



**Influencing Work Plan: 1<sup>st</sup> July 2016 to 30<sup>th</sup> June 2017**

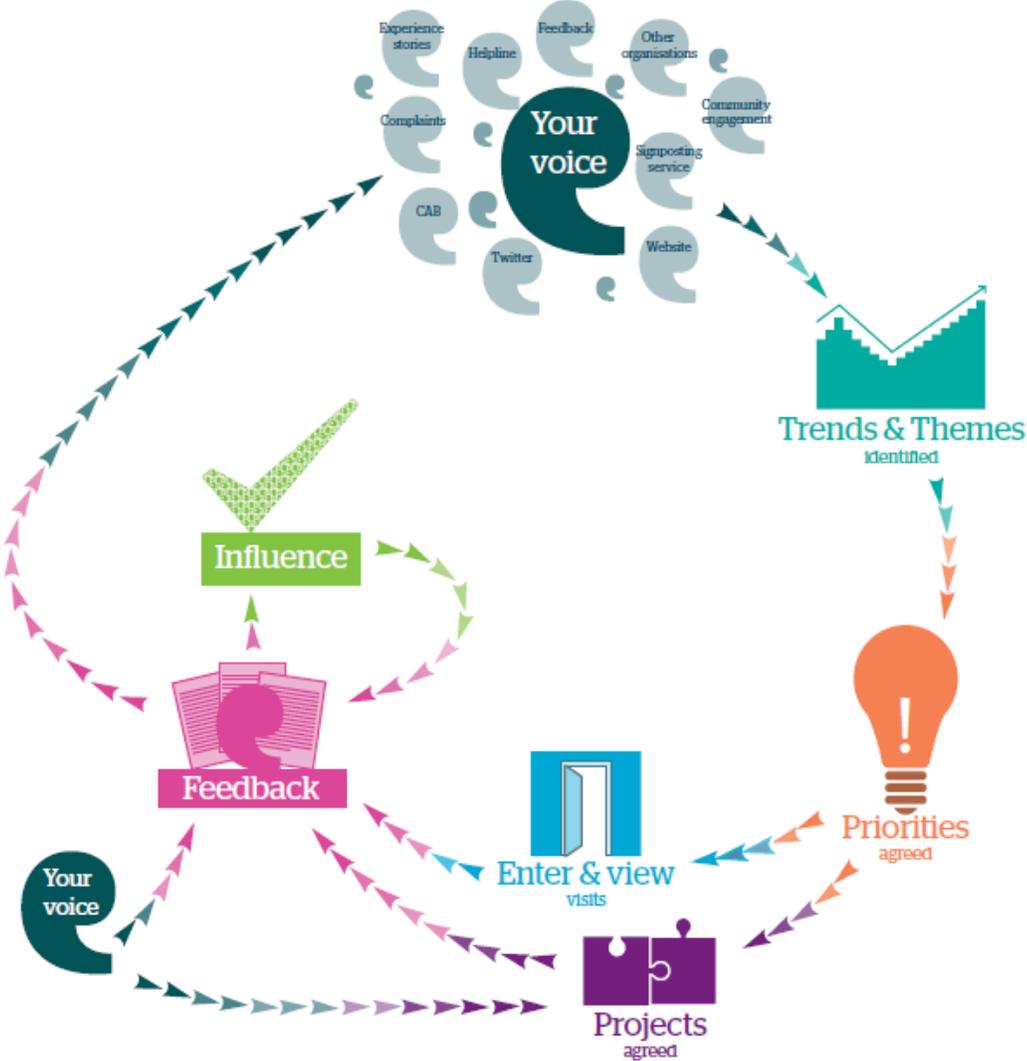
# Influencing Work Plan 2016-17

## What is influencing?

Having an effect on someone or something.

## What does Healthwatch Surrey (HWSy) seek to affect?

The thoughts, behaviours, knowledge and action of commissioners, providers, practitioners and the public.

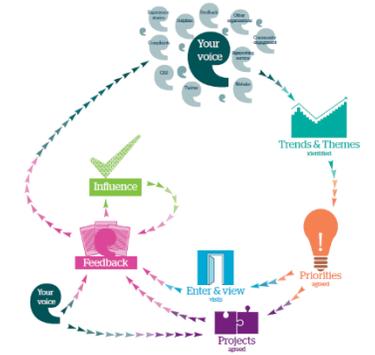


# Influencing Work Plan 2016-17

In particular, what effect does HWSy seek to have?

