



On equal terms

Then and now

Healthwatch Shropshire Annual Report 2020-21

Contents

	Page
Message from our Chair	2
About Us	3
Highlights from our year	4
Then and now	5
Then and now: Access to primary care	8
Then and now: End of life	14
Then and now: Maternity and mental health	18
Then and now: Social prescribing	21
Responding to COVID-19	23
Our volunteers	27
The Independent Health Complaints Advocacy Service	30
Our finances	32
Next steps and Thank you	33
Statutory Statements	35
Contact us	39

Message from our Chair



“I am very proud of the work of Healthwatch Shropshire during 2020-21. In common with every other organisation, we had to make radical changes to the way we work, but our small team rose to the challenge enthusiastically.

We introduced a ‘new look’ to our website, in order to make it easier to use. Because of COVID 19, there was a doubling of the number of ‘hits’ from people viewing the site, compared with 2019/20. We also saw significant increases in the numbers of people following the information we put out on social media: Facebook, Twitter and Instagram. In terms of keeping people updated on the constant changes during the early days and weeks of the vaccination programme, this was obviously valued, and proved to us that we are reaching more varied age groups and a wider section of the public than we had before.

At the same time, 2020 was the year the Government had set for major changes in ways of working for every NHS organisation in the county. In any major organisational change, people leave who have knowledge and experience of the local situation. This requires Healthwatch Shropshire to build new relationships with the different senior staff appointed and to ensure we could continue to influence decisions that were being made, by reflecting what people tell us about their experiences and what their priorities are. We are often the only organisation with the ‘long term memory’ and able to take a ‘bird’s eye’ view of the issues affecting different parts of the county.

The most obvious change to our own ways of working was the requirement to stop any face-to-face meetings with the public and individuals. This meant we could no longer do Enter and View visits and instead our volunteers were involved in other projects such as a digital audit of care homes websites and social media and participating in online focus groups.

In October we published our report on what you had told us about the ways the changes in making appointments with GPs and hospitals to phone, video and online appointments had affected you and your health.

As the restrictions ease, we look forward to continuing our work through engaging more with the public face to face, but building on what we have learned during the last difficult year. I hope you find this Annual Report interesting and that it gives you a flavour of the range of activities undertaken by our staff team and wonderful volunteers and how we share what people tell us about their experiences to influence organisations and services to improve the care they provide.”

Vanessa Barrett

Vanessa Barrett
Chair of Healthwatch Shropshire



About us

Here to make health and care better

We are the independent champion for people who use health and social care services in Shropshire. We're here to find out what matters to people and help make sure your views shape the support you need, by sharing these views with those who have the power to make change happen.

Helping you to find the information you need

We help people find the information they need about services in their area. This has been vital during the pandemic and the ever-changing environment and restrictions limiting people's access to health and social care services.

Our goals



1 Supporting you to have your say

We want more people to get the information they need to take control of their health and care, make informed decisions and shape the services that support them.



2 Providing a high quality service

We want everyone who shares an experience or seeks advice from us to get a high quality service and to understand the difference their views make.



3 Ensuring your views help improve health and care

We want more services to use your views to shape the health and care support you need today and in the future.



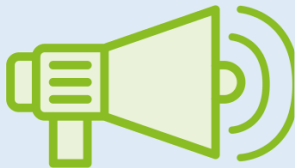
“Local Healthwatch have done fantastic work throughout the country during the COVID-19 pandemic, but there is more work ahead to ensure that everyone’s views are heard. COVID-19 has highlighted inequalities and to tackle these unfair health differences we will need those in power to listen, to hear the experiences of those facing inequality and understand the steps that could improve people’s lives.”

Sir Robert Francis QC, Chair of Healthwatch England

Highlights from our year

Find out about our resources and how we have engaged and supported people in 2020-21.

Reaching out

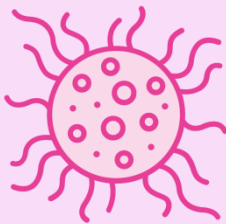


We heard from

1,131 people

this year about their experiences of health and social care, of these **876 people** were responding to surveys.

Responding to the pandemic



This year we provided information and signposting to

163 people

A further **745 people** used the 'Advice and Information' section of our website.

Making a difference to care



We published

11 reports

about people's experiences of services during the year.

In these we published

139 key findings and from this, we made **40 recommendations** for improvement

Health and care that works for you



19 volunteers and 6 staff

helped us to carry out our work. In total volunteers contributed 487 hours. The staff team is 4 full-time equivalent

We received

£162,000 in funding from the local authority

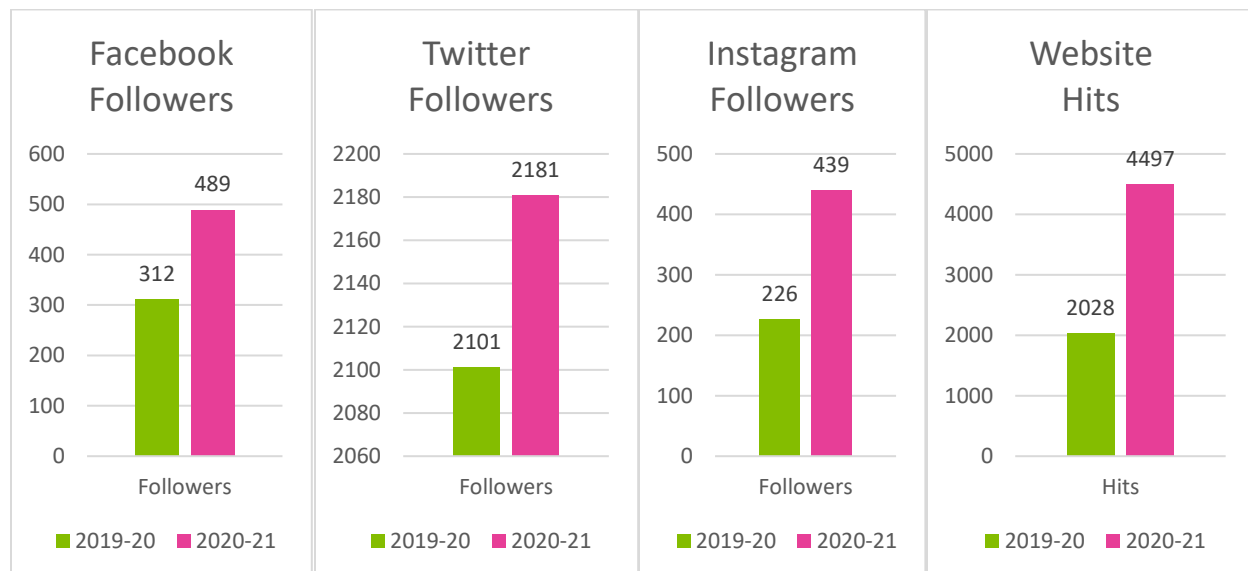
Then and now

At Healthwatch it can be difficult to show the impact that we make within one financial year as quite often, the difference that we make does not happen straight away but over a period of time. Here we describe how pieces of work we have done have continued to have an impact or influence the work we did during the pandemic.

With the arrival of COVID-19 so many different areas of health and social care have been impacted. As a result the pieces of work we had planned for 2020-21 had to take a different direction.

As the country went into the first lockdown in 2020 the staff team began working from home and all face-to-face engagement was put on hold including Enter & View visits¹. Our focus moved to reinforcing the Government and Public Health guidance about how people could keep themselves and their families safe by sharing information on our website and social media channels (Facebook, Twitter and Instagram).

