Healthwatch Southwark Strategic Plan

(March 2020 – March 2022)

Development of this strategy

We considered our strategy at a team away day on 18 October 2019, which included:

- Team values – 'What elements of team culture/working style help you enjoy coming to work?'
- Considering the structure of our strategic aims, how these fit together and into the Healthwatch statutory function
- RAG rating each area of our work (these are reflected in text colours below) and noting ideas for improvement
- A broad discussion on what 'engagement' means to us and what it could achieve
- Mind-mapping interconnected topics and 'ideal scenarios' for two of our upcoming priority areas.

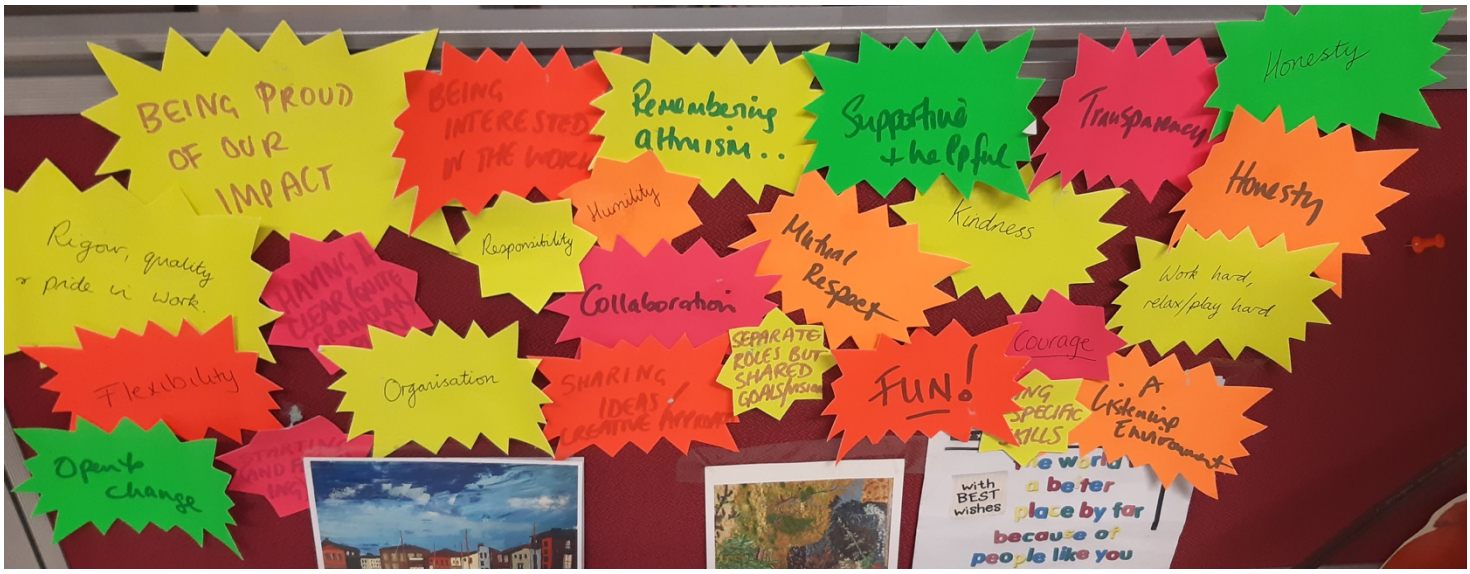
The strategy also draws on discussions around new priorities with our Advisory Group in early 2019, and further discussions since the away day on emerging **challenges** – e.g. changes in the SE London system, how to target our members more precisely, increasing complexity in signposting cases, ensuring impact for our work, and plans for the Advisory Group.

We have also reviewed our contract with Southwark Council to identify areas where we need to develop or better evidence our work.

This strategy was developed in March 2020 ahead of the next financial year, though work in many areas discussed was already underway. Many activities were then postponed due to the departure of the Engagement Officer and the coronavirus pandemic, during which we followed Healthwatch England guidance about shifting the focus of our activities. We released a statement about our plans for this period: https://www.healthwatchsouthwark.org/news/2020-03-24/how-healthwatch-helping-during-coronavirus-outbreak and have reported on this in our monitoring documents.

