

Report of:	Brian Carr, Chair, and Candy Perry, CEO, Healthwatch Birmingham
To:	Health and Social Care Overview and Scrutiny Committee
Date:	January 2016

1.0 Purpose of the report

To update the Health and Social Care Overview and Scrutiny Committee on the implementation of Healthwatch Birmingham's new strategic approach including adoption and utilisation of Quality Standards for Local Healthwatch produced by Healthwatch England.

2.0 Strategic approach and implementation.

Healthwatch Birmingham is implementing a new strategic approach to use its statutory functions to help reduce avoidable health inequity across the City. It is a whole systems approach with two distinct parts to it:

1. Identifying inherent, avoidable health inequity in current services by seeking out and listening to the experiences of patients and the public accessing or trying to access health and social care services.
2. Preventing avoidable health inequity being built into services by taking action to ensure effective involvement of relevant patients and publics in commissioning, service design and redesign.

This approach is based on and underpinned by a robust logic model, theory of change and strategic change process which has included input and contribution from more than 30 health and social care commissioning, providing or policy-leading organisations locally and nationally, as well as volunteers and lay members of these organisations. As an approach it is attracting interest from Commissioners of Local Healthwatch in other parts of the country, and Healthwatch Birmingham has been asked by Healthwatch England to present it as a model at Healthwatch England's 2016 Conference in June.

2.1 Progress against part 1

This part of the Healthwatch Birmingham strategy is to identify inherent, avoidable health inequity in current services in three ways.

2.1.1 The first way, which is already up, running and working well, uses our consumer champion position through which national and local organisations are signposting members of the public to our Enquiry Line. Callers to our Enquiry Line most commonly are those who have tried to navigate the local health and social care system and failed. This means many calls are related to safeguarding, clinical quality, and complaints and these callers are signposted, or referred to the most appropriate national or local organisation depending on the nature of the call. Just as many are people needing help navigating the system and requiring advocacy support, and as many again are wanting to share their experience so that what happened to them can be used to try and make sure it doesn't happen to or for others.

All callers are logged and followed up to ensure they have received appropriate service from the organisation we have referred them to. This audit of our referrals is proving a useful way to accumulate data indicating gaps, bottlenecks and delays in the provision of services including advocacy services. The next development will be to grow our team of specialist volunteers to run this service before relaunching the Enquiry Line across the City.

2.1.2 The second way which is also already up and running and working well is the digital collection of patient and public experience feedback through our bespoke Feedback Centre platform which acts a little like Trip Advisor and incorporates CQC-type ratings as well as the Friends and Family Test questions. This is qualitative data and it is triangulated with qualitative information from our Enquiry Line as well as that found

on public social media platforms as well as with quantitative data from, for example, national observatory data sets. Analysis of this data is enabling us to identify themes which may warrant further investigation. For example at the end of last year we identified a theme indicating potential health inequity amongst young people accessing primary care. This caused us to survey nearly 400 young people during November using a validated questionnaire. This piece of work is expected to report towards the end of January and if appropriate raised for action with appropriate partners.

The next development in this area of Healthwatch Birmingham's identification of inherent health inequity is to relaunch a version of the Feedback Centre for use by health and or social care providers. City-wide adoption of 'the Widget' will enable Healthwatch Birmingham to more effectively take a whole systems approach to the gathering of feedback; enable all CQC-registered organisations to fulfil their statutory responsibilities to collecting patient experience; and offer people in Birmingham to give feedback to an independent organisation. Healthwatch Birmingham is a statutory member of the Health and Wellbeing Board whom it is hoped will endorse adoption of the widget and strongly urge all CQC-registered organisations to adopt it.

2.1.3 The third part of our identification of potential health inequity identification builds from our strong track record in community development although a more strategic approach is being developed. The processes underpinning this work are being developed and were greatly informed by the young people's survey mentioned in 2.1.2. Moving forward our community listening will be both purposely attached to a specific investigation and enabling generic listening through publicised presence in all districts.

2.2 Progress against part 2

This part of our strategy aims to prevent avoidable health inequity being built into services by taking action to ensure effective involvement of relevant patients and publics in commissioning, service design and redesign.

It is the result of a whole systems analysis initiated last year which included a large group intervention to uncover factors constraining effective patient and public involvement. A report on the findings of this work was published in October and has since been welcomed by a number of organisations and Boards including the West Midlands Quality Surveillance Group. The report can be found here:

<http://cdn.healthwatchbirmingham.co.uk/wp-content/uploads/2015/11/Whats-constraining-effective-patient-and-public-involvement-report.pdf>

Consequent to this work Healthwatch Birmingham has lead work to map implications and impact of ineffective PPI and the link to avoidable health inequity, and is leading work with partners to develop a quality standard for effective patient and public involvement at three levels: Governance, including scrutiny committees; ongoing service improvement of existing services; and service redesign. The intention is the Quality Standard will be used in two ways: Firstly by organisations with legal responsibilities and or policy ambition to put patients and the public at the heart of health and social care services. Secondly by Healthwatch Birmingham as an audit tool as part of a programme of work to demonstrate the benefits of good involvement as well as areas for improvement.

Logic modelling which will underpin development of the quality standard is nearly complete. The next step will be development and piloting of the tool. A training support tool is anticipated to be part of the final piece.

3.0 Quality Standards

The establishment of robust quality standards for Local Healthwatch has moved forward apace over the last six months. This work is being led by Healthwatch England supported by Leeds Beckett University.

These quality standards revolve around 5 quality statements each defined by several quality indicators. The statements are:

1. Strategic context and relationships
2. Community Voice and Influence
3. Making a difference locally
4. Informing people
5. Relationship with Healthwatch England.

An example of the associated indicators are:

Making a difference locally:

- Is capturing the experience and aspirations of local people in its investigations and reports.
- Investigates issues in a way which is appropriate and ethical.
- Investigates, where appropriate producing recommendations for change that are heard and responded to by relevant decision makers.

The Quality Standards in their entirety can be found here:

http://www.healthwatch.co.uk/sites/healthwatch.co.uk/files/draft_quality_statements.pdf

Healthwatch Birmingham's strategy has been deliberately designed against the quality statements. We have worked closely with our BCC commissioner to ensure they dovetail with our contract performance management and meet regularly with them. We have met with the Chief Officers of all three CCGs and received assurance from them regarding their confidence in our approach.

Healthwatch Birmingham is imminently involved in pilot peer review of the standards potentially paired with Healthwatch Liverpool. This peer review is intended to test the effectiveness of the quality statements and we have volunteered to be part of the pilot which uses a framework of questions.

A final note on quality relates to Local Healthwatch Governance and in particular to a self-assessment toolkit for Local Healthwatch and Local Healthwatch Commissioners produced by the Local Government Association and published in July 2015. This also employs a question framework based around the following themes:

1. Clarity of purpose and priorities
2. Clarity of roles, responsibilities and accountabilities
3. Clear, effective and transparent decision making processes
4. Effective strategic relationships
5. Robust performance management and financial governance.

Healthwatch Birmingham's strategy was deliberately designed against this toolkit which is also being used centrally to guide the induction of new Board Members. The toolkit can be found here:

<http://www.local.gov.uk/documents/10180/6869714/L15-261+Healthwatch+Governance+Toolkit-WEB.pdf>