

# Healthwatch Haringey Strategy

## Work Programme 2014/15



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Haringey Race  
and Equality  
Council



# Healthwatch Haringey Strategy and Work Programme 2014/15

## Summary Review of Year One (2013/14)

We end year one in a strong position with our Board, staff and volunteer team in place; having built positive relationships with our partners and stakeholders and raised awareness of our role. However, we are only at the beginning of our service development and recognise that we need to increase our engagement with social care providers and start to develop a service offer for children and young people. We will have commissioned an independent evaluation report by the end of March which will identify our strengths and weaknesses to date and will inform our service development in year two.

Active project delivery was delayed due to late recruitment of the staff team and the need to complete the start-up processes required in any new organisation. This delay was reflected in the Contract performance traffic light reports, which were substantially red in the first two quarters moving to amber / green in Q3 and to green in Q4.

A significant factor contributing to our red traffic light was the difficulty recruiting to the Board; our first attempt did not generate the number of applicants we had anticipated and we failed to appoint any directors. However, our recruitment advertisement in February attracted a larger number of applicants and following interviews in March five board members have been appointed. A further round of recruitment will take place in May / June to increase the skill base of the board to provide the appropriate range of skills and governance for the new social enterprise.

Delays in recruiting volunteers impacted on our ability to undertake a range of monitoring activities including mystery shopping and enter and view visits but we now have a cohort of sixteen volunteers most of whom have had the relevant training relating to their area of interest. We have a list of other people with significant knowledge of health and social care keen to sign up as volunteers and they will be a valuable addition to our team in year two.

One of the highlights of the year was our “launch” in January with Dr Katherine Rake, chief executive of Healthwatch England, giving the keynote speech and Jeff Schumann hosting the event and keeping everyone amused. Over 80 people attended from a diverse range of backgrounds and organisations; a number of whom have since signed up to be Healthwatch volunteers. The evaluation of the event was positive with 90% saying the event was useful and informative and that Healthwatch had an important role to play in improving health and social care services. At the workshop session participants told us that the key priorities for Healthwatch in year two should be mental health, complaints systems, GP access, hospital transport and increasing the awareness of Healthwatch and what we provide.

## Challenges and Priorities Year Two (2014/15)

Year two priorities are those identified at our launch event plus developing a delivery strategy and delivery plan for working with young people and engaging more actively in the social care sector. We also need to establish effective communication channels with what we call the “spokes” in our “hub and spoke” model. In addition to service user group “spokes” there are also a number of cross cutting themes such as health inequalities, personal budgets and commissioning processes which we will need to engage with. The “spokes” are stated in general terms and we will need to prioritise our focus within each spoke to avoid diluting our impact and failing to make a difference.

We will be operating in a policy and delivery environment that will be changing significantly with new legislation and more integrated care delivered by multi professional teams in the community. Arguably the scale of the changes planned in 2014/16 in the commissioning and delivery of health and social care services is unprecedented as it is a whole systems change; keeping the consumer/service user at the centre of these changes will be a challenge for all those involved. The complexity of the challenge is illustrated in the diagram below, which identifies our proposed hub and spoke arrangements and the complex environment that provides a policy context for our work in the foreseeable future.

This is a very ambitious programme; Healthwatch has limited resources but can make a significant difference to the patient experience if we focus on the key levers of change and our priorities, which may change in future years. We need to deploy our staff team, volunteers and board members strategically in order to achieve the wide reach that we are proposing. We are guided by the JSNA and Health and Wellbeing Strategies and our priorities will reflect those in these documents. We will be actively engaged in the refresh of the Health and Wellbeing Strategy over the course of the next twelve months and ensure that service users and consumers are also actively engaged in the process.

To meet our statutory and contractual objectives Healthwatch must have effective communication channels into the community to be able to represent the views of service users and consumers. We also need to understand the nature of the changes taking place in health and social care and the impact these may have on service users. At a time of change involving new pathways of care and service redesign Healthwatch must ensure that patients and service users are actively engaged as an equal partner in developing these changes and in the commissioning or re-commissioning of services. Service commissioners have a statutory duty to involve service users and patients in developing and commissioning new service models and are keen to do so; it is Healthwatch’s role to help facilitate these engagement process and to check with service users that they feel they have been engaged and involved.