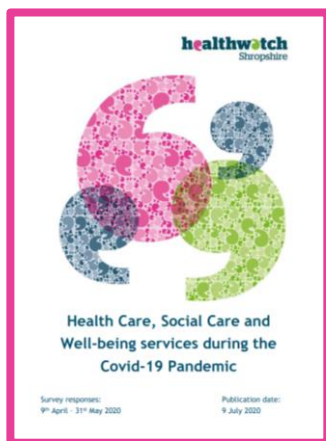
In 2020-21 we saw an increase in the number of people following us on social media and looking at our website



We continued to hear from people by phone and email and promoted our Freepost address each time we asked people to share their views and experiences with us to try and address the emerging digital inequality as we know that not everyone has access to or wants to use a computer or smartphone to communicate or find information.

¹ Enter & View visits are visits to publicly funded services (e.g. care homes) carried out by Authorised Representatives (specially trained volunteers) who make observations, collect people’s opinions and produce a report. For more information visit our website: <https://www.healthwatchshropshire.co.uk/enter-view>

Understanding the impact of the COVID-19 pandemic



In April 2020 we launched a survey to understand the impact the lockdown was having on people's access to health and care services and their general wellbeing. The report was shared with the health and social care system to help providers and commissioners identify any gaps in information and services they might be able to fill.

At the beginning of lockdown we did not know what impact COVID-19 would have in Shropshire and how challenging it would be for NHS and social care services so we asked open rather than direct questions to allow people to go into the detail they felt comfortable with.

The majority of people recognised the challenges the pandemic placed on the system and told us that they valued the NHS and wanted to protect it.

'My local GP has been answering questions on our local COVID Facebook page, which is brilliant as you can be sure that information is reliable and also reassuring.'

We ran the survey on our website from 9th April to 31st May. During this period, in order to help the system to be as responsive as possible, we produced four weekly interim reports to share our findings.

The survey was promoted on BBC Radio Shropshire, through our network of contacts, on our website and social media. We received a total of 568 responses from people across the county and over the border. The largest response to any survey we have run.

'I've volunteered with the local authority, and see people being kinder and more friendly.'

Key findings

- An average of 93% of people told us they had found it easy to find clear and understandable information about how to keep themselves and others safe.
- Not surprisingly, when we asked if the pandemic had affected people's mental health and wellbeing 64% of all respondents reported an impact, which included 15.5% who reported a 'significant' impact. Key workers and people working during the pandemic reported a greater impact on their mental health and wellbeing than those not working.
- Overall 40% of people told us that their healthcare had been adversely affected by the pandemic, this figure rose to 69% for those people with a disability

- On average 10% of people using social care services told us that their care had been affected by the pandemic, the highest figure being in May (16%).
- The main coping strategies included focusing on the positives, finding a new appreciation for the surroundings, staying active, getting outside and maintaining contact with family and friends and wider support networks.

We made five recommendations to the Shropshire Telford and Wrekin Sustainability and Transformation Partnership (STP) encouraging them to work together to:

1. Give the population clear information about the services available during lockdown and the steps being taken to make services safe or COVID free (e.g. GP practices)
2. Let people know when services would re-start and manage the expectations of people already known to services or on their waiting lists
3. Develop the mental health offer to support people with anxiety and depression as a result of the pandemic, including those who have become reluctant to leave their home and access services.
4. Support carers by doing everything possible to meet their need for emotional support and practical help wherever possible, including supporting them to stay in contact with their support networks (e.g. social and support groups).
5. Promote public health messaging about self-care and healthy lifestyles in the context of the pandemic, including healthy eating, exercise and relaxation / mindfulness techniques both for staff and the general public.

Sample comment:

🟢 **'People should not underestimate the anxiety, disorientation and depression generated or made worse by the crisis. Fear too – about dying, loss of social order, economy crashing, loss of one's job/income, not being able to get food or fuel to keep warm, and so on. A feeling of 'what's the point?'**

The report was published on 9th July and it was the first report highlighting people's experiences during the pandemic produced locally. It was shared with Shropshire Clinical Commissioning Group, Shropshire Council, Public Health and the NHS Trusts. BBC Radio Shropshire invited us back on air to share our findings on 29th July and they were presented to the Health and Wellbeing Board on 10th September 2020.

🟢 **'I wanted to say, just how useful we have found the data in the reports that you have been sending round, this has really helped to shape the offer that has been worked up through the Mental Health Resilience and Prevention group as the data is live from local residents and ensures that we can provide and adapt what is needed for Shropshire people in relation to their mental health.'** Public Health Consultant

We used what we heard from the public to identify issues we wanted to explore further, e.g. people's experiences of phone, video and online appointments (p.10) and how care homes were supporting communication between residents and their families/visitors (p.28).

For the full-text of the report, recommendations and comments:

<https://www.healthwatchshropshire.co.uk/report/2020-07-07/health-care-and-well-being-services-during-COVID-19-pandemic>



Then and now: Access to primary care

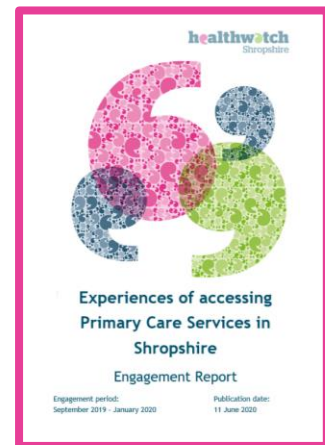


Then: Access to primary care services

In October and November 2019 Healthwatch Shropshire focused our engagement on access to primary care, in particular services provided by General Practices and Pharmacies. We particularly wanted to understand how GP appointment systems were working including 'extended access' appointments (where patients can book to see a GP until 8pm on weekdays and at times over the weekend) and online booking services, e.g. E-Consult.

We used all of our communication and engagement tools to promote this piece of work and hear from as many people as possible. We:

- Put a call out through our media, stakeholders and community contacts across Shropshire asking people to contact us and share their experiences
- Sent a questionnaire to all General Practices in Shropshire at the same time asking questions about how they arrange their services to meet the needs of their patients
- Carried out a review of general practice websites to understand how they were communicating with their patients about access to services
- Completed seven Enter & View visits to GP surgeries across Shropshire where our volunteers asked about appointments and the extended access offer.



Key findings

- 59% of people who told us about accessing routine appointments reported a negative experience, this was focused around a few practices
- 83% of people who told us about accessing urgent appointments reported a positive experience
- 38 out of the 40 GP practices in Shropshire had information about the extended access scheme on their website. However, 45% of practices were giving either incorrect or incomplete information or both. A range of approaches was taken to how these appointments were offered by staff
- The percentage of GP appointments made available by practices for booking online vary from 10% to 100%. Patient experiences of online booking of appointments was mixed. Three patients who we spoke to in practices had been able to get appointments in reasonable time but the feedback we received from 11 people about online booking was entirely negative.
- Twenty four people shared their experiences of using community pharmacies, 17 (70.8%) were positive, 3 (12.5%) negative and 4 (16.7%) neutral.
- There seems to be no method of sharing records of advice given in community pharmacies with the patient's GP. (It is unclear if records are routinely kept by the pharmacies.)
- Total opening hours for GP practices vary from 36 per week to 60 per week. 25% advertise as being open at 8am or earlier every day during the week.

The report was drafted and published in June 2020, after the COVID-19 pandemic had started.

In response to the report and recommendations Shropshire Clinical Commissioning Group said:

'Shropshire CCG welcomes this Healthwatch report on Primary Care access in Shropshire and would like to thank you and also all the patients and primary care staff who provided valuable feedback. The report offers an insight into the good work being done and also highlights areas of improvement, particularly around advertising and promoting services to our patients. It is important to note that the period of focused engagement for this report was October and November 2019 and that since then, our practices have increased the variety of ways for patients to access primary care services. All practices within the CCG now offer online and video consultations, providing convenient alternatives to traditional patient appointments. Our practices work hard to ensure that patients get the support and care that they need, when they need it. The CCG will continue to work with practices in reviewing the recommendations outlined in this report, in order to reduce the variation in patient experience and promote equal access to high quality primary care services across the County.'

