

HOW ARE WE DOING?

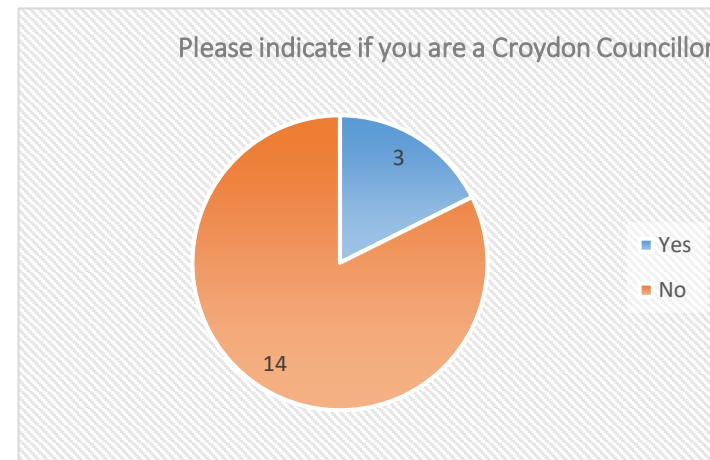
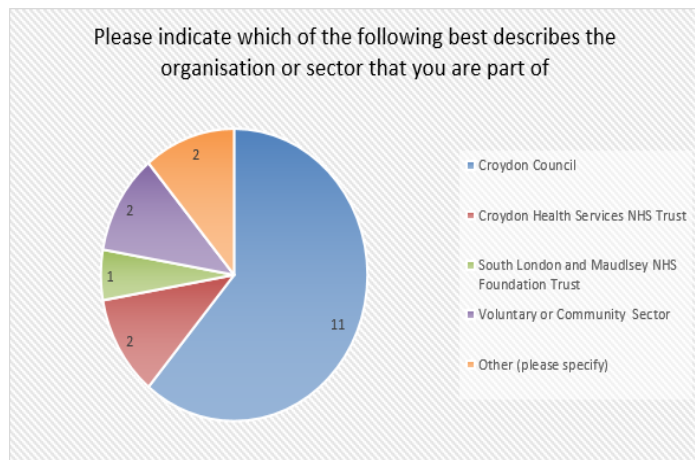
**HEALTHWATCH CROYDON SURVEY OF
STATUTORY AND VOLUNTARY PARTNERS
JULY 2017**

