topics will follow up on issues raised with HWS or focus on services where there is a lack of feedback, support local initiatives, national campaigns and local changes in health and social care services.

Seldom Heard

A priority for 2016-17 is to explore further the experiences of "seldom heard" people from across Shropshire - people who are often reluctant to make their voice heard, for example, people involved in the justice system and the gypsy and traveller community.

Research Grant Fund

Further opportunity for these “seldom heard” voices to be heard will be taken forward through the HWS Research Grant Fund - the next call for applications for the voluntary and community sector groups will be launched at the end of June 2016.

Additional priorities

Additional priorities for the year which have been identified include:

- Publish the report on the work undertaken on booking and scheduling at Shrewsbury and Telford Hospitals NHS Trust
- Publish the report of the outcomes of the proactive engagement with services users, carers, providers and commissioners to inform the development of the Dementia Strategy Action Plan
- Publish a combined report for the Shropshire Health and Wellbeing Board on all the Enter & View visits to care facilities for people with learning disabilities
- Monitor the implementation of the CQC recommendations following their inspection of Shrewsbury and Telford Hospitals NHS Trust
- Follow up the CQC inspections to other local providers (Shropshire Community NHS Trust, Robert Jones and Agnes Hunt NHS Foundation Trust and South Staffordshire and Shropshire NHS Foundation Trust) and the implementation of recommendations
- Continue to follow up on changes in models of services delivery including relocation of the Walk in Centre, the reconfiguration of Stroke services and the reconfiguration of women’s and children’s services
- Proactively seek patient experience feedback to inform future commissioning plans and reconfiguration, including from the seldom heard
- Work with partners on complaints and concerns on a county wide basis

Other priorities will emerge during the year, being informed by intelligence received during the year and awareness of the changing context for health and social care services in Shropshire.

The table below summarises how the activity will be delivered, the outcomes and outputs, the risks associated with it and the statutory activities being addressed.

Statutory Activities:	All
Outcomes:	Opportunities to improve health and social care for the people of Shropshire
Outputs:	Reports and recommendations
What it requires to run:	Officer time, volunteer contributions
Risks:	Lack of internal capacity

	Lack of engagement by the public to provide valid information Failure to meet timeframe
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2.2 Regular activities

The statutory obligations and guidance for local Healthwatch have been distilled into a number of areas for the work plan to reflect the way that HWS operates on a day to day basis:

1. Profile Raising and access to HWS
2. Information services
3. Community Engagement
4. Enter & View
5. Volunteering
6. Partnerships and networking
7. Governance
And an additional activity
8. Research Grants

2.2.1 Profile Raising and access to HWS:

HWS has worked hard to raise its profile with the people of Shropshire and has started 2016-17 with over 1322 followers on Twitter. HWS has a membership scheme for both organisations and individuals who are interested in its work: the Associate Members are important as they provide a resource for HWS in terms of user experience and many are willing to be involved in consultations, meetings and questionnaire surveys. Total Associate Membership at the beginning of April 2016 was 253.

In 2016 - 17 HWS will

- Continue to raise awareness of HWS as a continuing priority and utilise a wide range of approaches
- Continue to recruit Associate Members and Twitter followers

HWS works to ensure that people are able to get in touch in a way that meets their needs: letter, telephone, website, email, Twitter, Facebook, face to face engagement (see below) and continues to explore new ways. HWS continues to develop its web site and to use the local media to highlight current issues and to raise its profile. In 2016-17 HWS will:

- Continue development of the web site to ensure it is easy to use and has the appropriate information and links to support the people of Shropshire
- Further develop Twitter and other social media to increase access and engagement
- Refresh HWS literature (based on NHS Accessible Information Standards)
- Work in partnership with local organisations to increase profile

- Issue regular press releases to encourage increased profile in the local media and develop relationships with local journalists/presenters
- Deliver the monthly Hot Topic with appropriate engagement and communication, including with the relevant partners
- Review marketing strategy

Statutory Activities	S1,2,3,5
Outcomes	Raised profile encourages submission of comments, attendance at events, volunteer recruitment, membership etc and ultimately informs the forward work programme
Outputs:	Increased access to the web site, number of twitter followers, number of members and volunteers, number of comments received, numbers attending events
What it requires to run:	Staff, volunteer and board time Supporting literature, active social media and up to date web site
Risks:	Staff Capacity to support Costs of materials become excessive

2.2.2 Information services:

Feedback from the people of Shropshire, and others using Shropshire health and care services, is collected using a variety of methods and the volume of feedback continues to steadily increase as HWS’s profile rises in the county. Feedback received is both positive and negative and is analysed and presented to the Intelligence Committee (a committee of the Board) at its quarterly meetings. The Committee determines the actions to be taken by analysing trends and hot spots in the data.