For the full report, recommendations and CCG response go to:

<https://www.healthwatchshropshire.co.uk/report/2020-06-11/experiences-accessing-primary-care-services-shropshire>



Now: Changes to appointments

Prior to the COVID-19 pandemic we had planned to continue to focus on GP access and hoped to see the reduction in variation of patient experience and access we had highlighted and that was recognised by the CCG. When the country went into lockdown and services either ceased or changed our report 'Health care, social care and wellbeing services during the COVID-19 pandemic' showed that the issue of access was more important than ever. The introduction of telephone triage by GP practices was met with a range of responses, some people liked the fact that they could speak to their GP rather than only be able to be seen face-to-face while others were concerned that their GP would not see them at all or anxious that something would be missed if their GP did not see them in person.

We decided to find out more about this issue, particularly as the NHS Long Term Plan published in January 2019 says:

- *'GP practices and hospital outpatients currently provide around 400 million face-to-face appointments each year. Over the next five years, every patient will have the right to online 'digital' GP consultations, and redesigned hospital support will be able to avoid up to a third of outpatient appointments - saving patients 30 million trips to hospital, and saving the NHS over £1 billion a year in new expenditure averted.'* p.6 <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf>

The pandemic has meant that the move towards 'digital GP appointments' happened quickly and while primary and secondary health services were happy to go along with the 'digital first' approach we wanted to find out what the population of Shropshire thought.

From 18th June to 1st October 2020, we asked people to share their views and experiences of phone, video and online appointments during the pandemic. We expected to receive a range of responses including positive experiences and hear about some of the barriers that people face when moving to virtual appointments (e.g. access to and skills to use technology). We hoped that by highlighting this issue we could also help to make people aware of how these appointments should be being used by services, e.g. not replacing face-to-face appointments when a person needs to be seen.



The positive comments we received about these 'virtual' appointments highlighted the advantages, including avoiding unnecessary appointments and long or difficult journeys, saving time and avoiding going into an environment where you might catch COVID-19.

'The telephone appointment with the doctor before an appointment at the surgery resolved if there was a need to see a doctor without wasting time and also immediately put my mind at rest. Excellent service when you really don't feel well.'

However, we also heard from people who expressed a range of concerns, including:

- Difficulties getting through on the phone, including the cost of the phone call when waiting in a queue
- Difficulty in getting to speak to a doctor or receive appropriate treatment
- Not wanting to discuss symptoms over the phone, with the receptionist (e.g. worries about confidentiality) but also the doctor or nurse due to embarrassment
- Concern that some patients would be disadvantaged because of their lack of access to the internet and technology, particularly older patients
- Difficulties that some people have with using the phone, including people with hearing impairments or communication difficulties
- Concerns that staff do not have the skills to have an effective telephone consultation
- Patients not receiving the support of a family member, friend or carer when the appointment is over the phone, e.g. to explain symptoms

People with communication needs, mental health difficulties, autism and carers explained that 'virtual' appointments are not right for everyone:

'Another dreadful experience for my adult daughter with complex needs. I am a carer. GP triage appointment very difficult. Daughter does not do well on the phone. Most people are not trained to be experts at detailing all their symptoms clearly. Often the first cause is not the real issue. Phone/video triage may work for some but less helpful for the vulnerable.'

We also heard from professionals who were finding the move away from face-to-face appointments difficult with their client group:

- **'I have been helping to run Zoom meetings for people living with Dementia and their carers. I have noticed that carers have to work particularly hard to help their loved one engage with a screen. We need to understand how to facilitate involvement. Some people are disadvantaged by the use of technology while others can benefit.'** - Professional from The Alzheimer's Society

Our recommendation to health and social care services included the need to explain to the public that phone, video and on-line appointments are being used to triage patients and make sure people who need to have a face-to-face appointment are given one. Support people to make use of technology if they want to. Train professionals to manage these virtual appointments and share the Healthwatch England guidance on 'Getting the most out of the virtual health and care experience' which gives tips for the public and professionals. (The guidance is available at <https://www.healthwatchshropshire.co.uk/advice-and-information/2020-08-03/getting-most-out-virtual-health-and-care-experience>)

Shropshire Clinical Commissioning Group welcomed our report saying:

- **'Ensuring patients have access to high quality care is at the forefront of everything we do and our practices work hard to provide a safe service that patients feel confident to use. Virtual appointments have helped general practices to meet the needs of the population during this challenging time, allowing patients to access advice and care whilst staying safe in their homes. Despite this, we do recognise some of the challenges surrounding the use of digital technology for patient care and would like to assure you that all comments and concerns received from this engagement exercise have been taken on board. The CCG will work with practices to carefully consider ways of addressing these issues.'**

To read the full report, recommendations and CCG response please go to:

<https://www.healthwatchshropshire.co.uk/report/2020-10-20/phone-video-and-on-line-appointments-during-COVID-19-pandemic>

The report was also shared with all NHS Trusts, Shropshire Council, Public Health and Shropshire Safeguarding Community Partnership (SSCP). Our findings were presented to the Local Engagement Board set up in response to the COVID-19 pandemic and attended by members of Shropshire Council and Public Health. In October 2020, the Independent Chair of the SSCP asked to meet with Healthwatch Shropshire to discuss the challenges faced by adults with care and support needs when face-to-face appointments are not available leading to the

production of 'Essential multi-agency safeguarding community safety activity: expected standards of service'. The standards state, good practice engagement is:

- *'...with the individual face to face in person; enabling them to speak for themselves; in their whole environment (not just at the doorstep) considering strengths and risks of others within it; with a view to understanding their day-to-day lived experience.'*

At the time of writing this report Healthwatch Shropshire has been asked to present the findings from our report to the Health and Wellbeing Board in July 2021 as the issues it raises remain relevant as services re-start or are re-designed. We also continue to remind the health and social care system what people told us they wanted services to look like in response to the NHS Long Term Plan in 2019 in our report 'What would you do?'

To read the full report go to:

<https://www.healthwatchshropshire.co.uk/report/2019-07-15/what-would-you-do-nhs-long-term-plan-shropshire-telford-wrekin-report>





Then and now: End of life and palliative care



Then: End of life and palliative care

In January 2020 we published our engagement report 'Experiences of End of Life and Palliative Care Services in Shropshire'

As a person nears end of life, whether they are in hospital or being supported at home, there is only one chance for the providers of care to get it right.

We wanted to know if people felt that the care their loved one received was what they wanted and expected. For example, if they were treated with dignity, if they felt listened to and if their wishes were respected.

We received 33 patient and family experiences of end of life (EoL) care during 2019.



Key findings included

- The experiences where the majority of the feedback was positive included comments on general service delivery (e.g. "RSH treated him and they were wonderful, he received great care") and organisation, quality of care and quality of staffing.
- The majority of negative experiences were around communication and information, treatment and continuity of care.
- A theme apparent from the feedback is that once it is acknowledged by staff that the patient is in need of end of life care the patient's and family's experience is more positive, e.g. when they go on to receive hospice services or care from the End of Life Care Team in hospitals.
- Some families found a lack of recognition by professionals that the person was at end of life and did not have the opportunity to prepare for the end of life.

We shared the report with all local providers and Shropshire Clinical Commissioning Group (SCCG):

- 🗨️ **'Thank you for sharing the Healthwatch End of Life report with us. It will undoubtedly be a useful resource to improve the care of people at end of life and identify where we can all give better support to families.'** – SCCG Senior Quality Lead for Care Homes
- 🗨️ **'Thank you for this detailed report which provides an excellent overview of the complex care that our patients and their families navigate. It is particularly helpful to have a report that covers all providers as although we work closely with our colleagues in other organisations, our focus is naturally on what happens within the hospital. We have worked very hard with our partners in other organisations, through the Shropshire-wide End of Life Care Group, to join up care as much as possible and to try and care for people in their own homes wherever possible so it is good to see this recognised in the report.'** - Clinical Lead for End of Life Care at Shrewsbury & Telford Hospital NHS Trust

Following its publication we were invited to attend a number of meetings to share our findings and recommendations, including the system wide End of Life Care Group. Unfortunately the country went into lockdown before we were able to do this. We are hoping to attend the End of Life Care Group in 2021-22.

