

Because **it matters**

# **Healthwatch Shropshire**

## **Reflective Audit 2015**

**(Updated 29<sup>th</sup> July 2015)**

## Healthwatch Shropshire Reflective Audit 2015

### 1. Introduction

- 1.1 Healthwatch Shropshire (HWS) was established in March 2013. It is part of a network of local Healthwatch throughout England formed by the Health and Social Care Act 2012.
- 1.2 HWS is the Health and Social Care champion for people and local communities in Shropshire. It aims to help make sure everyone gets the best from local Health and Social Care services, and that those services are as good as they can be and work in a joined up way. Its mission is “To be the recognised independent voice of the people of Shropshire in seeking to improve their experience of Health and Social Care services”.
- 1.3 It is important for local Healthwatch that they provide evidence to support what people are saying about local services, and HWS applies this principle to assessing its own success in championing local voices.
- 1.4 In 2013/14 a group of local Healthwatch in the North West of England worked with their local authority commissioning leads to develop a *Local Healthwatch Reflective Audit* tool<sup>1</sup>. This tool was adapted for HWS by Because It Matters Ltd, and forms the basis for this report. The resulting *Healthwatch Shropshire Reflective Audit 2015* was designed to reflect the impact of the organisation over its lifetime of two years.

### 2. Methodology

- 2.1 The *Healthwatch Shropshire Reflective Audit 2015* comprised 18 questions, with participant responses being a mix of multiple choice, ratings scales, and self-generated narrative text. It was sent by email to 46 recipients as a SurveyMonkey online questionnaire.
- 2.2 The recipients reflected organisations and stakeholders across the local Health and Social Care economy and were identified in consultation with HWS, to ensure a broad spread of stakeholders. The focus of the survey was on organisations and those representing them; it did not set out to seek the responses of individual patients, service users or members of the public, or Healthwatch Shropshire Board members, volunteers or staff.
- 2.3 The survey was sent out in mid-April 2015, with just over three weeks for completion. Two reminders were sent to recipients who had not completed the survey. Having

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<sup>1</sup> *Local Healthwatch Reflective Audit*, Local Government Association, March 2014

established that some recipients had been unable to access the questionnaire because of firewalls, a further seven telephone interviews were carried out in July 2015.

2.4 This report sets out the results with some commentary, then offers an analysis and some recommendations for consideration.

### 3. Results and commentary

#### 3.1.1 Source of recipients

26 recipients completed the survey – 46% of those approached. The breakdown of response sources (self-defined by recipients) was as follows:

Answer Choices	Responses
Member of Shropshire Health and Wellbeing Board	26.92% 7
NHS Shropshire Clinical Commissioning Group	11.54% 3
Private Sector	3.85% 1
Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust	3.85% 1
Shrewsbury and Telford Hospital NHS Trust	11.54% 3
Shropshire Community Health NHS Trust	3.85% 1
Shropshire Council	26.92% 7
Social Care Provider	7.69% 2
South Staffordshire and Shropshire Healthcare NHS Foundation Trust	3.85% 1
Voluntary, Community or Faith Organisation	26.92% 7
Other (please specify)	11.54% 3
<b>Total Respondents: 26</b>	

The “Other” category included:

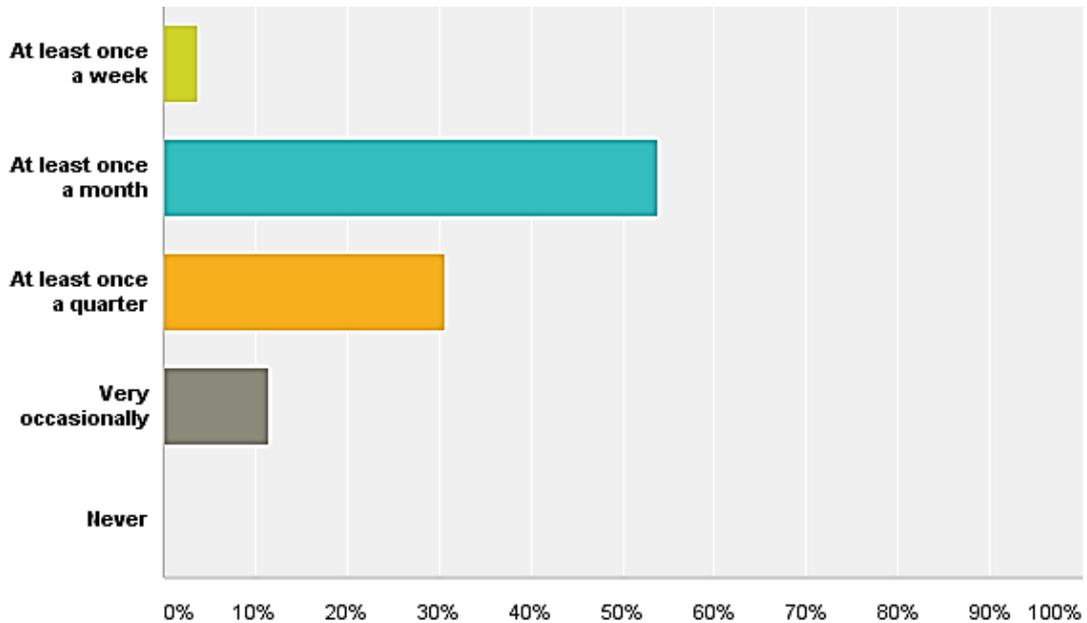
- Shropshire Patients Group
- Representative body for care providers

3.1.2 Compared with other surveys, a response rate of 46% is regarded as good.

3.1.3 There was some under-responding from within some categories, though a previously reported low response from Shropshire Council (both Officers and Members) has been rectified with telephone interviews.

3.2.1 How much contact have you had personally with Healthwatch Shropshire over the last two years?

Personal contact was summarised as:



3.2.2 It is excellent that 88% of stakeholders have contact at least once a quarter or more frequently, and that no responders reported no contact. This reflects responses to Q10 on knowledge of various communication tools used by HWS (see section 3.10).

