

Healthwatch Shropshire Forward Work Programme 2015-16

1 Introduction

Local Healthwatch was established under the Health and Social care Act 2012 requiring it 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 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 Background

The forward work programme for 2015 - 16 has been developed from the experiences in the first 21 months of HWS's operation, the intelligence received, the health and social care context in Shropshire and a discussion at a development session in January 2015.

The Forward Work Programme has also taken into account the resources available both financial and in terms of capacity. Appendix 1 shows the Board members, the staff team.

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 unforeseen events during the year.

3 Work plan 2015-16

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

3.1 HWS Theme for 2015-16

HWS work programme is led by the views of the people of Shropshire and is informed by our statutory responsibilities. It also takes into account the views of our Commissioner and the Stakeholder Group. The comments received by HWS during 2014 demonstrate the top five themes (all sentiments) received and the summary is shown in appendix 2.

Based on this intelligence a theme for the year has been agreed:

Access and quality in both Health and Social Care

During this year a key priority is to further increase the number of comments received by Healthwatch Shropshire as this will add validity and credibility to the hot spots and trends identified from the intelligence received. Healthwatch Shropshire is introducing “Hot Topics” on a regular basis to stimulate engagement, raise its profile and increase the number of comments received on a particular service/issue.

HWS has the ability to undertake additional project work to inform its core functions and to enable it to respond to issues identified by the people of Shropshire. During 2014-15 HWS has published its first research reports¹. Projects which are likely to be carried forward into the early part of 2015-16 include:

- The first HWS themed programme focussing on low level mental health problems continues and will be published in summer 2015.
- A project led by Healthwatch Staffordshire covering Staffordshire, Shropshire and Telford & Wrekin on behalf of South Staffordshire and Shropshire Healthcare NHS Foundation Trust continues into 2015-16
- Project work focussed on access to GP appointments between the four local Healthwatch covered by the NHSE Area Team is being undertaken and will be jointly reported in summer 2015.
- Building on the A&E survey 2014 HWS is also undertaking a project on Out of Hours GP telephone messages and web sites
- Delivery of a draft Communications and Engagement Strategy for the Health and Wellbeing Board from the Task & Finish Group.

Early priorities for the year have been identified and include:

- Follow up to the Maternity Services Review (2013)
- Continuing the Enter & View visits to care facilities for people with learning disabilities as suggested by the Health and Wellbeing Board
- Monitoring of the implementation of the CQC recommendations following their inspection of Shrewsbury and Telford Hospitals NHS Trust
- Monitoring the introduction of the Care Act in Shropshire and the implications
- Follow up to 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
- Better understand future commissioning plans to proactively seek patient experience feedback

¹ A&E Survey
ICS Evaluation

- Continue to engage with and challenge NHS FutureFit and Community Fit
- Explore the complaints system from a Shropshire perspective in terms of the data collected and access for the public
- Undertake proactive engagement with services user, carers, providers and commissioners to inform the further development of the Dementia Action Plan

Further projects will be informed by intelligence received during the year and awareness of the changing context for health and social care services in Shropshire.

In addition, the Healthwatch Shropshire Board is considering its response to the findings of a Reflective Audit, undertaken by an independent consultant on behalf of Healthwatch Shropshire. The purpose of the Reflective Audit is to understand how stakeholders view the effectiveness of Healthwatch Shropshire. The recommendations in the Audit will also inform the future work programme for 2015-16.

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 and possibly independent consultants.
Risks:	Lack of internal capacity Lack of funding to employ consultants Lack of engagement by the public to provide valid data Failure to meet timeframe

3.2 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

3.2.1 Profile Raising and access to HWS:

HWS has worked hard to raise its profile with the people of Shropshire and had over 1000 followers on twitter at the end of March 2015. The Associate Members are important as they provide a resource for HWS in terms of opinion and user experience and many are willing to be involved in consultations, meetings and questionnaire surveys. Total membership at the end of March 2015 was 208.