For the full report, recommendations and system response got to:

<https://www.healthwatchshropshire.co.uk/report/2020-01-14/experiences-end-life-and-palliative-care-services-shropshire>



Now: Out of hours palliative care services and advance care planning

End of life has remained on our agenda throughout 2020-21. We have shared our report 'Experiences of End of Life and Palliative Care Services in Shropshire' with Shropshire and Telford & Wrekin Clinical Commissioning Group to inform their End of Life Care Review.

Palliative care helpline for Shropshire, Telford & Wrekin

In June 2020 the Medical Director of ShropDoc asked Healthwatch Shropshire to follow-up our previous report by looking specifically at the out-of-hours provision for people at end of life or receiving palliative care.

We worked with Healthwatch Telford & Wrekin to try and understand about the experiences of those who have received 'out of hours' palliative care since the beginning of March 2020.

Since July 2018 all out of hours calls have been directed to NHS 111. This service is provided by West Midlands Ambulance Service. In early March 2020 due to the COVID-19 pandemic the number of calls to NHS 111 grew which led to some delays in calls from patients being answered. For patients at the end of their lives with distressing symptoms, any delay is unacceptable.

ShropDoc were aware of the difficulties being experienced by these patients, their families/carers and the professionals who care for them because 15% of home visits out-of-hours are for palliative care. To offer additional support at this time ShropDoc introduced a dedicated Palliative Care Helpline. The aim of this survey was to understand the experience of patients on a palliative care pathway, and those supporting them, in getting help when they needed it from NHS 111 and ShropDoc during the pandemic.

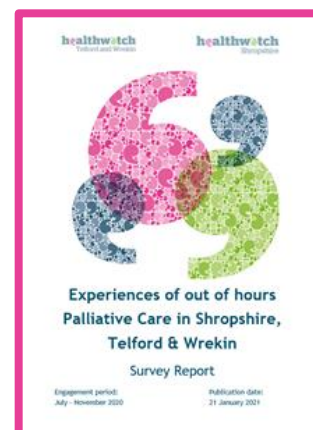
The survey ran from July to November 2020. We heard from 27 people including carers and professionals.

Comments about the ShropDoc Palliative Care Helpline included:

🗨️ **'This service has taken a lot of stress off our minds. We have had to use 111 in the past and it was atrocious and very stressful, lots of questions, no urgency in organising a call back. This service was quick, no silly questions and quick prompt return call. As a family we feel much calmer about getting help when our nurse is off duty.'**

A district nurse told us:

🗨️ **'I have used the palliative care line many times during COVID-19, and I have nothing but praise for the staff, call staff and Doctors to drivers have all been extremely helpful when I need help or advice with end of life patients, even delivered medications and paperwork required. This helped the patient gain the medication required as soon as possible and eased a possible stressful time. If this direct line could continue it would be extremely helpful for us as staff in the community but it is also benefiting the patients we all care for the best we possibly can.'**



100% of patients and carers who responded to the survey rated the Palliative Care Helpline provided by ShropDoc as either 'excellent' or 'good'. Due to the timing of this report we did not ask the commissioner of the service for their response but will do so as we come out of lockdown. We hope that the report will support future commissioning decisions about service provision for people at end of life or receiving palliative care.

The report was published January 2021. For the full report go to:

<https://www.healthwatchshropshire.co.uk/report/2021-01-21/experiences-out-hours-palliative-care-shropshire-telford-wrekin>

Advance care planning

In March 2020 as we went into the first lockdown the country did not know what impact the COVID-19 pandemic would have; how many people would be affected and what demands would be put on the NHS. Worryingly we started to hear that nationally the decision might be made to put advanced care plans in place for certain groups of people to support decision making when the NHS came under the pressure of high demand and limited resources.

On 30th March 2020 a joint statement was made by the British Medical Association (BMA), Care Provider Alliance (CPA), Care Quality Commission (CQC) and Royal College of General Practice (RCGP) saying:

- *'The importance of having a personalised care plan in place, especially for older people, people who are frail or have other serious conditions has never been more important than it is now during the COVID 19 Pandemic. Where a person has capacity, as defined by the Mental Capacity Act, this advance care plan should always be discussed with them directly. Where a person lacks the capacity to engage with this process then it is reasonable to produce such a plan following best interest guidelines with the involvement of family members or other appropriate individuals. It is unacceptable for advance care plans, with or without DNAR (Do Not Attempt Resuscitation) form completion to be applied to groups of people of any description. These decisions must continue to be made on an individual basis according to need.'* For the full statement go to: <https://content.govdelivery.com/accounts/UKCQC/bulletins/283e565>

Healthwatch Shropshire were asked to comment on the local draft Advanced Care Plan Framework and 'offer the valuable patient perspective'. The plan had been pulled together quickly at the request of NHS England but advance care planning was an issue already being discussed in the county before the pandemic with the introduction of the ReSPECT form (a summary of a person's emergency care and treatment plan produced by the Resuscitation Council UK before the pandemic).

We strongly advocated the importance of discussion with individuals and their families in the first instance as had been the approach up until that time. Our response to the framework led to changes in the way our local system planned to raise the issue of Advanced Care Planning with the population to reduce confusion, fear and anxiety.



Then and now: Maternity and mental health



Then: Maternity and mental health

In 2018 Healthwatch England gathered experiences from 2,000 new mums and pregnant women of perinatal mental health services (the period between conception and the child's first birthday). Late 2018 Healthwatch Shropshire were asked to be one of five local Healthwatch to contribute to this piece of national research and share our findings with Healthwatch England by the end of March 2019.

We had already run a Hot Topic in August 2018 hearing from seven people about their difficult experiences accessing Perinatal Mental Health Services.

We followed this up by attending a range of groups/events across Shropshire, including mother and baby groups, asking people to complete questionnaires, holding focus groups and conducting interviews.

We spoke to 348 people including partners, staff and stakeholders from across the local maternity system, including the NHS and Public Health.

Our report was published June 2019:



'The Shropshire, Telford & Wrekin Local Maternity System (LMS) welcomes this key piece of work undertaken by Healthwatch Shropshire. The LMS will use these findings from this research to help ensure perinatal mental health services meet the needs of our local population.' – LMS Programme Manager

What next?

In September 2019, we were asked to present our findings to the Annual Public Health Conference and the LMS asked us to do a follow-up piece of work. We ran a focus group speaking to mums about the maternity mental health support currently available, any gaps in provision, accessing peer support and how they prefer to access information.

We reported our findings to the Perinatal Mental Health Workstream of the LMS.

Healthwatch Shropshire were invited to comment on the draft public consultation documents for Transforming Midwifery Care across Shropshire, Telford & Wrekin and will be visible at consultation events to support the public to have their voice heard. This consultation was delayed by the COVID-19 pandemic.



Now: Maternal Mental Health Service and the Ockenden Inquiry

Maternal Mental Health Service

Healthwatch Shropshire has continue to attend meeting with Shropshire, Telford & Wrekin Local Maternity & Neonatal System (now the LMNS). We are pleased to report we continue to inform discussions around health inequalities and reaching seldom heard from groups.

