

1.0 Report for Shropshire's Health and Wellbeing Board

The purpose of this report is to update the Health and Wellbeing board on the activities and impact of Healthwatch Shropshire. As the end of March 2018 is the end of the first Healthwatch Shropshire contract and 1st April 2018 the beginning of a new three year contract this report is an opportunity to look back over the first five years, with a focus on the last 6 months, and look forward to the next contract. **Your attention is particularly drawn to page five where, as a key stakeholder, we would greatly value your suggestions(input/ideas).**

2.0 Introduction

Healthwatch Shropshire (HWS) was established in April 2013 as health and social care champion for people and local communities in Shropshire. HWS is here to help make sure everyone gets the best from their health and social care services and that those services are as good as they can be and work in a joined-up way.



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

There is a Local Healthwatch in each local authority area and they have to deliver 8 statutory activities and have the power to undertake Enter & View visits¹.

3.0 Governance

HWS is a registered charity and company limited by guarantee. It reports to both bodies on an annual basis and also to Healthwatch England its umbrella organisation. HWS has a board, the members of which are trustees of the charity and directors of the company; they are also volunteers. The Board has responsibility for governance and strategy of HWS. HWS has a small operational team of 6 people (5 fulltime equivalents), which is supported by volunteers. Volunteers contributed over **1,300 hours** in the first year and already in this financial year are estimate to contribute approximately **2,500 hours** of support to HWS.

The board has 4 committees: business, intelligence, enter & view and marketing, which include board members, staff and volunteers. The committees are there to support the work programmes and to confirm forward priorities, for example, to agree which facilities to enter & view based on intelligence.

Ultimately HWS is responsible to the people of Shropshire and it is their feedback on local services that informs the work programme.

4.0 Activities

Gathering and understanding people's experience of using local services is fundamental to informing the work of HWS. This is achieved in different ways (see below) and is used to influence change. The following paragraphs illustrate how HWS has grown over the last five years and the impact that it has achieved is outlined in the following section.

¹Enter & View is the opportunity for HWS to see and hear for itself how services are provided by visiting publicly funded health and social care facilities.

4.1 Engagement:

This is an essential aspect of the work programme as it raises the profile and increases awareness of HWS, encourages feedback, facilitates additional feedback for example for the Hot Topics, and also supports the system in terms of explaining what is happening.



In the first year HWS participated in over **125 events** and in 2016-17 HWS took part in over **200 events** and over 3,500 people engaged with HWS.

During 2017-18 HWS has supported the Midwife led Unit review and also the community services review to ensure that as many people as possible have the opportunity to have their voice heard.

The annual event, usually held in October or November, is an opportunity for people to learn more about how HWS works but has also been an opportunity for the people of Shropshire to hear directly from and put questions to the commissioners and providers of local services. In November 2017 the holders of HWS Research grants presented their projects including the impact the projects had on their organisations and their client groups.

4.2 Enter & View:

HWS uses intelligence to inform the programme of visits and the visits may generate feedback that can be included in its information system. Intelligence can be from HWS but also from partnership working. E&V reports can inform the CQC inspection programme. All E&V visits have a purpose, are planned in advance, can be announced, unannounced or semi-announced and are undertaken by trained volunteers called Authorised Representatives. In the first year the approach to enter & view was developed and training put in place and the first visits took place at the end of the first year. In 2016-17, **30 enter & view reports** were published on a range of services.

All Enter & View reports are published on the web site. Reports published in February 2018 include:

- Inhealth Pain Management Solutions
- New ophthalmology ward , Royal Shrewsbury Hospital
- Bishops Castle Medical Practice
- Radbrook Green Surgery, Shrewsbury

4.3 Information services:

Understanding the feedback gathered about local services by people using them is fundamental to the work of HWS. Intelligence is analysed on a quarterly basis and quarterly information sharing with providers and commissioners are held regularly. HWS identifies 'hot spots' and trends over a period of time from the intelligence, which inform its subsequent actions. Although there has been a steady rise in the number of comments received, **370 comments** in the first year and **1,174 comments in 2016-17**, these are spread out over a wide range of services. If a comment suggests a safety risk or a safeguarding risk these are escalated immediately.