Executive Summary

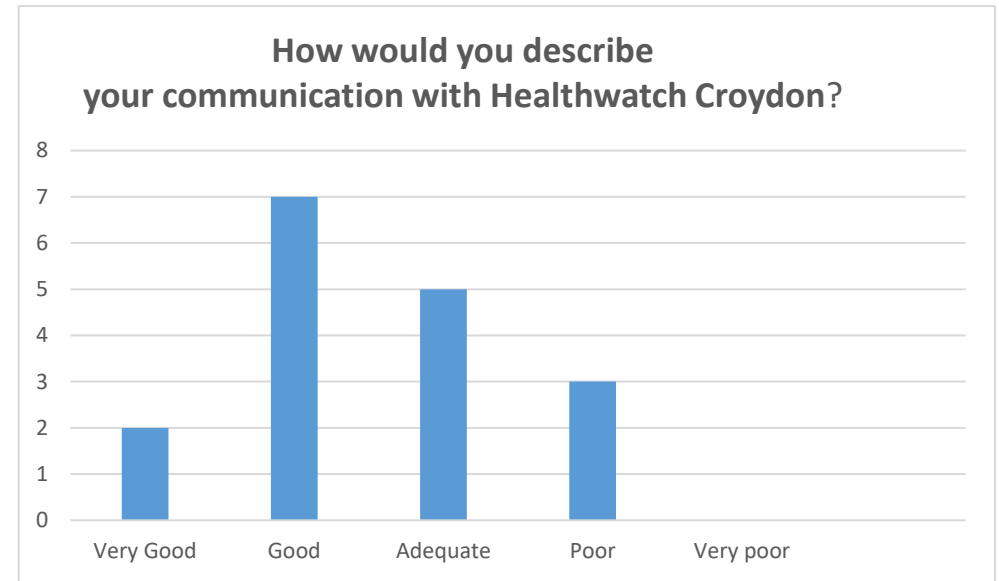
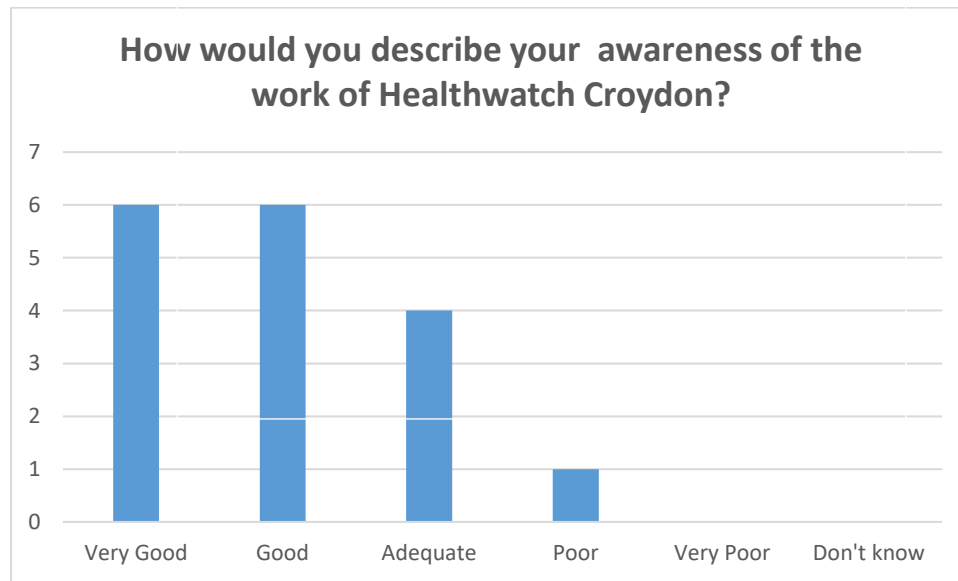
The intention of the survey was to get feedback from statutory and voluntary sector partners of Healthwatch Croydon. This group was specifically chosen as it is a sector that HWC need to be confident in challenging, be able to influence and to work collaboratively with. The survey was sent to organisations from the London Borough of Croydon, Croydon Clinical Commissioning Group and the Voluntary and Community Sector. The survey ran from the 7th June to the 28th June 2017 and was distributed electronically.

Stakeholders

Adult and Social Care (14)
Croydon Councillors (10)
Public Health (4)
Adult Safeguarding (1)
Croydon CCG (6)
Croydon University Hospital (3)
Voluntary and Community Sector (6)

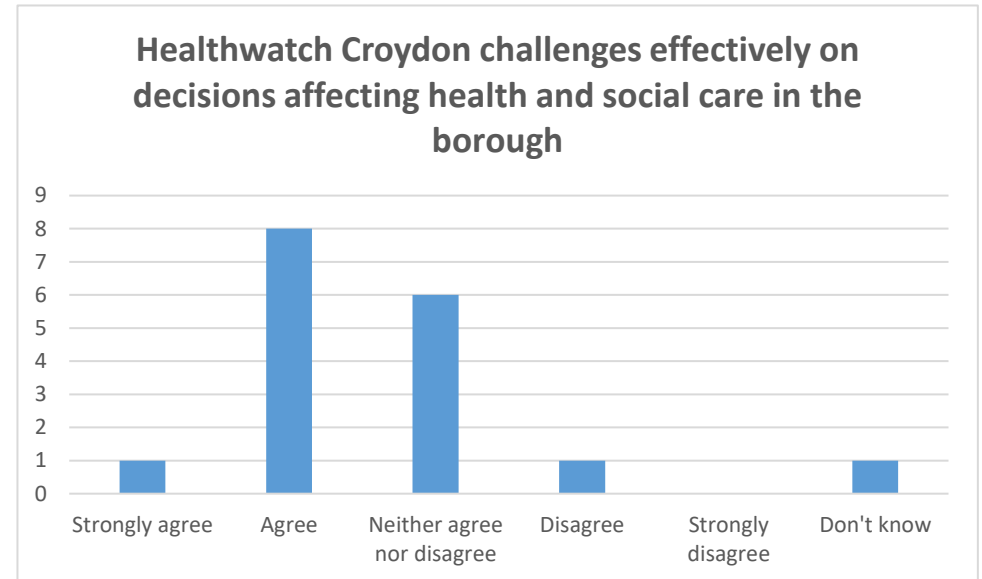
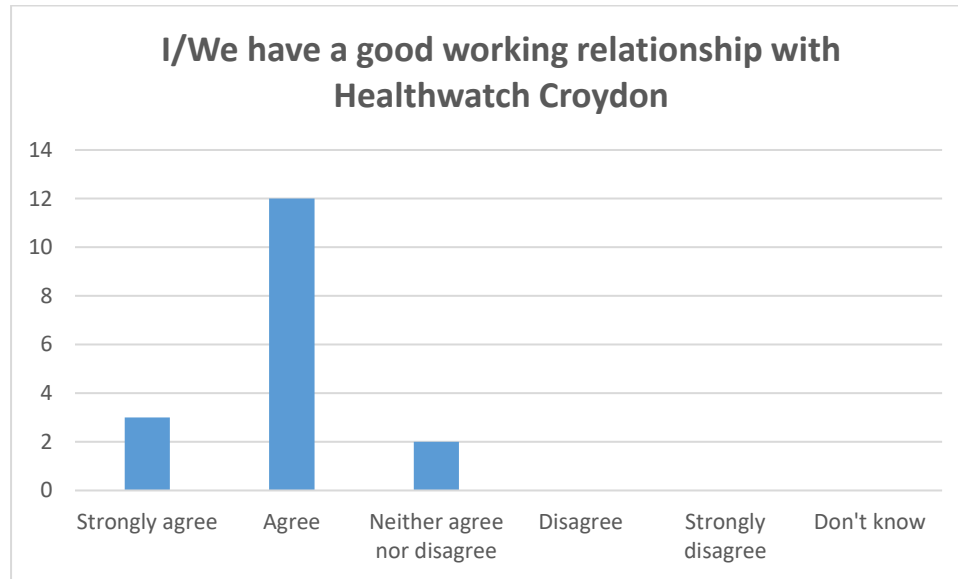