- **'As many as 1 in 5 women develop a mental illness during pregnancy or in first year after birth. When our ICS had the opportunity to bid to become an early implementer of Maternal Mental Health hubs, the Health Watch Report into Maternal Mental Health was so useful as we could refer to what families wanted and base the development of our model on that. We are now an early implementer site, with mental health specialists working with midwives and maternity services to provide care for new, expectant or bereaved mothers suffering from a range of problems from PTSD after birth to severe fear of childbirth'.**
Managing Director, Shropshire, Telford & Wrekin Care Group at Midlands Partnership Foundation Trust

The Ockenden Inquiry

The independent review of maternity services at Shrewsbury and Telford Hospital NHS Trust (SaTH) was commissioned in 2017 by the then Secretary of State for Health and Social Care, Jeremy Hunt MP. Since the original launch of the review Healthwatch Shropshire has given anyone sharing concerns about maternity services the contact details of the independent review team to discuss their case if they wanted it to be included in the review. The deadline was the end of May 2020. Since May 2020 we have continued to record the comments we receive about maternity services and share them anonymously with the Trust. Our Independent Health Complaints Advocacy Service (IHCAS) remains available to anyone needing support to make a formal complaint to the Trust.

The length of time the full review is taking led to Healthwatch Shropshire becoming concerned for the wellbeing of the parents and families affected as they wait for the outcome. In July 2020 Healthwatch Shropshire and Healthwatch Telford & Wrekin wrote jointly to the Chief Executive of SaTH to ask a number of questions. We wanted to find out:

- What psychological/emotional support had been made available to the women and children whose case is being looked by the review and how long that support will be available.
- What plans are in place to support women and families when the final Ockenden Review report is published?
- What support is in place for women and families currently using maternity services to address any concerns they might have?

In their response SaTH described the support in place including that provided by the voluntary sector and Midlands Partnership Foundation Trust (the provider of mental health services in Shropshire) who had been commissioned to provide support to patients and staff for as long as required.

'As an organisation we are very sighted on how we need to move forward together to support women, their families and all staff and engage the wider community to ensure they feel safe in our care. Any input from both Healthwatch's will be welcomed.' Interim Chief Nurse - SaTH

Our full letter and the response from SaTH can be viewed on our website at:

<https://www.healthwatchshropshire.co.uk/blog/2020-12-08/ockenden-maternity-services-review>

At the end of March 2021 the Board of Directors at The Shrewsbury and Telford Hospital Trust (SaTH) set up The Ockenden Report Assurance Committee (ORAC). The meetings take place monthly and are online in public with the aim of promoting transparency and accountability. Healthwatch Shropshire attended the first meeting of the committee on Thursday 25 March where the Trust described the actions already taken in response to the first report from the Independent Review published 10th December 2020.



Then and now: Social prescribing



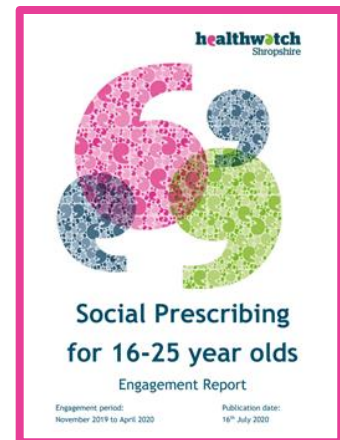
Then: Social prescribing for 16-25 year olds

- *'Social Prescribing is a non-medical programme designed to help people with a wide range of social, emotional or practical needs.'*

<https://shropshire.gov.uk/shropshire-choices/i-need-help/social-prescribing-in-shropshire>

In 2018-19 we asked people about the barriers to accessing social prescribing. The success of this piece of work resulted in Shropshire Council Public Health asking us to speak to people again. This time we talked to young people aged 16-25 to ask them what they think about social prescribing and how it should work for them.

To reach as many people as possible we ran an on-line survey, focus groups and worked with Psychology Students from University Centre Shrewsbury (UCS). We interviewed three GPs from across Shropshire and Community Care Coordinators to get their views. Three USC Psychology Students conducted research into social prescribing for their peer group and shared their findings with us.



Now: New Social Prescribing Link Worker for children and young people

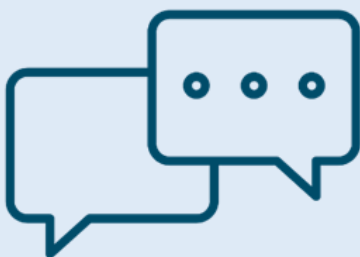
The COVID-19 pandemic meant that some planned focus groups were cancelled. However, we had already done the majority of our engagement and by the time the on-line survey closed we had received 49 responses and we able to publish our report and recommendations.

Our findings suggested that

- The Social Prescribing model for 16-25 year olds should be co-produced with the young people who will use the service
- Social Prescribing for this age group would need to be highly flexible and tailored to the individual at each part of the process
- The language around Social Prescribing would need to be carefully considered and de-medicalized and become more informal
- The issues around lack of currently available groups, transport and cost would need to receive careful consideration
- The qualities of the Social Prescriber including their age and personal experience in relation to the person being referred would need to be 'matched' as would any group and group leader
- Follow up by the Social Prescriber would need to be agreed with the young person and likely to need to be on-going and supportive.
- A mixture of virtual groups, physical groups, peer support and 1:1 sessions could enable a young person to participate and get the most out of Social Prescribing and the programme of activities they are referred to.

The report was published in July 2020 and we were pleased to meet the new Social Prescribing Link Worker for children and young people who told us:

'I looked at the Healthwatch report on social prescribing to shape where engagement with social prescribing for young people should ideally take place. The comments around activities were also useful in understanding the potential barriers to overcome and what motivated them to get involved. The report has been essential in shaping the pilot for social prescribing through the voice of young people for young people.' – Social Prescribing Link Worker for Children & Young People.



Share your views with us

If you have a query about a health and social care service, or need help with where you can go to access further support, get in touch. Don't struggle alone. Healthwatch is here for you.

www.healthwatchshropshire.co.uk

01743 237884

enquiries@healthwatchshropshire.co.uk



Responding to COVID-19

Healthwatch plays an important role in helping people to get the information they need, especially through the pandemic. The insight we collect is shared with both Healthwatch England and local partners to ensure services are operating as best as possible during the pandemic.

This year we helped people by:

- Providing up to date advice on the COVID-19 response locally
- Linking people to reliable up-to-date information
- Supporting the vaccine roll-out
- Supporting the community volunteer response
- Helping people to access the services they need

We have continued to be available for people to speak to us by phone but also ensured we are sharing the most up to date Government guidance, Public Health messaging and local requests for support through our social media channels and on our website:

- **Signposting requests up 24%** from last year
- **Facebook followers up 58%** from last year
- **Instagram followers up 94%** from last year
- **Website hits up 122%** January - March 2021 compared to the same time last year

For example, in **April -June 2020** the top 3 social media posts across Facebook, Twitter and Instagram were:

1. National COVID 19 messaging and updates (Total of 63 posts) Reach 21,292
2. Local general health messaging (Total of 30 posts) Reach 12,859
3. Healthwatch Shropshire's 'Health care, social care and wellbeing services during the COVID-19 pandemic' survey (Total of 14 posts and direct contact to 40 groups of Facebook) Reach 5,211

During the pandemic our staff and volunteers helped people within their local communities by undertaking various roles:

- Volunteering at local foodbanks
- Volunteering at Lateral Flow Testing sites
- Walking dogs through Cinnamon Trust for people shielding
- Collecting and delivering prescriptions
- Shopping for neighbours who were shielding
- Making befriending phone calls to isolated people
- Knitting outfits for premature babies and hearts for End of Life Care. The hearts come in pairs and one is offered to the person nearing the end of their life and its twin is kept by their loved one to maintain connection during visiting restrictions

Top four areas that people have contacted us about



Case Study: Hospital Discharges During the COVID-19 Pandemic

Since March 2020 hospitals have been working closely with community health, social care partners and local councils to improve the discharge process. Triggered by COVID-19, the aim has been to make sure no one is in hospital longer than they need to be. This included the development of an Integrated Discharge Hub in Shropshire.