We restarted some of our planned work during the summer of 2020 and, following the recruitment of a new Engagement and Signposting Officer, put together a workplan for September-December 2020. Many planned projects will require adjustments to take into account the new challenges facing the health and care system and the difficulties of engaging with people while social distancing remains necessary. An informal engagement plan/'mini-strategy' is being developed taking this into account and a communications review is scheduled.

Values

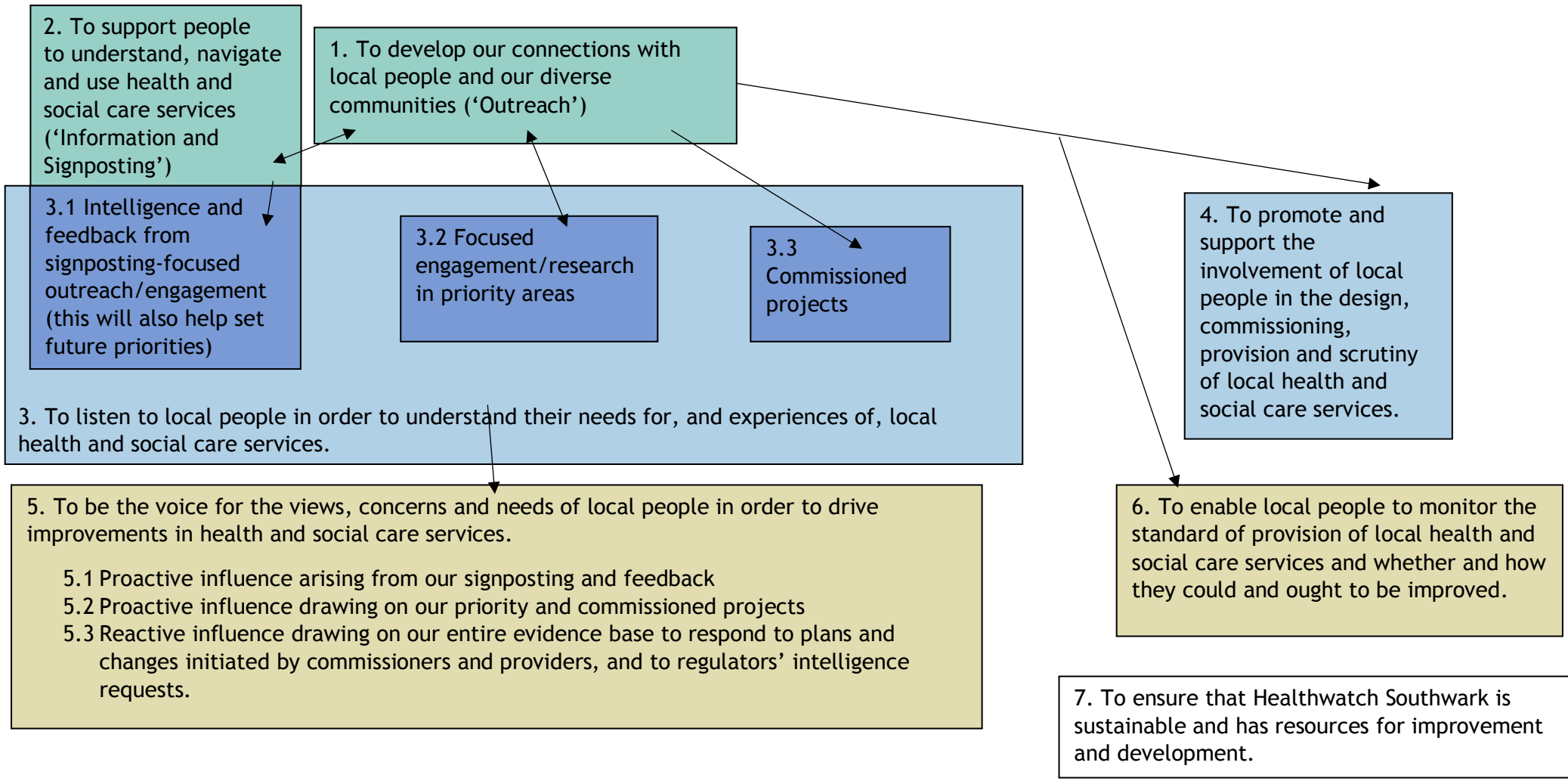


Division of work

We have reverted to our previous structure of having an Engagement Officer and a Research & Intelligence Officer, rather than two Engagement Officers. This allows each of us to work in a more focused way and draw on specific skillsets. Less input from the manager will be needed in research design, analysis and writing.

We continue to receive support from the core Community Southwark communications team and in back office and CEO functions. There will be further work this year to better determine the level of support needed and funded.

Structure of our Strategic Aims



For information on how this aligns with our statutory functions and contract see endnote.[i]

Engagement to set future priorities, and with seldom heard groups

We want to find new ways to incorporate into our work the views of seldom-heard/disadvantaged/protected groups from whom we have heard least in recent years, and reflecting the borough's population. This includes:

- children and young people
- disabled people, especially those with learning disabilities
- people of different ethnicities, asylum seekers and refugees
- women in the perinatal period
- men
- homeless people
- refugees and asylum seekers.

Our previous diagram of priorities included 'Seldom heard engagement' and 'Engagement to set future priorities' as distinct parts of SA3 (listening to people's views), and these formed distinct projects.

- In 2016/17 we ran an exercise to find out what **priorities** local people felt Healthwatch Southwark should focus on. We combined the findings with analysis of our signposting logs in order to set our 2017+ and 2019+ priorities. However, we were aware that the sources did not reach all sections of the population. We would like to be able to draw more exclusively on our signposting and intelligence logs to set future priorities.

