



healthwatch

Sheffield

Strategy 2018-20

Together For Good



Together for Good

Our ambition is to work in partnership with local people, to ensure that the views and experiences of our communities are heard by the people making decisions about health and social care.

This strategy sets out the difference we want to make by 2020, and how we will achieve it.

Our overarching aim

To find out what matters to local people, especially those who find it hardest to be heard, and use their views and experiences to improve health, care and wellbeing in Sheffield.

Our vision

Health and social care services designed, commissioned and delivered using the views of Sheffield's people.

Our purpose

As a local Healthwatch we have **eight statutory duties** to deliver under the Health and Social Care Act, 2012.

1. **Promoting and supporting the involvement of local people** in the commissioning, provision and scrutiny of local care services.
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.
3. **Obtaining the views of local people** regarding their needs for, and experiences of, local care services and importantly to make these views known.
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 services, and shared with Healthwatch England.
5. **Providing advice and information** about access to local care services so choices can be made.
6. **Formulating views on the standard of provision** and whether and how the local care services could and ought to be improved, and to share these views with Healthwatch England.
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.
8. **Providing Healthwatch England with intelligence** and insight to enable it to perform effectively.

Our starting point

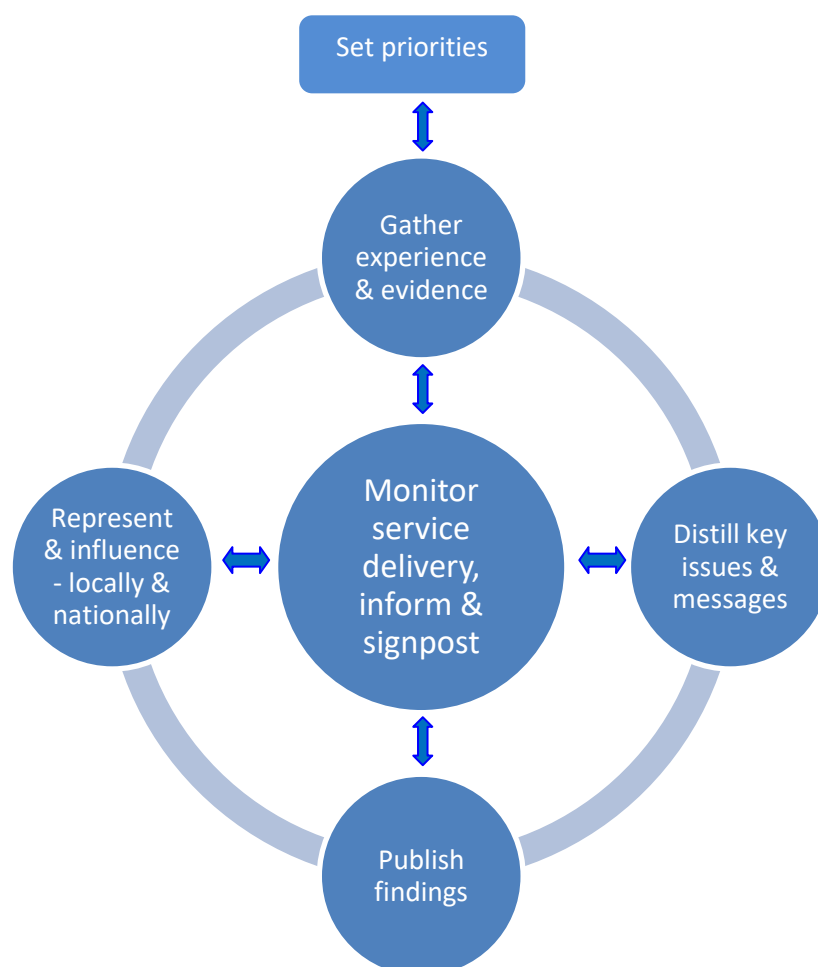
In February 2017, Voluntary Action Sheffield (VAS) won the contract to run Healthwatch Sheffield until 2022.

Engaging with and representing people's voices are at the core of VAS' mission. We have shared values and common purpose. We are building relationships with a wide network of Voluntary, Community and Faith (VCF) sector groups, enabling us to involve people and engage communities.