- A continuing priority is to raise awareness of HWS and an internal marketing group has been established to develop this work further.
- Associate Membership and Twitter followers will continue to be recruited

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 continues to use the local media to highlight current issues and to raise its profile.

- Continued development of the web site
- Development of twitter and other social media to increase access and engagement
- Establish links to the HWS web site by additional local provider and commissioner organisations
- Development and expansion of promotional literature to use in community engagement
- Investigation of a rate and review service for the web site
- Extend community engagement further

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 and updated web site
Risks:	Staff Capacity to support Costs of materials become excessive

3.2.2 Information services:

HWS intelligence continues to be analysed regularly. Quarterly meetings of the Intelligence Committee (a committee of the Board) determine actions to be taken and inform forward priorities, by analysing trends and hot spots. Intelligence received is shared as widely as possible, where there are information sharing agreements. As the number of comments received has increased the “You Said We Did” reports are now 6 monthly. The work on profile raising is crucial as the more comments received the greater is the likelihood that the analysis is representative of the wider population.

- Information Sharing Agreements to be signed across the health economy to facilitate information sharing.
- Selected intelligence will be made available in the public domain and shared at the Health and Wellbeing Board
- Intelligence will be shared to inform the development of the refreshed Joint Strategic Needs Assessment
- The concept of “rate and review” of Shropshire Services will be explored further

Signposting and information services are a crucial aspect of HWS activities and link closely with “Tell Us”.

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

HWS is not a complaints service and does not provide complaints advocacy but is able to support people, who contact HWS, with information. HWS works in partnership with a wide range of local services providers.

- Explore a central focus for complaints services in 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
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 Capacity as usage increases

3.2.3 Community Engagement

HWS works hard to ensure that local people's needs and experiences of health and social care services are heard. HWS is proactive and reaches out to people rather than only waiting for them to come to us. HWS has a Community Engagement strategy to support its approach; it is attached at appendix 3. In 2015 Community Engagement will encompass

- 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
- Networking - participating in local networks to share and gather experiences e.g. 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 as well as community groups
- Reaching people via specialist workers
- Engagement with key themes such as Consumer Rights Day, Volunteering Week, Mental Health Week etc. where there is a direct link to HWS core business.
- Pro-active engagement to inform HWS contribution to scrutiny committees and Care Quality Commission enquiries.

- Instigate joint working with mutli disciplinary teams as appropriate
- Supporting the communications and engagement of the NHS Future Fit programme
- Supporting the development and implementation of the Health and Wellbeing Board Communications and Engagement Strategy

HWS is keen to ensure that its engagement is as far reaching as possible, including reaching disadvantaged or vulnerable people and people who are seldom heard.

Healthwatch Shropshire has undertaken the Young Health Champion training and is already exploring ways to work with this group, the Shropshire Altogether Better project and the Youth Parliament to add value, avoid duplication and to ensure that the young person’s voice is heard.

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 People choose not engage with HWS

3.2.4 Enter & View

The Enter & View (E&V) Committee has agreed its approach to the development of a visiting programme by HWS Authorised Representatives. To date the visit reports have been well received by HWE as well as the local health economy. The E&V programme for 2015 will involve:

- Rolling programme of visits (led by HWS intelligence)
- Responsive visits: to respond to intelligence received by HWS or external sources
- Visits as part of planned programmes of work to contribute to an HWS project
- Programmes of visits, for example, continuing to visit facilities for adults with learning disabilities as suggested by the Health and Wellbeing Board
- Development of an ongoing training programme for Authorised Representatives, for example, how to engage with people with sensory disabilities
- Support and mentoring of Authorised Representatives
- Involving people with learning disabilities in E&V
- Review of policies and procedures relating to E&V to ensure they respond to change

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. HWS also shares a border with Wales and in 2015 will work closely with the new Powys Community Health Council:

- Increase dialogue and co-operation with the Community Health Councils in Wales on visiting.

