

From: Kate Scribbins

Date: March 2022

Final DRAFT Healthwatch Surrey Local Healthwatch work plan 2022/23

Note: This work plan is subject to restrictions placed on our ability to carry out our work due to Covid-19 measures, and is therefore subject to change and review with our commissioners. We will keep this workplan under regular review.

This work plan should be read in conjunction with our Community Engagement Strategy; our Volunteer Strategy; our Comms and Awareness Strategy and our Thematic Priorities.

Under our revised Thematic Priority strategy (agreed Feb 2022) we will carry out one project under each of the following headings: Physical health; mental health and social care. We will also carry out one project on an emerging issue.

CONTEXT

As last year, this local Healthwatch workplan needs to be seen against a context of significant uncertainty on the following fronts:

1. The impact of Covid in various ways:
 - knock on effects and delays to most other health services and increases in waiting lists
 - the spotlight on differential impact on different communities and health inequalities
 - increase in demand, particularly for mental health services
 - reluctance of some to engage with NHS services
 - the impact on public views about the NHS and social care – stoicism and reluctance to complain amongst some citizens
 - potential tsunami of feedback and complaints in due course.
2. Changing architecture of Surrey system as balance between Surrey-wide and place-based decision-making develops, and integrated commissioning rolls out.

During two years of operating with the impact of Covid, we have developed agile ways of working, and adapted our priorities to enable us to gather and feed back insight from the public in a timely fashion, to inform fast-moving work programmes. We have shown that we can continue to hear from users of services, to conduct our project work, and add value to system work such as the discharge process for carers, and the dementia strategy.

Many of the areas of focus in this local Healthwatch workplan remain the same as the previous year. As we embark on our second year of budget reductions, we continue our move towards quality rather than quantity, and gathering stories that can make a big impact in our priority areas, rather than hearing from users of all health and care services in Surrey. We are mindful of the power of

story-telling and maximising the impact we can make in a system which relies heavily on data. We are constrained in our ability to carry out large awareness-raising campaigns across Surrey, so will need to increase our call on system partners to promote our services, which will require excellent relationships. We will continue to explore, within the constraints of our resources, how we can best input into our 5 place systems as well as our Surrey-wide system.

In order to deliver on our mission and vision and our LHW contract, we have a number of strategic priorities for 2022/23:

1. Thriving

- 1.1. Continue to deliver excellent service under our Healthwatch contract, and to meet our KPIs, whilst adapting to a further reduction in core funding via rigorous prioritisation; ensuring value for money across all service lines; re-modelling our volunteer support offer.
- 1.2. Ensure our Helpdesk, website, Independent Health Complaints Advocacy service are promoted both by us and by commissioners and providers, with a refreshed Communications and Awareness Strategy
- 1.3. Work with Helpdesk and Advocacy to ensure we maximise the potential of the contacts we have with people and collection of demographic data
- 1.4. Ensure we are agile and responsive and reach out to system partners to understand what is valuable to them as well as maintaining our independent priorities and challenge
- 1.5. Champion public involvement in system architecture as it evolves
- 1.6. Be known and respected for our expertise in engagement and reach into communities – develop our ability to link with community leaders/influencers/groups to empower them, build different models of engagement, and to enable us to hear more
- 1.7. Have active volunteer groups in all areas and maximise the contribution made by our volunteers
- 1.8. Continue to learn from new ways of working (e.g. working from home and remote engagement).

2. Hearing more

- 2.1. Continue our Community Engagement Strategy to focus on each *place* in turn and ensure that we build on our knowledge of health inequalities to focus our resources on reaching out to those at risk of inequalities and who are harder to reach/less well heard
- 2.2. Develop our engagement model around clusters to try to see everything through the lens of health inequalities; how much resource do we need to commit to ensure clusters have meaningful impact; consider building ongoing relationships with people prepared to feed back to us over time
- 2.3. Work with system partners to enable us to hear more from care home residents, users of home care services, children and young people and others who may not find it easy to have their voices heard. Ensure we are using our Enter and View powers as part of this.
- 2.4. Build links with universities to hear more from young people, and develop Young Healthwatch's ability to reach out to peers
- 2.5. Focus on depth and quality of stories shared with us, and permission to share/re-contact, rather than breadth/coverage of all NHS, social care and public health services
- 2.6. Build use of quick surveys, and polls, to raise awareness and complement more in-depth, focussed engagement

- 2.7. Build and support volunteer involvement in engagement to enable us to hear more from local people (Community Listeners), so that we have volunteers actively involved in all areas in engaging with local groups and direct with people
- 2.8. More people coming to us proactively to share experiences as a result of higher profile, promoted by providers and commissioners
- 2.9. System partners doing more to actively promote us (e.g. signposting to us in appointment letters and clearly on their websites)
- 2.10. Work through VCSE Alliance to build relationships with VCFS organisations so that we can hear more from them and help amplify voice and issues

3. Sharing more

- 3.1. Have a clear offer of what we can share and how involved we can be at place under our HW contract, and what needs to be commissioned separately
- 3.2. Empower and support more local people to be involved in local services by increasing volunteer involvement with system engagement and transformation by developing our Strategic and Community Influencers
- 3.3. Ensure we are at the right places, both at place and Surrey-wide, to have influence both to share insight and to be a critical friend to engagement
- 3.4. Concentrate on clusters and themes when reporting and be particularly curious/interested in those which impact on people at risk of health inequalities
- 3.5. Volunteers actively engaged in all areas at PCN and ICP level in helping us share insight, network with those involved in engagement, and promote public involvement
- 3.6. Maximise our use of work done by Healthwatch England and make best use of it within our local system
- 3.7. Develop further our relationships and proposition with VCFS organisations to ensure we understand respective roles and remits and collaborate effectively without duplication
- 3.8. Ensure maximum influence by being selective about which boards/committees we attend; have clear and consistent rationale for attendance.

4. Having an impact

- 4.1. Ensure our insight is as influential as possible when we share it, by:
 - being tenacious in following up
 - developing our use of videos and case studies
- 4.2. Being tenacious in following up on CONCs where we think we have a chance of an outcome.
- 4.3. Being tenacious in following up our project recommendations
- 4.4. Continue to report on our impact and evolve our impact reporting

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