

# Healthwatch Shropshire Chief Officers Report to the Board December 2020 - February 2021

## Introduction

Gathering and understanding people's experiences of using local services is fundamental to informing the activities of Healthwatch Shropshire (HWS).

As well as continuing to deliver on our statutory functions, our priorities for 2020-21 are:

- Mental Health (all age mental health)
- Community and Place Based Care (including Primary Care, Care Homes, Home Care and prevention)
- Acute Care (including Acute Hospital Reconfiguration, Transforming Midwifery Care)
- Workforce (including recruitment, training and support - such as access to PPE)
- Digital (how technology is being used across health and social care, particularly during the pandemic)

Our Annual Report for Healthwatch England for 2019-20 was published in June:

<https://www.healthwatchshropshire.co.uk/sites/healthwatchshropshire.co.uk/files/Healthwatch%20Shropshire%20Annual%20Report%202019-20.pdf>

For our activity in **Quarter 3 (October – December)**, please see the KPI document.

## Report

### 1. Intelligence

#### 1.1 Hot Topic Update

- July – September: Telephone and online appointments

Report published October 2020. Following the publication of the Spotlight Report the Independent Chair of Shropshire Safeguarding Community Partnership asked for a discussion with the CO around the implications of our findings for the very vulnerable adults and children in the county, e.g. the potential impact of not being seen face-to-face by services.



In January 2021 the SSCP published their Expected Standards of Service including under Good Assessment Practice:

'Engagement: with the individual face to face in person; enabling them to speak for themselves; in their whole environment (not just at the doorstep) considering strengths and risks of others within it; with a view to understanding their day-to-day lived experience.'

For the Clinical Commissioning Group response to the report please see the report:

<https://www.healthwatchshropshire.co.uk/report/2020-10-20/phone-video-and-on-line-appointments-during-covid-19-pandemic>

- September – December: Phlebotomy and Covid-19 Public Messaging

Each year Healthwatch Shropshire has used our engagement channels to promote winter messaging to support the local health and social care system. This usually runs from December – January but this year the NHS brought this forward to prepare for the expected second surge.

Our Engagement Officer was off sick until 8<sup>th</sup> December when she was able to join the weekly Communication and Engagement Meeting with the STP Comms Team where we are updated on system messaging, campaigns and public engagement activity and engage with the CCG on their Phlebotomy Engagement Plan including attending weekly meetings and sharing the feedback of our volunteers into the proposed survey.

Alli Sangster-Wall worked with the CCG lead on the engagement to arrange a focus group on 18/11/20 with HWS volunteers/Board members and gave feedback on how the meeting was conducted to help with learning as the CCG plans to run further focus groups.

We continue to promote the phlebotomy survey and encourage all our Board members, volunteers and contact to complete it: <https://www.surveymonkey.co.uk/r/8JPTBNQ>

Our social media messaging continued to include changing Public Health / NHS/ Government messaging around the pandemic.

- December – January Visiting during the Covid-19 Pandemic

At the end of November we launched a Hot Topic to gather people's views about the visiting restrictions during Covid. We specifically wanted to hear about the solutions some providers had found to help improve communication between patients/service users and their families/carers, e.g. purchasing iPads, installing visiting pods and creating Covid secure rooms with Perspex dividers to allow people to see their loved ones. We also asked people to share any ideas they had that hadn't been tried yet.



The Spotlight Report will be an opportunity to highlight people's concerns about not being able to see their loved ones and the good practice across the county. We did not receive a high number of comments for this Hot Topic and this is likely to be because everyone's attention moved towards the vaccine rollout and the possibility of lateral flow testing being used to enable a small number of visitors to go into care homes.

We are aiming to publish the report in March.

- February – March Covid-19 Vaccinations

At the beginning of February we launched a Hot Topic to gather people’s experience of the Vaccine rollout as we had received a number of comments showing a range of experiences across the County (e.g. some areas seemed to be slow to move between priority groups, some people reported being directed to clinics outside Shropshire). HWE had also asked local HW to gather comments.



First look at the comments reveals that across the County people think the rollout is going better elsewhere, e.g. in Telford, in Herefordshire, but we are also aware that Shropshire has done particularly well in the speed they vaccinated people in care homes and people with learning disabilities.