- From April 2018 to June 2019 we worked on distinct projects aiming to find out about the health and social care experiences of **seldom heard groups**: faith communities, and LGBTQ+ people. These began as core Community Southwark projects, looked at some issues beyond health (such as community safety), and moved to Healthwatch with one of the former Engagement Officers. These have now been completed. We have also reverted to a previous team structure with one Engagement Officer and one Research & Intelligence Officer.

Instead of running specific projects with seldom heard groups, from now on:

- As well as general outreach (SA1) and open-access signposting work (SA2), we will target this type of work in a more focused way at groups who are more disadvantaged or seldom heard. We will ask in an open and organic way about people's challenges, rather than delivering formal surveys or focus groups. This will enable us to gather intelligence in new areas, which we can then use when we go on to set future priorities. This will require thoughtful analysis given the increasing complexity of many of our signposting cases.

  We will begin with a focus on **homeless people** and on **refugees and asylum seekers**, as our signposting work suggests they may find it particularly difficult to access even the most basic health and care services (e.g. GPs). We will also consider work with **women in the perinatal period,** again because of the importance of this group when considering preventative care, and a potential connection to our talking therapies project and work within our priorities on children and young people.

- We will ensure we pay attention to seldom heard groups *as part of* our core priority engagement (SA3.2), though it will not always be possible to reach all protected or seldom heard groups for every project.

  For our current priorities, we would like to reach **children and young people** in particular. This is because both projects have a 'preventative care' angle, in line

with the NHS Long Term Plan, and therefore children's experiences are particularly important. CAMHS is also an issue of nationwide concern so looking at children's experiences of talking therapies is vital.

- We will investigate ways to partner with core Community Southwark staff to address the needs of seldom heard communities across all areas, not limited to health and social care.