Intelligence received will continue to be shared as widely as possible with the commissioners of services as well as the providers; information sharing agreements are in place. HWS will continue to triangulate its information with other data to ensure that “people don’t fall through the gap”. “You Said We Did” reports illustrate how HWS uses its intelligence to achieve change and demonstrate the impact of its work. The continued work on profile raising is crucial as the more feedback received the greater is the likelihood that the analysis is representative of the wider population.

In 2016-17 HWS will:

- Continue to collect collate and analyse feedback to determine the actions required to influence change
- Share intelligence appropriately to inform the development of the refreshed Joint Strategic Needs Assessment

- Explore Healthwatch England’s CRM (Customer Relationship Management) system now that it has access to fibre broad band
- Review the categorisation of comments to ensure that the maximum amount of information is available.

Signposting and information services are a vital aspect of HWS activities and link closely with “Tell Us”, which is now Freepost to encourage people to feedback.

- Further development and awareness raising of the signposting and information services

HWS is not a complaints service but does now provide Independent Health Complaints Advocacy Services (see section 6 below) so not only is HWS able to support people, who contact HWS, with information but can now work with individuals to support them in making their complaint. The feedback on services in the complaint also contributes to the overall picture of services across Shropshire, and for Shropshire residents when provided externally.

- Work with partners to facilitate complaints services in Shropshire
- In partnership will build up an overall picture of the quality of care provided across Shropshire

Statutory activities	S3, 4, 5, 6, 7, 8
Outcomes:	Identifies good practices and areas for improvement in health and care services in Shropshire Public in receipt of information to support their health and social care choices Confidence in data handling
Outputs:	Collates and analyses information received Signposting and information services Supports Intelligence Committee and feeds into the Enter & View Committee Liaison with complaints services, PALs and advocacy services Provision of Information Governance Reports
What it requires to run:	Information Officer with contributions from other staff, volunteers and Board Members
Risks:	Dependent on one officer for analysis but data entry is shared Capacity as usage increases

2.2.3 Community Engagement

HWS works hard to ensure that local people’s needs and experiences of health and social care services are heard, including those from people whose voices are seldom heard. HWS is proactive and reaches out to people rather than waiting for

them to come to us. HWS has a Community Engagement strategy to support its approach.

In 2016 -17 HWS will continue to work to ensure that its engagement is as far reaching as possible, including reaching disadvantaged or vulnerable people and people who are seldom heard from across the whole county.

In 2016-17 Community Engagement will include:

- Attending local groups, fora and community events, for example, carers’ groups, housing groups, senior citizens’ groups. These take place continually with participation in a minimum of 2 events per week
- Healthwatch Shropshire events - planning regular engagement across the county and doing local drop in events. A minimum of 4 drop in events will be held during the year
- HWS Annual event in November 2016
- Networking - participating in local networks to share and gather experiences including Shropshire Together, the Voluntary and Community Sector Assembly, the Voluntary Sector Health and Social Care Forum, the Voluntary Sector Mental Health Forum, Shropshire Older People’s Assembly, Shropshire Patients’ Group
- Meeting with Health and Social care professionals, specialist workers, multi-disciplinary teams etc as appropriate
- Engagement using key themes such as Consumer Rights Day, Volunteer Week, Mental Health Week etc where there is a direct link to HWS core activities
- Pro-active engagement to inform HWS’s contribution to Local Authority scrutiny committees and Care Quality Commission enquiries.
- Supporting and challenging the communications and engagement of the NHS Future Fit and related programmes and local programmes in Shropshire such as Shropshire Together
- Promoting the new IHCA Service.

Statutory activities:	S1, 3, 4, 6,
Outcomes:	Raised profile and increased comments, signposting requests, new members and volunteers
Outputs:	A variety of events across the county either as HWS or in partnership
What it requires to run:	Community Engagement Officer, Chief Officer and volunteer support as well as other officers.
Risks:	Dependency on one officer Enough volunteers or volunteers not wishing to do it People choose not to engage with HWS

2.2.4 Enter & View

HWS has the power to “Enter & View”, which means that it is able to see and hear for itself how services are provided by visiting organisations that provide health

and social care services in Shropshire and talking to the patients, residents, service users and their family members and carers. Reports of the visits are published on the HWS web site.

The Enter & View (E&V) Committee has agreed its approach to Enter & View and meets regularly to review progress, tackle issues and receive intelligence to inform a forward visit programme. Regular meetings are held with the Authorised Representatives to ensure that they are fully supported. To date the visit reports have been well received by HWE, the Care Quality Commission as well as the local health economy.