We are on the Local Engagement Board chaired by the Director of Public Health and attended by local Councilors, the Police and other organisations across health and social care (e.g. the CCG). This means that if we receive any comments of concern or questions regarding the vaccine programme in certain areas we can raise them directly with Public Health and the CCG.

It is likely that this Hot Topic will run beyond March to capture people’s experiences of receiving the second dose.

## 1.2 Surveys and hearing from seldom heard groups

We are very conscious that our priority remains hearing from the vulnerable and seldom-heard so we continue to work to ensure that our hot-topics and surveys are widely publicized and people are given our phone number so that the team can complete surveys with them over the phone if necessary. We ask partners from across the STP and our stakeholders to help us promote our work and support people to contact us if necessary. In this quarter we have also highlighted our Freepost address, e.g. for the Vaccine Hot Topic.

Recent surveys:

- Out of hours palliative care survey**

This was a follow-up to the Experiences of End of Life and Palliative Care Services Report we published in January 2020.

At the beginning of the pandemic everyone was being advised to use 111 as a route to accessing services. The CCG commissioned ShropDoc to provide a Palliative Care Helpline so people had a direct-line to palliative care services and easier access to medication. Simon Chapple from ShropDoc approached us due to the previous report and asked us to run a survey.



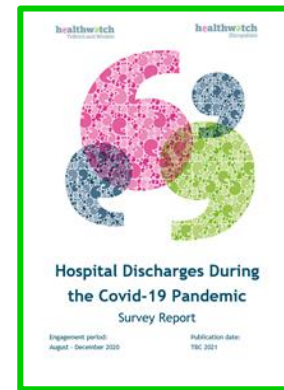
The engagement period was between July and November in order to give as many people as possible the chance to respond. We heard from a total of 27 people including patients, family members/carers and professionals.

The report was published 21<sup>st</sup> January 2021.

<https://www.healthwatchshropshire.co.uk/report/2021-01-21/experiences-out-hours-palliative-care-shropshire-telford-wrekin>

- **Hospital Discharge during Covid-19**

Healthwatch England, working with NHSE/I, launched a national survey to gather people's experience of discharge during the pandemic. It was due to finish late August. Rather than promote this survey we decided to run our own survey, which would allow us to work with our providers to develop the questions to make sure they would result in the most relevant and useful feedback and agree a timescale that would suit the local system.



This gave us the opportunity to work with colleagues across the system and raise our profile, but it has also enabled us to garner their support in promoting the survey explaining that we needed their staff to help people to fill-in the survey as many were unlikely to be able to do it on their own. We hoped that people who were discharged without on-going support would complete it themselves or phone either HW and a member of staff would complete it with them over the phone. No-one called HWS to ask for help to complete the survey.

The survey was designed to be completed by the patient, a family member or informal carer, and staff supporting the patient (e.g. Care Home Managers)

Again, this covered the Shropshire, Telford & Wrekin STP so we worked with HWT&W to develop the survey. It was hosted on the HWS website. Initially it was agreed that all Telford & Wrekin responses would be sent to HWT&W so they could produce their own report but due to the low number it was agreed that HWS would include all responses in one report.

At the time of writing this report the draft report is with the Director of ASC at Shropshire Council, Telford & Wrekin Council, the CCG and SaTH with a deadline of 25<sup>th</sup> February for their response to the report and feedback on any actions they are taking to improve the service. We aim to publish the report WB 1<sup>st</sup> March 2021

#### Current and future surveys

- Workforce survey

No progress has been made on this survey since the last Board meeting following the request from the SRO for Workforce at the STP to put it on hold while the NHS staff survey was live.

The CO will need to speak to HWT&W to find out if they are still interested in doing a countywide workforce survey when the new General Manager is in post. Then a decision will need to be made as to when or if it is appropriate for Healthwatch to complete a survey. If so another meeting with the SRO will need to be arranged.

- Urgent Medical Care

HWS offered to lead on this survey after the CO was involved in a number of meetings where the CCG said they wanted to know if people were aware of NHS 111 First (launched December 2021) and to understand why so many people are still going to A&E. As with recent surveys covering the STP footprint (Out of Hours Palliative Care, Discharge) the CO spoke to HWT&W who were in support of a joint survey. Our Information Officer has worked with the CCG to develop the survey which can be completed by a range of people including patients. The number of options means that this has been the most complex to build on the website.