1 - Awareness and Communication



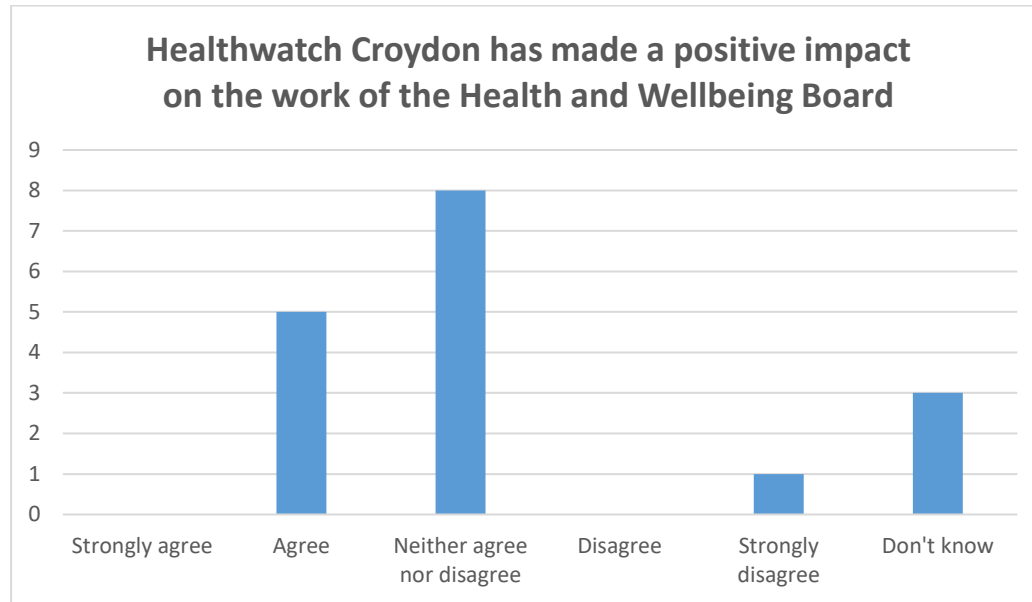
Twelve out of 18 respondents had either a good or very good awareness of Healthwatch Croydon. This may be attributed to the work we have done in building contacts with the local press and developing press releases to publicise important issues. However, nine described their communication with HWC as good or very good with saying that it was only adequate and this is an area that we would like to see improvement in.

