

Annual Conference 2022

Thursday 30 June 2022
Sixways Conference Centre
Worcester

Housekeeping



Fire



Toilets



Photographs



Twitter - @hwworcs



Phones



Hearing Loop



Questions for the Panel – submitting question forms



Minor Injuries Surveys

Welcome and Introductions

Jo Ringshall

Chair of Healthwatch Worcestershire

Roger Britton

Independent Conference Chair

Healthwatch Worcestershire Annual Report

Simon Adams

Managing Director of Healthwatch Worcestershire

Key functions of Healthwatch Worcestershire

- **Governance**

- A 'Not For Profit' Limited Company commissioned by WCC to deliver the statutory **local Healthwatch** function in Worcestershire
- Requirement to involve people in our decision making and to publish an Annual Report

- **Role as a local Healthwatch**

- **Independent Champion** for those in Worcestershire who use **Publicly Funded Health and Social Care** services
- Statutory membership of the **Health and Wellbeing Board**

- **Local Healthwatch Functions:**

- Listen to peoples experiences of those services
- Provide advice and information ['Signposting'] about how and where to access services
- Enable people to monitor the quality of those services.
- Make recommendations as to how services could or should be improved.

- **A regional and national voice**

Making sure people are involved in planning and reviewing services

- Ensuring our **work programme** is relevant
- Our **reports and recommendations** to improve services
- The **experiences** that patients, service users and carers share with us
- Providing **advice and support** to NHS/Council in their statutory responsibilities to involve patients and service users in the design and delivery of services
- Promoting **co-production**, and holding the NHS to account on behalf of the public for the duty to involve
- Participating as a **non- voting attendee** within the meetings of Worcestershire's Integrated Care System
- Membership of the **Health and Wellbeing Board**

Signposting people to advice and information

- Over **400 people** contacted us for help and information, and shared their experiences about local services
- Contact by telephone, email, web form or letter
- We provide people with information or 'signpost' to those who can provide it
- Publication of guides in different formats
- Use the information we collect to inform delivery of other local Healthwatch services

Listening to People's Views

Contact with over **3,400 people** in the last year by:

- Face to face engagement
- Social Media
- Public Board Meetings – YouTube
- Surveys and Focus Groups
- Website – Tell Us
- Reference and Engagement Group
- Volunteers – Community Links

Community Link Role

- COVID-19 Pandemic
- Diversify our approach to engagement
- Meaningful relationships
- Community Link role developed
- Piloted by a resident of St Paul's Hostel

Meet our Community Link



Digital Access to Healthcare Report

- **712 people** completed our survey – including 465 paper copies
- Focussed engagement on those who experience **health inequalities** and **digital exclusion**. Including Easy Read survey.
- **16%** told us they **do not use the internet**
- Difficulties using **systems** and **devices** and **discussing health concerns** by phone or video call
- Preference for **face-to-face**
- Concerns about **privacy, confidentiality and security**
- Groups and communities who found digital access more difficult

Our recommendations

- **Accessing the internet** – access, training and ongoing support
- **Online information** – accessible and accurate, non digital alternatives
- **Online systems for GP access** - reviewing process for accessibility and functions, providing information and support
- **GP appointments** – reviewing appointments systems, ensuring reasonable adjustments and flagging systems are in place
- Considerations - **mental health, learning disability, Autism** and **carers**
- Communication of **key messages** and **building trust**

Herefordshire and Worcestershire Integrated Care System – Action Plan

- **Integrated Care System Action Plan** created in response to report recommendations
- **ISC Digital Inclusion Forum** will support the delivery and implementation of the action plan under the **Digital Inclusion Programme**
- Four main workstreams identified –
 - Intervention coordination and population support
 - Workforce development
 - Analytics and evaluation
 - **Public communications and engagement**

People's experience of leaving Worcestershire hospitals during Covid-19 (March 2020 – April 2021)

The Project

- Understand the experience of people leaving Worcestershire's hospitals during Covid-19 – time of rapid change
- 127 Survey responses
- 15 in depth telephone or video interviews
- 5 care providers
- 24 NHS and Social Care Staff
- Most survey respondents are women and from a White British background, spread of age ranges, most discharged from WRH

Findings – Leaving Hospital

- Mixed experience of **communication & preparedness**
- **Discharge lounge** – information from wards
- **37%** waited **over 4 hrs to leave**
- **Transport** – requirements, waits & suitability
- **Medication** – waits, information & management
- Discharge at **weekends/night** can be problematic
- Information in **discharge forms and letters** varied
- **53% not given named contact** for further advice

