Notes from workshop holders at the Healthwatch Regional Conference

6 March 2017

Contents

Communications

The session revolved around several loose conversations. These were (broadly):

- Why should we promote ourselves?
- Challenges in promoting ourselves.
- How to promote ourselves.

Why should we promote ourselves?

At the conference, every one of the first three speakers spoke about issues with funding. Because of this it may seem counter intuitive to spend money on self-promotion when there are so many other, vital jobs for Local Healthwatch to do. However, the benefits of a strong communications plan are:

- Increased awareness amongst public makes gathering of intelligence – which is arguably our key function – far easier
- Increased awareness amongst partners makes all levels more accessible
- Increased awareness from our commissioners allows them to see the value and necessity of our work

Challenges of promoting ourselves

There are various challenges in promoting ourselves and our work:

- Resistance
- Resources
- Unsure of what works

It is important that we demonstrate to our colleagues how important communications can be. We want to show the work our teams do in the best possible light to as many people as possible.

Once people understand WHY communications are important, resistance within the team hopefully become less. Whilst it was felt that in general staff and Board believed that communications were necessary, there was a varying response to the question of whether communications were integrated in work streams fully, with some people agreeing that it was often seen as a thing that was just ‘done’ once an existing piece of work was completed.

Resources can be more of an issue. Both time and money are valuable and making these decisions are always hard. In these cases, an investment of time now can lead to long term gains. For example, supporting colleagues who are less comfortable using social media now – through training, or helping them compose their first messages – can lead to them being able to start creating their own posts later, meaning that more content is generated whilst impacting a lot less on team time.

The approach that was generally seen to be the best was setting targets that team members had to meet, but ensuring that they were supported at all times to meet those targets.

A theme that came about was occasional questions of what works and why. There was some unfamiliarity expressed when discussing various social media formats, or some frustration at accessing media networks. These questions generated most of the 'How…' answers to follow.

How do we promote ourselves?

There were several fantastic ideas presented. A graphic representing the content generated is included overleaf, some key points raised were:

- Benefits of working with existing, external networks
- We have a strong brand image to work with
- Targeted communications can lead to much better uptake
- Volunteers can allow much more coverage of the area, and add a more 'community owned' feel to Local Healthwatch
- Social media can work excellently, but you need to use the right platform in the right way

The 'big idea' in the room was to hold a regional communications training day. Not only would this allow us to focus on what works for ourselves, it would also create a 'suggested practice' template. This was felt to really benefit smaller Local Healthwatch specifically, as it would be a great way to share the expertise of communications specialists. The training day would need to focus on practical, usable techniques, equipping those attending with the tools necessary to build a much stronger communications plan moving forward.

It was also felt to be a good idea that each Healthwatch should be able to send a Board member to this training event. This would allow them to not only learn key skills in communication, but also to understand further the value of integrating communications within all strategies.

This training day could also lead to write ups of strategies and techniques which could be published and shared, creating a much more detailed and useful tool on 'how to promote ourselves' then could be gained from a 55-minute workshop.

Research and Evidence

Ensuring quality in research

- Work with local universities to provide academic rigour.
- Collaborate with other stakeholders if they are more ideally placed to conduct some of the research (joint research).
- Use a variety of qualitative and quantitative methods.
- With smaller numbers of participants, you can take a more in-depth look, capturing stories from a number of sources – e.g. the patient, their family/carer, staff etc. These kinds of studies can be good as 'case studies' to achieve emotional impact and provide a context to statistical data.
- NVivo is a good qualitative data analysis tool.
- TranscribeMe is a good transcription service.
- Coproduction with service users is important.
- Use pilot studies as a way of obtaining funding for larger projects.

