



Project Plan

2021 - 2022

1. Introduction

Healthwatch is your local watchdog for health and social care services, aiming to ensure that local people's voices are heard around the design, delivery and development of the services they and their families use. The network is made up of 152 local Healthwatch across England.

The statutory role of local Healthwatch is laid down in the Care Act of 2012, however local areas have discretion about how their own local Healthwatch operates. Healthwatch England supports local Healthwatch activity and uses local intelligence to build a national picture.

Healthwatch St Helens is committed to maintaining and building on the strong relationships we have with groups and local communities to be trusted as the voice of local people. By working collaboratively with local partners from the statutory sector we can help to identify areas for improvement and make recommendations.

In St Helens, the Healthwatch contract is held by Halton & St Helens Voluntary and Community Action and Healthwatch St Helens operates under its policies and procedures.

2. Functions of local Healthwatch

Healthwatch covers all statutory health and care services for children and adults with the exception of children's social care.

The range of functions that can be delivered by local Healthwatch include:

- Offering information and signposting to health, care and supports services
- Enabling local people to feedback their views and experiences of using health and care services
- Monitoring complaints and concerns
- Compiling reports from information received in order to make views and experience known to commissioners and providers.
- Making recommendations of where services can be improved and developed.

3. Our principles

At Healthwatch St Helens we are committed to:

- Acting as a critical friend to service providers and commissioners
- Being representative of local people
- Being credible and trusted in the local community
- Working collaboratively with statutory sector partners in the best interest of local service users
- Having honesty and integrity
- Being accessible in our communication with the public
- To be responsive and reactive to what local people tell us

4. Volunteers

At Healthwatch St Helens we value the unique contribution made by volunteers and the added value they bring. It is our intention that all volunteers will be well supported, respected and valued.

We aim to ensure that prospective volunteers are matched with volunteering opportunities that match their skills and areas of interest so that the volunteering role provides the best outcome both for the volunteer and for the organisation.

We design our volunteer roles to support our core functions and the work the Support Team do.

We currently have:

- Healthwatch Representatives
- Enter & View Authorised Representatives
- Healthwatch Champions
- Patient-friendly Practice Award assessors
- Lay-readers

5. How we collect patients' views and experiences

Finding out what local people think of services is a key role for Healthwatch. We use a range of methods to do this:

- Questionnaires/surveys
- Outreach to local groups
- Information stands in marketplaces at community events
- Listening events
- Task and finish groups
- Targeted outreach to specific groups around specific themes
- Requests for feedback via our monthly newsletter
- Social media

More information can be found in our Communication & Engagement Strategy.

6. How we decide on the work we're going to do

When certain themes emerge, from providers being mentioned regularly in patient experiences, we consider whether we should carry out a piece of work focusing on that particular issue.

We will liaise with colleagues at the CCG or Local Authority, as appropriate, to ensure that the work we are doing isn't going to clash with something they are already doing and that we can complement any work they might be doing or planning.

In some cases, a possible area of work for us might come from local partners, such as St Helens CCG, who might request our support in gathering views around a particular service, its development or design.

How we work

Information from the public is received and a pattern or theme starts to emerge.



A proposal paper is written, outlining our reasons for getting involved, and what the piece of work will entail. The Advisory Forum agrees to the work being carried out.



The work is carried out.
This could be a task and finish group, survey or Enter & View visit.



Findings are collated.



A report is written containing findings and recommendations.



The report is sent to key partners, providers, volunteers involved with the piece of work and others as appropriate.



Report is published on the Healthwatch website and the link posted on social media.



Follow-up, if appropriate, to identify actions taken as a result of recommendations made.

7. Enter & View

Local Healthwatch has legal powers to carry out Enter and View visits to providers of health & social care services. These visits are usually carried out by a small team made up of a member of the Healthwatch Support Team and two or three Authorised Representatives, trained volunteers who have been DBS checked.

What is an Enter and View visit?

Visits can either be announced or unannounced. Usually, the visits are announced and we will contact the provider around a week prior to the visit taking place. This gives the provider time to ask any questions they have, to help the visit run more smoothly and make sure that the right staff members are on hand to answer any questions we want to ask on the day.

Unannounced visits will only be conducted in exceptional circumstances.

The visit Lead, usually the staff member, will introduce the team when they arrive, who will all be wearing ID badges. A letter of introduction will be given to the Manager or senior member of staff on duty.