Engagement on 'system change' and representation in cross-borough structures

We have usually focused on defined (albeit broad) priority projects around particular pathways, services and user groups. We have had less capacity to engage on issues being addressed across the health and care system as part of the Long Term Plan, such as **prevention, self-management, care integration, care coordination** and **care planning.** However, we have taken on such topics through commissioned work, for example on the Coordinated Care pathway and reablement services. We also carried out funded work to promote a culture of strong patient engagement and VCS involvement within the Lambeth and Southwark Strategic Partnership (LSSP) and its programmes/partners (previously a stated goal under SA4). The LSSP no longer exists, with its integration programmes now being managed at borough or six-borough level.

We will consider broader 'system change' and crosscutting issues *as context* for all our priority projects, and frame these projects in ways which can inform work across the system to make health and care services as a whole more effective and sustainable.

Again, we will look into ways to work with Community Southwark colleagues on these issues, given the important role of the VCS, for example in social prescribing.

We also aim to promote strong patient engagement, and representation of patient voice through Healthwatch, in new cross-borough structures. This includes working with a Healthwatch representative (funded by the CCG and hosted by Healthwatch Greenwich) to the new six-borough SE London CCG Governing Body. As part of this shift we will also work more closely with neighbouring Healthwatches, which will also increase our long-term sustainability.

Enter and View

Enter and View is a distinctive Healthwatch power. It is an area where volunteers can be particularly influential, and some Healthwatches run extensive Enter and View programmes relying largely on volunteers. In recent years, we have used Enter and View when it was the logical way to address determined priorities – GP Access, and Nursing Homes. It is not an appropriate core technique for our new priority areas (SA3.2).

We do not currently have capacity to set up and run an Enter and View programme if not as part of our priority areas. Our new Engagement and Signposting Officer's role will include developing our volunteering function, hand in hand with considering the potential for a future separate Enter and View programme. As part of this we will discuss with the Care Quality Commission (CQC) our respective roles in 'inspecting' or viewing different elements of facilities. However, the coronavirus pandemic means that Enter and View is not appropriate without urgent need (and even then would require discussion with Healthwatch England and the CQC)).

Our Strategic Aims

Strategic Aim 1. To develop our connections with local people and our diverse communities.

So that all of our work is as effective and representative as possible, we to raise awareness of our work among, and encourage the involvement of, as many people and community organisations as possible. We aim to reflect the diverse demographic makeup of the borough and support the involvement of seldom-heard groups and those facing poor health outcomes.

Activities (with RAG rating):

- Membership database (recording numbers and demography)
- Stalls and speaking at community events, targeting underrepresented groups
- Outreach to community groups to build awareness and relationships, targeting underrepresented groups (NOT PREVIOUSLY FORMALLY LISTED)
- Enews, website and social media
- Other materials

Challenges

While our reach is good given our size, we could always increase it to more of the borough's residents.

We do not have a dedicated Healthwatch Southwark communications officer, and rely on support from the Community Southwark communications team.

Solutions and particular ambitions

- Our membership database could be further developed – there is potential for a member survey to find out people's current interests and areas of experience, and thus target engagement better. We will consider whether the Community Southwark Salesforce database is a useful tool in this (or not). We will also aim to sign up more event attendees and engagement participants as members, perhaps including an option to opt out of the main bulletin. This should all be done in conversation with the new SEL CCG about their segmented engagement database.
- Stalls/speaking at events: we can always increase our reach further, but will target activities in order to reach more seldom heard and underrepresented groups of people. This may include homeless people and refugees, and potentially women in the perinatal period.
- We will consider options around sharing our new leaflet at a wide range of venues around the borough, bearing in mind that this might increase signposting calls beyond our capacity.
- We will consider more targeted online and local media reach – e.g. paid-for Facebook adverts and adverts in local press - if budget allows.
- We will review our ebulletin including developing guidelines for what we disseminate. We will further develop our new website, ideally including more blog-style thought pieces.
- We will consider producing new 'merchandise' without using plastic.
- We will work more closely with the Community Southwark communications team to streamline and develop all of our communication channels and branding, including finding new ways to share our impact with the public and 'close the feedback loop.' We hope that a new Engagement Officer to be recruited in summer 2020 will have strong communications skills and be able to help develop this area.