Influencing service improvement through research

- Look to resolve issues as/when they occur and offer to be part of the solution.
- Mix up recommendations – some quick wins and others longer term.
- If stakeholders are refusing to listen, it can be helpful to facilitate a session bringing patients/families together with commissioners/providers.
- Embed your research within the wider context. Use national/local indicators from Public Health England and LA as evidence – you don't always have to be the one doing the research.
- Pay attention to the policy context and frame some recommendations around commissioners/provider's statutory duties.
- Get key stakeholders (commissioners and providers) on side from the beginning:
    - Use professional rivalries to help encourage stakeholders to get on board - e.g. tell one CCG that other local CCGs are in support of the study.
    - Be clear with stakeholders that reports will be public facing and leave them time to comment on the report ahead of publication.
    - Show value of research – find ways to help stakeholders – e.g. producing and giving out information about their services to patients.
    - Get other stakeholders to help you apply pressure – e.g. HOSC and QSG.

Action point

There was a lot of support for an East of England Healthwatch research/evidence network to share best practice and ensure consistency of approaches across the region.

Healthwatch Lincolnshire said that they would follow up on this issue.

Information and Signposting

Scope and range of services

Information and Signposting. Important to be clear about what we do. We do not give advice.

Some Healthwatch may do an element of casework e.g. if an individual has exhausted all avenues or if feel an organisation needs to be brought to account. These are generally one off actions.

Healthwatch Herts – keep 'stories' but delete personal contact details after an amount of time has elapsed. Ask individuals to contact again if need more information and many do. When do are able to elicit feedback in this way. Although it may mean that they need to repeat details if call again.

Aware some Healthwatch have advocacy contract but none in this group provide advocacy. There is some confusion amongst members of the public about whether advocacy is provided or not. Recommend good contact and communication with advocacy providers.

Concern about referrals to external providers of Information Advice and Guidance (IAG) and what standards they work to. Can we always be sure that they are giving appropriate advice etc.

Services being used most used for signposting; to provide a listening ear; organising complex information re: health and social care for individuals; listening to people's stories/capturing information.

Promoting the Information Service and reaching different audiences

Some Healthwatch don't advertise their Information and Signposting service separately. This is linked to capacity within the Healthwatch team. In terms of reaching out to all parts of the community, all agreed that important to consider the most appropriate method for a given audience i.e. the right method for the right audience. Work with engagement and research leads on this.

Services promoted through volunteers; engagement events; feedback forms; leaflets out to GPs, dentists, pharmacists, supermarkets

Good relationships with important agencies e.g. PALS. Services report attending monthly complaints meetings.

Perception that our "audience" is currently predominantly white – need to look at all groups. Some services engaging in projects targeting specific communities – gypsy and traveller; Polish community; faith groups.

Healthwatch Essex: telephone number on Living Well Essex Website e.g.

https://www.livingwellessex.org/at-home/

leaflets and cards

Healthwatch Suffolk: Information disseminated through community magazines. Apprentice mapping where enquiries coming from so can identify geographic gaps.

Healthwatch Norfolk: map where the engagement team have been active

Healthwatch Suffolk: Each Community Development Officer has a target of 20 engagement events per month. One of challenges is that some areas do have diverse communities but there are no obvious 'groups'.

Healthwatch Cambs: targeted gypsy and traveller communities via health workers – professionals that the communities trust. Also, target other communities via faith groups.

Transforming recorded calls into evidence/outcome information

Information Service is often used as measure of last resort. People turning to Healthwatch when they have nowhere else to go and often complex and difficult issues to be unpicked.

Data capture and analysis still quite rudimentary for some services. Mix of Excel and Access databases used. Agreement that Access problematic. Some have had training for CRM but call volumes too low to use or are awaiting training for CRM or are awaiting implementation of CRM.

Healthwatch Norfolk Some services using Datify (a unique database built to the service's own specifications. Use this to generate monthly reports to CQC, Healthwatch England, CCGs. Can produce area-themed reports.

Would be good to have standardisation of information collected across all local Healthwatch. Need to ensure collecting the right information for commissioners as well as for Healthwatch England. Important to have quality control of information and data. Aware that Healthwatch England working on a handbook for call handling, signposting and good practice.

Healthwatch Suffolk: all the Healthwatch team use the Information and Signposting log. If go to engagement events log numbers of people given information to etc. Apprentice is mapping pathways to core IAG provider organisations e.g. PALS, Advocacy. Invite IAG organisations to team meetings to talk about their work and priorities.