The purpose of the visit is to collect evidence through:

- Observing the nature and quality of the service
- Listening to the views of residents/patients/service users and their families/carers.
- Listening to the views of staff

During the visit

One of our main priorities is that we do not disrupt the service being delivered in any way. We are always respectful of people's privacy and dignity and will not, for example, enter a resident's private room, unless invited to by the resident.

By speaking to the residents/patients/service users and their families and carers we can get a clearer picture of how they experience the service from a personal perspective.

After the visit

The findings from the visit will be written up in a draft report with recommendations. The report has a space for service providers to comment and outline what they plan to do to address any recommendations made.

The final report will be published on the Healthwatch website and copies sent to the Council's Quality Monitoring Team, CQC and Healthwatch England for information.

Any safeguarding concerns will be reported immediately to the Council's Safeguarding team and raised with the CQC.

What an Enter & View is *not*.

- An inspection.
Healthwatch is a 'critical friend' and an Enter & View visit offers a layperson's perspective.
- A standalone activity
It is just one way that we find out what people think about the services they are receiving.

What are the benefits for the provider?

- A chance to showcase and share best practice. We comment on what's working well - not just the negatives.
- A chance to show CQC Inspectors and other regulators that the home actively supports patient/resident engagement. This feedback can help in the development of services.
- A chance for homes to see Healthwatch as a 'critical friend'.
- A chance for service users/patients/residents and their families and carers to share their views with a layperson, independent of the home.

How do we decide where to visit?

Each year, we liaise with our Local Authority Quality Monitoring Team to decide where we should visit in the coming 12 months. We receive the schedule for Quality Monitoring visits so know which care/residential/nursing homes are going to be inspected and we choose 12 that are not on the list. That way, we do not duplicate resources and we do not overwhelm the homes and in particular, the people who live there. The homes we select are chosen at random, unless we have had concerns reported to us, in which case we will ensure that home is on our list.

In addition to liaison with the Quality Monitoring Team, we consider whether the Care Quality Commission has recently or is about to conduct an inspection. We speak to our local social care contacts to ensure that our schedule complements theirs.

Enter & View visits have been postponed during the COVBID-19 pandemic and will be resumed as soon as it is safe.

8. Our work

Some of our previous work over the last few years has been -

- **Access to Support for People with Autistic Spectrum Disorder**

We received various experiences and stories from local people during our targeted outreach to ASD support groups that highlighted the difficulties in getting a diagnosis and then receiving adequate support and treatment once a diagnosis is made.

Our task and finish group designed a questionnaire that aimed to find out how long local people were waiting for diagnosis, if they receive a diagnosis at all. We used our findings and case studies we collected to help the Local Authority to learn from what didn't work in the ASD pathway and to aid in the design of the neurodevelopment pathway.

- **Parity of Esteem - access to service for people with mental health issues**

Experiences shared by local people and patients continues to have a strong theme around mental health, predominantly access to services and poor experiences.

Task and finish group work has identified a gap between primary and secondary care with some patients not meeting the criteria to access any supportive services at all. Our consultation activities with people across St Helens continues.

- **Making the Right Choices around Where to Seek Treatment.**

In our 'Where would you choose?' questionnaire we found that most people choose an appropriate service to meet their need. However when we visited A&E, many of the people we spoke to could have been treated more quickly and more appropriately elsewhere.

We concluded that, when faced with a choice of which service to attend, people react differently when the question is hypothetical to when their illness or injury is real.

We decided to hold our event, 'Making the Right Choices for your Healthcare Needs', so that local people could be fully informed about which services are available to them, what those services can offer and when it's appropriate to use them.

Over 100 people attended the listening event, with 16 organisations holding information stands in the market place and presentations delivered by healthcare professionals.

We began by giving a brief overview of why we were holding the event. We followed this by providing attendees with a list of scenarios and asking them to state where they would seek treatment in a range of situations.

We had presentations focusing on:

- A&E
- GP Services/primary care
- Northwest Ambulance Service
- Pharmacies and medication
- Rota GP out-of-hours service
- St Helens Walk-in Centre

From the feedback we received on the day and since the event, we believe that the people who attended now have greater awareness of where they can get the most efficient and appropriate treatment. Certainly, the results of the scenarios activity that we did at the beginning and end of the day indicates that people feel more confident to make better choices in the future.

We will continue to support the Clinical Commissioning Group in getting the message across about using the right service at the right time and, in turn, helping local people to get the best and most efficient treatment for their healthcare needs.