- We will consider more ways to work with other patient involvement mechanisms and Community Southwark, developing a 'network of networks' for public involvement.

Strategic Aim 2. To support people to understand, navigate and use health and social care services.

We provide information, signposting and (within our abilities) support/advice on how and where to access different services, what people are entitled to, and how to resolve difficulties. We aim to reach diverse communities and reach out particularly to those who are disadvantaged or seldom heard.

Whilst signposting is listed as a distinct SA in its own right, it is interlinked with feedback about services and will form an increasingly important part of our listening to local people in order to understand their needs (see SA3.1) and set future priorities.

Activities (with RAG rating):

- Information and signposting *(including during stalls and from SAIL referrals)*
- Information and signposting reachout sessions with community groups
- Developing links with other services
- Signposting resources [and our own databases], *ebulletin*
- Comment on commissioners'/providers' communications with the public

Challenges

We are facing increasing numbers and complexity of signposting requests, which can be difficult to manage with the capacity of the team.

In some cases, people are facing a wide range of interconnected challenges and it can be difficult to effectively signpost them – many want to spend time talking things through, but we are not counsellors or coaches. We may also find that there is simply no real resolution to a person's concerns – e.g. they are not found to be entitled to certain social care packages, or there is limited talking therapies support available to them. This sometimes results in repeated, distressing calls.

Solutions and particular ambitions

- We maintain two previous particular goals for developing in this SP, but now with more of a focus on specific seldom heard groups, such as homeless people, refugees, and potentially women in the perinatal period:
    - We will further promote/develop our signposting service, including reminding community groups of our offer to deliver sessions addressing common questions from the public and listening to their particular concerns.
    - Where necessary we will meet with organisations to which we signpost people to clarify our understanding of their services. Current priorities include SRCF, homelessness charities, advice and legal services, Wellbeing Hub information sharing sessions, and the new Hubs as they develop.
- We will also explore services available to coach and spend more time with people facing very complex circumstances.
- We will further look into appropriate training for the team and ways to support staff with difficult calls. This might include working with neighbouring Healthwatches or other frontline voluntary services.

- We will develop our volunteers to provide signposting support to the public, for example by email and at stalls, given that timing of telephone calls is difficult to predict.
- We will begin recording the time spent on each signposting case in order to monitor demand.
- We launched a new website last year but maintain our goal of streamlining/developing our signposting materials and will share them via the developing Hubs. We would like to take more of a 'directory of directories' approach, especially as the Hubs progress.
- We will consider making 'pathway mapping' and gathering/sharing signposting information a core part of each of our engagement priority areas.

Strategic Aim 3. To listen to local people in order to understand their needs for, and experiences of, local health and social care services.

We aim to reach diverse communities and reach out particularly to those who are disadvantaged or seldom heard. We also consider broader 'system change' and crosscutting issues as context, and frame projects in ways which can inform work across the system to make health and care services as a whole more effective and sustainable.

This work falls into three categories:

3.1 Intelligence from our signposting and feedback function (SA2). This will be used in particular to set future 'priority' areas.

3.2 Focused work in our 'priority' areas

3.3 Commissioned projects

Activities (with RAG rating):

- Signposting database
- Proactive engagement (surveys, interviews, focus groups, events, Enter and View) in priority areas and commissioned work

Challenges and solutions around our signposting database

Increasing complexity (see above) means our Excel database is becoming less fit for purpose for recording some **signposting intelligence.**

A new database structure is being considered from the financial year 2020/21 to account for increasing complexity of cases, and we are following developments in digital solutions at Healthwatch England. We will incorporate checks that feedback is being passed on comprehensively.

Our current engagement priority areas

Waiting for hospital treatment

- It is well known that waiting times for hospital care are often longer than people would like them to be - this is a concern raised regularly at local strategic meetings in relation to targets, and on our signposting line. We have not carried out intensive work around our acute hospitals for some time.

