Work Programme 2015/16

The following represents a draft work programme for the Healthwatch Hampshire board to consider. Projects and work areas are split into different work strands according to experience of our first two years of operation.

Work projects have been identified from:

1. Emerging trends data from our CRM system.
2. Identified issues from our engagement activity and feedback from our champions and volunteers.
3. Discussions of the board from the 7th November Board Meeting.
4. Other operational papers and projects including our annual stakeholder survey.

Primary themes from strategic business plan

1. Influence service delivery and impact change on behalf of patients, communities and the public.
2. Provide evidence based recommendations.
3. Speak up on behalf of seldom heard and hard to reach groups and individuals.
4. Be a critical friend and challenge service redesign on behalf of patients.
5. Use our position and statutory powers to greatest effect on behalf of service users.

Prioritising and Impact Criteria

It is essential that we focus our time and resources on the things that matter most. To help us put the interests’ of the people of Hampshire first whenever we look at any issue, we consider these questions:

1. How much evidence is available about this issue?
2. Is the issue going to impact on lots of people?
3. What is the impact on people and communities who suffer high inequalities in health and who are seldom heard or easily ignored?
4. Does the issue help us to make an investment in future health and care for the people of Hampshire?
5. Does the issue align to the joint health and wellbeing strategy?
6. Is the issue already being dealt with effectively by someone else?
7. If not, can we make an impact in the light of other people’s or organisations’ timetables?
8. Can we add value to the current situation?
<table>
<thead>
<tr>
<th>Proposed Work Area</th>
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<tbody>
<tr>
<td><strong>Proactive Planned Project Work</strong></td>
<td>50%</td>
<td>Dementia care in Hampshire (specifically in hospitals)</td>
<td>This project would require a unique angle and attempt to gather existing work in this area. A report of patient experience, including family and friends could be powerful. This project could include enter and view work along with wider engagement activity.</td>
<td>Produce a report of our findings and make meaningful recommendations of service improvements.</td>
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<tr>
<td>This is made up of three strands</td>
<td></td>
<td>Residential Care</td>
<td>This could be linked to the above project. We have little information in our CRM about residential care but enough to cause us some concern. We have refer a number of issues to the CQC and other agencies and so a focussed piece of work to gather feedback and experiences on particular care homes would be of benefit.</td>
<td>Produce a report based on evidence and enter and view work with clear recommendations and issues identified.</td>
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<tr>
<td>1. Working to gather feedback from seldom heard groups (SHG)</td>
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<td>CAMHS and Community Mental Health Services (also mentioned in our stakeholder survey)</td>
<td>We have done work in this area this year but continue to receive feedback about these services. Through the feedback we have received it would be beneficial to continue to look to gather feedback. Mental health was also the most suggested topic from our stakeholder survey.</td>
<td>Working with providers to gather feedback and make recommendations and suggest improvements to services.</td>
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<td>2. Being a critical friend and challenge (CFC) service redesign and service delivery of others</td>
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<td>Care Act</td>
<td>This work will have a major impact on local social care services and is an area we could add value by being a critical friend and engaging with service users and stakeholder throughout the changes that will occur.</td>
<td>Recommendations and comments to HCC. Possible video and interviews with key people. Comparison at the end of the year with results of our impact.</td>
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<td>3. Standard operations-regular activity that is required</td>
<td></td>
<td>Orthopaedic inpatient Services and other inpatient services</td>
<td>This is an area in need of more investigation. We have received feedback on this issue and it could form part of a deeper investigation. This is a highlighted area from the data on our CRM.</td>
<td>Investigative report and recommendations.</td>
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<tr>
<td>Service experience of particularly hard to reach and seldom heard groups.</td>
<td></td>
<td>Service experience of particularly hard to reach and seldom heard groups.</td>
<td>This should always be a unique focus of our work and a dedicated effort to record user experience from within hard to reach groups in order to recommend changes. Especially: LGBT – work already started by Action Hampshire, BME Traveller Communities</td>
<td>Proactive work to find out what issues exist and to make recommendations based on findings.</td>
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<td>Wheelchair Services</td>
<td></td>
<td>Wheelchair Services</td>
<td>We have received feedback about the lack of availability of wheelchairs and the quality of the service being provided to disabled people.</td>
<td>This project would aim to raise the profile of this issue and report based on</td>
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<tr>
<td>Invited Partnership Work</td>
<td>17.5%</td>
<td>Better Care Fund</td>
<td>Because of the central role the Health and Wellbeing Board plays in the development of the better care fund we should work to engage users in this work and be a critical friend.</td>
<td>We may be better placed to be more of a critical friend to the project but as we are on the HWB we need to be involved in its roll out. Demonstrate impact in the roll out of this program.</td>
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<tr>
<td>17.5%</td>
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<td>CARE.DATA</td>
<td>The main engagement work for the pathfinder will finish by the end of March 2014 but there may be areas of work still needed to engage on this subject.</td>
<td>Input into national pathfinder programme. Evidence of engagement locally leading to better roll out.</td>
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<tr>
<td>17.5%</td>
<td></td>
<td>Local Account</td>
<td>The invitation for us to be involved in designing the local account is still there and needs to be revisited as it could be a very good piece of work and enabled us to hold the county council to account.</td>
<td>Recommendations and outline for a local account based on engagement work.</td>
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<td>17.5%</td>
<td></td>
<td>Unexpected offers</td>
<td>We receive around 1 request a month for our involvement in NHS/Social care engagement projects, some of which offer us an ability to impact services and help us to fulfil our strategy.</td>
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| 17.5%                    |       | Paid for work (in addition to standard contract) | • Prepare ourselves to be in a position to accept new work.  
• Seek out opportunities. |                                                                                                   |

| Signposting in GP Surgeries | We continue to hear about this from colleagues in the voluntary sector and it came up through our annual stakeholder survey. Patients are not being adequately signposted to services and support from primary care. | Research study and recommendations. Volunteer involvement. |
| Building relationships     | CCG’s, CQC, providers and other commissioners. | Contacts are crucial for achieving impact and getting our voice heard. |
| Publicity and Awareness Raising | This is some of standard work and includes presentations to community groups, leaflet drops, publicity stands and has always been a priority for our work so far. This could include running Healthwatch Week 2016. | New way to spread the work of Healthwatch. |
Unexpected Issues (Hot Topics)
Emerging Issues, Unexpected Events and Feedback from data collected