Difficulty collecting data/wary of treating call data as an any kind of evidence-base

Some information services do use call data to inform priority projects using information to spot emerging trends and issues

Use of networks/collegiate approach on issues across the region if a number of Healthwatch services looked at same issue and pooled data and resources.

Getting and Evaluating Feedback

Many involved in mapping the areas that the service reaches/ doesn't reach.

6 weekly feedback calls using a standard set of questions asking people how they got on with the information they received.

Comments boxes particularly related to specific service, have been successful when placed in pharmacies etc.

If person being signposted has had a poor outcome from service signposted to that might impact their perception of the signposting service too. Bad outcome = negative review.

Healthwatch Essex: Ask callers if ok if contact again and then try and do selection of call backs 4-6 weeks after initial call. Piloting set questions that will go on the CRM.

Healthwatch Suffolk: find that people often give feedback when return to group meetings. This is captured so can form part of evidence gathered.

Healthwatch Herts: survey monkey embedded on website. Individual callers encouraged to provide feedback in this way; survey sent out to membership distribution list and via social media.

Healthwatch Herts: have regular quality reviews. Look at all calls to check right data collected, appropriate information given. Look at length of calls and whether people have had to call again. Use this information in 'learning sessions'.

Healthwatch Essex: also, review quality of calls and have meetings where look at a selection of calls together to learn from this.

Challenges and issues

- Getting it wrong. Out of date information.
- Difficult callers
- Complex cases which take time to resolve and tax scant resources
- Morale. Often dealing with very difficult issues which have a profound emotional impact on the call handler.
- Trying to do everything/spread too thin

Volunteers

Facilitators:

Healthwatch Lincolnshire – Sarah Fletcher, Chief Executive Officer

Healthwatch Bedford Borough – Faiza Al-Abri, Service Development Officer

This workshop generated lively discussions and introduced some good ideas for the network.

All the attendees were given a handout with the discussion points and asked to note any additional comments.

In addition to the attached notes captured by Faiza the following comments were captured.

Workshop questions:

How do you think we should ensure volunteers influence our activities and impact?

- We need clarity with volunteer role descriptions
- We need to use volunteer skills creatively – not just slot them into predetermined boxes
- Have a work plan/programme that includes how volunteers get involved
- Ask volunteers if they would comment on draft reports – readers panel and be clear/demonstrate their comments have been listened to
- Ask volunteers to be proactively involved in gathering health and care experiences

Ideas for recruiting volunteers from a wide pool

- Social media – asking people to retweet the request to join
- Healthwatch Lincolnshire Trustee campaign – 12 interested people came forward, 5 were recruited. Strap line – 'if you want to know what a trustee looks like – look in the mirror'
- Healthwatch Lincolnshire – Hubs
- Enter and View – invite other groups to take part (but they must complete your training and become a Healthwatch volunteer for this activity)
- Go into children's wards and sit with children to ask their opinions
- Gypsy and Travellers – work with the elders or senior female on site – issue if they are a transient group (this is where Healthwatch Hubs can step in)
- Apprenticeship schemes and FE colleges (add to learning environment)

- Be aware of the diversity across your patch, if you don't know it find out
- Do you have a diverse workforce?
- Are you all signed up with Do-it in your local area? If not find your nearest Volunteer Centre and sign up today. You are missing out on a potential source of volunteers. https://do-it.org/

How are you recognising, rewarding and keeping your volunteers?

- Entering your volunteers for awards – local and national opportunities. Gives a positive message to all your volunteers
- Organise fun 'get-togethers' on a regular basis
- Make sure you have a single point of contact for all volunteers
- Ensure you have regular contact via information giving
- Ask local business if they would offer free vouchers that you could give to your volunteers as a thank you e.g. cinema tickets, credit voucher schemes, lunch vouchers
- Check to see if you have SP!CE and other Time Bank Credit schemes in your area http://www.justaddspice.org/ and http://www.timebanking.org/
- Remembering birthdays, thank you during volunteer's week etc.