- We want to investigate the impact of waiting on patients, including whether waiting for treatment for a condition can further impact on their health. This is in line with a national and local focus on 'preventative care' as part of the NHS Long Term Plan.
- We we want to look into the support and information provided to patients during the waiting period, what works well, and what could be improved.

Talking therapies

- Our mental health crisis care project showed that even for people who consider themselves to have had a crisis, access to talking therapies can be slower than they would like. There are also many debates about the types of therapy on offer.
- This reflects longstanding issues raised at previous events and via our signposting line.
- We would look into experiences of both 'Talking Therapies Southwark' IAPT service, and higher-level talking therapies at Integrated Psychological Therapies Services.

'Issues with resolving issues'

- We sometimes struggle to advise people who contact us for signposting when the usual routes for resolving a problem are not working. This could involve, for example, difficulty contacting a practice manager or PALS, issues with complaints processes, lack of advocacy support beyond what is legally mandated, and uncertainty around safeguarding processes.
- We will analyse our signposting databases and work with other professionals in order to improve our signposting, and consider further work with patients and service users to find out more about their experiences of resolving problems.

Commissioned projects

In seeking commissioned work we will follow the principles and guidelines agreed with our Advisory Group. Decisions about whether we require additional resourcing to undertake projects will be based on their connections with our priority concerns, our capacity, and how far they focus on services provided by partners who have a responsibility to ensure patient engagement themselves.

Strategic Aim 4. To promote and support the involvement of local people in the design, commissioning, provision and scrutiny of local care services.

Activities (with RAG rating):

- Inform supporters about opportunities to get involved, via ebulletin/website, events, stalls etc.
- Comment on commissioners'/providers' engagement plans, including via committees and at six-borough level via the new Healthwatch representative to the SE London CCG. (NEW ITEM)
- Occasionally, attend other events to support user voice, raise profile and stay informed

Challenges

There is a risk of 'creep' into areas that are not priorities and where we do not have capacity to be involved, and there is a risk of us taking on the responsibilities of commissioners and providers to engage on their own account.

Solutions and particular ambitions

- We continue to focus on supporting engagement via regular committees, and in areas allied to our priorities or emerging as potential future priorities.
- We will also review our website and ebulletin to ensure we disseminate engagement information in a structured and comprehensive way.

Strategic Aim 5. To be the voice for the views, concerns and needs of local people in order to drive improvements in health and social care services.

5.1 & 5.2 We proactively promote the evidence from our signposting and feedback function (SA2, SA3.1) and our priority and commissioned work (SA3.2, 3.3) in order to drive improvements and inform commissioners' and providers' strategy, planning, design, commissioning, delivery and monitoring of services.

5.3 We also flexibly draw on our entire evidence base in order to respond to plans and changes initiated by commissioners and providers, and to regulators' intelligence requests.

Activities (with RAG rating):

- Proactively passing on feedback from signposting: immediate (e.g. safeguarding), quarterly to the trusts, and annual quality report (new activity)
- Reporting our findings and recommendations in priority areas and commissioned work, via: reports, presentations, press releases, recommendations to HWE/CQC, and other communications
- Providing evidence-based patient-focused insights to discussions about key service developments and quality monitoring, via: committees/ad hoc meetings, Quality Accounts, consultation responses, information requests by CQC/HWE, and other occasional responses such as press statements
- Working with the new joint Healthwatch representative to the SE London CCG. (NEW ITEM)
- Maintain productive relationships with decisionmakers

Challenges

We want to be more ambitious regarding influence, and better at measuring and demonstrating it. At the same time, it is the responsibility of commissioners and providers to listen to the patient voice and we cannot be entirely responsible for ensuring this happens. We also have limited capacity to follow up on all recommendations from our wide-ranging reports. There are of course further challenges around resourcing across the NHS and care system.

While we usually have good relationships with statutory partners and find our **reports** are well-received, we recently faced challenge to our Carers report from the Council. This report contained difficult messages and the Council raised concerns about methodology, which we feel were largely ungrounded and to which we have responded.