- **Who Can Help Me?**

Following on from the 'Making the Right Choices' work we felt that we needed to continue to encourage the public to use service appropriately and help them understand what was available to them. We did this with a series of listening events under the heading of 'Who Can help Me?' that were designed to raise awareness of what services are out there, when we should use them, and provide the opportunity to ask questions and quell myths.

- **Bereavement By Suicide** - Identified by our Advisory Forum members as an area we should be involved in. In collaboration with Public Health and community led suicide prevention groups we aimed to address the high rates of suicide across the borough. Our main remit was to try to identify some of the contributing factors to why some people took their own lives, by hearing the views of people who have been bereaved by a loved one's suicide.

Due to the situation with the COVID-19 pandemic, our work around suicide had to be put on hold. It was not something we could do via a survey or over the phone. This could only be done by building relationships and earning trust, by letting the people we met get to know us and understand what we were trying to do.

As soon as it's safe and we're able to, we'll be picking up this work again.

- **Work around COVID-19** - the pandemic impacted on the work we were able to carry out and made us rethink what we should be focusing on.

Our surveys:

- Your Experiences of Accessing Services during the COVID-19 Pandemic
- Using Maternity Services during the COVID-19 Pandemic
- Supporting our most vulnerable people during the COVID-19 outbreak.

From the beginning of the crisis the Healthwatch St Helens Support Team joined in with the work our parent company, Halton & St Helens Voluntary & Community Action were doing, to mobilise a team of volunteers who provided shopping, dog-walking and telephone wellbeing calls, to local people who were shielding. Through this programme of work, the most vulnerable people in our communities were able to stay indoors and stay safe.

Current, ongoing and planned work includes:

- **Bereavement By Suicide** - Once we're able to pick up this work again.
- **Continued improvement in Maternity Services** - working with the Maternity Voices Partnership to ensure continued improvement, during the COVID pandemic and beyond.
- **Health Inequalities** - How people in our more deprived areas can live healthier lives.
How some older people and people with communication or language barriers are less able to access treatment, if they are unable to book appointments online or attend telephone consultations.
How physical disabilities and learning disabilities can impact on access to treatment.
- **The long-term effects of the COVID-19 pandemic** - the affect the pandemic has had on people's mental health, how they accessed services, and delayed diagnosis and treatment.

As soon as we're able to, we will conduct surveys, visit local groups and hold listening events, in accordance with what's most appropriate for the cohort of people we are trying to reach for each piece of work. Our priority at all times is to make it as easy as possible for everyone in our community to share their views and experiences with us.

We will also use our social media presence, our website and monthly newsletter to ask for people to share their views and experiences with us. In addition, we will utilise our strong links with partners across the Borough who will distribute our requests for feedback through their own communication and media channels.

We will continue to work in collaboration with our statutory sector partners to ensure that local people's voices are heard in the planning, delivery and redesign of the services they use. Our priorities and areas of work will evolve and develop over time in discussion with key partners, our Advisory Forum group and our wider Healthwatch membership.

9. Independent Complaints Advocacy

In 2018 Healthwatch St Helens was awarded the contract to deliver NHS Independent Complaints Advocacy. This is a free service to support people who need it when they want to make a complaint about an NHS service.

Our advocates will:

- Give out information about who to complain to
- Explain the NHS complaints procedure
- Help with writing letters to the right people
- Accompany clients to meetings with professionals

10. Looking forward

This year we plan to:

- Pick up the work that we had to reschedule due to the pandemic.
- Increase our membership, therefore widening our reach across the Borough.
- Increase our team of volunteers through the Team Kinetic Volunteering portal.
- Carry out planned programme of Enter & View visits, as soon as it's possible to do so.
- Increase our social media presence.

- Broaden how we gather patient experiences.
- Carry out a programme of outreach and engagement activities, as soon as it's possible to do so.

Contact us

Healthwatch St Helens

The Beacon, College Street, St Helens, WA10 1TF

Telephone: 0300 111 0007

Email address: info@healthwatchsthelens.co.uk

Twitter: @HWStHelens

Facebook: facebook.com/@Healthwatchsthelens

Website: www.healthwatchsthelens.co.uk

Healthwatch St Helens Independent Complaints Advocacy Service_

While we're working from home you can call us on the usual Healthwatch St Helens number or email us at: advocacy@healthwatchsthelens.co.uk