An increase in:

- Thoughts about people and the impact of services (commissioners/providers/practitioners)
- Positive thoughts about the value of people being involved in decisions about their services (ALL)
- Behaviours and action that enables increasing involvement of people in decisions about their services (ALL)
- Knowledge about the experiences, views and needs of particular communities and topics (commissioners/providers/practitioners)
- Action to investigate experiences of services to address poor practice / share good practice (commissioners/providers)



# Influencing Work Plan 2016-17

## > Principles

All HWSy activity that seeks to shape and challenge (AKA ‘influence’) local services will be guided by the following principles.

These principles will apply to the commitments within this plan, but also to activities undertaken when responding to and adapting to opportunities throughout the year. Activity that is:

Principles	Relationship enhancing	There are improved perceptions of credibility, trust and respect amongst commissioners, service providers, practitioners and the public.
	Innovative	Activity has not been restricted to the established ways of working within Healthwatch Surrey and/or the health and social care landscape.
	Solutions focused	The value of involving local people - directly and indirectly - in decisions about services has been demonstrated in our work. Relationships and consultation with commissioners, providers and practitioners has been a key enabler in achieving this.
	Inclusive	Wider and more representative involvement of local people in decision making processes has been achieved as a result of our activity.
	Respect plurality	Respect has been given to the fact that there will be numerous and differing personal views and experiences amongst people that access the same services. Whilst our activity seeks to be evidence-based and conclusive, we have never presented our views or evidence as representative of the people we serve.
	Empowering	Leading by example; achieving things with and through the people and communities we serve; but also enabling people to achieve change for themselves e.g. providing information, advice and signposting related to opportunities for involvement in decision making

# Influencing Work Plan 2016-17

## > Methods

Some established methods of influencing will be used. These include:

Methods	What we've heard meetings	Providing challenge through the amplification of a selection of local voices in regular meetings with commissioners which leads to outcomes (assurance, acknowledgement, action) for local people and increased credibility of that voice.
	Escalation of issues	Sharing emerging themes and individual experiences with commissioners, regulators, other organisations and the HWSy Enter & View Panel which could lead to further investigation and action.
	Participation in Boards	Making an independent, consumer-focused challenge and contribution in decision making forum; wherever possible providing insight into the lived experiences of those that are seldom heard.
	Communications	Communicating to commissioners, providers and the public using HWSy media channels.
	Facilitating involvement	Implementing projects that engage with people around specific topics which leads to findings and, wherever possible, conclusions and recommendations.

## > Thematic Priorities

The setting of thematic priorities provides an important focus for our work. These priorities have been informed by what people have reported to HWSy. Local people are also involved in this decision making process through our Priorities Recommendations Group which makes recommendations directly to our Board. What we are seeking, and the activity we are undertaking, around each of our thematic priorities for 2016-17 is documented below.

# Care Home residents

## The issue

People have shared with HWSy that this service has a higher proportion of negative experiences associated with it than many other services. These services in Surrey are also comparatively worse than in the rest of England (CQC). According to Age UK there are significant barriers for older people to express their views about their care and indeed, many of the stories that Healthwatch Surrey hears about care homes come via a third party e.g. a relative or staff member. Healthwatch Surrey would like to hear from the residents themselves.

## Our aspirations:

1. Commissioners and providers in Surrey meet the National Institute of Care Excellence (NICE) quality standard (Q550) Mental Wellbeing of Older People in Care Homes
2. A new Adult Social Care Quality Assurance framework is introduced which ensures that commissioners and regulators can respond to non-complaint feedback
3. People in care homes in Surrey are given a means to safely share their views and experiences.

## What we will do (*and desired outcomes*):

1. Facilitate involvement: An Enter & View programme which focuses on quality of life - autonomy, relationships, emotional wellbeing - of Care Home residents which leads to a report with conclusions and recommendations (*positive response from decision makers, adoption of recommendations*)
2. Participate in Boards: Contribute to the leadership of the Surrey County Council hosted review of the Adult Social Care Quality Assurance framework (*a new system is introduced and there is evidence that non-complaint feedback AKA low level feedback plays an influential part in decision making, 'relationship' outcomes*)
3. What we've heard meetings: Relay evidence - our own and other evidence - about the views and experiences of Care Home residents in 'What We've Heard' meetings and in the Adult Social Care Quality Surveillance Group (*'amplifying voice' and 'escalation' outcomes*)
4. Creation of a Care Home fact sheet sharing the good practice identified in the Enter and View project (*positive response from decision makers, 'relationship' outcomes*)

# Hospital Discharge

## The issue

National research (Healthwatch England) identifies that people are experiencing a lack of co-ordination between different services at the point of leaving Hospital. They are often feeling left without the services and support they need after discharge. They also do not always feel involved in decisions about their care or have the information they need. Furthermore people feel that their full range of needs are not considered. There is also a particularly high proportion of negative experiences shared with HWSy about 'After care' following a stay in hospital.