As the contract holder since the inception of Healthwatch Sheffield in 2013, we are able to build on the achievements, relationships, experience and skills developed over the past five years.

During 2017/18, we have established a small staff team (roughly 5 whole time equivalents), enhanced by the recruitment, support and deployment of a highly skilled volunteer base. We have reviewed our governance arrangements to ensure that, within a relatively small resource, we deliver our statutory duties effectively and efficiently, with maximum impact and added value.

Our delivery model:



Crucial to our success is developing relationships with communities, commissioners and providers of NHS and social care. We've spent time this year learning how our evidence is used and how we can be more strategic in our approach, to ensure that the voices of local people are heard in the most influential places. Establishing our presence as a force for positive change within the health and care system with the benefit of independence, gives us the credibility to influence.

Our [2017/18 Annual Report](#) details how we worked and our achievements during this period.

At our core is our belief that greater public involvement is crucial to ensuring that services meet the needs of the population and deliver better health outcomes.

We also listened to the experiences of Healthwatch Local and members of our Voluntary, Community and Faith Sector Health & Wellbeing Forum. The strategy was developed in consultation with staff, volunteers and our Advisory Board.

Our strategy draws on these ideas along with the following sources that provide wider context:

1. Statutory requirements of a Local Healthwatch (Care Act 2012)
2. Sheffield City Council service specification attributed to 2017-22 contract
3. Healthwatch Sheffield Annual Reports [2015-16](#) and [2016-17](#)
4. [Shaping Sheffield](#)
5. [South Yorkshire & Bassetlaw Sustainability & Transformation Plan](#)
6. Sheffield Accountable Care Partnership vision document
7. [Sheffield Health and Wellbeing Board strategy](#)
8. [Healthwatch England national strategy](#)
9. [Healthwatch Quality Statements](#)
10. Healthwatch Sheffield Public Insight Engagement 2018
11. Healthwatch Sheffield SWOT and PEST analysis
12. Analysis of capacity and skills available within the Healthwatch Sheffield team and recognition of VAS infrastructure and networks (as host organisation)

Health and social care is a huge and varied area. This strategy sets out how we will focus our resources and capacity to best effect. We look forward to working with you over the next two years to deliver it.

Our aims for 2018/20

We have identified three aims which encapsulate what we want to achieve.

1. Support local people to have their say

Our challenge is reaching large numbers of people whilst proactively engaging with people who may experience barriers to accessing services, or are under-represented in healthcare decision making. Our approach needs to be carefully targeted to have greatest impact within limited resources.

We will particularly focus on sections of our communities whose views are not well understood by services, including, black and minority ethnic (BME) groups, gypsies and travellers, lesbian, gay, bisexual and transgender (LGBT) people, asylum seekers and refugees and carers. Teenagers, students, housebound people and people with mental health issues and disabilities may be considered as seldom heard, because involvement isn't necessarily straightforward.

Informed by the findings of our public insights survey, we will put in place **communications and community engagement strategies** around the following themes:

- **Creating a focused model of engagement, communication and influence** across the health/social care landscape for Sheffield's diverse communities.
- **Targeted communications** when and where people most need to know how to have their say and at those who most need support.
- **Growing awareness of not just our brand but our impact**, using community presence and a clear digital platform to strengthen the feedback loop, ensuring action taken is visible.
- **Flexible and innovative engagement methods** tailored to the needs of seldom heard groups.
- Building on **Young Healthwatch** - ensuring it is led by and for young people - and **Student Healthwatch**, recruiting volunteers and supporting student influence.

We benefit from strong relationships with organisations who share our goal of increasing citizen voice in health and care, such as Citizen's Advice Sheffield, Sheffield Advocacy Hub, Age UK Sheffield, Sheffield Flourish and Sheffield Mencap & Gateway. Over the next two years we will develop mutually beneficial **Alliance Partnerships** to ensure a joined up approach to gathering experience data and to representing citizen's views.

Healthwatch Local, through our Healthwatch Delivery Partners (SOAR and Manor and Castle Development Trust) has been a consistent community presence in the north and south of the city, capitalising on existing relationships within communities to provide a focal point for gathering people's views about health and care. In 2018 we will evaluate the first year of this approach to keeping scrutiny local.