Healthwatch Shropshire and Healthwatch Telford & Wrekin worked together to find out about people's experiences of leaving hospital during the pandemic. We worked with the organisations involved in the Integrated Discharge Hub from across the Sustainability and Transformation Partnership (STP) to create a survey that would help them to evaluate and develop the service, including:

- Shropshire, Telford & Wrekin Clinical Commissioning Groups (S,T&W CCGs)
- Shropshire Council
- Shrewsbury & Telford Hospital NHS Trust (SaTH)

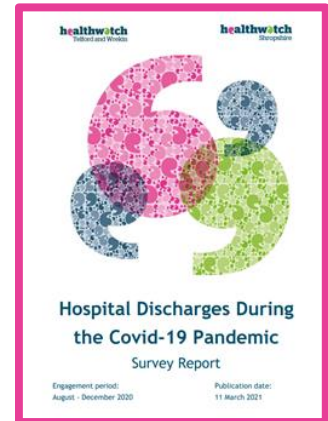
The Interim Director of Adult Social Care at Shropshire Council said:

• **'Really keen we fully support Healthwatch with the discharge survey as I'm very keen to hear about individual experience and views.'**

We shared an interim report with these organisations to enable them to act on our findings as quickly as possible.

Some key findings

- 16% of patients had received information on the changes to discharge processes due to the COVID-19 pandemic. 68% did not receive this information and 16% weren't sure whether they or the patient had been given this information.
- 24% of respondents said that they/the patient had not been prepared to leave hospital when they were discharged. Comments reported a lack of equipment, worry about support at home and two failed discharges
- In total 24% of people waited more than 24 hours to be discharged after being told they were well enough to leave. 48% of people waited between 2 and 24 hours. 8% waited for less than an hour before being discharged.
- We were told that 32% of patients had no conversation about support from health or social care after leaving hospital prior to being discharged. 16% were told they wouldn't need support. 26% of patients did have a conversation about support before leaving hospital.



- In total 42% of patients were given information about who to contact if they needed further advice or support after leaving hospital. 42% of people were not given this information. One patient said they had not wanted it and six people (12%) said they did not know if this information had been provided.
- 16% of people told us that they had support needs which they weren't currently receiving any help with, 6 of those people had not had a visit after being discharged from hospital.
- Patients and carers or relatives told us about good care they had received from staff whilst in hospital and about being made to feel safe.
- Carers and relatives told us that communication around discharge and after care could have been improved.

👉 **'Thanks again for all your hard work on the survey. As we discussed at the Urgent and Emergency Care Board, we took the survey results to our discharge alliance group. We discussed the results alongside our new process for cause for concern' and believe that this would be a fantastic opportunity to use this process to tease out the themes and lessons and ensure that we learn from them.'** – Urgent Care Director and Senior Responsible Officer for Discharge for Shropshire, Telford & Wrekin CCG

Our findings were also shared with Healthwatch England who completed a national piece of work around discharge:

👉 **'The work is being used by NHSE and DHSC to support the review of the discharge guidance and has highlighted the need for greater support for those with low level or short term needs leaving hospital. This is due to be outlined in the refreshed guidance. We also used the evidence from the review to join forces with other organisations and successful secured an extension of the COVID discharge fund with an additional £594 million from the Treasury granted to support discharge arrangements for the first six months of 21/22.'** Healthwatch England – Hospital Discharge



Volunteers

At Healthwatch Shropshire we are supported by 19 volunteers to help us find out what people think is working, and what improvements people would like to see made to services.

This year our volunteers:

- Participated in online focus groups
- User tested our website and engagement platform
- Carried out website research for our Care Homes Digital Audit
- Helped with the local volunteering efforts of shopping and collecting prescriptions for those self-isolating or shielding

Our group of volunteers found themselves meeting for 'virtual' coffee this year. We used these meetings for social contact but also to update the team and get them involved with new projects during the pandemic such as our Digital Audit of Care Homes looking at websites and social media accounts.



Several times throughout the pandemic we ran virtual focus groups. One of these focus groups looked at proposed changes to the local phlebotomy service. Eight volunteers were involved and gave their views on the current service and where they thought improvements could be made. We also held two focus groups on Integrated Care Records.

- **'Alli did a fabulous job helping to arrange the phlebotomy focus group and on the day. The feedback she shared with me on how I delivered the session has been really useful and we will use this to improve how we approach focus groups going forward.'** Head of Primary Care, Shropshire CCG

An example of the work our volunteers have supported us with this year:

Digital Audit of Care Homes in Shropshire

In March 2021 we published our Digital Audit of Care Homes in Shropshire spotlight report. As our Enter and View programme was paused due to the pandemic we decided to take the opportunity to look at the websites of care homes in Shropshire to see if care homes websites were following advice from the Competition and Markets Authority (2018) which said:



- *'You must give potential residents and their families or other representatives all the information they need to be able to make informed choices, including whether to make further enquiries or visit your home. [...] You must give this information: in all the places that people are likely to look for it (which includes on your website and during telephone or online enquiries about your home).'*

We looked at the websites of all 120 care homes in Shropshire to see if the information on their websites helped build a picture of what life in the home might be like and if it was useful when considering whether the home could be the right place for a loved one to move into.

We also looked at the Facebook pages of 30 care homes in Shropshire to see what use they were making of social media especially in the context of restrictions on visiting being in place due to the COVID-19 pandemic.

Our key findings

- 20 out of 120 care homes did not have a website although there was often information on other sites such as www.carehome.co.uk.
- 7 websites were not showing the home's current CQC rating, 8 did not have a link to the report.
- 74 homes had information about their Mission Statement or Philosophy of Care available on their website.
- 13 websites gave an indication of fees – this was most often stating what was or wasn't included in fees rather than giving an idea of what the fees per week would be. 6 websites gave either full illustrative costs or the starting costs for rooms.
- 51 had information about meals – 12 had a sample menu.
- 71 had some information about activities – 35 showed some photos of activities taking place.

Due to the difficulties being faced by care home managers and staff during the pandemic we did not want to add any pressure at this time so rather than make formal recommendations we made some suggestions in our report such as improving accessibility on websites, giving an indication of fees and including more specific examples of what makes a care home an inclusive

environment. Our report was shared with all care homes through Shropshire Partners in Care and through Adult Social Care at Shropshire Council.


For the full report go to: <https://www.healthwatchshropshire.co.uk/report/2021-03-23/digital-audit-care-homes-shropshire>

Our Volunteers

We could not do what we do without the support of our amazing volunteers.

This year our volunteers have supported us by attending online meetings, reading and commenting on public facing documents, undertaking web research, attending training courses and taking part in online focus groups. We thank them for sticking with us through this difficult time.

Meet a member of the team and hear what they have been up to

 'At the start of the year with the reduction/suspension of my normal volunteering hours, I joined the Royal Voluntary Service to support people in the local community with pharmacy/shopping needs and also to 'have a chat' and reduce loneliness and isolation with those who were most isolated. Like many neighbours, I also shopped for a family in my street who were shielding during the first lockdown.



Jane with our E&V Officer Alli

From March this year I have been a Vaccine Volunteer, working with a neighbour of Healthwatch - Shropshire RCC - to support the work of clinicians and NHS Management at Telford International Centre. We steward up to 1000 patients a day through the centre, ensuring they are informed and fully supported to receive their first and second vaccines. There is great team spirit on every shift and volunteers are from a wide range of backgrounds and circumstances, all working together to make our communities safer.

