healthwatch

# Shropshire Council Commissioning Healthwatch Survey

2017

Shropshire Council has a duty to, and is responsible for, contracting with a local Healthwatch organisation. The Health and Social Care Act 2012 and associated Regulations set out what a local Healthwatch organisation must do and what type of organisation it must be.

Within these boundaries there is flexibility to commission local Healthwatch in a way that reflects the characteristics and priorities of the local authority area. Shropshire Council has undertaken a survey which aims to understand what local people and stakeholders think of the way that Healthwatch currently operates in Shropshire and what the priorities should be when setting out the requirements for the new Healthwatch contract.
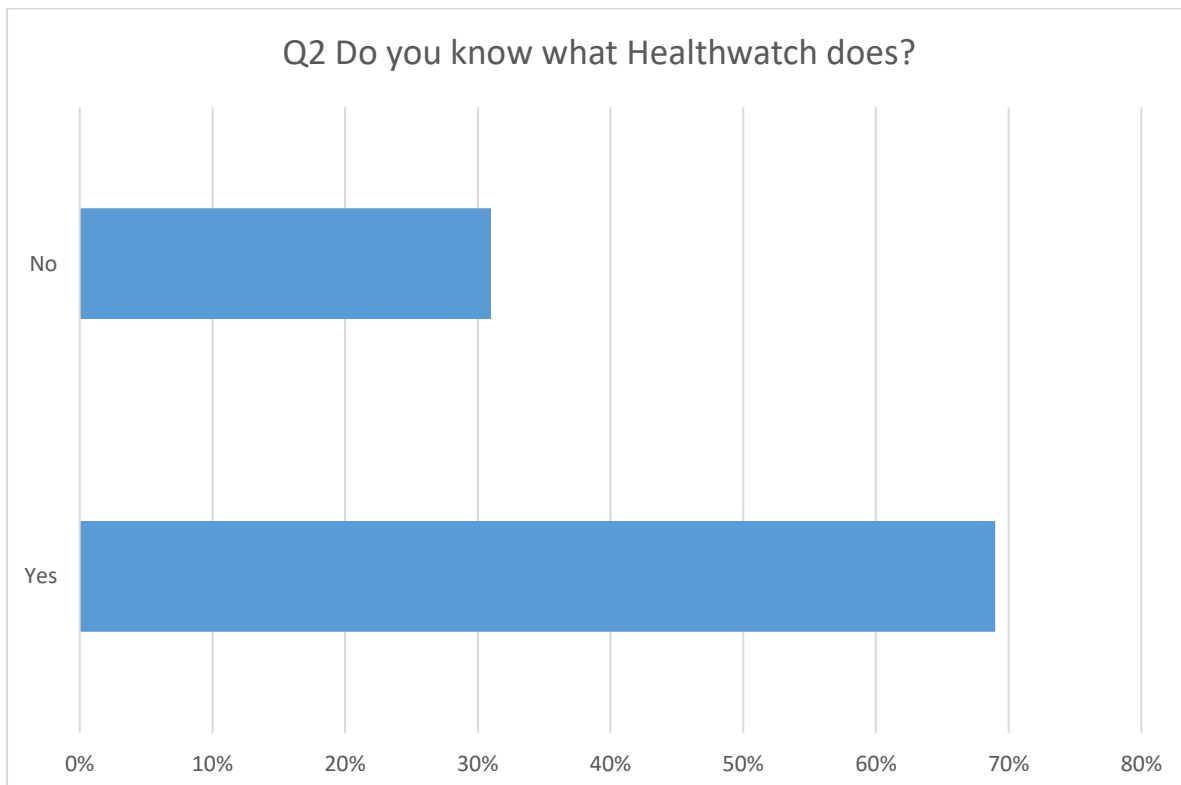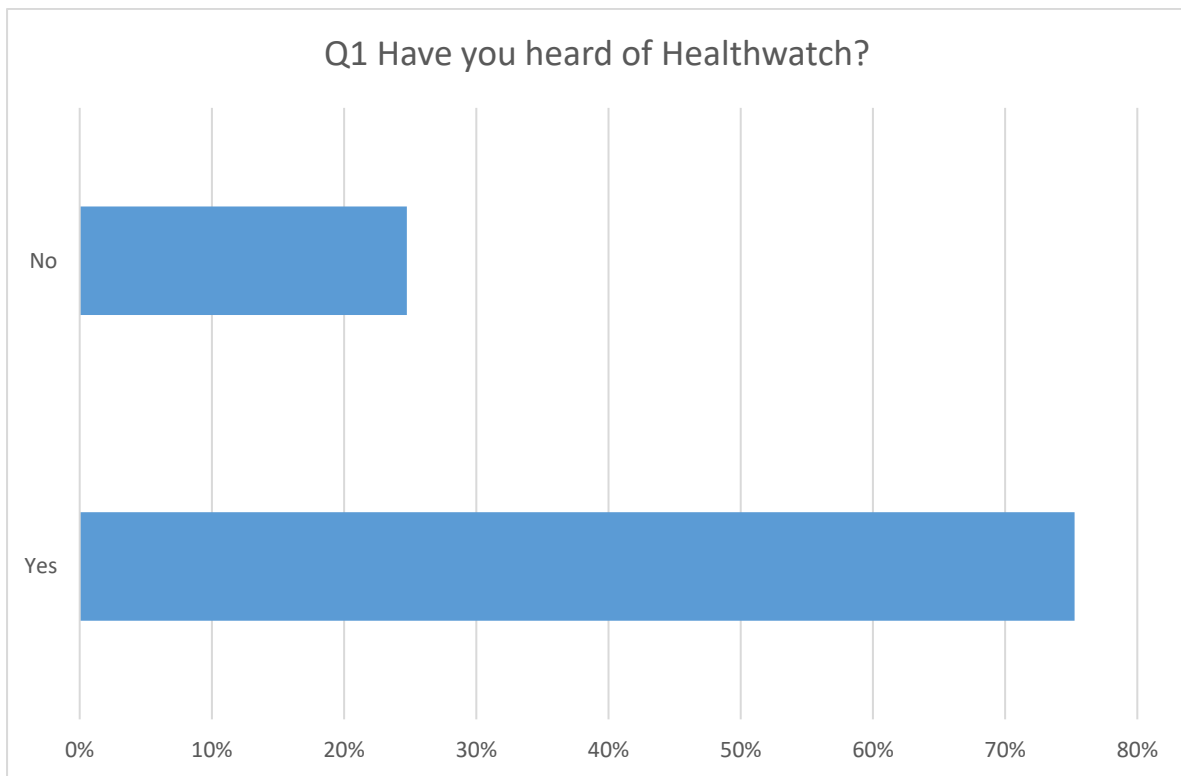
This report shows the responses to the survey.
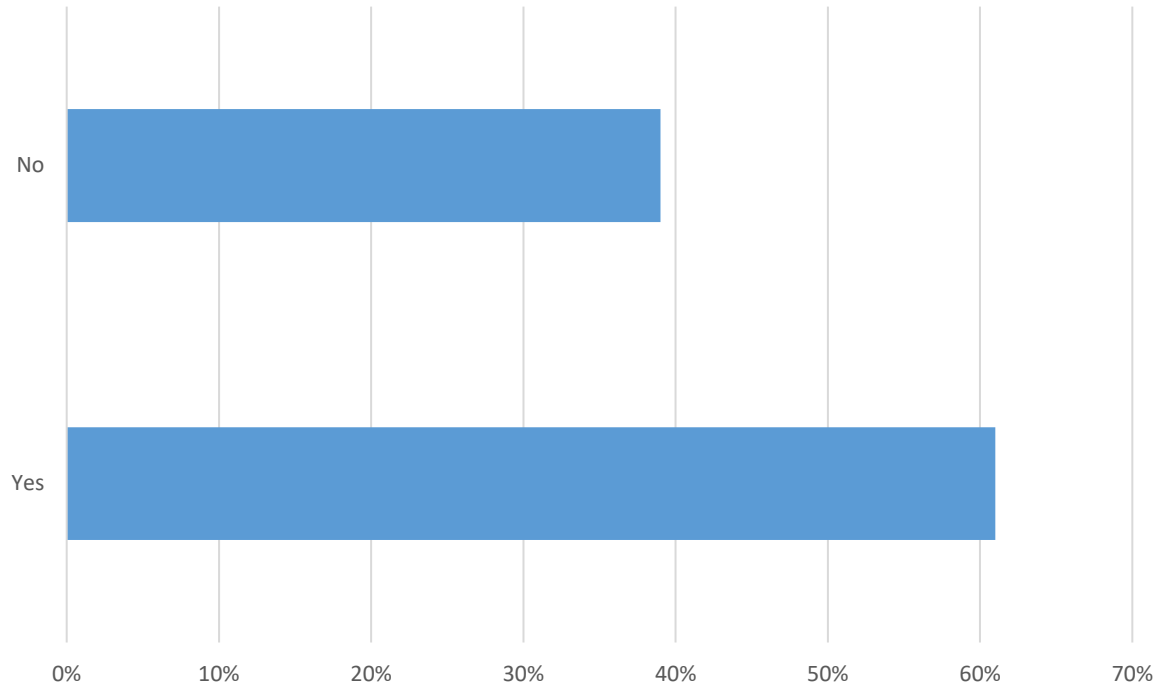
Total number of responses received = 97