Our ambitious goal is to increase the number of people we hear from and the amount of feedback we receive by 50% during the next two years. We want to ensure that people who find it hardest to be heard can share their experiences and ideas with us.

How we use this intelligence is key, our delivery model describes the process, but we must improve the way that we document and describe to local people how we support them to have their say.

Our insights survey told us that whilst more than half of respondents had heard of Healthwatch Sheffield, roughly a third of those people were unclear about what we do and the impact it has.

We will focus on follow up, supporting the local community to hold health and care to account; developing a **portfolio of documented outcomes** to demonstrate how using people's views can improve the effectiveness of health and care support.

2. Bring voice and influence to existing health & care commissioners and providers as well as to the emerging local partnerships

The local health and care 'system' is facing well documented complex challenges - such as persistent health inequalities, meeting nationally set targets and moving to a more preventative model of care all whilst achieving financial savings.

The disconnect that sometimes exists between local people and the institutions responsible for health and care services presents a cultural challenge.

Whilst local people value the care they receive from front line staff, they are often frustrated with the 'system' - the way care is organised and how it's accessed.

People recognise that the current fragmented system is often difficult to navigate and ineffective, but they are sceptical about top down restructures, new organisations and the associated jargon. Too often consultations and engagement exercises appear to be tokenistic, with little real opportunity to influence.

Local people are, to a large extent, an untapped resource in the transformation of the local 'system'. **Our role is to challenge the under utilisation of service user and carer experience and to demonstrate the value of involving people.** We will do this by maximising our use of evidence, supplementing feedback with context and research, challenging assumptions with data and working with partner organisations.

We will **invest in staff and volunteer skills** to ensure our work is of a high quality and our findings are robust.

We will continue to contribute to formal decision making structures, such as boards and committees - we are members of many. From June 2018, Sheffield Healthwatch will join the Sheffield Accountable Care Partnership (ACP) Board. Working closely with the ACP provides an opportunity to represent the views of local people and to encourage a strategic approach to involving the public as equal partners. It also presents a challenge to our resources as we continue to build on our relationships with individual commissioners and providers.

We also work more informally with health and care organisations to raise specific issues and a shared understanding of the challenges people experience. **These informal relationships can lead to creative collaborations and are just as important as our position within formal structures.**

As a greater value is placed on our input, we find ourselves with competing requests for our time and presence on committees and boards.

In 2018 we will work with our Strategic Advisory Group to review the boards, committees and meetings we attend and how we can contribute most efficiently. With VAS, we have begun to explore the role of VCF representatives on health and care boards in the city and we will continue this work to ensure we are at our most effective.

3. Build capability and capacity across local health & care services to effectively involve local people

In choosing the title 'Together for Good', we place front and centre our emphasis on improving health and social care through equal partner relationships with local people and across health and social care. Our premise is that all partners can benefit from what the others have to offer.

Along with Healthwatch Sheffield, all commissioner and provider organisations have a remit to involve people. In delivering Five Year Forward View, they are tasked with engaging '*with communities and citizens in new ways, involving them directly in decisions about the future of health and care services*' (NHS England, 2014). However, there is variation in attitudes amongst professionals and managers about the value and validity of using service user and carer views to design and deliver services.

Our goal is to influence a greater culture of involvement across Sheffield's health and care system. Healthwatch Sheffield can't deliver good engagement in all of the places where it matters. But we can use our position, our networks and expertise to enable a culture where people's experience comes first.

As well as carrying out and publishing our own investigations, during 2018/20 we will support and advise other statutory organisations and community groups to creatively engage with people and to use their skills and experiences to improve health and care.

We will do this in several ways:

- **Make connections** between organisations and communities.
- **Create opportunities** for professionals and service users to identify problems and improve them together.
- **Champion genuine co-design and co-production**, working with other voice organisations and academic partners to do so.
- Use our **evidence base** to carry out 'what we already know' reviews to inform health and care engagement approaches
- Use our **involvement fund** to commission engagement work within communities. In doing so empower people and communities to ask questions about local health and care services, and raise aspirations about involvement in local conversations about health and care services. We will evaluate the outcomes of our **#SpeakUp small grants scheme** before investing in 2018/20.
- Promote the use of our Involvement Assurance Framework (toolkit for involving the public and service users).
- **Focus Enter & View activity on day centres and care homes**, working in a co-ordinated way with Sheffield City Council and NHS Sheffield CCG.