2 - Working relationships and challenging decisions



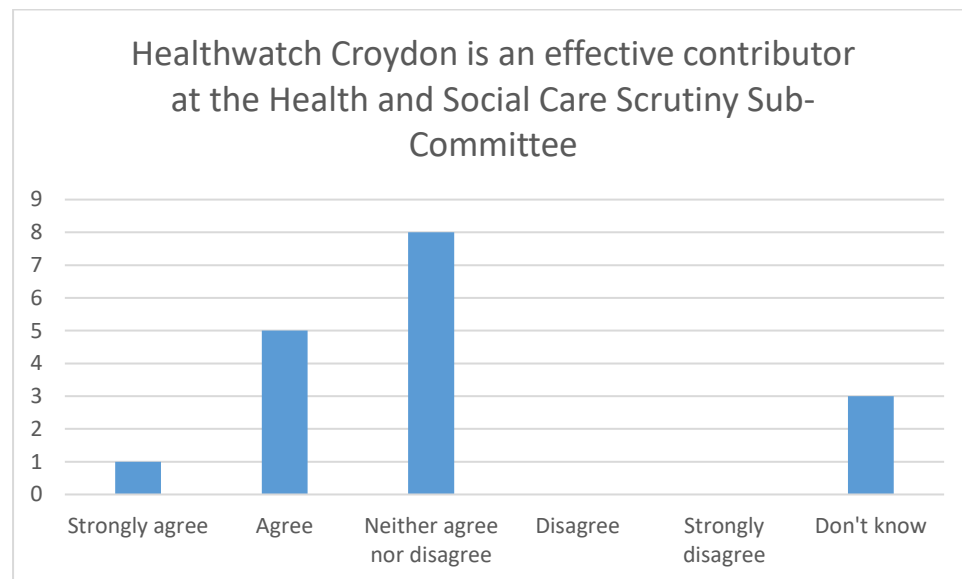
The vast majority of those surveyed (15) felt that there was a good working relationship with HWC. Only 2 respondents were non-committal, while none of those surveyed disagreed that there was a good working relationship in place. Ten of the 18 respondents agreed that HWC provided an effective challenge to Health and Social Care decisions in the borough. Six of those surveyed were non-committal - perhaps had not seen sufficient evidence of this whilst one respondent felt that we were not effective in this respect.

