

Health and Wellbeing Board

23 January 2017

Healthwatch Walsall Update report

1. Purpose

1.1 The Purpose of the report coming to Health and Wellbeing Board is to update the Board members of the work that Healthwatch Walsall has undertaken over the last six months since the commencement of the new provider Engaging Communities.

2. Recommendations

2.1 That the Health and Wellbeing Board notes the content of this report

3. Report detail

3.1 Re-established Healthwatch Walsall's (HWW) strategic profile with key commissioners and service providers within Walsall, both executive and lay member, with a firm offer of collaborative working to improve health and social care outcomes for the people of the Borough of Walsall notwithstanding our statutory duties to be the independent consumer champion for health and social care. This enables HWW to raise issues and discuss developments at a strategic level and seek to influence current and future service provision / delivery and promote the embedding of the patient / service user voice in such work.

3.2 Healthwatch Walsall has undertaken two pieces of commissioned engagement and research work for Walsall Clinical Commissioning Group (WCCG) and Walsall Metropolitan Borough Council (WMBC). We are currently part way through delivering a further commission for Walsall Healthcare NHS Trust (WHNHST).

3.3 By undertaking paid commissions it delivers income generation to enable us to reinvest in further community work than our present budgets would allow. Also, very importantly, it enables to reach out to the many communities and groups within Walsall to enable them to have their voice heard on important topics but it equally enables HWW to raise and maintain our own profile embedding within peoples' awareness the role that HWW performs to establish us firmly in their minds if encountering issues within health and social care delivery. A double win.

3.4 The work for WMBC looked at people's awareness of smoking cessation and their current or past usage of tobacco products. This was part of whole Black Country study co-ordinated by WMBC. In terms of the impact and reach of the

engagement it is necessary to list the efforts HWW undertook to fully appreciate the reach and empowerment that we facilitated in just this one piece of work:

- Emailed out SA survey to all contacts 300+, several posted the links on their own sites and promoted the survey. This was repeated again halfway through the data collection
- All pharmacies across Walsall town centre, Pleck, Birchills, Caldmore and Palfrey
- All libraries across the borough, HWW targeted set groups at each library, the team attended each library twice, 100 completed surveys
- Opticians in Walsall town centre, Pleck, Palfrey and Caldmore. Once again it was a small return with mainly staff completing the surveys, 35 completed surveys
- Events/sessions were held for students, ESol classes in Palfrey and Birchills, all students engaged, 150 completed surveys
- The Manor Hospital 3 visits, approx. 400 engaged with 300 surveys completed
- WW E-ACT survey link sent to 600 students, students also participated in focus group
- Grace Academy Darlaston – Event 150 engaged with, 100 completed surveys
- Old Church School 45 completed surveys from pupil's. HWW also attended a parents evening and engaged with probably another 100 staff and parents, 30 surveys completed
- Community groups borough wide were also included, older people with learning disabilities 50, young people with SEND and their carers 300 -400, people caring for relatives via local carers forum 1,000. People with dementia 100 – 150
- Homeless and rough sleeping groups in Walsall town centre 70
- BME groups across the borough 400
- Links and paper copies of the survey were sent out to Mosques and Temples
- A range of retail outlets were targeted 50 engaged
- All Surestart Centres across the borough. Sessions were held in 3 of the centres 400 people engaged with
- People with a range of disabilities 60 engaged
- People with neurological conditions/stroke patients 35 people engaged with
- LA and Independent youth groups across the area engaged 300 young people
- Local Housing Association/ providers 1500 people sent the information.
- Older people attending lunch clubs and exercise classes 400 engaged with
- Local Colleges approx. 1000 - WACC and Walsall College
- HWW returned over 1130 completed surveys, 500 more than each of the other 3 Black Country Healthwatches.