In 2016-17 Enter & View will involve:

- Responsive visits, to respond to intelligence received by HWS or from external sources
- Visits as part of planned programmes of work to contribute to an HWS project, such as the recent visits to facilities for adults with learning disabilities
- Review and follow up of published reports
- Delivery of a training programme for Authorised Representatives
- Support and mentoring of Authorised Representatives
- Continue to explore the involvement of people with learning disabilities in E&V (or other HWS activities)
- Review of policies and procedures relating to E&V to ensure they respond to change
- Continue to progress the style of reports to ensure that they are as accessible as possible

HWS works closely with HW Telford & Wrekin and as part of the Memorandum of Understanding there is a commitment to work together on E&V as both HW share providers.

Statutory activities:	S2, 4
Outcomes:	Improvements in health and social care by sharing good practice and highlighting poor care and providing the information to key stakeholders
Outputs:	Enter & View visit programme Published reports Enter & View Committee meetings
What it requires to run:	Enter &View Officer, Volunteer Officer, Board Members and volunteers (Authorised Representatives) Chief Officer
Risks:	Largely dependent on one officer Enough Authorised Representatives

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2.2.5 Volunteering

Volunteers are important to HWS as it has a small team to cover a wide range of activities across the county.

HWS has established an active volunteer base and will continue to identify volunteering opportunities and match them to the skills of the volunteers. Volunteer contributions are really appreciated in terms of supporting the community engagement programme, profile raising and specific project work.

In 2016-17 will continue to:

- Provide an ongoing training programme for existing volunteers
- Provide regular volunteer meetings to give support and ensure that all volunteers are up to date with key issues for Shropshire
- Provide a monthly newsletter with HWS information
- Ensure that individual volunteers are fully supported
- Expand the volunteer base to reflect the diversity of the Shropshire population
- Undertake a robust recruitment and induction programme for new volunteers

Enter & View volunteers are called Authorised Representatives and after initial induction are required to undertake specialist training before they carry out visits. At the beginning of 2016 HWS had 13 Authorised representatives and 23 volunteers in total.

Statutory activities:	S1, 2, 3
Outcomes:	Awareness of HWS Improvements in health and social care services Additional capacity at HWS
Outputs:	Increased number of volunteers who will <ul style="list-style-type: none"> • support the Enter & View visit programme • support engagement opportunities • provide specialised knowledge and skills • etc
What it requires to run:	Volunteer Officer and Enter & View Officer, Board Members and volunteers and Authorised Representatives
Risks:	Potential volunteers are not attracted to the volunteering opportunities Volunteers are not fully utilised

2.2.6 Partnerships and networking / relationship building and influencing

HWS has worked hard to develop strong relationships with commissioners and providers of health and care services including the voluntary and community sectors in Shropshire.

In 2016-17 HWS will

- Continue to fulfil its statutory obligations and attend and participate in the Health Wellbeing Board meetings
- Attend board meetings of local commissioners and providers of NHS services
- Attend the Health Overview and Scrutiny Committee of Shropshire Council and other scrutiny committees as appropriate
- Continue to work to develop the relationships between the scrutiny, HWBB and HWS
- Attend special interest groups, external working groups and committees across Shropshire, prioritising participation depending on capacity
- Continue to participate and challenge in the NHS Future Fit and related programmes
- Attend local Healthwatch regional meetings and HWE meetings
- Attend CQC, NHS England and other partners' meetings when relevant

As the staff capacity is limited HWS will work with board members and volunteers to ensure comprehensive participation and engagement.

People cross borders to access services and HWS will continue to liaise closely with neighbouring Healthwatch and in Wales with the Community Health Councils.

- Relationships will be developed further to ensure that people's voices and experiences can be effectively heard and escalated where appropriate.

HWS is in a stronger position to challenge providers and commissioners of health and care services as its evidence base becomes more extensive. In order to ensure that people's experiences and views are taken into account HWS will continue to participate in activities such as

- CQC requests for patient feedback to inform their inspections by sharing patient experiences from HWS intelligence and proactively gathering patient stories where possible in advance of inspections
- NHS England patient experience initiatives by working in partnership to avoid duplication and confusion for local people
- Local engagement and consultations on service redesign

Statutory activities:	S4, 6,
Outcomes:	Opportunities to influence design and delivery of health and care services in Shropshire
Outputs:	Gather public input and the lay perspective at a wide variety of initiatives and meetings; share the intelligence as appropriate

What it requires to run:	Chief Officer, Chair, Board members and officers Supported volunteers for some meetings
Risks:	Workload Poor quality input (due to high work load) Lack of response from commissioners and providers to issues raised

3.2.7 Governance

HWS aims to be a well-run organisation and has taken a rigorous and robust approach to delivering its statutory activities and exercising its statutory power to Enter & View. At the end of 2015 the Articles of Association were amended and HWS is now fully independent.