What is the challenge to balancing sustainability through volunteer support against employment?

- We need to ensure we are at all times meeting statutory requirements
- We should consider/anticipate future conflicts through our strategic and operational plans
- With funding constraints being careful not to replace paid staff with a volunteer – this is not good practice
- Being careful you are not 'paying' volunteers. Out of pocket expenses is okay, anything else BE CAREFUL. Paying someone to attend meetings on a regular basis could be construed as employee payment and may affect their benefits or tax, it would also leave your organisation wide open to employment law.

We did discuss the libraries model – up and down the country libraries have made paid staff redundant and locally volunteers are now running these facilities. But the library services have signed over the contract/ownership to run them to local community groups.

Finally, we agreed that an opportunity for people who are recruiting, managing and supporting volunteers across the region to network would be very beneficial. The network could be a mix of virtual and in person meetings.

Partnerships

Pros of partnership agreements include

- Increased access to knowledge and skills
- Increased efficiency (less duplication)
- Innovation
- Enhanced reputation
- Wider reach e.g. access to grants
- Raised awareness of Healthwatch – exponential reach

Cons include

- Loss of autonomy
- Conflicts of interest
- Draining of resources
- 'Committee' approach (getting a camel when you want a horse)
- Damage to reputation

Discussion Points

- Partnerships can be formed with organisations within the VCS and also private sector (and we talked about the opportunity to provide Organisational Strength Reviews that Healthwatch have benefitted from and that going forward these could be offered to our private sector partners at a reduced cost)
- Beware possible conflicts of interest – manage carefully and be open and honest up front to maintain independence and transparency
- E&V involvement – ensure organisations are clear Healthwatch will not be compromised on scrutiny role right from the start i.e. have an adult professional relationship
- Possibility of different levels of partnership to include statutory bodies e.g. CCGs
- Already have a partnership with Healthwatch England and local Healthwatch – sharing stops duplication and is smart working. Following on from this we talked about the volume of information we all have to read and absorb and the possibility of some sort of Regional Observatory, to include best practice (tips/experience)
- We need to use the Healthwatch network more e.g. domiciliary care feedback/research
- Get to know your local networks and build on these to more formalised partnership agreements

[See attached Healthwatch Suffolk Partnership Agreement Template]

PARTNER ORGANISATION LOGO

[Local Healthwatch logo]

PARTNERSHIP AGREEMENT BETWEEN HEALTHWATCH XXXX AND XXXXXXXXXX

Healthwatch xxxx is set up to be the local independent consumer champion for health and social care, promoting better outcomes in health and social care. To do this, Healthwatch xxxx is committed to working collaboratively with user organisations to influence the policy, planning, commissioning and delivery of health and social care services in xxxx. The membership of Healthwatch xxxx consists of individuals as well as community groups and organisations in xxxx.

XXXXXXXXXXX is…..

This agreement outlines the working principles, and is intended to form a foundation for collaborative working between Healthwatch xxxx and XXXXXXXXXXXX.

Working Principles

Both organisations will work together to strengthen the voice of the people in xxxxxx concerning health and social care by:

- Gathering and sharing the views and lived experience of the service users.
- Enabling a broad cross section of service users to get involved in engagement activities.
- Making full use of available shared opportunities to allow the voice of the service users to be heard at the right level by the appropriate bodies.
- Supporting the development of a network of user-led organisations in xxxx.
- Promoting and raising awareness of relevant initiatives and projects of the partner organisation.

This means

- A joint formal process will be agreed and put in place to consolidate and share the feedback and comments from service users between the two organisations.