Setting our Priorities

Our three aims explain how we engage on a system wide level. Our core work will always be wide ranging, with all NHS and social care funded services within scope, but we will focus on specific priority work areas over the next two years to make best use of our limited resources.

We have a number of ways to identify these priority work areas; our VCF Health and Wellbeing Forum, intelligence gathered through our feedback centre, our awareness of the opportunities presented by the different work programmes of health and care organisations, the experience of our staff and volunteers and the insight of our Advisory Board. We distil all of this and place it within a policy context.

To inform our priorities, we also undertook engagement with local people. We heard from 543 people about a wide range of concerns demonstrating the challenge of meeting expectations within a small team.

It was clear that there were some areas of health and social care that people felt strongly that we should focus on. These themes were then considered within the wider context:

- Frequency with which these themes were raised
- Significance of impact
- Impact on people whose voices are seldom heard
- The opportunity to influence within our remit
- Existing activity in this area
- Capacity of the team

At the present time, these are the main issues that we will focus on to help make health and social care services work better, however, we will review our priorities with our Strategic Advisory Group on a regular basis so that we can be responsive to unexpected changes, opportunities and compelling evidence.

Our Priorities:

Access to Primary Care

There is variation in the experiences of patients and carers across the city, with frustration about the routes to access appointments in some areas, whilst others enjoy responsive services.

We will highlight best practice and involve people in identifying and addressing difficulties.

Access to Dentists

Many people struggle to find and register with an NHS dentist and feel unclear about their rights and entitlement to access NHS dentistry.

We will investigate the quality and accuracy of information available and the role that this plays in people's oral health.

Experiences of people with Dementia and their families/carers

We have heard from local people their concerns about Dementia awareness amongst health and social care staff and whether services are responsive to the needs of people with Dementia and their families.

We will support people to share their experiences so that they can shape the ongoing transformation of the city's Dementia pathway.

The equity and experience of Continuing Health Care (CHC) assessments

People's experiences of CHC are too often confusing, frustrating and stressful.

We will explore opportunities to bring the views of service users and their families to the centre of efforts to improve the process in a challenging financial climate.

Understanding what services are available and how to access them

When people are in need of care, they want access to be easy, but all too often people are unaware of the services that are available to them. Poor access to advice and information can prevent people taking control of their own health and care.

We will seek out good practice and explore the role of information in improving equity of access.

Quality of day centre provision and quality of care homes

People told us that day services for people with learning disabilities have changed in recent years and that, as with care homes, there is variation in the quality of care and activities offered.

We will focus our Enter and View visits on these services to contribute to the local evidence base of the views of service users and their families.

Governance and Accountability

During the first year of the new contract, our governance arrangements have been reviewed. The previous arrangements conflated strategic oversight with sharing information and operational delivery. To address this we have clearly separated these functions.

In 2018 a new Strategic Advisory Group will be established with responsibility for setting strategy and direction, supported by a wider group of volunteers in the Advisory Network. The Advisory Network will host exchanges of ideas and innovations to enhance the ability of the staff of Healthwatch Sheffield to champion the voice of Sheffield residents.

The VAS Trustee Board (elected by VAS members) has ultimate accountability for contract delivery, with a representative of the VAS Board linking with the Healthwatch Sheffield Strategic Advisory Group.

VAS Board

- Overall responsibility for contract delivery

Strategic Advisory Group

- Strategic oversight of delivery
- Decisions on priorities and focus
- Offers leadership within health and social care system
- Two way interface with VAS board
- Meetings include public and private session

Advisory Network

- Brings together volunteers and partners to champion involvement in health & social care
- Agree key messages and informs Strategic Advisory Group
- A place to bring together findings and experience from all volunteers, meeting representatives, Enter & View and community researchers
- Including delivery agents - Healthwatch Local, Young Healthwatch, Alliance Partnerships
- Review and embed learning
- Two way interface with Strategic Advisory Group

Progress against our strategy will be reviewed with our Advisory Group on a quarterly basis.

An at-a-glance summary of our strategy provides an overview of our aims, how we'll meet them and the essential enablers we'll need to make sure it happens.