3.3.1 Please indicate whether you agree or disagree with the following statements:

	Agree	Disagree	Don't know	Total
Healthwatch Shropshire has a clear purpose	92.31% 24	0.00% 0	7.69% 2	26
Healthwatch Shropshire is an effective organisation	73.08% 19	0.00% 0	26.92% 7	26
Healthwatch Shropshire is accessible to the general public	69.23% 18	3.85% 1	26.92% 7	26
Healthwatch Shropshire is an inclusive organisation	76.92% 20	3.85% 1	19.23% 5	26
Healthwatch Shropshire is an independent organisation	84.62% 22	3.85% 1	11.54% 3	26
Healthwatch Shropshire has influenced local health and social care	73.08% 19	0.00% 0	26.92% 7	26

- 3.3.2 It is good to see 92% of recipients agreeing HWS has a clear purpose. The King's Fund research, *Local Healthwatch: progress and promise*<sup>2</sup> reflected that some local Healthwatch still have work to do to have their role understood by local stakeholders. In addition, no respondents thought HWS did not have a clear purpose.
- 3.3.3 73% of respondents agreed that HWS is effective. The remaining 27% reported that they did not know. Similarly, 73% of respondents agree HWS has influenced local Health and Social Care, with 27% reporting they did not know. Both of these results reflect a part of the challenge for local Healthwatch in demonstrating the impact of its activity.
- 3.3.4 69% of respondents agreed that HWS is accessible to the public. The role of local Healthwatch as a champion for people and communities is built on enabling the voices of the public to be found and articulated. Having one respondent disagreeing that HWS is accessible, and seven not knowing may reflect a need for further work to raise awareness.  
  
77% of respondents agreed HWS is an inclusive organisation. The quarter of responders indicating they did not know or disagreeing may reflect a similar need for more work on raising awareness.
- 3.3.5 85% of respondents agree that HWS is an independent organisation. This is another strong response (with only one respondent disagreeing), as independence goes to the heart of local Healthwatch and its ability to be effective.

3.4.1 How would you rate HWS' relationship with your own organisation?

Excellent	9	34%
Good	15	58%
Adequate	1	4%
Poor	1	4%
Very poor	0	0
Don't know	0	0

- 3.4.2 92% of respondents report a Good or Excellent relationship with HWS. This is very positive, as the ability of HWS to constructively challenge stakeholders is built on the quality of relationships.
- 3.5.1 How would you rate HWS' relationships with the following local organisations/ bodies?

<sup>2</sup> Gilburt, H *et al*, *Local Healthwatch: progress and promise*, Department of Health, March 2015

	Excellent	Good	Adequate	Poor	Very poor	Don't know	Total
NHS Shropshire Clinical Commissioning Group	<b>12.00%</b> 3	<b>52.00%</b> 13	<b>8.00%</b> 2	<b>0.00%</b> 0	<b>0.00%</b> 0	<b>28.00%</b> 7	25
Private Sector	<b>0.00%</b> 0	<b>8.00%</b> 2	<b>4.00%</b> 1	<b>4.00%</b> 1	<b>0.00%</b> 0	<b>84.00%</b> 21	25
Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust	<b>8.33%</b> 2	<b>20.83%</b> 5	<b>4.17%</b> 1	<b>0.00%</b> 0	<b>0.00%</b> 0	<b>66.67%</b> 16	24
Shrewsbury and Telford Hospital NHS Trust	<b>12.50%</b> 3	<b>37.50%</b> 9	<b>0.00%</b> 0	<b>0.00%</b> 0	<b>0.00%</b> 0	<b>50.00%</b> 12	24
Shropshire Community Health NHS Trust	<b>8.33%</b> 2	<b>29.17%</b> 7	<b>8.33%</b> 2	<b>0.00%</b> 0	<b>0.00%</b> 0	<b>54.17%</b> 13	24
Shropshire Council	<b>12.50%</b> 3	<b>58.33%</b> 14	<b>4.17%</b> 1	<b>0.00%</b> 0	<b>0.00%</b> 0	<b>25.00%</b> 6	24
Shropshire Health and Wellbeing Board	<b>25.00%</b> 6	<b>37.50%</b> 9	<b>4.17%</b> 1	<b>0.00%</b> 0	<b>0.00%</b> 0	<b>33.33%</b> 8	24
Social Care Providers	<b>0.00%</b> 0	<b>33.33%</b> 8	<b>4.17%</b> 1	<b>4.17%</b> 1	<b>0.00%</b> 0	<b>58.33%</b> 14	24
South Staffordshire and Shropshire Healthcare NHS Foundation Trust	<b>0.00%</b> 0	<b>33.33%</b> 8	<b>4.17%</b> 1	<b>0.00%</b> 0	<b>0.00%</b> 0	<b>62.50%</b> 15	24
Voluntary, Community and Faith Organisations	<b>12.50%</b> 3	<b>45.83%</b> 11	<b>0.00%</b> 0	<b>4.17%</b> 1	<b>0.00%</b> 0	<b>37.50%</b> 9	24

3.5.2 Some variance in the knowledge of HWS relationships with other organisations is to be expected, though there are some interesting patterns here:

- The relationship with NHS Shropshire Clinical Commissioning Group (the CCG) is rated as Excellent or Good by 64% (16/25)
- The relationship with Shropshire Council was rated as Excellent or Good by 71% (17/24), with 18/24 respondents giving a view
- 50% (12/24) of respondents rated the relationship with Shrewsbury and Telford Hospital NHS Trust (SaTH), but all scored it as Excellent or Good
- 63% (15/24) of respondents rated the relationship with Shropshire Health and Wellbeing Board (H&WBB) as Excellent or Good, with 16/24 respondents giving a view
- 58% (14/24) of respondents rated the relationship with Voluntary, Community and Faith organisations (Third sector) as Excellent or Good; one respondent scored this relationship as Poor
- 46% (11/24) of respondents rated the relationship with Shropshire Community Health NHS Trust (ShropCom), but 38% (9/24) scored it as Excellent or Good

- 33% (8/24) of respondents rated the relationship with South Staffordshire and Shropshire Healthcare NHS Foundation Trust (SSSFT) as Good
- Only 33% (8/24) of respondents rated the relationship with Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust (RJAH), but all scored it as Excellent or Good
- 33% (8/24) of respondents rated the relationship with Social Care providers as Good; one respondent scored this relationship as Poor, and one as Adequate
- Only 16% (4) of respondents rated the relationship with the Private Sector, and these were equally split between Good, Adequate and Poor

3.5.3 The ratings of the relationships with the local authority, the H&WBB, and the CCG are good. This is particularly important as they are built into the statutory regulations for Healthwatch. There is also a strong rating of the relationship with the Third sector.