We are finding that papers for certain **boards** are extremely long, including 'supplemental' papers, and therefore difficult to digest effectively or to discuss meaningfully at meetings.

We provide thorough and thoughtful responses to **Quality Accounts** documents which are complex and often received in very incomplete form. However, we have found the

timelines for these responses very challenging in recent years. In 2019, SLaM erroneously stated that we had not provided a response.

We continue to receive **requests for information from academic researchers**, and it is sometimes difficult to respond to them all.

Solutions and particular ambitions

5.1 Proactive influence arising from our signposting:

- We will consider ways to provide updates on primary care as new South East London structures emerge, and review our overall intelligence sharing timetables and methods to make sure this is streamlined.
- Our signposting and SAIL databases have been merged. We will produce more detailed annual 'quality reports' as part of our Annual Report. This will help us consider how best to act on emerging themes.

5.2 Proactive influence drawing on priority and commissioned engagement:

- In response to the challenges around the Carers report, and work on 'impact' with Healthwatch England, we will develop a more formal protocol for exchanging information with statutory partners at different stages of each project, for example to ensure we have a wholistic picture of services, methodology queries are addressed early on, and recommendations are reasonable - whilst remaining independent and looking at issues from patients' perspective.
- We will work with broader fora for developing our recommendations.
- We will continue to consider higher-level recommendations about funding and fundamental structural issues, to address our findings to Overview and Scrutiny/councillors/MPs/the media, and to work more closely with Healthwatch England.
- We will ensure all of our reports are in the Healthwatch England library (and seek information on hit rates).
- In line with our principles for commissioned work, we will share these findings more widely.
- We maintain the goal of following up on recommendations made in reports through tables and tracking, and aim to feed back to the public on the impact of what they have told us.

5.3 Reactive influence drawing on all intelligence:

- We will review our **meeting** attendance following establishment of the new SE London CCG and borough-based board/committees. We will also input to discussions about effective governance, for example reflecting on the increasingly long HWBB papers.
- We will continue to develop our systems for reporting back from meetings in order to capture our impact.
- We will discuss the timelines for **Quality Accounts** at an early stage with each Trust, ask that early drafts are shared, raise further timeline challenges with NHS England, and publish our responses on our own website.
- We will establish a protocol for dealing with **intelligence requests**, such as from charities and researchers, e.g. via communications channels.
- We will establish ways to identify appropriate **consultations** for response (and discuss this with HWE).

Productive relationships with decision makers:

- We will develop our relationship with the CQC with a view to addressing more recommendations to them.

Working with the new joint Healthwatch representative to the SE London CCG

- The new postholder will be in place from April 2020. We will ensure we have strong communications mechanisms in place so that Healthwatch Southwark intelligence about the views of Southwark residents is heard at the CCG and its relevant committees, and that we are well informed about work at six-borough level.

Strategic Aim 6. To enable 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, and to monitor this ourselves.

Activities (with RAG rating):

- As well as publishing our own findings and reports, we provide as much information as possible about the performance of different local services and key service developments via our website and ebulletin.

Solutions and particular ambitions

- We will further develop our website to provide more comprehensive information about local service standards, ideally by providing links to separately maintained websites where possible – for example, CCG papers, HWBB papers, Care Quality Commission, NHS Choices reviews, the national GP survey results, and Patient Opinion.

Strategic Aim 7: To ensure that Healthwatch Southwark is sustainable and has resources for improvement and development.

7.1 We maintain a robust governance structure to guide the strategic direction of HWS, seek expert input, ensure quality and involve local people in decisions.

7.2 We maintain a pool of skilled volunteers to increase our capacity and skillset.

7.3 We work collaboratively with our host organisation Community Southwark, other local Healthwatches and Healthwatch England (as well as working with the VCS more broadly, where this does not cause any conflict of interest).

7.4. As part of regular staff supervision and appraisal, we assess training and development needs and access affordable training opportunities wherever possible.