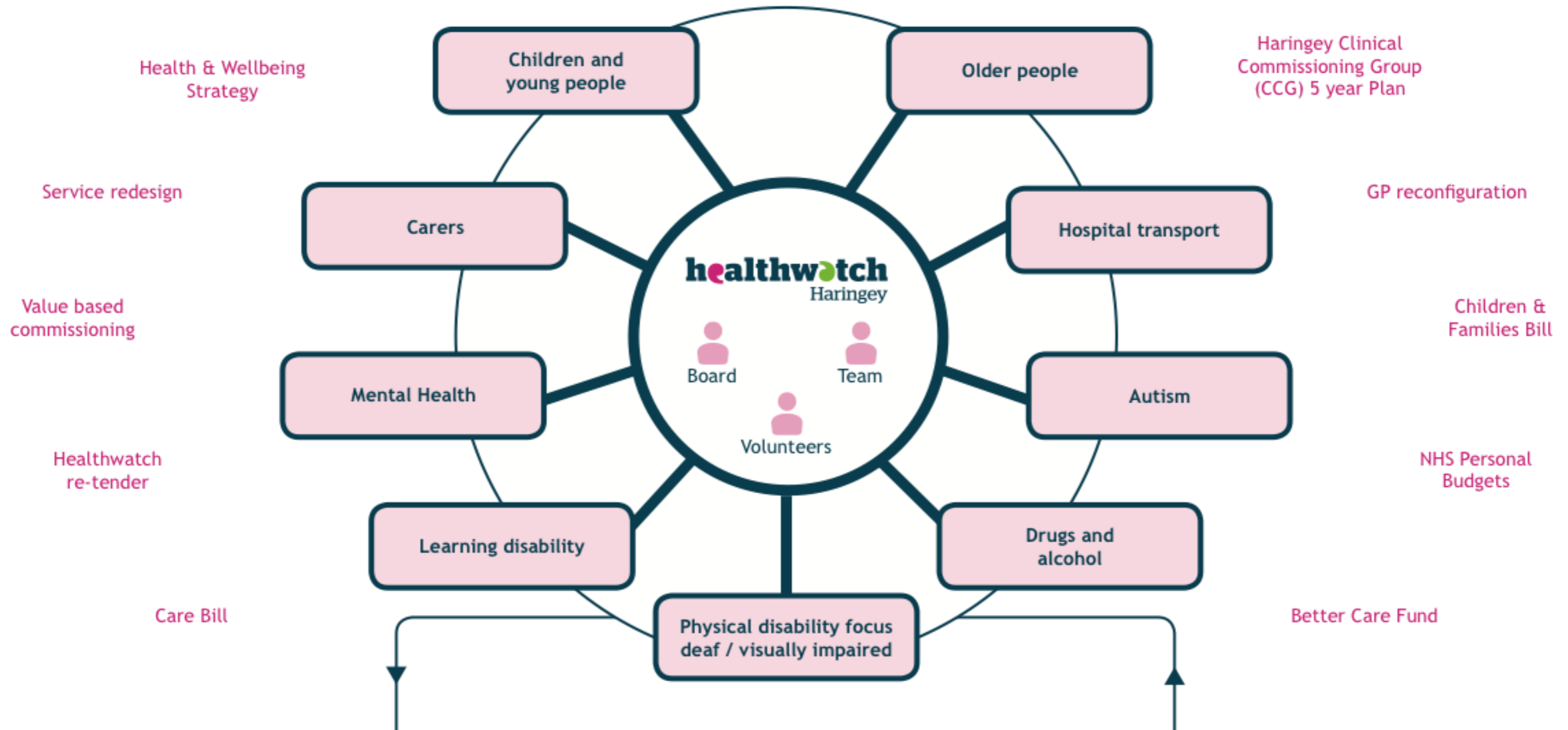
With our team of volunteers, we can start to reach out to service users and build a network of health and social care champions to work with their communities. We will be able to start a programme of “Enter and View” to monitor and evaluate patient experience in a variety of residential settings and our “mystery shoppers” will be reporting on service standards in public areas and the quality of customer service. Social care services must be on our agenda in year two given that in year one our focus was more on NHS services. This will include children and young people and young

carers, a group whose voice is seldom heard and whose own life chances are frequently damaged by their caring responsibilities.