3.5.4 The ratings of the relationships with individual NHS providers vary. It is reasonable that a number of respondents would not feel able to comment on the relationships with specific providers, as information on others' relationships will not be so easily available as information about an organisation's own relationships. However, there may be scope for improving the evidencing of relationships with a range of stakeholders, particularly for SSSFT and RJAH.

3.5.5 The relatively low response rates in relation to Social Care and Private Sector providers mirror challenges faced by other local Healthwatch in being recognised as having roles in relation to non-Health organisations. However, the low knowledge base here may indicate a need to focus more attention on these providers.

3.5.6 Only three of the 242 scores for all the relationships (1.2%) were rated as Poor.

3.6.1 Please identify up to three HWS activities you regard as achievements:

- A&E review
- Advice to individuals
- Attending patient panel meetings
- Collecting feedback
- Contributing to the H&WBB as a member participant (x2)
- Engagement with communities – Andrea Jones is exceptional at reaching communities involvement with the development of quality account priorities
- Engagement with the H&WBB
- Enter & View protocol and training
- Enter & View visits with comprehensive reports (x2)
- Establishing independent patient focus groups – pain management

- Establishing themselves in a credible way; being a new independent organisation from a standing start (x2)
- Funding for research (x3)
- Gaining the respect of partner organisations in Shropshire
- Giving information to the public
- H&WBB communication and engagement plan
- Health/ social care economy communications and engagement strategy
- Input into Future Fit
- Intelligence Board - excellent
- Involvement with Future Fit project
- Leadership of some aspects of the H&WBB
- Linking in with other support groups
- Mental Health review
- Papers on issues
- Patient listening events
- Pharmacy service review
- Professional relationships
- Profile raising
- Promoting health and wellbeing
- Providing competent, hard-working, well-informed representation
- Public events (x2)
- Quality of community engagement
- Research studies
- Sitting on the Health & Social Care Scrutiny Ctte
- Stand at RJAH each month
- Stands within hospitals to seek patient feedback and provide signposting/ support
- Supporting and engaging consultation, e.g. Future Fit, Urgent Care
- Survey work
- Well-attended public meetings
- Working with SOPA to have joint meetings
- Don't know any

3.6.2 Only one respondent identified as not being able to identify achievements, though six respondents skipped this question.

3.6.3 Of the 20 respondents commenting, 12 identified three achievements, four identified two, and the other four identified one.

3.6.4 This is a very positive list of activity with very little repetition. It indicates that HWS is valued for a range of its activity and professionalism, and reflects work with individuals and communities, in supporting other groups and activity (e.g. research), and being involved in a range of formal review activity, both self-generated (e.g. Enter & View) and led from elsewhere in the local Health and Social Care economy. The formal contribution to the H&WBB and the Health & Social Care Scrutiny Ctte are well-recognised.

3.7.1 What impact/ influence has HWS had on your organisation?

A lot	5	23%
Some	11	50%
Little	4	18%
Very little	1	4.5%
Don't know	1	4.5%

3.7.2 There is a good bell curve weighted towards having impact/ influence, with 73% of respondents reporting A lot or Some influence.

3.8.1 Please give up to three examples of impact/ influence HWS has had on your organisation

- Active contribution to PLACE inspections
- Behind the scenes advice
- Being a partner in the CQC quality summit and in patient listening events
- Big part in ensuring there is not duplication in the system
- Changes made to practice following Enter & View visits
- Facilitating networking with other organisations
- Feeding in issues from our clients
- Funded a research project
- Galvanised engagement and dementia work
- Gathering intelligence and then using with the Local Authority
- Having members of our group also on Healthwatch
- Help influence strategy items
- Improved partnership working through independent views and influence
- Indicate levels of complaints to investigate
- Influence Local Authority relationship with providers in social care based on Enter & View inspections
- Information sharing (x2)
- Joint challenge
- Joint information events for older people

- Joint presence at SaTH/ CCG meetings/ projects
- Joint work – e.g. integrated community service
- Keeping us abreast of views in the community; impartial view
- Led stakeholder engagements to get views
- Member of Ludlow Quick Wins group
- Overall support in further the patient experience agenda to ensure that the voice of the patient is heard
- Partnership working
- Promotion of service
- Providing independent challenge for strategic meetings
- Regular attendees of Trust patient and carer panel
- Resource for evidence of customer experience
- Sharing best practice
- Sharing of Enter & View reports
- Sharing of independent patient feedback
- Strategically influencing service improvements in adult social care services
- Strengthened H&WBB
- Support at H&WBB
- Support in seeking feedback about noise at night
- Support intelligence re patient voice to adult social care services
- Supported dissemination of our report
- Supported our concerns about closure/ reduction of MH services
- Understanding health issues
- Willingness to lead participation to enable H&WBB to not be just CCG/ Local Authority led, e.g. dementia users/ carers
- None

3.8.2 Only one respondent identified as not being able to identify achievements, though seven respondents skipped this question.

3.8.3 Of the 19 respondents commenting, 11 identified three impacts, four identified two, and the other five identified one.

3.8.4 Again, this is a strong list of diverse impact and influence on organisations. There is a mix of support and challenge, and a strong emphasis of providing evidence – of patient views and contributing to meetings and reviews.