**Not all respondents answered all questions**
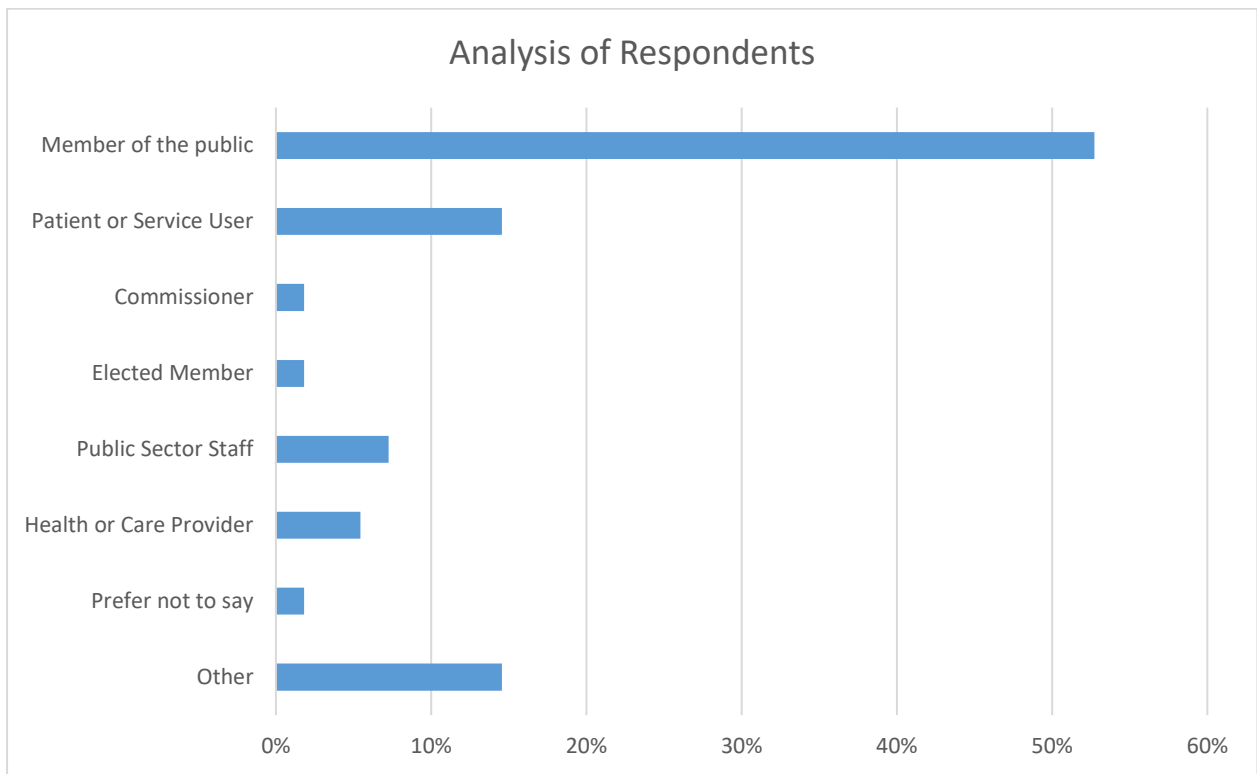
Section 1 – This set of questions is aimed at understanding whether Healthwatch is recognised in Shropshire, how aware people are of what it does and how satisfied people are with the range of activity that Healthwatch carries out.

Q1 Have you heard of Healthwatch?

Response	Percentage
No	~25%
Yes	~75%

0%   10%   20%   30%   40%   50%   60%   70%   80%

Q2 Do you know what Healthwatch does?