## Our aspirations:

1. Upon admission to a hospital ward people should be provided with simple and easy-to-read information about the discharge planning process (including short hospital stays and general advice about post-discharge support and care)
2. Upon discharge, hospital staff ensure that all patients' questions regarding diagnosis, medication, follow-up care and post-discharge care are answered and communicated in verbal and written forms (i.e. discharge letter)
3. A reduction in delays on day of discharge due to problems with transport service arrangements and pharmacy holdups

## What we will do (*and desired outcomes*):

1. Facilitate involvement: Investigate the views and experiences of people in Surrey which leads to a report with conclusions and recommendations (*positive response from decision makers, adoption of recommendations*)
2. What we've heard meetings: Relay evidence - our own and other evidence - about the views and experiences of Hospital Discharge in 'What We've Heard' meetings and in Systems Resilience Groups (*'amplifying voice' and 'escalation' outcomes*)
3. Facilitate public involvement: VOICE IT! and VOICE Network activity which leads to a report documenting the views and experiences of particularly seldom heard groups (*more is known about the impact of poor Hospital Discharge experiences of specific communities*)

# Mental Health

## The issue

Once people have self-referred and benefited from access to six Cognitive Behavioural Therapy (CBT) sessions through the IAPT pathway they are not able to access further sessions until after a 3 month break period. Timely access to services is a primary concern for the majority of people responding to The Five Year Forward View - Mental Health Taskforce, with 1 in 3 citing the need for choice of treatment as a top priority.

The Independent Mental Health Network (users and Carers) believes that this policy may intensify problems and erode progress made during the six sessions, particularly for clients with intense, immediate or long term needs. There are also concerns about how people are communicated with on this policy.

## Our aspirations:

1. The Independent Mental Health Network feel well supported by Healthwatch Surrey to shape early intervention in Mental Health
2. A new policy on access (including communication with people) to CBT and associated interventions is introduced that has been co-produced and meets national standards

## What we will do (*and desired outcomes*):

1. Facilitate involvement: VOICE IT! and VOICE Network activity which leads to a report documenting the views and experiences of particularly seldom heard groups (*more is known about the impact of lack of early intervention in Mental Health on specific communities*)
2. Facilitate involvement: Attend the Independent Mental Health Network, sharing our evidence and supporting participation in the group (*feedback from the Independent Mental Health Network, outcomes achieved by the group*)
3. What we've heard meetings: Relay evidence - our own (including Community Cash Fund outputs) and other evidence - about the views and experiences of people who would benefit from early intervention in Mental Health in 'What We've Heard' meetings (*'amplifying voice' and 'escalation' outcomes*)
4. Participation in Boards: Share insight into Mental Health views and experiences of Children & Young People in the Children's Health & Wellbeing Board (*'relationship' outcomes, 'amplification of voice' outcomes*)

# GP appointments

## The issue

Patient experience of making a GP appointment is deteriorating (IPSOS Mori) and evidence suggests significant variation in performance across Surrey (IPSOS Mori, HW Surrey). The effects of this on patient outcomes are unknown.

## Our aspirations:

1. There will be no practice operating an emergency booking system policy which requires frail older people to queue up outside for an appointment
2. There will be a reduction in the number of practices where people experience an engaged tone when phone lines are busy and where a premium phone line is provided
3. The experience of making a GP appointment improves and becomes more consistent across Surrey

## What we will do (*and desired outcomes*):

1. Facilitate involvement: VOICE IT! and VOICE Network activity which leads to a report documenting the views and experiences of particularly seldom heard groups (*more is known about the impact of poor experience of making appointments of specific communities*)
2. Facilitate involvement: Actively engage with Patient Participation Groups (PPGs) to establish mechanisms to identify and share good/poor practice amongst surgeries and to capture more views and experiences through members of PPGs (*positive feedback from PGG participants, 'relationship' outcomes, more experiences captured through PPGs*)
3. Communications: Raise awareness amongst decision makers and the public of the issues certain communities are facing when trying to make a GP appointment (*media coverage, agenda items within CCG Governing Body meetings and the Health & Wellbeing Board*)
4. What we've heard meetings: Share insight into the experience and views of people on GP appointments (*'amplifying voice' and 'escalation' outcomes*)

# NHS Complaints

## The issue

People often experience barriers to getting the best from the NHS Complaints process including a lack of information, lack of confidence in the system to resolve concerns, feelings of confusion and the complexity of the system (Healthwatch England).