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

3.2.5 Volunteering

HWS has established an active volunteer base and in 2015 will:

- 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
- Ensure that individual volunteers are fully supported
- Continue to expand the volunteer base to reflect the diversity of the Shropshire population
- Continue to 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 end of March 2015 HWS had 16 Authorised representatives. HWS aims to maintain an active cohort of about 20 Authorised Representatives.

At the end of 2014 it was agreed to simplify the volunteer structure and, in addition to the Authorised Representative role, promote a single volunteering role that can meet a wide range of HWS needs and be more attractive to potential volunteers. HWS will

- Develop new volunteer role, broadening the scope
- Actively recruit new volunteers

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 support <ul style="list-style-type: none"> • Enter & View visit programme • 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

3.2.6 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 2015 HWS will

- Continue to fulfil its statutory obligations and attend and participate in the HWBB meetings
- Attend board meetings of local commissioners and providers of NHS services
- Attend 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 programme
- 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 liaises closely with neighbouring Healthwatch and in Wales 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 also participate in activities such as

- CQC requests for patient experiences to inform their inspections by sharing patient experiences from HWS intelligence and proactively gather patient stories
- 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. In terms of governance 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. A more readable document, the Annual Review, is produced later in the year for circulation locally.

HWS participated in the HWE Governance workshop in March 2015 and contributed to the development of the Healthwatch Governance Tool, which is scheduled for publication shortly. It will use the published document and also the Quality Standards published by HWE to review its approach to governance. Policies continue to be reviewed and new policies introduced as required.

HWS participated in the peer challenge of the HWBB in January 2015 and also undertook a Reflective Audit in April 2015. A regular report against key performance indicators is provided to the Board at all of its meetings and to the Local Authority at the quarterly contract review meetings.

In addition to the work programme itself it is important that HWS is able to determine the impact that it has had on health & social care services in Shropshire. In 2015 - 16 Healthwatch Shropshire will further develop its approach to measuring the outcomes to demonstrate how it is making a difference.

A "You Said We Did" report, is published at 6 monthly intervals. Enter & View reports are also published regularly and include recommendations for service providers. In 2015-16 HWS will review its earlier activities to explore any further impacts that may have occurred over time.

Statutory activities:	N/A
Outcomes:	A credible well run organisation which delivers on its KPIs A motivated team Committed Board 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 Regular meetings with the RCC HR
What it requires to run:	Chief Officer time with administrative support Chair and Board member input Volunteer input to committees RCC input (SLA)
Risks:	Work load to deliver

3.2.8 Research grants

HWS is fortunate to be able to offer research funding to the voluntary and community sector. Two previous rounds of funding had seen 6 project grants awarded. These are shown in appendix 4. A further call for proposals in 2015-16 is being run and the focus is on joint themes of access and quality. Expert support is provided for applicants to ensure that the highest possible quality of applications is received. In 2015 HWS will:

- Publish research reports from projects funded in 2013-14 and 2014-15
- Run the call for proposal 2015-16
- Award the new research grants

Statutory activities:	S3, 4
Outcomes:	New knowledge to support HWS activity Joint working with the voluntary and community sector
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 Projects not delivered to time Funding being returned to the HWS commissioner

4 Resources and budget

The budget is attached as appendix 5. HWS has worked within its budget for the first two years and has used its experiences to inform the allocation of the budget for this third year. The budget has not had an inflationary uplift and as a result care has been taken in allocating the budget and how HWS sources the necessary services.

In addition to the financial resources which determine the staff capacity, HWS has additional capacity in terms of its volunteers and Board Members (who are also volunteers). The budget shows the contribution that the volunteers have made; in 2014 - 15 this amounted to 4494 hours and can be regarded as a financial contribution of £48,580.

5 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.

An escalation policy will be in place to inform and formalise the response to intelligence received.

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.

6 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.

7 Conclusion

In the peer challenge HWS was described as

“a well-established and credible Healthwatch”

In 2015-16 HWS will build on this as it delivers its work programme.