Response	Percentage
No	~31%
Yes	~69%

0%   10%   20%   30%   40%   50%   60%   70%   80%

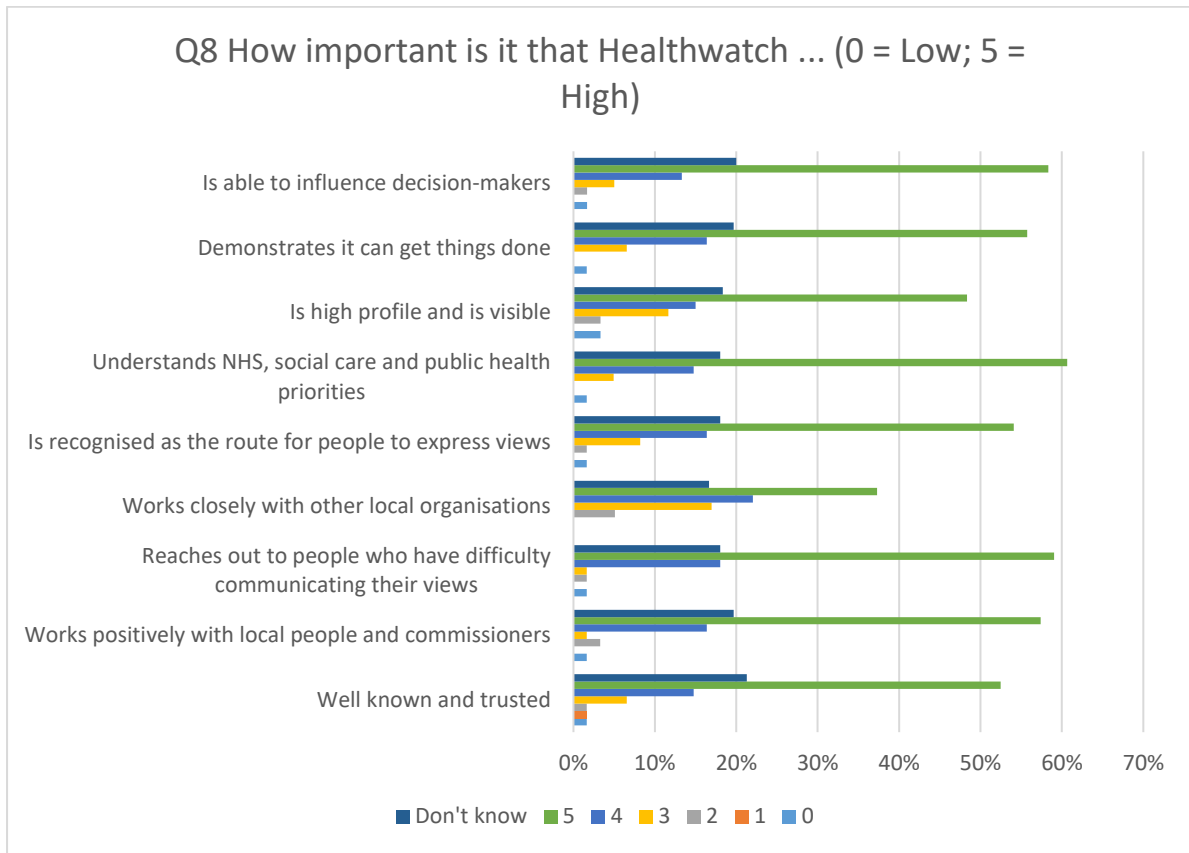Q3 Do you know how and where you can make contact with Healthwatch?