Whilst it has not been the volunteering year I had planned, my year has been eventful and full and I am looking forward to restarting Enter & View activity with Healthwatch as our programme of work develops.' – Jayne Healthwatch Shropshire Volunteer



Independent Health Complaints Advocacy Service (IHCAS)

Healthwatch Shropshire's Independent Health Complaints Advocacy Service (IHCAS) aims to empower people to make a formal complaint about NHS treatment either they or a loved one has received. During the pandemic NHS England allowed organisations to 'pause' the NHS complaints process during the period 26th March 2020 – 1st July 2020.

This year we have had **100 contacts** to the IHCA service (compared to 102 2019-20)

- **59 people** contacted us about **hospital treatment**
- **26 people** contacted us about their **GP**
- **4 people** contacted us about **Ambulance Services**
- **Other services** people wished to complain about included **Community Mental Health Teams, Service Commissioners and Dentists**

We aim to empower people to use the NHS complaints process so the first thing we do is share our self-help pack that includes:

- A 19-page step-by-step guide on 'Making a Complaint about the NHS'
- Information on what to include in a letter of complaint
- Contact details for the the organisation they are complaining to

The pack is also available on our website.

We explain the NHS complaints process and their options, including the right to appeal to the Parliamentary and Health Service Ombudsman if they are not happy with the outcome of their complaint.

The top topics people wished to complain about in 2020/21 were:

- Access to a service - 21
- Waiting times - 18

- Death of a service user - 14
- Quality of treatment - 12
- Diagnostics (including misdiagnosis) - 12
- Communication was added to the taxonomy in Q3 and was the subject of 10 complaints in Q3 and Q4

If people need more information and support to put their complaint in writing, we can provide a Health Complaints Advocate who will help them to navigate the NHS complaints process.

We have allocated 18 people an Advocate during the year.

- 'Thank you so very much. I am taking what you wrote on board, and I do feel a burden has lifted. After talking to you yesterday, I now feel I know what to do and not flounder along as I was. Thank you, thank you.' – IHCAS Client

People using the IHCA Service often need signposting to other services in addition to help to make a complaint.

In the year 2020/21 we referred 16 people who contacted IHCAS to other services (including the IHCA Service for their area, Action Against Medical Accidents (AVMA), the General Medical Council (GMC), the Ockenden Review into Maternity Services and the Patient Advice and Liaison Service (PALS) if the situation was ongoing and they needed a quicker response.

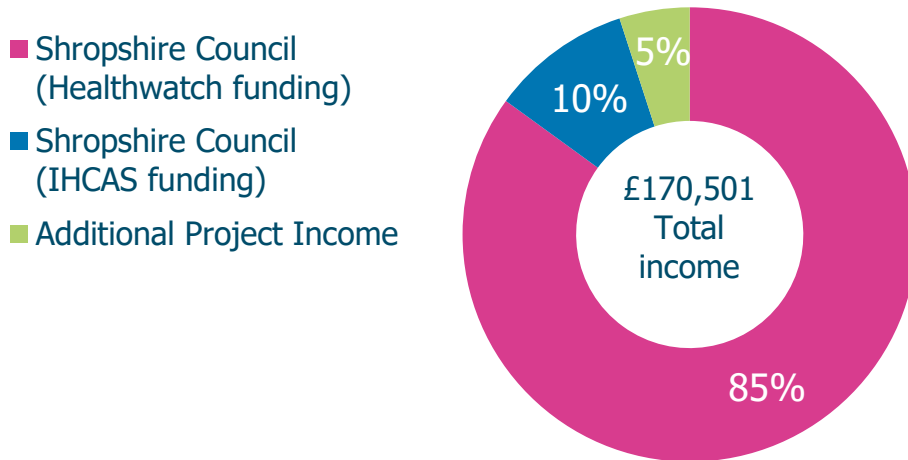
- 'I was very impressed by the information provided and it has helped me immensely in putting the letter together.' – IHCAS Caller

Callers to the IHCAS also share their feedback on services and their experience of making a formal complaint. These comments are included in our data if they give us their consent to do so.

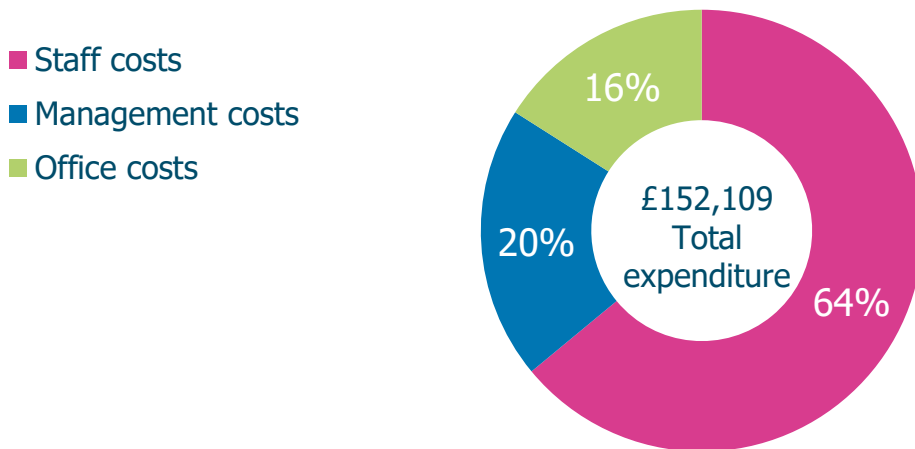
- 'Thank you for this service and for the kind and considerate way in which I was treated.' – IHCAS Client

Finances

We are funded by our local authority, Shropshire Council, under the Health and Social Care Act (2012) to provide Healthwatch services. We are also funded by Shropshire Council to provide the Independent Health Complaints Advocacy Service (IHCAS) for Shropshire.



In 2020-21 we spent £152,109



Please note: The pandemic has impacted on our running costs this year, in particular the reduction in face-to-face engagement (including Enter & View) has led to a reduction in staff and volunteer expenses. We have also had a staff vacancy. The surplus will be invested in staffing in 2021-22 to increase our capacity for engagement.

Next steps and thank you

Our top four priorities for 2021-22

- ✓ **Mental health (all age mental health, including the impact of the COVID-19 pandemic on general mental wellbeing)**
- ✓ **Prevention and place-based care (including access to primary care services, dentistry and out of hospital services)**
- ✓ **Acute Care (including the Acute Hospital Transformation Programme, Transforming Midwifery Care, waiting times, outpatients)**
- ✓ **Health inequalities and promoting public involvement in service development and design**

Next steps

As the country come out of the third lockdown and restrictions are eased Healthwatch Shropshire plans to re-start face-to-face engagement and Enter & View visits while continuing to prioritise the health and safety of the public, our volunteers and staff team. Our internal meetings and Committees of the Board will continue to meet over MS Teams but we will balance these virtual meetings with opportunities to meet face-to-face to support mental wellbeing and strengthen relationships across the Healthwatch Shropshire team.

We feel a blended approach to meetings that includes a mixture of face-to-face and virtual meetings will help to reduce travel costs and our impact on the environment.

Our priorities for 2020-21 were intended to be broad and so enable us to be responsive to emerging issues across health and social care services during the COVID-19 pandemic. They remain our focus this year while also exploring the health inequalities across Shropshire, including the challenges faced by people living in rural areas and those communities for whom English is not their first language.

- **'Tackling unfair health differences will need those in power to listen. To hear the experiences of those facing inequality and understand the steps that could improve people's lives, and then to act on what has been learned.'** Lynn Cawley
Chief Officer Healthwatch Shropshire

In 2021-22 we are keen to extend our reach to children, young people and their families to ensure their voice is heard.

Healthwatch Shropshire worked hard to represent the public voice in meetings across the Sustainability and Transformation Partnership in 2020-21 and as this becomes the Integrated Care System (ICS) from 1st April 2021 we are a member of the Board and are represented

across Programme Boards and Task and Finish Groups. The ICS will be a statutory organisation from 2022 and it is our ambition to remain a key member and the voice of the population of Shropshire.