3.9.1 Please rate the following statements about HWS's local impact

	<b>Very well</b>	<b>Well</b>	<b>Adequately</b>	<b>Poorly</b>	<b>Very poorly</b>	<b>Don't know</b>	<b>Total</b>
Healthwatch Shropshire challenges health and social care providers on their service delivery	<b>13.04%</b> 3	<b>52.17%</b> 12	<b>13.04%</b> 3	<b>4.35%</b> 1	<b>0.00%</b> 0	<b>17.39%</b> 4	23
Healthwatch Shropshire challenges health and social care commissioners on their commissioning activity	<b>8.70%</b> 2	<b>52.17%</b> 12	<b>17.39%</b> 4	<b>0.00%</b> 0	<b>0.00%</b> 0	<b>21.74%</b> 5	23
Healthwatch Shropshire challenges health and social care commissioners and providers on their engagement with the local community	<b>13.04%</b> 3	<b>47.83%</b> 11	<b>17.39%</b> 4	<b>0.00%</b> 0	<b>0.00%</b> 0	<b>21.74%</b> 5	23
Healthwatch Shropshire positively impacts on local health services	<b>9.09%</b> 2	<b>45.45%</b> 10	<b>22.73%</b> 5	<b>0.00%</b> 0	<b>0.00%</b> 0	<b>22.73%</b> 5	22
Healthwatch Shropshire positively impacts on local social care services	<b>9.52%</b> 2	<b>42.86%</b> 9	<b>14.29%</b> 3	<b>0.00%</b> 0	<b>4.76%</b> 1	<b>28.57%</b> 6	21
Healthwatch Shropshire represents the voices of local people effectively	<b>13.04%</b> 3	<b>39.13%</b> 9	<b>30.43%</b> 7	<b>0.00%</b> 0	<b>4.35%</b> 1	<b>13.04%</b> 3	23
Healthwatch Shropshire captures the views of seldom heard communities	<b>4.35%</b> 1	<b>34.78%</b> 8	<b>13.04%</b> 3	<b>0.00%</b> 0	<b>0.00%</b> 0	<b>47.83%</b> 11	23
Healthwatch Shropshire positively impacts on the Shropshire Health and Wellbeing Board	<b>13.64%</b> 3	<b>40.91%</b> 9	<b>9.09%</b> 2	<b>0.00%</b> 0	<b>0.00%</b> 0	<b>36.36%</b> 8	22
Healthwatch Shropshire positively impacts on NHS Future Fit	<b>8.70%</b> 2	<b>39.13%</b> 9	<b>8.70%</b> 2	<b>4.35%</b> 1	<b>4.35%</b> 1	<b>34.78%</b> 8	23

3.9.2 The response rate to these statements varied between 21 and 23 respondents.

- 3.9.3
- 65% (15) of respondents think HWS challenges Health and Social Care providers on their service delivery Very well or Well; one scored this Poorly
  - 61% (14) of respondents think HWS challenges Health and Social Care commissioners on their commissioning activity Very well or Well; 22% (5) said they Don't know
  - 61% (14) of respondents think HWS challenges Health and Social Care commissioners and providers on their engagement with the local community Very

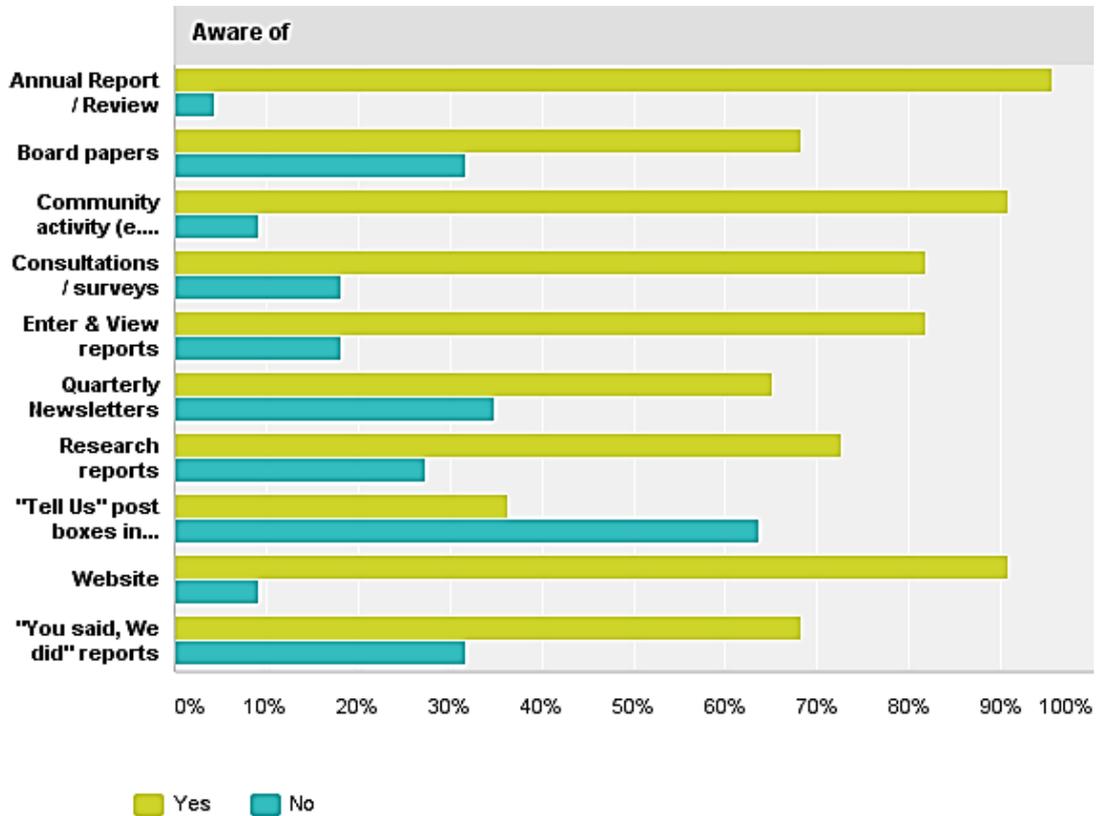
well or Well; 22% (5) said they Don't know

- 54% (12) of respondents think HWS positively impacts on local Health services Very well or Well; 23% (5) said they Don't know
- 52% (11) of respondents think HWS positively impacts on local Social Care services Very well or Well; one respondent scored this statement as Very poorly; 29% (6) said they Don't know
- 52% (12) of respondents think HWS represents the voices of local people effectively Very well or Well; one respondent scored this statement as Very poorly
- 39% (9) of respondents think HWS captures the views of seldom heard communities Very well or Well; 48% (11) said they Don't know
- 54% (12) of respondents think HWS positively impacts on the H&WBB Well; 36% (8) said they Don't know
- 48% (11) of respondents think HWS positively impacts on NHS Future Fit; two respondents scored this statement as Poorly or Very poorly; 35% (8) said the Don't know

3.9.4 There is a broad sense that HWS is carrying out its challenging roles with commissioners and providers in both Health and Social Care, though there are again a number of respondents who do not know sufficient about challenges that are made. However, there is less knowledge of HWS capturing the views of seldom heard.