3 - Impact on Health and Wellbeing Board



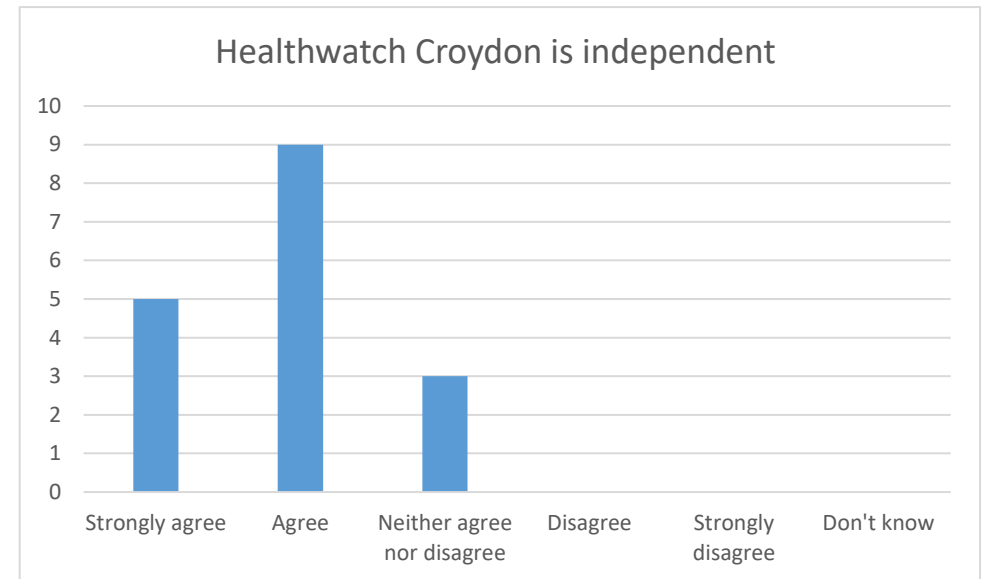
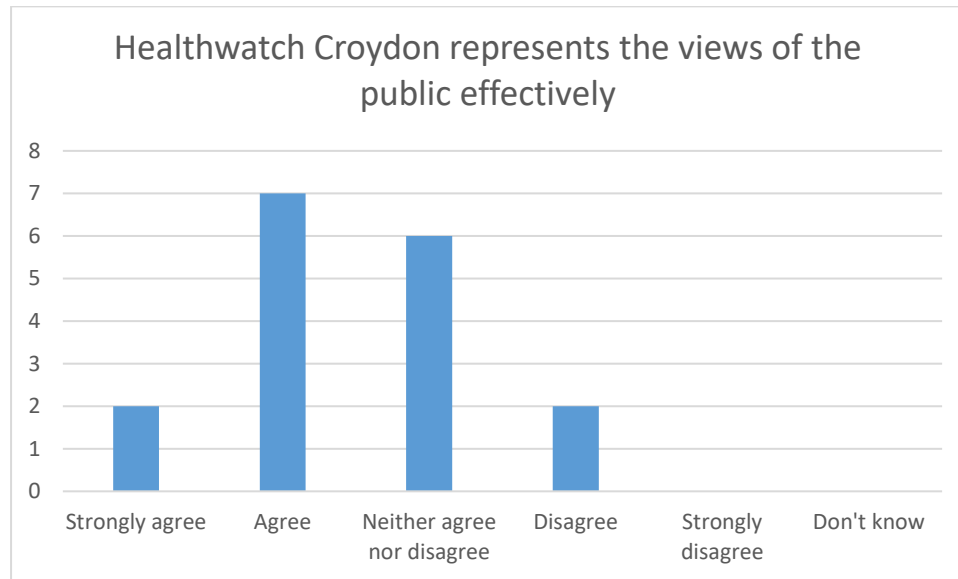
The HWBB are one of the main levers of influence for HWC. We have a seat at the board and are able to use this to question and seek clarity on and make suggestions to many of the initiatives and strategies that are presented there. We have also contributed to a number of task and finish groups, most recently to review the effectiveness of the borough wide mental health strategy. We also use the board to provide 'soft intelligence' in the form of patient opinion/experience where we have it and present the findings of our detailed reports. Over the past year our approach in this respect has changed and we now ensure that where recommendations are targeted against specific service providers, we liaise with and talk them through the recommendations to be presented in advance of the HWBB. This has had particular effect recently with our report on the sexual health of teenagers leading to agreement from public health to work with us on engaging teenagers in the design and delivery of a sexual health services in the borough. As we refine this approach we would anticipate the perception of our impact increasing from its current rating.

4 - Impact on Health and Social Care Scrutiny Sub-Committee



Six out of 17 of respondents agreed or strongly agree with this statement. Whilst there were no respondents who disagreed with this question the majority were those who didn't know (perhaps didn't attend the meetings) or were non committal. HWC's data analyst Darren Morgan provided attendance at the meetings for the majority of time. The chair of the Health and Social Committee, said last year. *"Darren Morgan has been a valuable member of our committee, able to provide a patient centered focus and bringing his expertise to the fore in questioning Councilors, Council Officers and Healthcare Commissioners and Providers. We welcome having a representative from Healthwatch to assist with fulfilling our statutory duty of holding health and social care providers to account."* Darren's employment changed from November 2016 from full time to contract and he was unable to attend the meetings. That left a gap in our attendance for two months which has since been filled by a board member with extensive research and academic experience of the health and social care arena. We anticipate that the number of non committal responses would have been much lower had there been a continuous presence on the committee.