We will continue to identify and engage with “hidden communities” whose voice is seldom heard. In year one our engagement and focus group activities included the Homeless and we will continue to work with this group in year two. Our partnership with the Haringey Race Equality Council and the Muslim Network will develop over the year and we will focus on access to health services in the Muslim communities, including women’s health. We had some initial engagement with young carers in year one and we will develop this focus over the coming year raising awareness and working with other agencies to give young carers a voice. Our newly appointed Board will bring their own experience and interests to the discussion on priorities and “hidden communities” and therefore we need to build some flexibility into the detail of the work programme to make best use of this valuable resource.

This year is a significant one for the organisation as it develops into an independent social enterprise and meets the challenges that this will involve. We will be gearing up to bid for the Healthwatch contract post March 2015 and seeking to develop other income streams to support our work in health and social care in Haringey. The work plan attached reflects these organisational changes as well as the activities required to successfully deliver year two of the Healthwatch Haringey Contract.

# Hub & Spoke Model



- CROSS CUTTING:**
- Personal budgets
  - Inequalities
  - Commissioning process
  - Patient Participation Groups
  - BME communities
  - Lesbian, Gay, Bi-sexual, Transgender (LGBT) groups
  - Male health
  - Public health

## Healthwatch Haringey Objectives

The objectives are clearly stated in the Contract with the Council which covers the two years 2013/15.... “Healthwatch Haringey will help improve the experience of residents using local health and social care services by”:

- providing information;
- offering signposting;
- engaging and influencing;
- being the local consumer champion;
- employing the 'enter and view' power to observe and assess the quality of publicly funded health and social care services;
- providing evidence based data analysis and intelligence feedback to providers and commissioners of health and social care services to inform their continuous improvement of services;
- being the voice of the user, patient and the community on the Health and Wellbeing Board and actively taking part in the preparation of the statutory Joint Strategic Needs Assessment;
- building strong and effective working relationships both strategically and operationally across Haringey, including Haringey Council as commissioner of Healthwatch, the Adult and Health Scrutiny Committee, local people, local health and social care commissioners service providers, and regulators;
- carrying out regular self-assessments of its performance in partnership working, service provision, value for money, workforce effectiveness and human resource management.

## Contract Outcomes

**The Contract identifies four broad outcomes related to which are a number of performance indicators, measures and deadlines.**

1. To be a Consumer Champion representing the voice of users, patients and the public. Healthwatch Haringey has influenced the planning, commissioning, design and scrutiny of local health and social care services. Healthwatch Haringey's Consumer Champion role has made a positive difference by improving people's experience of local health and social care services.

2. To recruit and deploy an active volunteer workforce within Healthwatch Haringey.
3. Haringey residents know what health and social care services are available and how to access them and are able to make more informed choices about services. Haringey residents are clear about and know how to make a complaint to health and social care providers.
4. The public and local stakeholders view Healthwatch Haringey as a model of good practice.

These outcomes are delivered through the activities that Healthwatch Haringey is required to deliver under the Contract. These are listed below with a cross reference to the outcomes they relate to in brackets [ ].

**The Provider of the Healthwatch Haringey service shall ensure that:**



- it carries out Haringey Council's statutory Healthwatch functions in accordance with the Health and Social Care Act 2012 (or any subsequent legislation) [ 2,4 ]
- the model delivers accessible Healthwatch functions to Haringey's diverse communities, including the prioritisation of hard-to-reach-communities and preference should be given to the development of a highly visible Haringey Healthwatch hub and spoke model [ 1, 2 ]
- it will become a legal entity that is a social enterprise by the end of year 2 of this contract [4 ]
- it acts as local consumer champion representing the collective voice of Haringey's people on the statutory Health and Wellbeing (H&WB) Board [1 ]
- it participates in the preparation of the statutory Joint Strategic Needs Assessments (JSNA) and joint health and wellbeing strategies to influence the local commissioning of health and social care services [1 ]
- it works with health and social care commissioners, providers, regulators and Healthwatch England to bring about improvements in people's experience of using local health and social care services, using the information gathered from their Healthwatch consumer champion role to influence the HWH agenda and that of its partners [ 1,2 ]
- it provides information to help people access and make choices about local health and social care services [ 2,3 ]
- it supports individuals to access information and independent advocacy when and if they need help to complain about NHS services, and/or social care


services [ 3 ]