Q5 Satisfaction with range of Healthwatch activity (0 = Low; 5 = High)
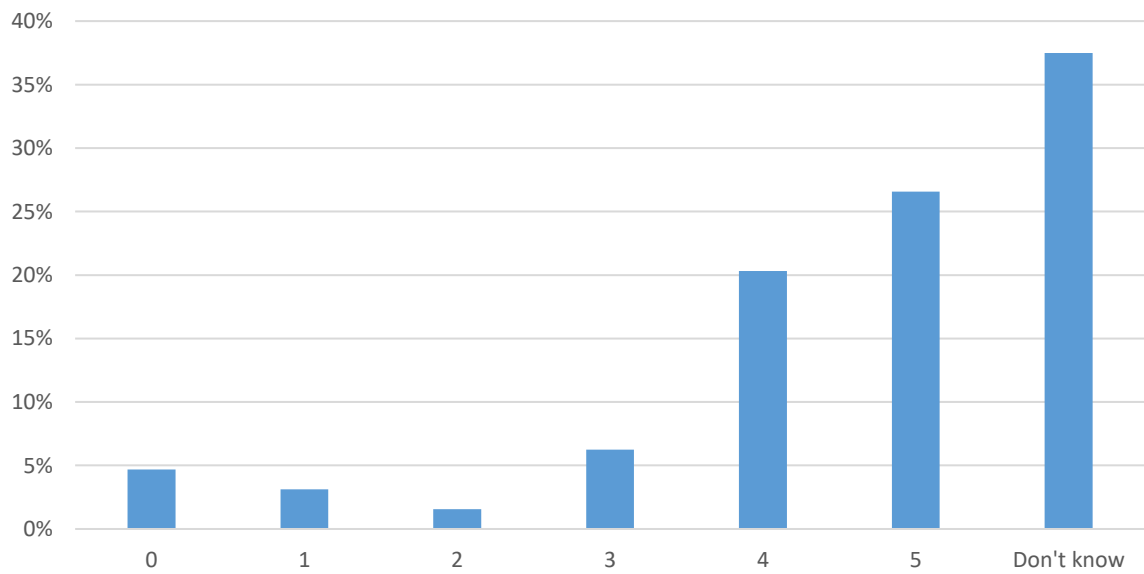
Section 2 – This set of questions is asking people about the importance of a number of factors in making Healthwatch effective

Q8 How important is it that Healthwatch ... (0 = Low; 5 = High)