3.5 The WCCG commission was to establish effective ways of communicating with members of the Black and Minority Ethnic communities and those referred to as seldom heard and hard to reach including young and old people. HWW targeted specific community groups with these demographic profiles. For this survey we

returned over 1200 completed survey responses to inform our report for the CCG that is due to be handed over to them in the next few weeks.

- 3.6 As part of HWW ongoing engagement activities we work with our communities throughout the year, providing a range of activities and information sharing to enable local people to have access to empowerment and advocacy services and help communities develop an understanding of the local health and social care picture. We ensure our communities receive a service from HWW. By building relationships and providing a service to our local communities we have our finger on the local pulse of health and social care from the communities' perspective enabling our engagement staff to respond proactively as a service regarding cares or concerns with health and social care in Walsall.
- 3.7 HWW attends regular meetings of the Black Country Alliance Healthwatch liaison group. Currently we are about to embark on designing by using co-production sets of attributes for things like local delivery, centres of excellence, different types of delivery i.e. in primary care as opposed to hospital based services. These would then be used in future consultative work to enable people to have their voice heard over major service redesign.
- 3.8 HWW works closely with the other local healthwatches (LHW) that make up the Black Country STP (BC STP) footprint to inform the LHW representative on the Steering Group of the STP. HWW has attended all the relevant briefings thus far undertaken by the BC STP. In addition, at the first public event the HWW Chief Officer delivered a presentation on behalf of LHW and took part in the Question and Answer Panel – good exposure for Walsall.
- 3.9 HWW has attended all the relevant regional and national meetings of Healthwatch England to participate and promote the interest of the people of Walsall in promoting better ways to enable people to have their voices heard by the various systems. Similarly, the same for Care Quality Commission meetings.
- 3.10 HWW undertook to finish two pieces of outstanding work of the old provider of Healthwatch in Walsall and hosted their workgroup volunteers with significant officer time to help them analyse the complex returns from two bespoke pieces of engagement and survey work focussing on A&E and GP performance that are going through their final edits and once shared with WHNHST and WCCG will be published.
- 3.11 In all the engagement work that we have delivered this year we regularly provide advice and signposting to people at all the various meetings, events and open engagement sessions as well as to those that are referred to us or who contact us directly. HWW proactively refer people to the local advocacy providers where it is apparent people wish to pursue formal complaints. HWW has also made several safeguarding referrals based on information shared with us including honour based violence.
- 3.12 HWW has recently concluded a Priorities survey to establish people's concerns with the delivery or provision of health and social care services that are the subject of a separate report by HWW to this meeting.

3.13 HWW has supported WCCG in Quality Visits to selected nursing homes in Walsall and has just agreed to work collaboratively with WCCG in future Quality Visits by undertaking a simultaneous Enter and View visit.

3.14 HWW has been successful in requesting to join the Walsall Together group and has attended its first meeting. This does suggest that there was sufficient support amongst the member organisations to support our inclusion.

3.15 HWW has recently appointed a Chair for the Healthwatch Walsall Advisory Board. The person appointed is John Taylor.

4. Implications for Joint Working arrangements:

Healthwatch Walsall will always seek to work collaboratively with commissioners and providers of health and social care services. The results of Healthwatch Walsall's work will be shared with the relevant commissioners and providers of services with the aim of contributing to service improvement and delivery.

5. Health and Wellbeing Priorities:

The current priorities remain as Infant Mortality and Diabetes until the new Health and Wellbeing Strategy is published.

The top five priorities of Healthwatch Walsall are:

1. A&E
2. GP Access and Out of Hours
3. Mental Health
4. Adult and Children's Social Care
5. Cancer Care

Any research and engagement work that Healthwatch Walsall undertakes that leads to recommendations for service improvement and delivery will have beneficial impacts for people that fall within the five Health and Wellbeing Board priority areas. Reports that Healthwatch Walsall publish will also be tabled at the Health and Wellbeing Board as well as the Social Care and Health Scrutiny Committee as is appropriate.

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