- it is responsible for keeping up to date with any further advice and other best practice guidelines on Healthwatch as they are issued by the Department of Health (DH), Local Government Association (LGA) or HWE and to implement them accordingly. This will be a standing agenda item in the quarterly contract monitoring meetings [ 3,4 ]
- it is responsible for keeping up to date with developments in adult and children's health and social care and integrate them into the role and functions of the Healthwatch Haringey role as required by the Council's Authorised Officer (as defined in the Contract Conditions) [ 3,4 ]





## HEALTHWATCH HARINGEY (HWH) WORK PLAN 2014/15




OBJECTIVE / KPI	MEASURE	Q1	Q2	Q3	Q4
<b>CARRY OUT FUNCTIONS (2012 ACT)</b>					
<b>Appoint appropriately qualified and trained Board members</b>	Induction training plan by early March, delivered in Q1	X			
	Minimum of three Board workshops in the year		X	X	X
	Further round of Board recruitment	X			
<b>Recruit competent and trained volunteers to support staff team. Training needs identified and met</b>	Volunteers /staff trained by end Q1 to include Safeguarding	X			
	Gaps identified and targeted recruitment		X		
	Minimum of 20 volunteers recruited and trained				X
	Continuous monitoring of Guidance and Regulations				
<b>Familiarisation with Act and Regulations</b>	Monthly briefings for Board and Staff	X	X	X	X
<b>Brief Chair, Board and staff</b>					
<b>Maintain record of Healthwatch England (HWE) briefings</b>	Record and brief as necessary				











Annual report meets requirements of Directive	Annual Report fully compliant Regarded as an exemplar by HWE	X			
<b>HWH MODEL TO DELIVER ACCESSIBLE FUNCTIONS TO DIVERSE COMMUNITY</b>					
Map and identify diverse communities and in particular those with Protected Characteristics	Comprehensive mapping of community / voluntary groups completed	X			
	Identify 'gaps' in relation to our agreed "spokes"	X			
Identify communication networks / channels to reach individual members of these communities and highlight gaps	Communications Strategy agreed which highlights "gaps" and potential channels of communication	X			
	Channels of communication in place with 360 feedback		X		
<b>PRIORITISE HARD-TO-REACH COMMUNITIES</b>					
Specific focus on the East of the Borough where health inequalities are the greatest	Communication and Engagement strategies reflect this	X			
	Volunteer deployment reflects this priority				
Monitor use of translation services in primary / secondary care and promote uptake	Monitor through survey and mystery shopping. Starting with those in the east of the Borough	X	X		






<b>Work with Registered Providers (RP's) to access social housing tenants</b>	Work with Newlon Housing and Homes for Haringey in Q1 Work with six other RP's in Haringey	X			X
<b>Work with Muslim Network outreach worker/s</b>	Project with Haringey Clinical Commissioning Group started with focus on diabetes and safe fasting Expand project include other issues - women's health	X	X		
<b>Use Equality Impact Assessment (EqIA) screening evaluation to identify 'gaps' and inform year 2 priorities</b>	Adopt the Action Plan Integrate Action Plan into Work Plan as necessary		X		
<b>DEVELOP HIGHLY VISIBLE HUB AND SPOKE MODEL</b>					
<b>Develop the 'Hub' and ensure that the Board members bring knowledge and skills to support the 'Spokes'</b>	Complete skills / interests analysis for Board members and give them portfolios Profile volunteers and do skills / interest analysis and give them portfolios	X			
<b>Agree the 'Spokes' and start to develop effective communication channels early in year 2; informed by Joint strategic needs assessment (JSNA) priorities</b>	'Spokes' defined and interest groups clustered to provide a critical mass Workshop and focus group sessions with all groups by Q4	X	X	X	X

Publicise the model to raise awareness and ensure that views of service users, carers and other consumers are captured effectively	Establish effective feedback mechanisms with all 'Spokes'  Work with the 'Spokes' to ensure that they are inclusive and representative of their user group. Develop a code of practice. Promote a Healthwatch Standard?		X  X		
Add further 'Spokes' to the system as priorities change and existing 'Spokes' become embedded	Keep under review quarterly and make recommendations to the Board				
<b>HWH TO BECOME SOCIAL ENTERPRISE BY JUNE</b>					
Board in place with the appropriate skills and experience to provide effective governance to a social enterprise	Agree Memorandum and Articles of Association and Constitution  Appoint additional board members / co-optees as required to fill skills gap  Board members training on Governance issues	X	  X  X		
Framework of relevant policies and procedures to comply with legal requirements and good practice	Policies and procedures in place / staff manual		X		
Business Plan which is viable and identifies income generation opportunities for 2015/16 onwards	Viable business plan produced 2015 / 18  Identify additional income streams and achieve two new contracts outside HWH by Q3 and two more by Q4		X	X	X