Q9 How important is local knowledge? (0 = Low; 5 = High)
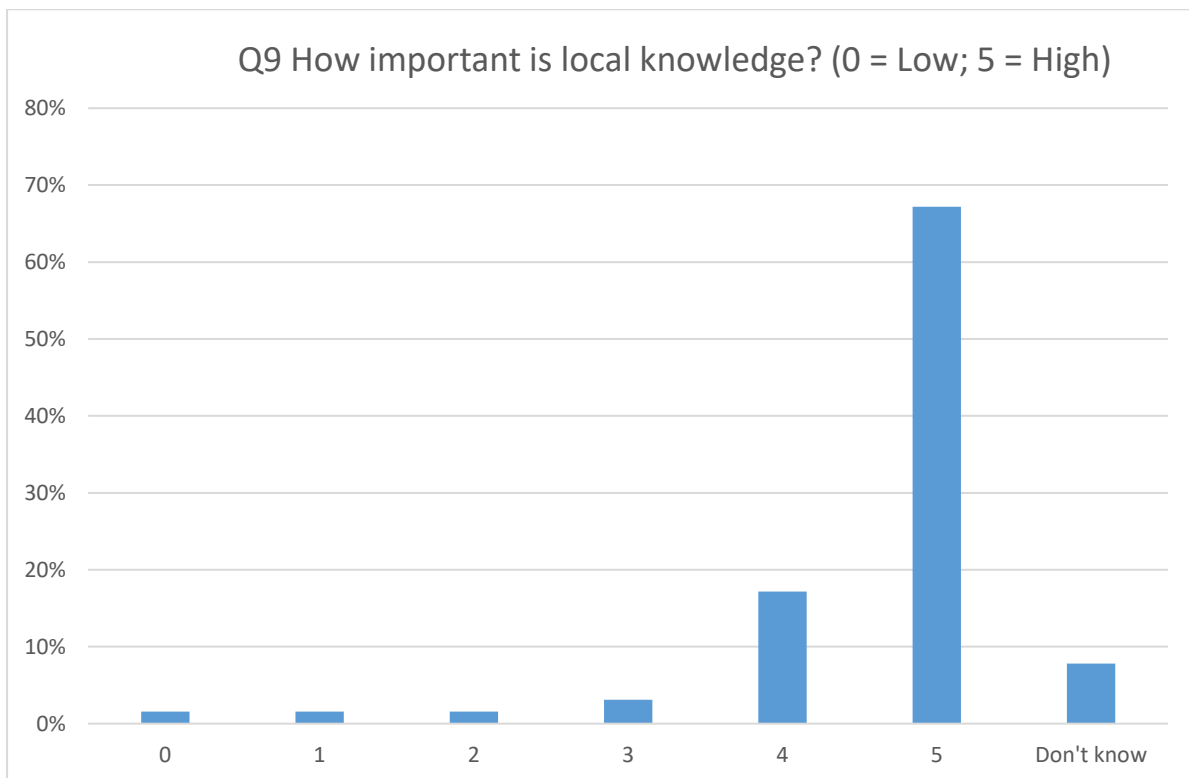
Q10 How important is it that Healthwatch is seen as independent? (0 = Low; 5 = High)
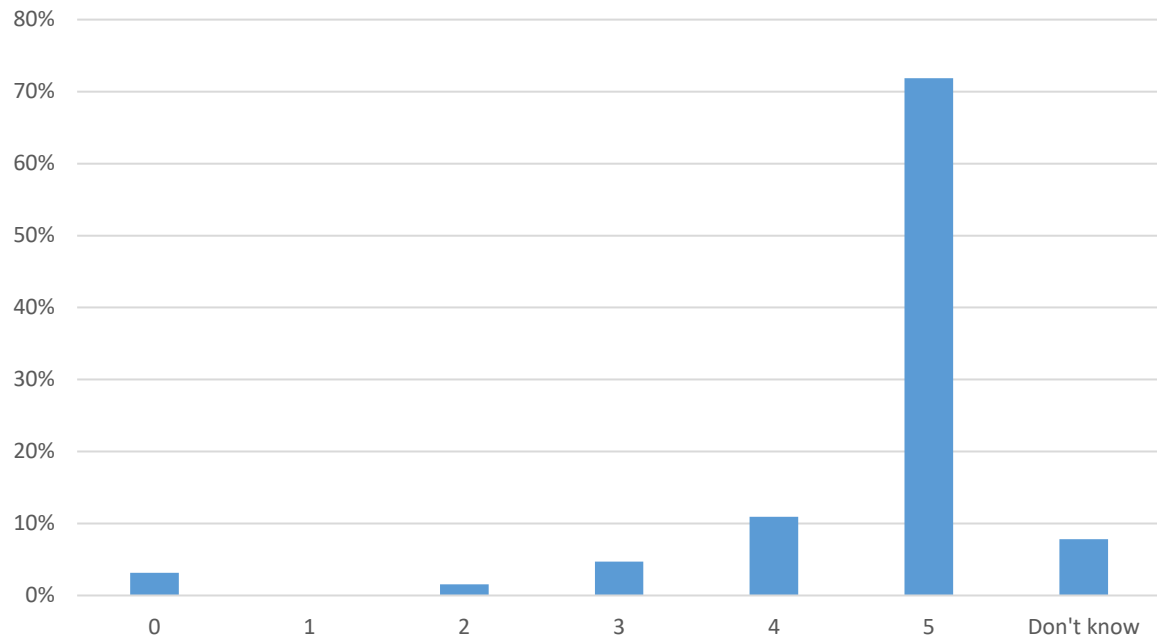
Patients concerns are taken seriously, understanding of issues is good & local research projects are funded

Need a higher profile with the public - more public meetings & visiting patient groups

More teeth and weight needs to be given to Healthwatch in system discussions and planning.

Healthwatch has demonstrated significant improvements in areas such as community engagement , gathering intelligence and relationships with commissioners and providers

Stakeholder Event 17ᵗʰ July 2017

Stakeholders and people who responded to the survey were invited to a stakeholder event to discuss the findings from the survey and to help plan the priorities for commissioning Healthwatch in Shropshire from April 2018.

The survey findings were presented alongside previous research that has been conducted into the effectiveness of Healthwatch, both nationally and locally. Statutory requirements of local Healthwatch were also presented. Attendees were asked whether the research and survey findings reflected their view on Healthwatch in Shropshire and which needed to be prioritised in the Healthwatch specification from April 2018. All comments captured at the Stakeholder Event can be seen at Appendix 1.