Findings – Reablement and Community Services

- Most, but not all, asked about **home circumstances / care and support needs**
- Mixed experience of **reablement and community support**
 - Generally positive experience of Occupational Therapy and Equipment on discharge, but community support can be difficult
- **Carers** - caring responsibilities were not considered, did not have enough information to support loved one
- **NHS and social care staff** – scope to start discharge planning earlier, allow for flexibility, finding capacity to support people at home or in another setting can be challenging

Outcomes

- We made **29 recommendations** covering:

- **Improved communication**
- **Better planning for and timing of when people leave hospital**
- **Covid-19 testing**
- **Transport and medication**
- **Information to patients after they have been discharged**
- **Follow up contacts**
- **Support at home and in the community**
- **Improved dialogue with care providers**
- **Support for carers**

- **NHS System Action Plan** produced
- Working with Acute Trust on revision of **Inpatient Discharge Policy**

Young People's Health and Emotional Wellbeing Report

- 202 people completed our Young People's Health and Emotional Wellbeing Survey from December 2021 to February 2022.
- Young people told us that the Covid-19 pandemic has had a **negative impact** on their **learning** (82%), **emotional wellbeing** (80%), **socialising** (79%), **screen time** (65%), **physical health** (60%) and **family lives** (50%).
- They want **more information** about physical health and emotional wellbeing - told us the topics that would be helpful and what is important when creating information for young people.
- **Face-to-face** support followed by text message, most popular support. Group support was the least popular.

- Need for **variety** of **support options**
- Impact of factors such as **confidentiality**, **visibility** and **ease of access**.
- **Digital barriers** – including internet access, privacy and finding it difficult to talk by phone or video call
- Some young people had **needed support but not accessed it**. The main reason was because they **hadn't felt able to ask**
- Experiences of support received was mixed. Face to face support at school or from private or voluntary organisations was rated most highly.
- Support from CAMHS and Reach4Wellbeing received especially low ratings

Our recommendations

- 26 recommendations to Worcestershire health and social care services
 - Integrated Care System response and Action Plan received

Key Actions –

- **Support in schools** – e.g. Worcestershire Emotional Support Teams, School Screener Questionnaires, Worcestershire Children First
- **Information** – topics to be added to CAMHS website, potential new young people's website, all to incorporate design feedback
- **Text support** – SHOUT and extending hours of Chat Health
- New investment into CAMHS and review of the specialist CAMHS model

Accident and Emergency Report

Why patients 'walk in' to A&E departments in Worcestershire

What we learnt

- Most are contacting another health service BEFORE they go to A&E and are sent there by the service
- People who walk in have injuries that COULD be treated at a MIU – BUT too far, don't know about MIU/service
- Important that comprehensive, consistent information about A&E alternatives available in a range of formats

- Lack of availability of GP appointments didn't seem to be a major driver for those that self-referred
- System needs capacity for patients to access alternatives
- Most respondents were not returning to A&E after a previous visit, nor under or awaiting hospital treatment
- A&E alternatives – accessible & responsive, local, clear service offer, open and facilities available when needed
- Pathways need to work for patients, or they will vote with their feet

NHS System Response

- Working towards **single Integrated Care System website** to provide **consistent, clear online information**
- **Minor Injury Unit information** currently available online will be reviewed and updated
- Will look at **alternative offline methods of communication** including leaflets, posters, digital advertising boards, mobile vans and print and broadcast media
- Will **target their communications** towards the groups that we identified that “walk in” to A&E

- Promoting “**Handi**” **App**, **NHS 111 First** and benefits to patients of using NHS 111 online and telephone service
- **Reviewing the Minor Injury Unit provision**, includes an audit into the x-ray opening times at MIUs and associated impact on attendances to A&E, as well as considerations into Urgent Treatment Centres within Worcestershire.
- Looking at range of initiatives under the Pre-Hospital workstream to **reduce demand on A&E**

Improving the quality of health and care services

- **Listening** to patient, service user and carer experiences of services with a focus on **quality and safety**
- Routinely **monitoring the quality and safety of services** with commissioners and providers in variety of Forums
- **Escalating concerns** to providers, commissioners and the Care Quality Commission
- Participation of Providers and Commissioners in our **Public Board Meetings**
- Contributing to **County Council Scrutiny Committees** in the scrutiny of health and social care services
- Commenting on **Quality Accounts**