HWS has to respond to the requirements of the Charity Commission, Companies House, Healthwatch England and its Commissioners, Shropshire Council. The annual report reflects HWS' response to these requirements and will be published by the end of June 2016. A more readable document, the Annual Review, will be produced later in the year and launched at the annual event in early November 2016.

Policies continue to be reviewed and new policies introduced as required.

A regular report against key performance indicators (KPIs) is provided to the Board at all of its meetings and to the Local Authority at the quarterly contract review meetings. A revised approach has been developed for 2016-17; outcomes of the work programmes will continue to be reported through the KPI framework.

All the officers undergo regular reviews with an annual appraisal and training is provided when needed. The Chair of the Board undertakes annual reviews with Board Members. Joint development / training sessions will be undertaken during the year as required.

Statutory activities:	N/A
Outcomes:	A credible well run organisation which delivers on its KPIs A motivated team Committed Board Members and volunteers
Outputs:	Timely and effective Board and Committee meetings Meaningful and effective policies Working group reports Risk Management Matrix Stakeholder Group meetings Contract Review meetings
What it requires to run:	Chief Officer time with administrative support Chair and Board member input Volunteer input to committees

Risks:	Work load to deliver Capacity

3.2.8 Research grants

HWS is fortunate to be able to offer research funding to the voluntary and community sector. Funding has been confirmed for 2016-17 and a call for proposals will be launched in June 2016, following a workshop session at the Healthwatch England conference that HWS will be running. In 2016-17 HWS will:

- Publish research reports from projects funded in the previous years
- Run the call for proposals 2016-17
- Award the new research grants

Statutory activities:	S3, 4
Outcomes:	New knowledge to support HWS activity Joint working with the voluntary and community sector Seldom heard people make their views known
Outputs:	Research reports
What it requires to run:	Officer time and board member input Panel of invited members to assess proposals
Risks:	No applications received or applications do not meet the criteria Projects do not deliver what was planned Projects not delivered to time Funding being returned to the HWS commissioner

3 Resources and budget

The budget for 2016-17 is confirmed at £199,487 which includes the research grant funding. HWS has worked within its budget for the first three years and has used its experiences to inform the allocation of the budget for this year. The budget has not had an inflationary uplift and as a result care has been taken in allocating the budget and how HWS delivers its services.

HWS moved offices into a larger space within the same building in April, to accommodate the new advocacy service. The increased rent will have an impact on the budget although this will be partly offset by reducing the demand for meeting room space as an area will be fully partitioned off to provide a meeting room. Notwithstanding this the finances will be very tight in this financial year.

4 Prioritisation

A challenge for Healthwatch Shropshire is sheer volume of potential work across all the areas of activity. Potential work covers the geographical county, includes all ages and all demographics as well as all services which are publicly funded. As a result there are also a high number of meetings to attend.

In addition, criteria have been agreed in order to prioritise a specific piece of potential work.

1. Statutory requirements
2. Strength of link to 2015-16 theme (see above)
3. Reach of activity (numbers affected etc.)
4. Likelihood of having a positive effect
5. Level of issue (public/political profile, impact etc.)
6. Link to CCG and/or Social services priorities
7. Extent of HWS influence
8. Resource intensiveness

In terms of forward planning it is essential that HWS allows for sufficient flexibility in order to react to important high profile issues that occur during the year.

5 Risk Identification and Management

HWS has a “live” risk management matrix which identifies the external risks that affect the operation of HWS. The Matrix is considered at the regular Business Committee meetings and is presented to the Board meetings in public on a quarterly basis; at these meetings appropriate amendments are made to take into account changing circumstances and to ensure that the identified risks and their mitigating actions are current.

The Matrix is formally reviewed in an internal workshop on an annual basis.

6 Independent Health Complaints Advocacy

From 1st April 2016 HWS is providing Independent Health Complaints Advocacy (IHCA) services to people of Shropshire and to other people who are using Shropshire NHS services. The advocacy services provide support in a variety of way to help people use the NHS complaints process.

The IHCA service is independently funded but HWS will promote it as part of its community engagement, take the initial patient experience feedback which is part of its core activity and the analysis will be undertaken to contribute to the overall picture of the quality of care in Shropshire.

7 Conclusion

In the 2015 Health and Wellbeing Board peer challenge HWS was described as

“a well-established and credible Healthwatch”

HWS also had very positive feedback in the “reflective audit” that it undertook through an independent consultant in 2015. As a result, there is a sound base to build on as HWS begins its fourth year.