3.9.4 Three of the 203 scores for this question (1.5%) were rated as Very poorly. All were made by the same respondent.

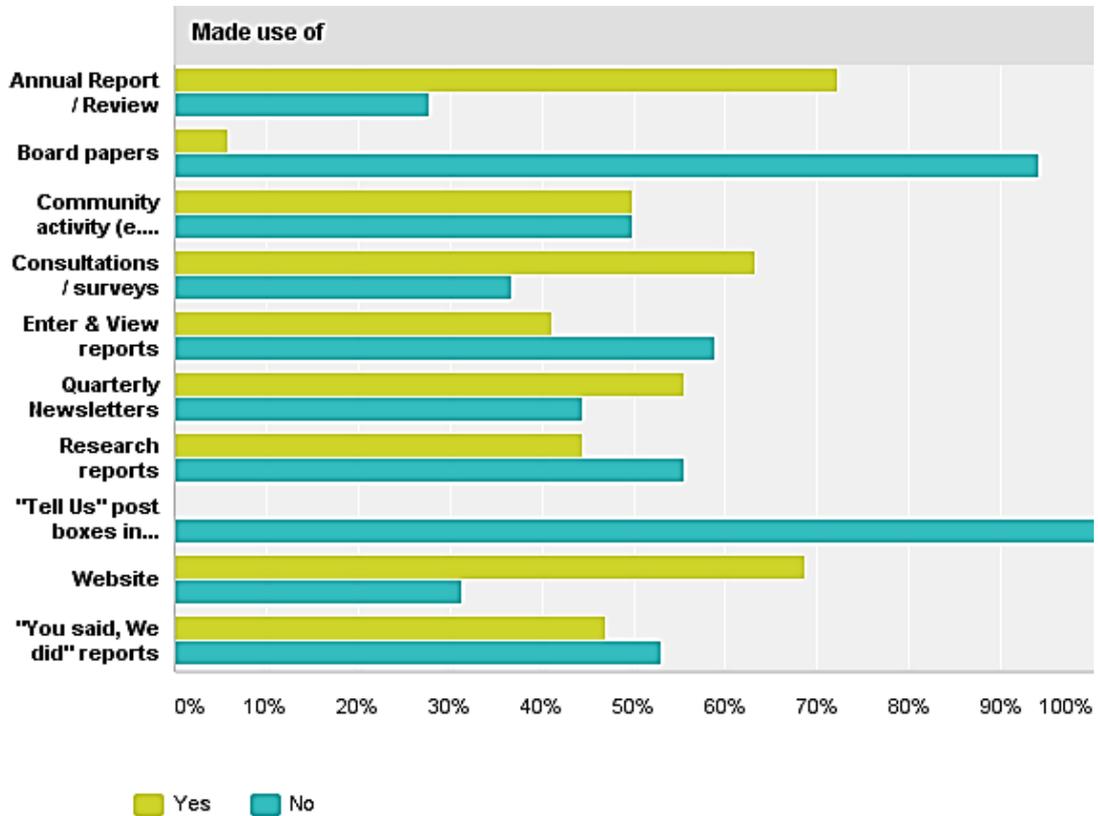
3.10.1 HWS uses a range of methods to communicate about its activity. Please indicate which of the following you are aware of



3.10.2 There is a good awareness of almost all the communication tools used by HWS, with the Annual Report/ Review, Community activity (e.g. Drop-Ins, Stands at local events), Website, Consultations/ surveys, Enter & View reports, and Research reports all scoring above 73% awareness.

3.10.3 The only one with an awareness rate below 65% is the "Tell Us" post boxes in libraries. This may reflect that this tool is designed to draw information in to the organisation from members of the general public, rather than to communicate outwards.

3.11.1 HWS uses a range of methods to communicate about its activity. Please indicate whether or not you have made use of them



3.11.2 The use of the communication tools score lower than awareness of them. This makes sense, as each respondent will have preferred communication tools, but also will be drawn to the nature of specific tools to best meet their needs.

3.11.3 The Annual Report/ Review is the most used communication tool, with Consultations/ surveys, Quarterly Newsletters, and the Website scoring a use of 50% or more.

3.11.4 None of the respondents had made use of the "Tell Us" post boxes, further confirming the comment at 3.10.3.

3.12.1 How good a job, overall, is HWS doing

	Excellent	Good	Adequate	Poor	Very poor	Don't know	Total
On behalf of local residents, service users and patients?	4.35% 1	65.22% 15	8.70% 2	0.00% 0	4.35% 1	17.39% 4	23
In helping to improve health services?	4.35% 1	60.87% 14	8.70% 2	0.00% 0	0.00% 0	26.09% 6	23
In helping to improve social care services?	4.35% 1	47.83% 11	4.35% 1	4.35% 1	0.00% 0	39.13% 9	23
On the Shropshire Health and Wellbeing Board?	13.04% 3	43.48% 10	4.35% 1	0.00% 0	0.00% 0	39.13% 9	23

3.12.2 The overall rating of how well HWS is doing is strong in parts, 70% of respondents thinking HWS does an Excellent or Good job on behalf of local residents, service users and patients, and 65% thinking HWS does an Excellent or Good job in helping to improve health services

3.12.3 A small majority (52%) of respondents think HWS is doing a good job in helping to improve social care services, although 39% do not know how well HWS is doing in this role.

3.12.4 A small majority (56%) think HWS is doing a good job on the H&WBB, although 39% do not know how well HWS is doing in this role.

3.13.1 What has been the biggest success you have seen for HWS in the last two years?

- Being integrated with the H&WBB
- Building a structure which is able to adequately represent the patients of Shropshire
- Developing positive, engaging, but challenging relationship with key stakeholders, e.g. H&WBB and Future Fit
- Establishing itself as a credible organisation; beginning to use its statutory powers to influence
- From a standing start being very credible – with the public and statutory organisations
- Getting known in the community as the go to organisation if you have an issue re Health and Social Care
- Getting organisation up and running and establishing as part of the health and social care economy
- Growing engagement with communities
- Networking and promotion of service

- Outreach work and events
- Quality of community engagement
- That their place has been firmly placed within the local Health economy
- They are in demand by organisations wanting their input
- Don't know
- Unaware of any successes

3.13.2 Only 15 respondents answered this question, with one each reporting that they didn't know or were unaware of any successes.

3.13.3 The successes predominantly reflect the establishment of HWS as a new consumer champion, building its reach, relationships and credibility.