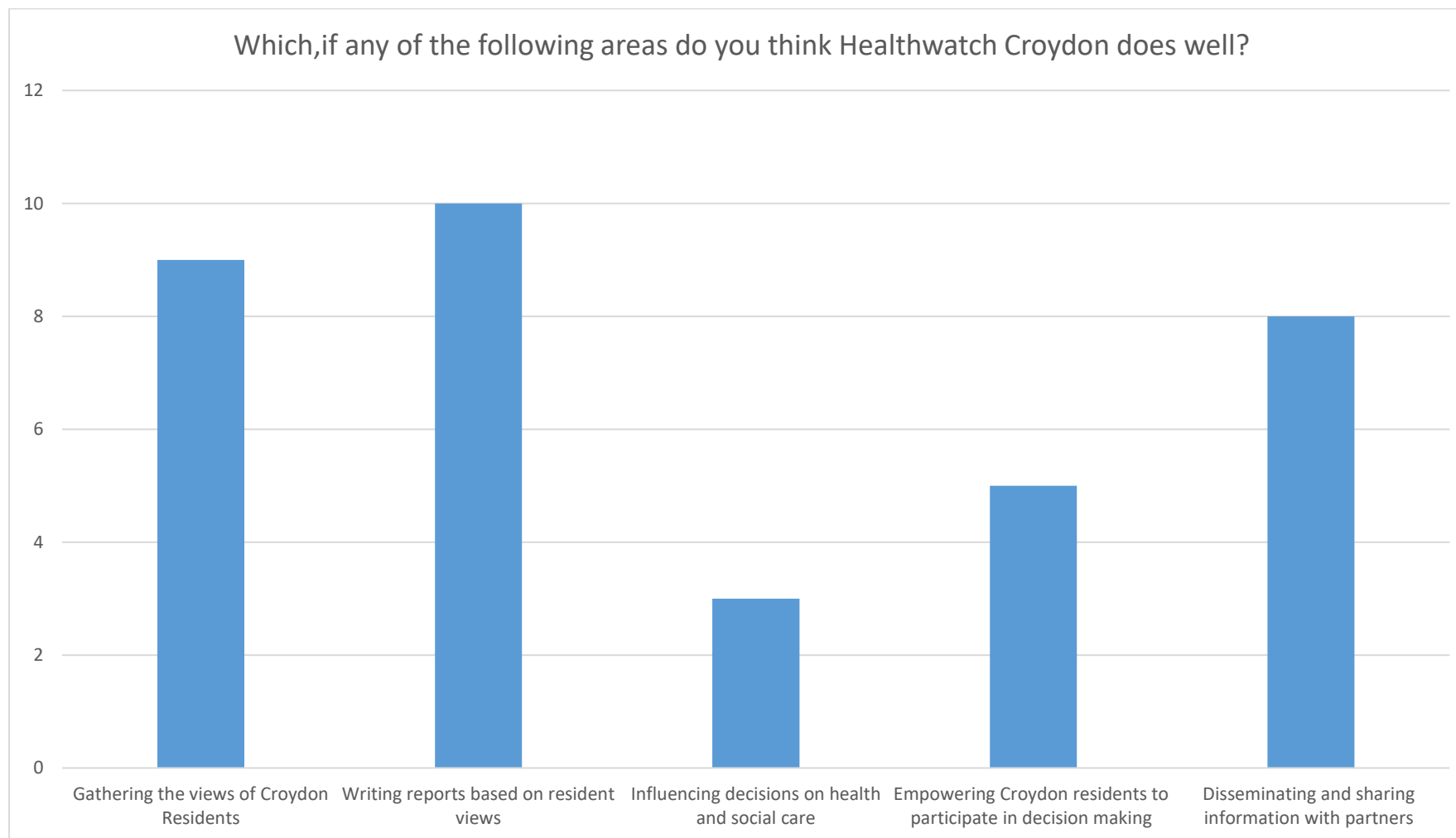
5 - Representing the public and being independent



Our independence of purpose, voice and action, while working to local evidence based priorities is key to our success. It enables us to represent the interests of those who lack the power of influence. To achieve this, we must be seen to be, and actually be, independent of the local authority and neither the health and wellbeing board nor the local authority should dictate priorities, stifle messages, or in any way prevent us from doing our work.

Our independence (and therefore ability to be critical when necessary) from statutory bodies was strongly acknowledged by stakeholders with 15 respondents strongly or very strongly acknowledging our independence.

6 - What areas does Healthwatch Croydon do well?



7 - Some qualitative feedback

a) How could Healthwatch Croydon be more effective in challenging decisions on Health and Social Care in the borough?