The main themes identified as being most important and needing to be secured are:

- **Profile** Healthwatch must have a high profile and people and stakeholders should understand what Healthwatch does, how to engage with Healthwatch and what difference it can make
- **Demonstrated Impact** Healthwatch should be able to demonstrate clearly what difference it makes and the impact it is having on health and social care services and how local engagement has influenced this
- **Independence** Healthwatch should be able to demonstrate that it is independent from health and social care commissioners, whilst at the same time being an important part of health and care planning
- **Local** Healthwatch must operate for the benefit of the people of Shropshire. At the same time opportunities should also be sought to make the best use of its links with other organisations, including other Local Healthwatch, where there is mutual benefit

Healthwatch Stakeholder Event - Feedback
17th July, 2017

Key points from discussion following presentations:

Profile is a national issue

Network as a whole

Should connect with Public Health England & NHS England

Understand what is working locally

Use interactions with people across health and care

Let's talk local in A&E

Connecting through our organisations & through existing correspondence

BRAND recognition

Video information - GP practices & Council

Schools and colleges – market to this group

Enter and View: Patient and carer panel/ Observe and Act / Young Health Champions – opportunities to connect schemes

Elected Members and Community Enablement Officers – good link to communities

Remaining Independent – Help organisations understand, and link in with housing organisations

Having 'teeth' – raising profile and influence with decision makers

Present views – Let people know how it made a difference

Responsibility of commissioners to help feedback what they have done

Shout out top successes

Use patient stories = powerful!

Priorities for Commissioning:

Independence from Commissioners.

Making contact easier.

Instant contact (Facebook or an app instead of phone) for people to report an issue immediately or give feedback. Can be confidentiality issues.

Schools use screens and short videos to catch the attention of passing students – posters become wallpaper.

Links to GP practices

Evidencing impact – changes as a result of HW feedback

Publicising research

SC/ NHS advertising Healthwatch through materials produced (ie. Fact sheets)

Need to celebrate achievements more publically

Quarterly planning & feedback meetings

Celebrate success! Much more use of 'patient stories' especially in video format. Publicise in 'bite size' messages the outcomes of LHW activities.

Separate roles of collecting/collating views on current services with role of supporting current services transformation and re-design. That role being conduit of information between public and providers.

What can the system do to support local Healthwatch?

HWBB to define the responsibilities of respective organisations to support/promote the work of LHW.

Partnerships working on observing services in action eg. Sharing intelligence and exploring shared process (to alleviate for patients – simplify communication)

System sign up to promote role of Healthwatch Shropshire.

Achieving Priorities:

Accessible information

Using an app to gather feedback (develop locally)

Increase range and numbers of feedback – incentives

Need to hold variety of feedback in one place. (ie. Trip advisor)

Increasing visibility by using alternative media – video, presence at LTL etc

Commissioners measuring success of service – KPIS/ outcomes framework

Do current KPI'S capture what we want to know?

Measuring impact

Shropshire choices houses 'trip advisor'

Formally including Healthwatch in contract monitoring?

Could Healthwatch enrich value of feedback by asking further questions of those people providing feedback.

Relationships with Neighbouring Healthwatch:

Geographical – rather than looking at neighbourhoods, look at family groups.

Where there is local challenge, identify where else nationally there is a similar challenge and how has this been dealt with.

Look at data collection methods in other areas.

Consider supporting in other LA's.

Work with local large employers eg. Council or NHS, to distribute Healthwatch information at their staff events.

Shropshire Council's First Point of Contact (FPOC) to promote LHW.

NHS organisations which have patient engagement champions to work more closely with LHW.

Healthwatch Shropshire and Healthwatch Telford & Wrekin should work together to obtain feedback on shared health services.

Could be influenced by relationships between commissioners/providers (sometimes political difficulties) - currently regular contact and joint meetings.

Group work summary:

1) What does success look like?
- Making contact with Healthwatch easier
- Celebrating success
- Independence from Commissioners
- Healthwatch views for priorities
- Care closer to home
- Widen Enter and View to community
- Geography – Shropshire and Telford and Wrekin to be seamless service (working together)
- Enabling Healthwatch to be as effective as it can be

2) Suggestions for Achieving:
- Make integral part of planning (by effectiveness)
- Make Healthwatch part of induction

- Expectation of others to support Healthwatch
- Joint Commissioning Service
- App to gather feedback
- Measuring and recording impact (we don't do well at feeding back)
- Providers should also feed back
- Commissioners could include Healthwatch in contract review process – formalise this.

3) What does this need to look like?
- Complaints advocacy is an important part
- Considered a very small resource – less than £200,000 for a 500million spend.
- Independent Healthwatch
- Local = very important
- Healthwatch Shropshire do Enter and View at PRH
- Understanding confidence of people when they give feedback