3.14.1 What has been the biggest challenge you have seen for HWS in the last two years?

- Awareness
- Changes to Enter & View processes
- Creating a new organisation that is not just the same as previous ones
- Ensuring that all Health providers sing from the same hymn sheet!
- Enter & View set up
- Formation of organisation, spelling out role
- Getting to grips with Future Fit
- Lack of resources to do all the things they need to do (x2)
- Large area and ever changing issues
- Learning curve for HWS representatives
- Navigating the whole social care/ health system at a great time of change
- Reaching all communities – Shropshire is vast
- To ensure the effective capture, triangulation and onward escalation of patient experience feedback
- We all work in pressurised environment and [are] fighting for our own survival – there is little time left to read yet more reports, newsletters etc. HWS are very switched [on] I just feel unable to support them or make use of the information they produce. There is only so much you can absorb!
- With so many changes in public representation groups, getting credibility and reach
- Don't know (x2)

3.14.2 18 respondents answered this question, though two of them said that did not know what the biggest challenge for HWS had been.

3.14.3 A number of the challenges reflect the complexity of Shropshire and of the Health and Social Care economy, and the subsequent challenge on credibility and organisational “reach” with a finite resource.

3.15.1 What is the biggest challenge you see for HWS in the year ahead?

- Achieving a balance between representing the needs of the public and integrating realism of programmes including Future fit – put patients into context
- As success becomes more prominent more will want to engage with them – how to prioritise and make best use
- Awareness (x2)
- Bedding in its understanding of the changes to Health and Social Care and monitoring [their] effects on residents
- Changing issues
- Changing structures of Health and Social Care and the impact of this on services
- Clarity of voice, accessibility to the community voice
- Engaging with patients and local communities (x2)
- Getting themselves as first port of call for problems with Health
- Influencing change in the overall capacity of Health provision in the county
- Resources (x3)
- Retaining staff and hence continuity, particularly re volunteers
- To effectively influence commissioning organisations with fewer resources (both HWS and commissioners)
- To ensure visibility is maintained to encourage the local population to provide their views on services
- Don't know

3.15.2 Again, 18 respondents answered this question, one of whom said they did not know what the biggest challenge ahead would be.

3.15.3 A mix of challenges have been identified, with some being about how HWS carries out its functions, and others about adapting to the changing landscape of Health and Social Care in Shropshire. There is also a recognition of working with finite resources and the tension of additional work that success is likely to bring.

3.16.1 What one thing would you like HWS to do more of?

- Although difficult, get the messages out more effectively to the population
- Capture a wider, more representative, audience from patient voice
- Challenge engagement practices
- Emulate social care success with the NHS

- Engaging with patients and local communities
- Gather and provide feedback on specific subject areas
- Have a bigger public profile
- Leading on behalf of the H&WBB on different activities to build credibility
- Patient focus groups
- Plain messages to people – openly report, with anonymised data if needed
- Spend more time to understand Social Care and the relevance of providers in positively impacting on [the] whole Health and Social Care economy
- Don't know (x3)

3.16.2 15 respondents answered this question, with three saying they did not know what they wanted HWS to do more of.

3.16.3 There is one theme of wanting HWS to engage more widely with more people.

3.17.1 What one thing would you like HWS to do less of?

- Attend meetings and not contribute
- Go to endless meetings, need to better understand role and focus, some successes would be useful to form a foundation for the future
- Not a lot – they use their time well and effectively
- Don't know/nothing (12)

3.17.2 Only three respondents gave specific examples of things they would like HWS to do less of, and these viewpoints were somewhat contradictory.

3.18.1 What activity or issue would you like to see HWS engage with in the year ahead?

- Access to GP services
- Community fit (x2)
- Continue to engage with H&WBB and Future Fit
- Get better triangulation between H&WBB, Health & Social Care Ctte and HWS
- Help take the prevention agenda forward
- Management of complaints
- Monitoring the effects of Future Fit, Care Act, and Better Care Fund
- More partnership working
- More promotional and awareness raising events
- Private care funding (in the lead up to Dilnot) and wider understanding of the impact of state funded cuts along with cross-subsidy required following underfunding
- Resilient communities

- They have done a sterling job of trying to get to more disadvantaged groups in the community. I would like to see them keep that focus
- Don't know/ no comment (x3)

3.18.2 17 respondents answered this question, with three saying they did not know or had no comment.

3.18.3 There are some potentially useful pointers here for consideration.

### 3.19.1 Other feedback about HWS

- My involvement with them is restricted, mainly on urgent care issues, so it is difficult to comment too much on their overall activities
- In scoring this it was hard to put Excellent in some categories e.g. relationship with H&WBB because their relationship is one of challenge. Therefore it can be Good, but Excellent feels a bit too cosy so Good is as far as it should go. Hope that makes sense
- I think that many people are not aware of Healthwatch or what it is there for, nor how it is funded and to whom it is responsible. Those that are aware often say that they don't see what Healthwatch is doing and don't know how it is interacting with patients as opposed to institutions. Interestingly the list of "bodies" on page 1 of this survey was all to do with the infrastructure of NHS organisations and there was no mention, as I recall, of patients, which I would have thought ought to be the key, core and central focus on Healthwatch. Many people feel – rightly or wrongly – that Healthwatch is just part of the NHS and is part of the establishment. I don't know if these comments apply only to HWS, or whether they apply to the whole Healthwatch operation
- Sorry, I don't have a wider picture of what Healthwatch does so cannot really inform this survey
- Jane is terrific and does a great job, but the apathy is not intentional, but from sheer overload of working in these unprecedented times with continual cutbacks and shifting goalposts. 200% of energy is required to keep your own organisation on the road – really sorry
- I meet the Chief Executive regularly – she and her team are very good and hardworking – I commend them for their work
- Started from a low base and I have every faith they'll do what they need to do
- HWS has quickly and successfully become an integral part of the health and social

care landscape

- Well done – keep up the good work!

3.19.2 These additional comments tend to underscore how these respondents approached the whole survey, rather than adding additional content. The points about this survey not including patients are, of course, valid, though as explained at 2.2, this was a deliberate part of the design. HWS may wish to triangulate the results of this survey against any feedback they get from members of the public, including patients, who use their services. The staff and volunteer teams have clearly built a strong reputation.