- Development of joint projects and initiatives on user engagement, and provision of support from Healthwatch xxxx where appropriate.
- Promotion of relevant events and activities of XXXXXXXXXXXX on websites and other communication channels.
- Active participation in relevant user surveys and user engagement.
- The opportunity for XXXXXXXXXXX participation in Healthwatch Enter & View visits when appropriate – participants must have completed the Healthwatch xxxx Enter & View training.
- In recognition of this Agreement, both organisations will promote the partnership on their websites, through the use of agreed logos and hyperlinks.
- XXXXXXXXXXX becomes accredited with the [Local Information Standard – if there is one in place.]
- 6 monthly liaison and review meetings between the two organisations on an operational level.
- Endorsement by Healthwatch xxx on relevant project and work programmes to add weight and influence, and promotion to relevant stakeholders.
- Practical support from Healthwatch x to take forward local user engagement initiatives if required. This could include:
    - Sponsorship for projects (this would involve an application and approval process by Healthwatch x)
    - Analysis and reporting of user feedback
    - Joint events

Others

The contents of the Agreement will be reviewed formally on an annual basis as a minimum, or in light of new information.

Signed by
On behalf of Healthwatch xxxxx

Date:_____

Signed by
On behalf of XXXXXXXXXXXXXX

Date:_____

Engagement

A lot of discussion around the themes of what worked well; what worked less well; working creatively? In summary: -

What can trigger engagement?

We found that co-production/ primary care issues are good to trigger engagement opportunities. Engagement can also support other local Healthwatch functions such as survey work.

Engaging with diverse groups

As diverse groups tend to be harder to reach, thinking of new and creative ways to communicate and reach them are more engaging and draw in more public attention, such as Healthwatch Essex's cab.

Social media

We must not forget to use social media when communicating, especially with young people. Engagement should encompass a variety of methods of communication to spread the word. We can use community listeners to help with project design and to get in contact with diverse communities.

Discussion points:

The most obvious feedback was that each local Healthwatch is so different and use engagement in different ways with some being very targeted whilst others engage with groups across their county in a regular way rather than being project driven. Perhaps engagement should be more tailored to ensure its effectiveness?

In general, it was felt that we should be encouraging more cross Healthwatch working, there is a tendency to keep projects within county boundaries.

It would be good to improve communications across all local Healthwatch. Yammer is not effective, no one really used it or liked it. We found that meeting face to face or cross regional meetings are effective and useful.

Healthwatch England does not appear to co-ordinate feedback / engagement trends either. They collect a lot information but where does it go/ what happens to it?

Business Development

This workshop looked at the various Local Healthwatch operating models, identified some shared challenges and business development ideas.

Stand alone or hosted

Healthwatch present were mostly independent organisations, but some were hosted. Those hosted Healthwatch were acutely aware of the cost of hosting and lack of autonomy. There was a discussion around the pros and cons of becoming independent, and whether this was viable for small Healthwatch in unitary areas.

The group discussed how and when merger and acquisition can be beneficial to all involved and how this can be a positive experience, as with the merger of Healthwatch Cambridgeshire and Healthwatch Peterborough. Noted that, in this instance, an external consultant undertook a comprehensive review of both Healthwatch and is continuing to support the merger process. The cost of this is seen as an investment.

Funding reductions

Nearly all of the Healthwatch present were facing funding reductions, in some cases significant. The group shared how, in some areas, large funding reductions had been staved off and the successful arguments made, particularly in being able to deliver statutory functions. Healthwatch England can offer support in this regard.

Tendering of Healthwatch

None of the Healthwatch staff present had experience of being tendered, although some said their commissioners will be or are considering tendering the service. All agreed that the competition this brought about went against the spirit of partnership and collaboration. There was a view that an effective Local Healthwatch should not worry about losing a contract if they were tendered.

Commissioned work

Most Healthwatch in the group had carried out commissioned work; there were varying views about what is core business and what can be charged for. Views on this, and how to set charges, were shared. The difficulties in tendering for other work were discussed; the Healthwatch Staffs-led Experts by Experience tender being used as an example of the market disadvantaging small organisations, even though their local knowledge is far greater than large national organisations.

Grants

Some Healthwatch have been successful in securing grants, some had not. Sharing projects which and been funded would be helpful, and in particular project outcomes. Linking in with grant-making trusts at an early stage, and the local CVS and/or Community Foundation, is also an advantage.