Comment	Our reflections on the comments
<i>“Efforts have been made to build relationships and to raise the profile of Healthwatch Croydon and it is my impression that this area is improving”.</i>	We will develop a formal stakeholder plan to ensure relationships continue to be developed and improved.
<i>“I think health watch could work better in partnership with other organisation to present a collective voice and take into consideration what other groups already know. this would reduce duplication in services too”</i>	Partnership working is important and requires a certain skillset in terms of relationship building and collaborative working. These are areas that we will bear in mind when we recruit. We have recently commenced partnership working with the BME Forum and the Asian. Resource Centre around social care and also Mental Health in the borough.
<i>“Staff who work on front line need to understand what health is there for and should have a way in feeding into this”</i>	At present front-line staff are considered as service providers and are not always included in our work. Going forward, we will give consideration to whether we access the views of frontline staff as well as patients in our outreach.
<i>“Not so much as challenging but engage with LBC in a co-production way”</i>	We have heard that certain organisations have found us at times to be overly challenging. Whilst we need to be seen as a critical friend of statutory organisations, it is clear that we have a better chance of bringing about necessary change by working with these organisations as

	<p>opposed to against them. At the same time, we will retain our right to challenge when necessary.</p> <p>We will endeavour to inform all parties with a vested interest of our research/engagement prior to conducting the work and where possible incorporate any of their concerns in our outreach/research questions.</p> <p>Our sexual Health report and the follow up actions developed in conjunction with Public health are a good example of this.</p>
<p><i>“While this should be one role of Healthwatch, there are legal committees with this role- and Healthwatch are part of this. There is one USP of Healthwatch and that is the independent (ish) voice of service users identifying issues in the system, being a service user champion- working with commissioners and providers when there are problems identified in the system”.</i></p>	<p>Our ways of assessing publicly funded healthcare organisations using for example enter and views is currently under review with a view to recommencing the enter and view program in Q2.</p> <p>We will also be implementing the service feedback centre from a company called LHM.</p> <p>We will look for opportunities to develop stronger and more open relationships with commissioners.</p>
<p><i>“Greater transparency within the organisation”</i></p>	<p>To be considered on an ongoing basis by the CEO as part of good management practice and the board as part of good governance.</p>

<p><i>“Be more visible to the community to ensure that a broad spectrum of local people’s views is represented”</i></p>	<p>We have recently recruited to the position of volunteer and outreach coordinator, to increase our visibility to the public.</p> <p>We will test our visibility to the community in our next survey</p>
<p><i>“Highlighting patient experiences and what good would look like, describing pressures on staff and resources that might be addressed to improve services to patients”.</i></p>	<p>Our research reports focus on patient experiences. We will consider if and how to emphasise more on staffing and resource issues when appropriate.</p>

b) In what areas of work, if any, do you think that Healthwatch Croydon could improve?

Comments	Reflections on the comments
<i>“Continue to build relationships and engage with partners. Maximise the opportunities having a new senior team within Adult Social Care and All Age Disability within LBC brings”</i>	We have recently met with the senior team of Adult Social Care and our stakeholder management plan will assist in continuing to build these relationships. However, we need to make sure that we are not perceived as delivery agents of the council and our role as a critical friend is clearly understood.
<i>“Empowerment of local people on health and Care matters”</i>	We have operational objectives to run training courses on the local Health and social care economy with a view to empowering local people to be part of the decision-making process.
<i>“Influencing decisions on H&SC, Focusing on wider minority Groups”</i>	We need to make sure that we are continuing to involve minority and hard to reach communities in our work.
<i>“Gather a broad range of feedback from different age groups and making proactive suggestions on how patient care could be improved or systems changed. Feedback to public to close the loop”</i>	Our feedback loops to the public need to be reviewed, especially to those who have contributed to our outreach.
<i>“partnership working and looking at particular communities in more detail”.</i>	Partnership working is important but requires a certain skillset in terms of relationship building and collaborative working. These are areas that we should bear in mind when we recruit. We have recently commenced partnership working with the BME Forum and the Asian Resource Centre around social care and also Mental Health in the borough.

<p><i>“Engaging local residents, influencing decisions on health and social care”</i></p>	
<p><i>“Improving their visibility to ensure the community knows they can get support to have their views heard”</i></p>	<p>Our outreach plan is quite extensive and should ensure the public have greater exposure to Healthwatch Croydon. However, we need to make sure that we are reaching all segments of the community and this will be fed into our outreach plans.</p>
<p><i>“Greater cooperation with LBC- joint working</i></p>	<p>Our sexual Health report and the follow up actions developed in conjunction with Public health are a good example of this. We will endeavour to inform all parties with a vested interest of our research/engagement prior to conducting the work and where possible incorporate any of their concerns in our outreach questions. We will avoid making numerous recommendations unless necessary and work with service providers/commissioners to identify the smallest change that can make the biggest impact. At the same time, we will retain our right to challenge when necessary.</p>