‘The more people who share their views of health and social care services with us the stronger your voice will be in the Shropshire, Telford and Wrekin Integrated Care System. Whether your experience of care and treatment is good or bad we want to hear from you.’ Lynn Cawley - Chief Officer, Healthwatch Shropshire



Thank you

Healthwatch Shropshire thanks everyone who is helping us put people at the heart of health and social care, including:

- Members of the public who shared their views and experiences with us.
- All of our amazing staff and volunteers.
- The voluntary organisations that have contributed to our work.
- The Sustainability & Transformation Partnership (now the ICS) for listening to the public voice.

‘A special thank you to Steph Leather (Dunbar) who has been with Healthwatch Shropshire since 2013 and left to take up a new post in December 2020. Steph made a massive contribution to the work and achievements of Healthwatch Shropshire during her time with us and the staff team, Board and volunteers wish her every success for the future.’ – The Healthwatch Shropshire Team



Volunteer with us

Are you feeling inspired? We are always on the lookout for new volunteers. If you are interested in volunteering, please get in touch at

www.healthwatchshropshire.co.uk

0173 237887

enquiries@healthwatchshropshire.co.uk



Statutory statements

About us

Healthwatch Shropshire, 4 The Creative Quarter, Shrewsbury Business Park, Shrewsbury, Shropshire, SY2 6LG

Healthwatch Shropshire uses the Healthwatch Trademark when undertaking our statutory activities as covered by the licence agreement.

The way we work

Involvement of volunteers and lay people in our governance and decision-making.

Our Healthwatch board consists of eight members who work on a voluntary basis to provide direction, oversight and scrutiny to our activities. Our board ensures that decisions about priority areas of work reflect the concerns and interests of our diverse local community. Through 2020/21 the board met four times and made decisions on matters such as our Business Continuity Plan, the meetings attended by Healthwatch Shropshire across health and social care and the focus of our engagement (e.g. hot topics and surveys).

We ensure wider public involvement in deciding our work priorities by using the experiences people share with us about health and social care services to identify trends and where the issues are. We also look at the main areas that people contact us about for signposting. We produce a newsletter that is sent to our members and anyone who has expressed an interest in the work we do and invite people to share their views with us. In 2021 we have asked people (including stakeholders across the ICS) to complete a feedback form on the work of

Healthwatch Shropshire and tell us what they think our priorities for 2021-22 should be. A report will be published in 2021.

Methods and systems used across the year’s work to obtain people’s views and experience

We use a wide range of approaches to ensure that as many people as possible have the opportunity to provide us with insight about their experience of health and care services. During 2020/21 we have been available by phone, by email, provided a webform on our website, attended virtual meetings of community groups and forums and engaged with the public through social media.

We are committed to taking additional steps to ensure we obtain the views of people from diverse backgrounds who are often not heard by health and care decision makers. This year we have done this by, for example, regularly appearing on BBC Radio Shropshire to promote our work and invite the public to speak to us by phone or contact us using our Freepost address to reduce digital inequality. During the first lockdown our Communication and Engagement Officer has supported a foodbank in South West Shropshire and this enabled us to hear people’s experiences and use our contacts to people achieved timely help and advice.

We ensure that this annual report is made available to as many members of the public and partner organisations as possible. We publish it on our website at: www.healthwatchshropshire.co.uk

2020-21 priorities

Priority	Developments
<p>Mental Health (all age mental health)</p>	<ul style="list-style-type: none"> ● Our report 'Health care, social care and wellbeing services during the COVID-19 pandemic' (p.6-7) was shared with the Mental Health Resilience Sub-Group of the Community Response to the pandemic chaired by Shropshire Council and used to develop the local mental health offer. ● Our report into 'Social Prescribing for 16-25 year olds' (p.21-22) was used by Shropshire Council to inform the development of that service. ● Our report into 'Maternity and Mental Health' (p.17-20) was used by the Midlands Partnership Foundation Trust to apply to be an early implementer site and design the perinatal mental health service they now provide.
<p>Prevention and Place Based Care (including Primary Care, Care Homes, Home Care)</p>	<ul style="list-style-type: none"> ● Our 'Phone, video and on-line appointments' (p.10-13) report led to the publication of best practice guidance for social care practitioners to see people in their own home to complete assessments. It has also been used to highlight the importance of explaining the triage system in GP practices.

<p>Prevention and Place Based Care (continued)</p>	<ul style="list-style-type: none"> ● Our report into 'Out-of-hours palliative care' (p.15-16) provision has highlighted the value of the Palliative Care Helpline set up locally in response to the pressure placed on 111 to support people to stay at home ● We have continued to share the comments we receive about care homes and home care agencies with Shropshire Council and the CQC to support their monitoring of services while inspections and monitoring visits have been limited. ● Our volunteers completed a 'Digital Audit of Care Homes' (p.28) allowing us to feedback on the detail and quality of information available to the public. ● We started work with Public Health, the Food Poverty Alliance and Citizen's Advice to hear people's experiences of living with food insecurity in South West Shropshire. The report will be published in 2021.
<p>Acute Care (including Acute Hospital Reconfiguration, Transforming Midwifery Care)</p>	<ul style="list-style-type: none"> ● Our feedback into the Advanced Care Planning Toolkit (p.16-17) led to a change in how this was to be raised with patients and their families. ● Our volunteers joined an on-line focus group about changes to Phlebotomy Services in the County and the Integrated Care Record to share their views and ask questions. ● Our report into 'Discharge during the COVID-19 pandemic' (p.25-26) lead to the system taking a closer look at this service and the information given to patients and their families. ● We worked with the S,T&WCCG to develop a survey to understand how people we accessing urgent care, in particular the use of NHS 111 First Our findings have been used to audit this service locally and included in feedback to NHSE/I. The final report will be published in 2021.
<p>Workforce (including recruitment, training and support - such as access to PPE)</p>	<ul style="list-style-type: none"> ● All of our surveys and hot-topics have targeted both the people using services and the professionals who provide or work with them demonstrating the value we place on understanding the perspective of the workforce. ● We have had a number of discussions with colleagues across the STP to understand the support being offered to front-line workers with a view to developing a workforce survey to reflect on this at a future date. A number of professionals from health, social care, education and the Police shared their experiences in our survey 'Health care, social care and wellbeing services during the COVID-19 pandemic' (p.6-7)

Responses to recommendations and requests

Due to the pressure both health and social care services have been under due to the pandemic we have occasionally published reports without waiting for a formal response from the provider or commissioner. In the majority of cases we have received a verbal response. We will follow—up our request for a formal response in due course and this will be added to the report on our website.

This year, due to the COVID-19 pandemic, we did not make use of our Enter and View powers. Consequently, no recommendations or other actions resulted from this area of activity.

There were no issues or recommendations escalated by our Healthwatch to Healthwatch England Committee and so no resulting special reviews or investigations.

Health and Wellbeing Board

Healthwatch Shropshire is represented on the Shropshire Health and Wellbeing Board by Lynn Cawley (Chief Officer). During 2020/21 our representative has effectively carried out this role by continuing to attend Board meetings and sharing our reports and key findings.



Healthwatch Shropshire

4 The Creative Quarter
Shrewsbury Business Park
Shrewsbury
Shropshire
SY2 6LG

Contact number: 01743 237884

Email address: enquiries@healthwatchshropshire.co.uk

Twitter: @HWSHropshire

Facebook: @HealthwatchShropshire

Instagram: @healthwatchshropshire

WhatsApp: 07813 458955

Website: www.healthwatchshropshire.co.uk

Freepost address: 'Freepost HEALTHWATCH SHROPSHIRE'

If you need this in an alternative format please contact us.

Company registered number: 08415314

Charity registered number: 1151343

© Copyright Healthwatch Shropshire 2021