At the time of writing this report we hope the survey will be launched WB 1<sup>st</sup> March 2021. Healthwatch Telford & Wrekin have moved to the same website provider we use and are keen to replicate the survey on their own site. Our Information Officer has kindly spent time showing staff at HWT&W how to build the survey and we hope they will be able to go live at the same time. If this is not possible HWS intend to launch first as the CCG is keen for us to start as soon as possible.

## 2 Communications and engagement

### 2.1 Engagement activities

Since the last report the guidance from HWE has remained the same regarding face-to-face engagement. We are currently in the third lockdown and it remains unclear when this will be lifted.

Our Community Engagement and Communications Officer (CECO) was off sick for the majority of Q3 returning 8<sup>th</sup> December 2020.

In the absence of the CECO in Q3, the Enter & View Officer facilitated on-line focus group over MS Teams with the volunteers/Board members e.g. Integrated Care Record focus group and Phlebotomy focus group.

As planned, on her return the CECO has immediately continued to:

- Build links with groups and individuals through social media and by phone and used this to increase our social media reach/following. For the first time she 'boosted' a Facebook post to see if it made a difference and it resulted in the 'reach' tripling and two comments (see KPI document). It was the 3<sup>rd</sup> highest post for this year with 1.1K reach and 84 'engagements'.
- Attend meetings with groups where these have moved online via MS Teams or Zoom which are steadily increasing through February 2021.

From January the CECO has applied learning from Q3 social media analysis and started to share systems information early to increase HWS profile. For example, she posted an alert from SaTH that they were extremely busy and for people to remember to use alternative solutions like pharmacies, GP, 111, etc. before going to ED. This resulted in our highest ever Facebook single post of 6.8K reach with 760 engagements.

#### **Definitions:**

- Reach – the number of people who had the post appear on their screen. On Twitter it is called an impression.
- Engagement - the number of people who did something with the post, e.g. shared it, liked, commented.

The CECO has contacted agencies currently involved in engaging with schools and colleges to hear from students about their experience of Covid-19 and its impact on their health, wellbeing and education to find out if there is a role for us and what contribution we can make. At the time of writing this report we have not received a response. We hope this will be a follow-up to our work on 'Social Prescribing for Young People 16-25' and an opportunity to build links across the system that we can build on to do further engagement around mental health.

## 2.2 Engagement & Marketing Committee

The first meeting is still to take place. However, the committee was asked to approve the Hot Topic regarding visiting during the pandemic.

## 2.3 Funded projects

Since the last Board meeting HWS has received funding for two projects.

- **Shropshire Council – Shaping Places, Healthier Lives (January – April)**

The role of HWS is to lead on engagement with the public and partners around food insecurity in South West Shropshire. Findings will be used to submit a bid for further work across Shropshire to improve access to affordable, healthy food.

We will:

- Work closely with the Shropshire Food Poverty Alliance (SFPA) to plan and implement the engagement process including surveys and develop the interview schedule and sampling framework
- Work with the SFPA to arrange initial meetings with key organisation in each town (including Foodbanks) to discuss the project, including the best method for engagement locally
- Interview people in South-West Shropshire who have lived experience of food poverty and collate and report on the findings to the Project team
- Be the lead contact for people (public, partners) who want to engage with the project
- Plan and co-facilitate 5 Zoom discussions as part of the engagement process and follow up with key organisations if they can't attend, to ensure their views are included
- Develop a communications strategy so target communities and partner agencies are engaged and informed of progress
- Host the webpage and on-line survey
- Compile the survey results

At the time of writing this report the CECO has worked with SFPA to develop a suite of surveys (which the Information Officer has built onto our website), finalized publicity materials and a press release. Dates have already been arranged for Zoom meetings. 1:1 discussions will be arranged with people with lived experience as they come forward.

- **Healthwatch England Digital Engagement Pilot Project (February – July)**

At the beginning of January the CO submitted a bid for HWS to be involved in this pilot to trial two engagement platforms and we were told we had been successful 19<sup>th</sup> January 2021.