#### **4. Analysis**

- 4.1 The Department of Health commissioned The King's Fund to carry out independent research to examine the progress in the first 18 – 21 months of local Healthwatch<sup>3</sup>. The research was built on a combination of a self-assessment survey (completed by 71% of local Healthwatch), limited feedback from CCG chairs and H&WBB leaders, with six in-depth case studies of local Healthwatch.
- 4.2 The King's Fund concluded that "It is clear that local Healthwatch organisations are in the process of shifting from setting up the organisation and developing local relationships, to developing effective processes for carrying out their activities, and then ultimately to achieving impact in terms of changes to services. So while it is instructive to look at their effectiveness at this point, it is crucially important to recognise that their impact is very likely to increase as the organisations continue to build their programmes of work."<sup>4</sup> This context is as relevant to HWS as it is to other local Healthwatch.
- 4.3 The results of this Reflective Audit very much focus on the period of shift from setting up HWS to developing local relationships and carrying out its activities, though extend a little further into the "achieving impact" phase identified by the King's Fund.
- 4.4. The initial response rate to this targeted survey (of 41%) was lower than had been anticipated, despite two reminders being sent to recipients; there was no detailed knowledge of why 27 recipients did not respond. However, it became apparent that the Shropshire Council's firewalls had not allowed questionnaire invites and reminders through, but without alerting the sender. As a result, seven additional questionnaires were completed by telephone interview, capturing views of Councillors and senior Officers.

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<sup>3</sup> Ibid.

<sup>4</sup> Ibid., p.48

This improved the response rate to a more reasonable 46%, though this is still a little low for a targeted survey.

Notwithstanding the response rate, there is much useful data for consideration by HWS.

- 4.5 88% of stakeholders report contact at least once a quarter or at least once a month. This is a healthy contact rate and further confidence can be drawn from the fact that no respondents reported having no contact, though three reported Very occasional contact.
- 4.6 Section 3.3 gives a strong picture of the reputation of HWS. The recognition of HWS having a clear purpose (92%), as an independent organisation (85%), as an inclusive organisation (77%), and as an effective, accessible organisation that has influenced local health and social care (73%) is a very positive statement of HWS' reputation. However, there was more reported lack of knowledge about HWS' influence, organisational effectiveness, and accessibility to the general public.

It is **recommended** that HWS reviews these ratings and considers whether further work needs to be done to raise stakeholder awareness in the areas with less recognition, particularly as the vast majority of respondents that do have more knowledge score these reputational statements positively.

- 4.7 92% of respondents report an Excellent or Good relationship with HWS. This is a very good rating, particularly given that HWS does challenge stakeholders from time to time. It should also be seen in the context of HWS having to build many relationships from scratch, often with some suspicion or lack of awareness to overcome. One relationship is reported as Poor, and this respondent subsequently scored more negatively than other responders. Whilst this explains a pattern within the responses to this survey, it does also underscore the importance of good relationships with all stakeholders to enable constructive dialogue between organisations.
- 4.8 Section 3.5 captured views on HWS' relationships with other organisations and bodies. There are some clear strengths in how HWS's relationships are seen with some, such as the CCG, the Third sector, and Shropshire Council, and these broadly replicate the ratings given by these organisations themselves.

A strong relationship with the H&WBB was reported here, though this is contradicted somewhat by the feedback in section 3.12 which showed a low level of knowledge of how good a job HWS is doing on the H&WBB, particularly from respondents outside Shropshire Council.

There are expected lower rates of knowledge of HWS' relationships with specific NHS providers, as the complexity of the Health economy is such that such relationships

between two organisations are less likely to be visible.

It is **recommended** that HWS reviews the ratings for specific NHS bodies and reflects on whether these should be stronger and, if so, how these relationships might be demonstrated more widely.

58% of recipients did not know sufficient to rate HWS' relationship with Social Care providers, and this increased to 84% when considering HWS' relationship with the Private Sector. This rating is consistent with challenges faced generally across the Healthwatch network to both build strong relationships with Social Care providers and the Private Sector, and to explain and evidence such relationships effectively.

It is **recommended** that HWS reviews the ratings for Social Care providers and the Private Sector and reflects on whether these should be stronger and, if so, how these relationships might be demonstrated more widely.

- 4.9 Section 3.6, 3.7 and 3.8 sought to identify the achievements and impact of HWS on recipients' own organisations. There are strong sets of diverse examples of both achievements and impact and these should provide good, specific data for HWS to use in reporting on what it has achieved. The additional comments secured in July add much more detail and evidence of the impact of HWS, particularly with Shropshire Council and the H&WBB. Given the statutory responsibilities of HWS in relation to these, the impacts reported are both positive and welcome.

It is **recommended** that HWS reviews the list of achievements and of impact/ influence, with each point expanded with a little narrative to help explain the achievement, impact or influence more clearly.

This will, of course, be a helpful tool for discussions with commissioners, but could prove useful in helping organisations or individuals who do not perceive HWS as having much impact revise their perspective. It is also likely to be of value internally, with Board members, paid staff, and volunteers, helping them see the impact of HWS from the perspectives of others and, of course, in helping the public better understand the functions and impact of HWS.

- 4.10 Section 3.9 sought respondents' perceptions of the impact of HWS on other organisations, structures, and programmes, and it again drew out some contrasts in knowledge levels of impact on others.

HWS's role in challenging Health and Social Care providers on their service delivery was rated Very Well or Well by 63% of respondents.

Slightly fewer (61%) think HWS challenged commissioners Very well or Well, but with a

greater number (22%) reporting they did not know. There was the same scoring of HWS' effectiveness in challenging commissioners and providers on how they (the commissioners and providers) carry out their own engagement activity.

A small majority (56%) think HWS is effectively representing the voices of local people, and 54% consider HWS positively impacts on local Health services.

The scores of HWS positively impacting Very well or Well on Social Care services falls slightly further (51%), and those reporting not knowing about this increased (to 29%). This reflects a challenge across the whole Healthwatch network to have impact on Social Care services as well as Health services, and to effectively show this impact.

The scores for HWS capturing seldom heard voices, and having positive impact on NHS Future Fit fall even further. However, there are comparative increases in those reporting not knowing about these statements.

It is **recommended** that HWS critically reviews the impact scores against its own self-assessment for each of the impact statements, and identifies evidence of impact that could be made more widely known.

#### 4.11 Section 3.10 and 3.11 explore recipients' levels of awareness of a range of HWS communication tools, and those which recipients make use of.

The level of awareness of almost all the communication tools is very good, with all but one having an awareness rate below 65%. This was for the "Tell Us" post-boxes placed in libraries, and more likely reflects that the recipients of this survey are not the intended users of the "Tell Us" post-boxes.