One of the consequences of the experience of these barriers is the referral of complaints to the Parliamentary Health Service Ombudsman. Fourteen complaints to service providers in Surrey were referred to and upheld by the national Parliamentary Health Service Ombudsman in 2015.

## Our aspirations:

1. More people access support from the NHS Complaints Advocacy service and have a good experience
2. There is a reduction in the number of complaints being referred to and upheld by the PHSO
3. More people receive information about how services have learnt from their complaint and if it has changed their practice

## What we will do (*and desired outcomes*):

1. Facilitating involvement: Enter and View visits which focus on the availability and accessibility of complaints information which leads to a report and recommendations (*positive response from decision makers, adoption of recommendations*)
2. Participation in Boards: Host a Surrey-wide forum for Complaints & Patient Experience Managers across health and social care to reflect on people's experiences of the complaints process (*positive response from decision makers, 'relationship' outcomes, 'amplifying voice' and 'escalation' outcomes*)
3. What we've heard meetings: Relay evidence - our own and other evidence - of the experience and views of people about complaints processes (*'escalation' outcomes*)
4. Participation in Boards: Share insight into experiences of the complaints processes in the Wellbeing & Health Scrutiny Board (*scrutiny item secured related to NHS Complaints, 'relationship' outcomes*)

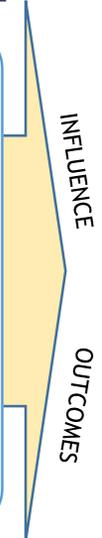
# Influencing Work Plan 2016-17

**Vision**  
 Healthwatch Surrey is the respected, trusted and credible champion of the consumer for health and social care in Surrey. Our role, function and services are known, understood and valued by consumers and therefore they readily contact us. Our influencing is based on sound evidence, knowledge and insight. As a social enterprise we have secured a growing and sustainable future.

- Priorities**
- Empowering the voice of Care Home residents
  - Investigating the experience of Hospital Discharge
  - Shaping early intervention in Mental Health
  - Improving the experience of making a GP appointment
  - Getting the best from the NHS Complaints process

**Our aspirations**

<ul style="list-style-type: none"> <li>1. Commissioners and providers in Surrey meet the National Institute of Care Excellence (NICE) quality standard (Q550) Mental Wellbeing of Older People in Care Homes</li> <li>2. A new Adult Social Care Quality Assurance framework is introduced which ensures that commissioners and regulators can respond to non-complaint feedback</li> <li>3. People in care homes in Surrey are given a means to safely share their views and experiences.</li> </ul>	<ul style="list-style-type: none"> <li>1. Upon admission to a hospital ward, people should be provided with simple and easy-to-read information about the discharge planning process</li> <li>2. Upon discharge, hospital staff ensure that all patients' questions regarding diagnosis, medication, follow-up care and post-discharge care are answered and communicated in verbal and written forms</li> <li>3. A reduction in delays on day of discharge due to problems with transport service arrangements and pharmacy holdups</li> </ul>	<ul style="list-style-type: none"> <li>1. The Independent Mental Health Network feel well supported by Healthwatch Surrey to shape early intervention in Mental Health</li> <li>2. A new policy on access (including communication with people) to CBT and associated interventions is introduced that has been co-produced and meets national standards</li> </ul>	<ul style="list-style-type: none"> <li>1. There will be no practice operating an emergency booking system policy which requires frail older people to queue up outside for an appointment</li> <li>2. There will be a reduction in the number of practices where people experience an engaged tone when phone lines are busy and where a premium phone line is provided</li> <li>3. The experience of making a GP appointment improves and becomes more consistent across Surrey</li> </ul>	<ul style="list-style-type: none"> <li>1. More people access support from the NHS Complaints Advocacy service and have a good experience</li> <li>2. There is a reduction in the number of complaints being referred to and upheld by the Parliamentary Health Service Ombudsman</li> <li>3. More people receive information about how services have learnt from their complaint and if it has changed their practice</li> </ul>
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- Principles & Methods**
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|---------------------------|----------------------|-------------------------|----------------|--------------------------|------------|
| Relationship enhancing    | Innovative           | Solutions focused       | Inclusive      | Respects Plurality       | Empowering |
| What we've heard meetings | Escalation of issues | Participation in Boards | Communications | Facilitating involvement |            |

- HW/SY Work plan**
- Build relationships
  - Raise awareness
  - Increase evidence
  - Find voices
  - Thematic priorities
  - Emerging issues
  - Empowering volunteers
  - Improve sustainability
  - Review structure

- Values**
- Tenacious
  - Adaptable
  - Creative
  - Compassionate