

Agenda item: Enclosure Number 11
Shropshire CCG Governing Body meeting: 11 January 2017

Title of the report:	Healthwatch Shropshire: who we are and what we do
Responsible Director:	
Author of the report:	Jane Randall-Smith, Chief Officer, Healthwatch Shropshire
Presenter:	Jane Randall-Smith
Purpose of the report: To remind members of the Governing Body of the remit of Healthwatch Shropshire and the breadth of its activities.	
Key issues or points to note: The statutory activities that Local Healthwatch are required to undertake, its power to Enter & View and how this is implemented by Healthwatch Shropshire.	
Actions required by Governing Body Members: To note the report, in particular how Healthwatch Shropshire is able to gather and use its intelligence to inform future delivery of health and social care services locally.	

Monitoring form
Agenda Item: Enclosure Number

Does this report and its recommendations have implications and impact with regard to the following:		
A: CCG Aims and Objectives (please provide details where applicable)		Yes/ No
1	Objective 1 - Deliver a continually improving Healthcare and Patient Experience <i>please provide details relating to objective 1</i>	
2	Objective 2 - Develop a 'true membership' organisation (active engagement and clinically led organisation) <i>please provide details relating to objective 2</i>	
3	Objective 3 - Achieve Financial sustainability for future investment <i>please provide details relating to objective 3</i>	
4	Objective 4 - Visible leadership of the local health economy through behaviour and action <i>please provide details relating to objective 4</i>	
5	Objective 5 - Grow the leaders for tomorrow (Business Continuity) <i>please provide details relating to objective 5</i>	
B: Governance (please provide details where applicable)		Yes/ No
1	Does this report: <ul style="list-style-type: none"> • Provide Shropshire CCG with assurance against any risk in the BAF? (provide risk number) • Have any legal implications? • Promote effective governance practice <i>Provide a summary of the risks and any mitigating actions, any legal implications etc.</i>	
2	Additional staffing or financial resource implications <i>If yes, please provide details of additional resources required</i>	
3	Health inequalities <i>If yes, please provide details of the effect upon health inequalities</i>	
4	Human Rights, equality and diversity requirements <i>If yes, please provide details of the effect upon these requirements</i>	
5	Clinical engagement <i>If yes, please provide details of the clinical engagement</i>	
6	Patient and public engagement <i>If yes, please provide details of the patient and public engagement</i>	

Healthwatch Shropshire

Who we are and what we do

1 Introduction

1.1 The Health and Social Care Act 2012 brought in a number of changes to the commissioning and delivery of health and social care, including the establishment of Healthwatch. Healthwatch England was set up in October 2012 and in April 2013 a network of 152 Local Healthwatch (LHW) was established across England.

1.2 LHW were required to be set up by each Local Authority, the funding for them coming from the Department of Health. The new structures being put in place were partly as a result of 'Mid Staffs' and also the lack of consistency across the country in the previous patient and public involvement organisations. All LHW are required 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.

In addition, LHW have the power to enter publicly funded health and social care facilities to undertake an "Enter & View" visit.

Healthwatch have been established to give people a powerful voice locally and the key message is:

Your voice counts

1.3 Healthwatch Shropshire (HWS) was established in April 2013 as one of the network of Local Healthwatch organisations across England. The Commissioner in Shropshire Council is the Director of Public Health. HWS is a registered charity and company limited by guarantee. As a result it has to report on an annual basis to the Charity Commission, Companies House, Healthwatch England and to the Health and Wellbeing Board in Shropshire. It's most recent annual report and financial statements can be downloaded [here](#).

1.4 HWS has its own board, with a maximum of 12 members and has set up 3 board committees (business, enter & view and intelligence), which also involve staff and volunteers, to facilitate the decision making. There is a small staff team of 6 (5 full time equivalents). Capacity is enhanced by a team of volunteers, including the trained Authorised Representatives who undertake the Enter & View visits. More information is available on the web site at

www.healthwatchshropshire.co.uk

1.5 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.

2 Delivering the statutory activities

2.1 HWS meets its statutory requirements though a range of regular activities:

- Information and signposting services
- Community Engagement - across the county and all ages by participating in a wide range of community and professional events
- Enter & View - Working with a team of volunteers to visit and see for ourselves how services are delivered and speak to people using these services. All published Enter & View reports are shared with local stakeholders, NHS England and are published on our website.
- Intelligence - collation and analysis of feedback received to use to inform follow up actions.

It has to be noted that LHW are not individual complaints workers but use the feedback they receive to identify 'hot spots' and trends

HWS is unique in running an annual research grant scheme for the voluntary and community sector, supported by the Local Authority. The grants provide another way for HWS to find out what works well and where there are challenges for people in the county in using health and social care services, especially for those whose voices are seldom heard. Research projects so far have focussed on

- People with Asperger's syndrome and high level autism
- Deaf people
- Visually impaired people

- Older LGBT
- Parents and carers of disabled children
- Death education and young people
- People who using adult social care
- Householders suffering from fuel poverty

2.2 Partnerships and networking are an essential feature of HWS's work. When HWS was first established one of its initial priorities was to develop its relationships with local organisations and the people working in the health and social care economy. It is the role of HWS to share intelligence in order to make the challenge and influence change, that role is much easier if good relationships exist.

HWS's role is that of a "critical friend" and will make constructive challenge to the CCG.

HWS is clear that it has to be evidence based in how it works with commissioners and providers and it shares the patient and public feedback (anonymised) that it gathers from across the county on a regular basis.

Awareness raising is an ongoing task but is absolutely fundamental to the work of HWS as its strength is in the quality and comprehensiveness of its intelligence from patient and public feedback that it is able to share.

2.3 Recent activities

HWS is required to demonstrate its impact and one way is by publishing a "You Said We Did" report. Individual examples are placed on the web site to show a timely response but collated reports are also published.

During November and December examples of HWS activity includes:

- HWS worked with the CCG to link the recommendations in its Dementia report (report available [here](#)) to the refreshed Dementia Strategy and Action Plan which were published at the Health and Wellbeing Board in December.
- Concerns have been raised with both the CCG and the provider over a period of nearly two years about the quality of Ophthalmology services locally. As a result a change in provider for some conditions has been agreed on a short term basis. HWS worked with the Commissioner on the script for the Referral Assessment Service to use when the change takes place. HWS is able to comment from the point of view of the patient.
- HWS continued to engage with the Future Fit programme. HWS Shropshire has continued to challenge the approach to engagement and consultation and believes that the people of Shropshire now need to have access to all the evidence and the opportunity to make their views known as soon as possible.
- Published nine Enter & View reports and visited five facilities including three care homes and two hospital departments. Each report contains a response from the provider to the recommendations made following the visit.
- In order to stimulate comments on a particular issue HWS runs a monthly themed 'Hot Topic'. The feedback is shared with service providers and

commissioners as appropriate and may be the starting point for further action. During November the focus was on End of Life Care and in December activity has been focussed instead on the winter messaging and HWS has been a key participant in regular communication meetings to emphasise that information needs to be readily accessible and not just electronically. Local winter messaging was prominently displayed on the HWS web site over the holiday period. In January 2017 the 'Hot Topic' is domiciliary care and care at home. HWS can, of course, receive feedback on a particular service at any time.