Out2gether

healthwatch
Worcestershire

Out2gether and Healthwatch



Question Time

With the Directors of Healthwatch Worcestershire

Refreshment Break & Networking

Please submit your panel questions by the end of the break



Working with People and Communities

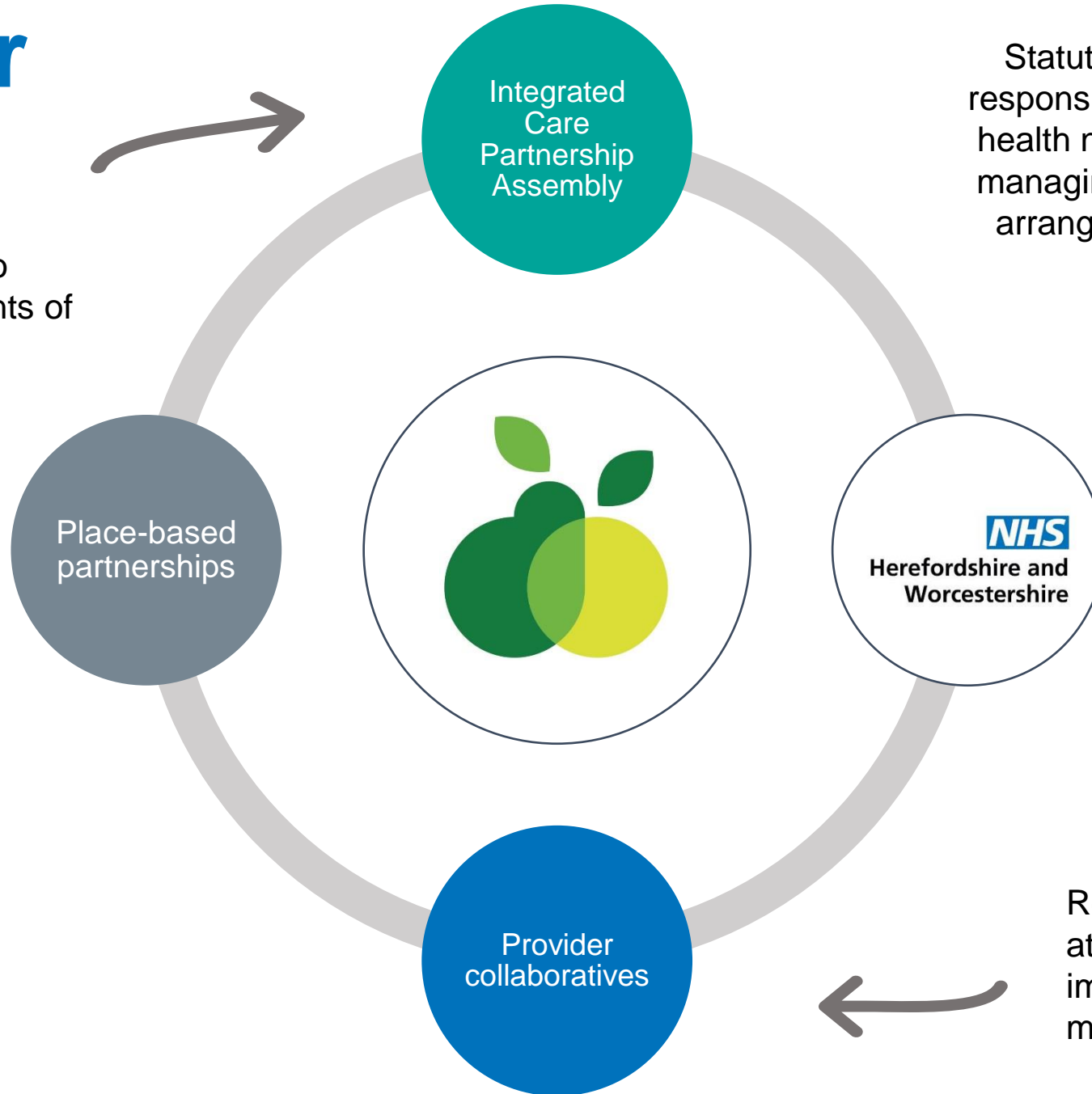
Dr Sarah Raistrick | ICB Non-Executive Member (Health Inequalities, Participation and Engagement)