HWS is an independent organisation and is able to collect feedback anonymously and confidentially. Last year HWS participated in experience of care week to try and encourage more people to share their experiences.

HWS has two additional approaches to gathering intelligence:

Research grants - HWS has provided small grants to the voluntary and community sector over the last five years and this has enabled feedback to be gathered on a range of subjects from people whose voices are seldom heard. Reports are available on the HWS web site.

Final year medical students from Keele University - to date HWS has hosted 5 groups of medical students and supported them in undertaking community projects whilst based with-in general practice in Shropshire for a 16 week period. The current group of students is looking at complaints and feedback processes in their practices. All reports are available on the HWS web site.

HWS will also respond to national consultations where there is potential for the outcome to have an adverse effect on local people's access to and experience of services. For example HWS has recently responded to the consultation on community transport and to that on radiotherapy.

4.4 Signposting

HWS has helped people in Shropshire access the care that they need by providing information and signposting services about access to and about local care services so people can make an informed choice to meet their needs. Sharing feedback with HWS can result in a signposting request and HWS tries to ensure that a caller is not passed on from 'pillar to post'. IHCAS discussions can also result in signposting.



HWS signposted **56** people in its first year and over **200** people in 2016-17.

5 Independent Health Complaints Advocacy Service (IHCAS)

HWS took over the contract for the IHCAS in Shropshire in April 2016. The purpose of the IHCAS is to give people information about the NHS complaints process so they know how to make a formal complaint, who to complain to and what they can expect. Complaints Advocates can assist people to put their complaint in writing if necessary and accompany them to meetings to discuss their complaint to offer support. If people are not satisfied with how their complaint has been handled by the provider we can also explain the role of the Parliamentary and Health Service Ombudsman (PHSO) and how to apply to them to ask them to investigate. We can help them to complete the PHSO application form if necessary. The aim of the service is to empower people to have their voice heard and enable them to navigate the complaints process as it can be daunting and confusing. NHS services include hospitals, general practice, pharmacists, dentist etc.

Up to December 2017 IHCAS has:

- taken over 250 calls,
- supported 59 people to make a complaint with the help of an advocate,
- has sent out over 200 self-help packs.
- 7 complaints have been referred to the PHSO and 17 have been closed after a local resolution meeting.



Feedback on the service has been positive.

IHCAS does not support the complaint or the complainant but its role is to empower the complainant to make their complaint. Resolution of a complaint may not give the

complainant what they are seeking but how it has been dealt with and how they are supported in making a complaint is very important.

6.0 Impact

HWS wants the people of Shropshire to receive health and care services that are as good as they can be and be assured that the organisations buying and running the services put people at the heart of what they do.

At times this has been challenging but there is definitely a recognition locally that people's feedback can contribute to informing service re-design for the future and HWS feedback has contributed to making changes in local services now. Demonstrating that HWS has made a difference is challenging as it doesn't have the capacity to follow up individual comments received but identifying 'hot spots' and trends has enabled changes to take place.

Examples include:

- NHS dental activity - HWS contributed its feedback on lack of NHS dentists in certain areas of the county and has twice achieved additional NHS dental activity for the people of Shropshire
- Ophthalmology - in 2014 HWS was receiving large amounts of feedback expressing concerns about local services. HWS triangulated these with the intelligence held by Shropshire CCG, shared them with the provider and continued to do so. Last summer the department moved into new accommodation at the Royal Shrewsbury Hospital and HWS followed up with an Enter & View visit later in 2017. The report is now published.
- Community Neurorehabilitation and age limit - following an Enter & View visit to the stroke wards at the Princes Royal and Royal Shrewsbury Hospitals HWS raised concerns about a maximum age limit to have access to community neuro rehabilitation. It was agreed by the Shropshire CCG that this was discriminatory and has been now removed.
- Domiciliary care providers - following a Hot Topic and sharing of intelligence with the Council, training was provided by Shropshire Partners in Care to make agencies aware of their legal responsibilities.
- Accommodation for LD residents in a care facility - following an Enter & View visit some placements were changed to more appropriately meet the needs of the residents.
- Dementia - an engagement programme informed the refreshed Dementia Strategy for Shropshire and Dementia Companions are now being trialled in Oswestry and Ludlow
- Research grants - the outcomes and recommendations from the research grants are both varied and powerful. The project undertaken by Autonomy in 2014 helped inform the development of the Autism Hub; SAND has raised awareness of the needs of the older LGBT population.
- Health and Justice - information given to us by prisoners during focus groups at Stoke Heath prison have resulted in all prisoners now being offered mental health support and enhanced information when dealing with the withdrawal of pain medication. Feedback from the focus groups has also been used for the 2015-16/2016-17 quality visits by NHSE health and justice team.
- Seldom heard - HWS has worked with the Polish Centre in Shrewsbury to get leaflets translated and as a result has received feedback from more members of

this community, giving a voice to this seldom heard group, and enabled one person to use the IHCAS.

More information is available in the annual reports and also on the web site under You Said We Did.

HWS introduced the concept of 'Hot Topics' in 2015 to stimulate feedback where little was known about a service, to enhance existing intelligence or because of changes to service provision. The outcomes of a Hot Topic are shared with commissioners and providers. For example local Neurology services are changing and the Hot Topic illustrated themes running through the feedback around a lack of information about what support patients could expect, where they could access it and what the timescales might be.

7.0 New contract

The recommissioning process at the end of last year was time consuming but HWS is delighted to have retained the contract to provide Healthwatch services in Shropshire.

However, the significant reduction in funding has meant that HWS has had to plan its forward budget carefully. As a result, it was agreed at a recent Board Meeting that from 1st April 2018 HWS would reduce its opening hours to **four days per week** and would close on Fridays. HWS is confident that it will be able to deliver its statutory activities under the new contract, albeit at a reduced level. HWS continues to explore its options in terms of accommodation so that it can optimise its service delivery. This will all be communicated to all partners and the public over the next month.

The new contract integrates the HWS contract and that for IHCAS, both of which are affected by the reduction in funding. IHCAS will also be available 4 days per week .

Forward planning is currently taking place for 2018-19 to identify HWS priorities. Volunteers have already been involved, the HWS stakeholder group has been invited to contribute their ideas. HWS would welcome ideas from the HWBB for Hot topics and more in-depth pieces of work. The HWS Board will be considering the priorities put forward for 2018-19 later in the month.

The specific priorities will be in addition to the regular work of HWS. There will be continuing activity to raise the profile and explore the best ways to do this, utilising new information technologies as well as face to face and working with partners. Profile is key to stimulating feedback and hence informing other HWS activities.

HWS has always set its own priorities but at a time of great change HWS is also involved in ensuring that patient and public voice is heard as services are redesigned and the major transformation processes are taken forward. HWS has been privileged to have been involved with most providers and commissioners from the design and planning stages of service changes and developments. This enables HWS to appreciate the reasons behind decisions that are made that are sometimes difficult for patients. This means that we are able to maintain a balanced oversight of the activities and ethos within the Local Health Economy

HWS' role, as for example in future Fit, is to ensure that people aware that is happening, understand the changes and what it means to them and their family and then know how to

share their views. HWS has undertaken to support all the public exhibitions and as many pop-up events as possible.

It is planned to publish the new forward strategy in early April.

Get in Touch

Please contact Healthwatch Shropshire if you would like more information about the content of this report or to share your views and experiences of local health and social care services in Shropshire.



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