7.5 We review and refresh our systems, records and ways of working as necessary to ensure efficiency and good practice.

Where appropriate we will also generate further income through commissioned projects falling into different areas of our work, in ways which maximise and multiply the value of our core contract.

Activities (with RAG rating):

- Governance: maintain an Advisory Group, meeting quarterly. Updates to CS Board. Monitoring, annual reporting and HWE data return.
- Volunteers: recruitment, training and maintenance
- Collaboration with CS
- Collaboration with other HWs and HWE
- Regular staff supervision and appraisal, accessing training where possible
- Review and refresh systems, records and ways of working as necessary
- *Income generation as part of our work overall.*

Challenges

Running an **Advisory Group** has proved challenging in recent years due to lower attendance, lack of clear purpose and focus, and timings not always being aligned with occasions of needing more intensive input. Compiling discussion papers became time consuming out of proportion to the value of the discussions. In the last year, we have therefore found more benefit in using the Community Southwark Board, plus frequent catchups with the Advisory Group Chair, for decision-making oversight. The Chair will be standing down in July 2020 and this system requires overhaul.

In 2019/20 we have focused primarily on completion of previous priority projects before restarting more active engagement work in Q4. We have drawn less on engagement **volunteers** as a result, which makes it harder to maintain and develop a solid base of volunteers on the scale achieved by some Healthwatches.

Solutions and particular ambitions

- We will continue to work with the Community Southwark Board to develop more effective options for the Advisory Group, then recruit solid members for the group. This may include more project-based, temporary groups, more ad hoc meetings and

'virtual' contributions, time-limited terms of office, and stronger links with the Community Southwark Board. We will set out afresh how all our statutory decisions will be made, in light of the new Healthwatch England guidance 'How to run Healthwatch.'

- We will build on previous work to refresh our volunteer function by exploring further roles for volunteers, for example in outreach and signposting and feedback work, office-based work, and potential future Enter and View programmes (see p4).
- We will also examine linkages with the core Community Southwark strategy once this is finalised in order to identify opportunities for collaboration. This may be particularly the case in meeting the needs of seldom heard communities, addressing cross-cutting challenges in the health and care system, and developing a 'network of networks' for public involvement.
- We will work more closely with other SE London Healthwatches as part of the shift to a six-borough CCG with a joint HW representative. We will find ways to address common challenges and share our expertise, increasing our sustainability.
- Annual staff appraisals and goal-setting are being reinstated across Community Southwark from this year.
- As part of reviewing our membership and signposting databases, we will again ensure they are compliant with data protection best practice.
- We will assess our performance against upcoming new Healthwatch England quality frameworks.

[i] **Endnote: Healthwatch's statutory functions and how they align with our SAs**

1. Promoting and supporting the involvement of local people in the commissioning, the provision and scrutiny of local care services.	SA4
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.	SA6
3. Obtaining the views of local people regarding their needs for, and experiences of, local care services and importantly to make these views known.	SA3, and 'making it known' links to 5
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 service and shared with Healthwatch England.	This is part of SA5
5. Providing advice and information about access to local care services so choices can be made about local care services.	SA2
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.	This is part of SA5
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.	This is part of SA5
8. Providing Healthwatch England with the intelligence and insight it needs to enable it to perform effectively.	This is part of SA5

9. Each local Healthwatch must produce a report in relation to their activities at the end of each financial year. *There are specific areas which must be reported upon in the Annual Report (including some 'surprises' such as the involvement of people who work but do not live in the borough).*	This part of SA7

HWS functions according to our contract and how they align with our SAs

1. Gathering views and understanding the experiences of patients and the public.	SA3
2. Making people's views known.	SA5
3. Promoting and supporting the involvement of people in the commissioning and provision of local care services and how they are scrutinised.	SA4
4. Recommending investigation or special review of services via HW England or directly to the CQC.	This is part of SA5
5. Providing information and signposting to services and support for making informed choices.	SA2
6. Making the views and experiences of people known to HW England and providing a steer to help carry out its role as national champion.	This is part of SA5