Tom Grove | ICB Director of Communications and Engagement

A reminder

New statutory partnership between the ICB, Local Authorities and partners to focus on wider determinants of health and wellbeing

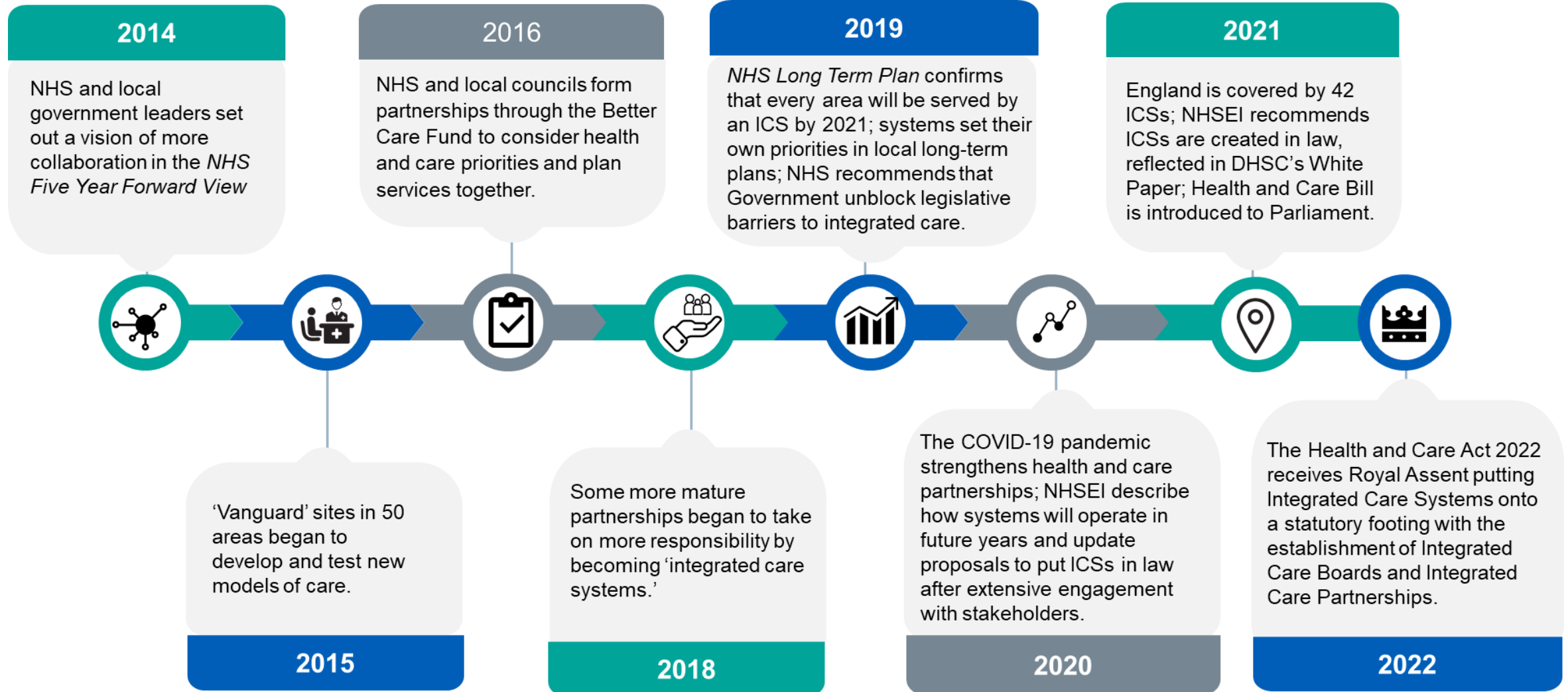
Partnerships aligned to Local Authority boundaries that bring local partners together to deliver system priorities



Statutory NHS organisation responsible for planning to meet health needs of the population, managing the NHS budget and arranging provision of health services