<table>
<thead>
<tr>
<th>Unexpected issues that arise that are hard to plan for.</th>
<th>Likely areas include:</th>
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<td></td>
<td>Hampshire Hospital redesign.</td>
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<td></td>
<td>Funding cuts and reductions to social care services (also an issue highlighted in our annual report). HW is already aware of changes coming to supporting people, short breaks for disabled children, and there are likely to be changes for the homeless.</td>
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<td>Critical friend role-recommendations based on engagement.</td>
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Unexpected Opportunities and Actions from Feedback

| It should be noted that at times our feedback and engagement work lead us to learn of issues and concerns where positive impact is likely from our work. These opportunities often require quick action and result in a great number of positive outcomes for Healthwatch. |
| Examples from this year include: |
| CCG Subtitles of videos on YouTube. |
| Ambulance trust consistently turning up at the wrong address to emergencies. |
| Wrong complaints information being given out by NHS England. |
| Surgery Lift not accessible to mothers with prams |
| These are varied but arguably we achieve the generate impact from these pieces of work as they are small scale and often quite personal meaning we can achieve responses and actions from providers and commissioners. |

Other areas to consider as part of work plan

- How will we consider the impact of our work in a years' time? Should we review to see what changes have happened as a result of our work?
- More strategic use of our role on the Health and Wellbeing Board
- Better connections with other local Healthwatch’s
- Improve relationships with CCGs (from our annual survey).

Reserve List These issues were judged not within our capacity to complete and were the least voted for topics at the planning board meeting. These projects could be considered if more capacity was to be identified.

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<td>Proactive Planned Project Work</td>
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<td>End of Life Care</td>
<td>Some volunteer feedback has led us to look at this as a possible project. Very delicate area to engage in. Volunteer feedback has highlighted issues now that the Liverpool pathway has been abandoned.</td>
<td>Recommendations to Hampshire services for improvements based on historical experiences from family members.</td>
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<td>Hospital Treatment for disabled people</td>
<td>We have received intelligence from volunteers about treatment of disabled people when admitted to hospital. At times experiences are very negative as the hospital are not always able to deal with their disability and so offer poor service.</td>
<td>Recommendations for improvements. Evidence of engagement with seldom heard groups.</td>
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<td>Primary Care (Experiences of General Practice)</td>
<td>Comments about GP practice are our most reported issue. Although we may be able to have little impact on national issues there is a role to play in holding local providers to account and monitoring local service change.</td>
<td>Consistent activity to monitor and hold providers and commissioners to account.</td>
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**Horizon Scanning - priorities of others**
The strategic priorities and work plans of other agencies and organisations have a great influence on the key issues in the county and the direction of travel for providers and commissioners.

**Joint Health and Wellbeing Strategy**

1. **Starting Well**
   a. Supporting children with disabilities to have the best health outcomes and for them to achieve their full potential
   b. Better transition from child focused care services to adult services
   c. Better coordination of children's services to deliver better care

2. **Living Well**
   a. Helping people make better health choices such as avoiding smoking and drinking to avoid preventable early deaths.
   b. Better targeted information about health choices

3. **Ageing Well**
   a. The ageing population will have access and control of high quality services with good information about their choices.
   b. More joined up and integrated care services
   c. Preventing falls and giving better care when falls occur
   d. Better support for early dementia diagnosis

4. **Healthier Communities**
   a. Reduce health inequalities
   b. Better coordinated advice and information to those groups that need it most on issues such as fuel poverty and financial hardship
   c. Better coordinated support for families with complex needs
   d. Better support to groups and communities in most need of support

**CCG's - Common areas in strategies**
- Improving children and young people's services, including maternity and services for children with disabilities
- Improving mental health services and services for the learning disabled
• Reducing the need for unscheduled care services
• Improving outcomes for the frail and elderly with long term conditions
• Encouraging better health choices amongst key groups

JSNA Headlines for Hampshire
• Increasing older population with less informal support and multiple illnesses, needing more social care, health care and appropriate housing with opportunities to improve our healthy life expectancy.
• The ageing population is associated with increasing mental frailty. While some of these people will benefit from dementia specific support, the majority can be supported by a step change in our approaches within communities
• Increasing birth rate
• Continuing large proportion of under 20s with associated issues and an increasing number of vulnerable children and young people, but with a small population of working age adults
• Importance of wider determinants of health: housing, education, employment
• Opportunities, physical environment etc.
• The need to consider the impact of inequalities
• Reducing resources
• Opportunities for services to optimally address need and evidence base
• Acknowledge the changing technology and communication expectations

Healthwatch England identified priorities
• Identifying concerns and risks and challenging others to take action
• Advancing consumer rights and responsibilities
• Promoting the design and delivery of services around the needs of a person
• Developing the potential of the Healthwatch network

Hampshire County Council
• Ensure children and young people in Hampshire thrive and achieve their full potential
• Promote and support healthy choices for all, reducing the difference between those with the best and worst health
• Help people to manage their health conditions, giving them choice and maintaining their independence

Associated Documents
1. Business Plan
2. Communications Strategy
3. Annual Stakeholder Survey