The use of different communication tools by recipients is lower than their awareness, reflecting that different people and organisations will have preferred communication tools. What this does mean is that HWS cannot rely on one tool to get a specific message out to all across the Health and Social Care economy, and should look to replicate messages in more than one tool. For example, a summary of evidence of impact drawn from this Reflective Audit could be reported in Board papers, the Quarterly newsletter, on the website, and potentially through a "You said, We did" report, as well as being referenced in the Annual Report. It could also contribute to a report on impact to commissioners and the H&WBB, for example.

It is **recommended** that HWS actively considers using multiple communication platforms to get specific messages out, particularly in relation to the kinds of impact explored above.

- 4.12 Section 3.12 sought recipients' views on how good a job HWS is doing in relation to some high level measures.

The scoring does reiterate a difference between the ratings of perceived impact in Health versus impact in Social Care, with the latter scoring lower.

The score of 50% in relation to the H&WBB is good, though 31% report not knowing how well HWS in this important role.

It is **recommended** that HWS critically reviews its Social Care focused activity to understand the quantity and quality of what it is doing and the impact of that work, and how messages about its impact in Social Care can be more clearly articulated.

- 4.13 Sections 3.13 and 3.14 identify perceived successes and challenges faced over the last two years by HWS. The number of respondents completing these questions was fewer than for previous questions. This may reflect that 3.13 and 3.14 require more knowledge of HWS' own experience of the last two years, though may also reflect that recipients were asked to generate their own narrative responses rather than responding to scales or giving yes/no answers.

The successes and challenges listed are likely to be unsurprising to HWS, though this may be reassuring in that, for example, the success of establishing HWS as a new, effective organisation with finite resources, in a complex health and social care system going through much change, is at least recognised from outside.

In addition, HWS is commended for having established good and effective relationships with key stakeholders.

- 4.14 Section 3.15 highlights some challenges for the year ahead perceived for HWS. Again, these are unlikely to be of surprise to HWS. Whilst some (e.g. continued engagement, and raising the visibility of HWS) are within the gift of HWS to influence directly, others are about how HWS positions itself in response to changes outside its direct control (e.g. further changes to the Health and Social Care environment). There are also some challenges that relate to prioritising activity (and, indeed, deprioritising to enable the allocation of resources) in the future.

It is **recommended** that HWS carries out its own assessment of forthcoming challenges, with a clear understanding of those that are within its direct gift to change, those that it could influence, and those outside its scope of influence, so as to target energy where there is a likelihood of change or impact.

- 4.15 Sections 3.16 and 3.17 sought to get views on what HWS could do more or less of. Section 3.16 did identify some activities that HWS can consider to do more of, though

these are likely to already be on HWS's radar. Section 3.17 did not really add further feedback to consider.

It is **recommended** that HWS consider (in the light of its responses to the previous recommendations) what it needs to do more or less of.

- 4.16 Section 3.18 captured some specific activities and issues that respondents think HWS should engage with this year. This is helpful in that it gives some insight into priorities of other stakeholders, as well as helping focus some HWS activity.

It is **recommended** that HWS reviews the list of activity and issues, expanding the narrative of each one, and considers their priority in the context of existing commitments and plans.

- 4.17 There are some useful broad themes that have emerged from the *Healthwatch Shropshire Reflective Audit 2015*.

HWS has clearly built a reputation that is trusted and respected across the vast majority of stakeholders responding to this survey including, significantly, commissioners *and* providers. Such a reputation does not come without a lot of work, sustained over time, and should not be taken for granted.

One respondent was consistently more critical than others in this survey, reflecting, in part, a poorer relationship. HWS will know organisations it can do more with to build stronger relationships, and it is **recommended** that HWS reflects on whether there are key stakeholder relationships that need a specific investment of attention and plans that investment.

It should be noted that many other local Healthwatch would be jealous of the breadth of positive reputation that HWS has earned and had demonstrated in this Reflective Audit, again, particularly the credibility established with providers *and* with commissioners.

It is clear that HWS does have positive impact within the local Health and Social Care economy, both in relation to decisions that directly affect patients, but also in relation to the organisations operating within the system. However, this impact needs to be captured more consistently and explicitly, then articulated more forcefully and clearly through the range of communication tools HWS can utilise. Such an evidence base will serve the organisation well in, for example, future commissioning discussions, and in convincing doubters of HWS' worth, whilst helping the public better understand the role and influence of HWS.

Like most local Healthwatch, HWS has a challenge to more strongly demonstrate its role, impact, and effectiveness in Social Care. This will become more and more important as

changes brought in through the Care Act and the Better Care Fund, and the continued financial pressure on the NHS and local government, take more effect. It is important that HWS finds ways to explicitly focus on Social Care, and to be seen to be doing so.

The challenge for HWS in planning for increased demand at a time of sustained financial challenge for the Health & Social Care economy should not be underestimated, though the strong evidence base of impact that comes from the robust feedback in this *Reflective Audit* underpins the organisation's credibility.

## 5. Recommendations

It is recommended that HWS

1. Reviews these ratings and considers whether further work needs to be done to raise stakeholder awareness in the areas with less recognition
2. Reviews the ratings for specific NHS bodies and reflects on whether these should be stronger, and if so, how these relationships might be demonstrated more widely
3. Reviews the ratings for Social Care providers and the Private Sector and reflects on whether these should be stronger, and if so, how these relationships might be demonstrated more widely
4. Reviews the list of achievements and of impact/ influence, with each point expanded with a little narrative to help explain the achievement, impact or influence more clearly
5. Critically reviews the impact scores against its own self-assessment for each of the impact statements, and identifies evidence of impact that could be made more widely known
6. Actively considers using multiple communication platforms to get a specific messages out
7. Critically reviews its Social Care focused activity to understand the quantity and quality of what it is doing, and how messages about its impact in Social Care can be more clearly articulated
8. Carries out its own assessment of forthcoming challenges, with a clear understanding of those that are within its direct gift to change, those that it could influence, and those outside its scope of influence, so as to target energy where

there is a likelihood of change or impact

9. Considers (in the light of its responses to the previous recommendations) what it needs to do more or less of
10. Reviews the list of activity and issues, expanding the narrative of each one, and considers what their priority is in the context of existing commitments and plans
11. Reflects on whether there are key stakeholder relationships that need a specific investment of energy and plans that investment.

Paul Devlin

Director

**Because It Matters Ltd**

29<sup>th</sup> July 2015