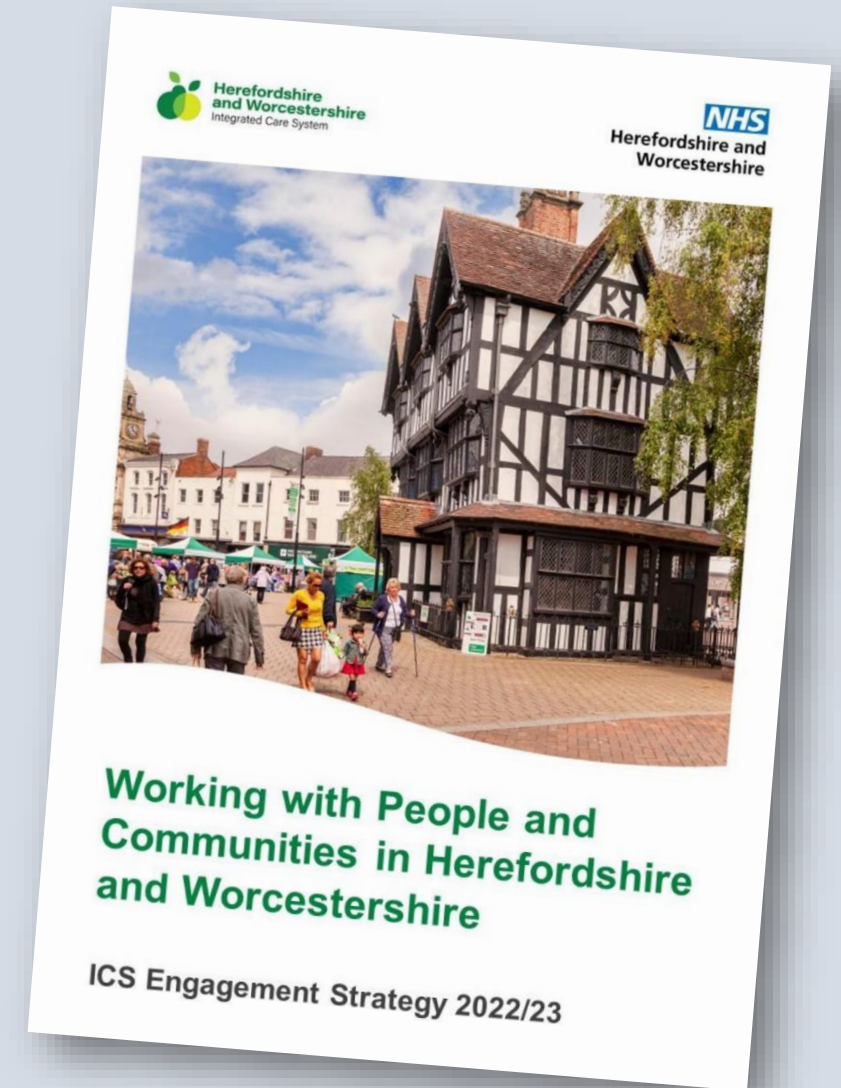
Responsible for working at scale to deliver improved services and more resilience

Our integration journey



An opportunity

- Integrated Care Systems provide fresh opportunity to strengthen our work with people and communities
- Developing an Engagement Strategy, which describes how partners will collectively work with people and local communities
- Based on ten principles set out by NHSE but locally interpreted
- Will continue to review throughout the year as structures develop and feedback received



Ten key principles



Put voices of people at the centre of decision-making and governance



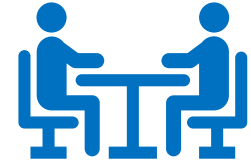
Start engagement early when developing plans



Understand community's needs, experiences and aspirations



Build relationships with excluded groups, especially those affected by inequalities



Work with Healthwatch and VCSE sector as key partners



Provide clear and accessible public information about vision and plans



Use community development approaches that empower people



Use co-production, insight and engagement

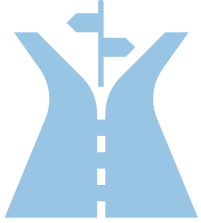


Tackle system priorities in partnership with people and communities



Learn from what works and build on the assets of all ICS partners

So what?



Put voices of people at the centre of decision-making and governance



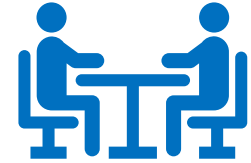
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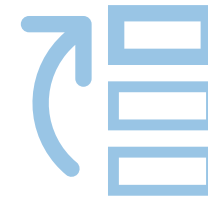
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Learn from what works and build on the assets of all ICS partners

Making it a reality

Working within an Integrated Care System, it is important that we continue to seek feedback on our collective efforts.

Questions for consideration -

1. What have we overlooked?
2. How can you support us?
3. What will success look like to you?



Lunch and Networking



Question Time

**With a Panel of Leaders of Worcestershire's
Health and Social Care Services**