We must trial an engagement platform called Engagement HQ (our preferred choice). It is a platform already used by Councils and CCGs across the country. The idea is that all online engagement can be done in one place, e.g. receiving comments and running surveys (which we can already do on our website) but also running forums where people can chat about a specific theme or issue. In a forum or chat room people can see what other people have said which can promote discussion, debate and sharing of views. This means that it must be closely monitored by staff but this is also done by the team who run the platform.

The Enter & View Officer is going to lead on this project with the support of the team. We have already discussed how we might be able to use the platform for the Food Poverty

Project but also how it might support our engagement with our own Board, volunteers and wider stakeholders (e.g. 360 survey).

It is likely that HWE will ask all HW involved in the pilot to do the same project so they can compare experiences but we have not heard if this is the case.

## 2.4 Partnership working

As was previously reported, at the beginning of the first lock down all system meetings were immediately cancelled or put on hold. The slowest to restart were NHS meetings and STP meetings. (We continued to attend the ICS Shadow Board, Community Response Meetings led by Shropshire Council/Public Health, and CQC Information Sharing meetings.)

From the end of August/beginning of September the STP Cluster meetings began to restart as Programme Boards. By Christmas the majority of work stream meetings had restarted, e.g. Shropshire Care Closer to Home.

Just after Christmas as the situation across the country deteriorated a number of meetings were cancelled to allow staff across health and social care to focus on service delivery. At the time of writing this report the number of infections is decreasing and it is hoped that we will see a reduction in the number of people needing hospital treatment soon.

The CO has continued to speak to the CCG and STP to make sure we are invited to meetings. We are now attending the CCG Quality and Performance Committee which has replaced the SCCG Quality Committee. We continue to attend the LMNS Board (Maternity).

## 2.5 MLU Review and Consultation

Prior to the pandemic, we gave feedback on consultation documents and offered our support at events to give the public an opportunity to share their thoughts with an independent organisation and support them to approach the professionals present and ask questions.

As reported at the last Board meeting the consultation remains on hold and we are awaiting notification of when the consultation will start.

If any Board member is interested in joining meetings with the Local Maternity System for HWS please let the CO know.

## **UPDATE:**

### **3 Enter & View**

#### 3.1 Current status

As for public engagement, Enter & View visits remain on hold for the foreseeable future.

#### 3.2 Reports

Volunteers were involved in a Care Homes Digital Audit which involved looking at the websites of all 120 care homes in Shropshire and completing a checklist of what information was available online. We also looked at the Facebook pages of 30 care homes, chosen at random, to see what use care homes were making of social media.

We are currently adding some good practice examples to the short spotlight report before it will be submitted for board approval. We hope to send the report to all care homes directly for them to see the suggestions we have made which hopefully they will find useful.

#### **4. Information Requests**

##### **4.1 Maternity Services at SaTH**

The HWS and HWT&W letter to SaTH and the response we received is on our website:

<https://www.healthwatchshropshire.co.uk/blog/2020-12-08/ockenden-maternity-services-review>

As a member of the LMNS Board and CCG Quality and Performance Committee the CO has had sight of SaTHs response to the Ockenden Report and given feedback in particular around the need to listen to women and families.

#### **5. Staffing and IT**

##### **5.1 Staff update**

The Secretary to the Board/Volunteer Officer left HWS before Christmas but the post has been vacant since August when the temporary member of staff left to find permanent work. The return of the CECO from sick leave has alleviated some pressure on the team. However, the Information Officer and Enter & View Officer are very busy and have agreed to a temporary change of contracted hours until the end of March. Despite this the Information Officer has had to work additional hours to support the Food Inequality Project although now the surveys have been built it is hoped the need to work above his contracted hours will reduce.

It remains unclear where best a new member of staff would be placed as we require admin support at times, as well as engagement support and help with report writing, the website and social media.

##### **5.2 IT and phone system update**

All staff are continuing to use their work laptop to support home working and are becoming familiar with SharePoint. We have retained two desktop computers incase we decide to upgrade them at a later date so that they can be used in the office by the IHCAS advocate or volunteers. We are also hoping to upgrade the tablets so they can be used during face-to-face engagement or Enter & View visits in the future, e.g. to complete an online survey.

We have received no update from the RCC on their plans to move to an online phone system. We have asked to be included in any quotes they get and approached our IT provider for a quote in case we decide to do something different as our needs are slightly different regarding the interplay with our IT system.