Project Plan to ensure that HWH is in a strong position to submit a credible bid for the HW Contract which meets the Council's detailed specification		X			
Bid successfully for the HWH contract post 2014/15 in a competitive tender situation	Prepare high quality bid for on-going contract by end Q3			X	
Existing contract novated to social enterprise	Submit proposal to Council and HCAB and prepare legal documentation  Contract novated	X			
Clarify implications for staff including <i>Transfer of Undertakings (Protection of Employment) Regulations (TUPE)</i> rights, pension provision and other terms and conditions. Use of existing systems and assets including office accommodation	Clarify the legal position re staff  Transfer of assets to social enterprise	X			
Staff have skills and capacity to transition to a social enterprise	Training needs identified and appropriate training provided				











<p>Retain staff during this period of uncertainty</p>	<p>Keep staff updated regularly and manage risks</p> <p>Encourage an early tender exercise early in Q3 to reduce uncertainty</p>		<p>X</p>		
<p><b>REPRESENT COLLECTIVE VOICE OF LONDON BOROUGH OF HARINGEY PEOPLE ON THE HEALTH &amp; WELLBEING BOARD AS THE LOCAL CONSUMER CHAMPION</b></p>					
<p>Capture large amount of feedback data and present in a professional style using Healthwatch Haringey's Customer Relationship System (HWH-CRM) database</p> <p>Capture information from outreach meetings, focus groups, mystery shopping and surveys by volunteers</p>	<p>HWH-CRM to be working effectively and producing high quality reports</p> <p>HWH-CRM updated on a weekly basis</p> <p>Volunteers managed effectively and producing high quality feedback</p>	<p>X</p>  			
<p>Capture complaints from a variety of sources including: advocacy service provider; direct to HWH, HCAB, NHS Direct and other websites, NHS Trusts, CQC, NHS England</p>	<p>Systematic process in place for capturing complaints and uploading to HWH-CRM</p> <p>Work with providers to improve their complaints recording and reporting</p> <p>Evidence of improved complaints systems in place. Provide report</p>	<p>X</p> <p>X</p>	<p>X</p>	<p>X</p>	






Develop a panel, 'Friends of Healthwatch', to provide a source of information and feedback	Target an additional 100 'Friends' each quarter				
Use existing service user panels for targeted surveys	A minimum of one targeted survey each Q				
Ensure that the voices of all consumers are heard including those in 'hidden communities'	Complete 'gap' analysis and informed by EqIA Identify hidden communities for engagement in year 3		X		X
Encourage Health & Wellbeing (H&WB) Board members to consult with service users and other consumers on any changes to policy, practice, service delivery arrangements and budget profile	Active involvement and regular attendance at H&WB Board Regularly highlight user / consumer feedback at Board				 
Ensure that health inequalities are highlighted and addressed in policy reports and area strategies e.g. Tottenham Regeneration	Encourage service users to be involved in Tottenham Regeneration Be a champion for reducing health inequalities				 





















<p>Attend relevant Haringey and NCL Scrutiny Committee meetings and support service user groups to attend when invited to do so</p>	<p>Regular HWH attendance</p> <p>Involve volunteers and other service users to attend</p>	 			
<p><b>INPUT INTO THE JSNA &amp; HWB STRATEGY TO INFLUENCE THE HEALTH AND SOCIAL CARE SERVICE COMMISSIONING</b></p>					
<p>Need to engage with those responsible for developing the JSNA and H&amp;WB Strategies</p>	<p>The JSNA is not being refreshed in 2014/15. Active involvement in updating the H&amp;WB Strategy for 2015/16</p>				
<p>Involvement in the Better Care Fund Strategy which will involve 'new' community based services and decommissioning of some existing services</p>	<p>Active engagement in the process to quality assure patient/service user engagement in addition to seat on H&amp;WB Board</p> <p>Ensure a project plan is in place to capture patient experience at an early stage</p>	 <p>X</p>			
<p>Need to ensure that consultation with service users and consumers is meaningful and reflected in the final strategies</p>	<p>Consult with service users to seek their views about the level of engagement / involvement</p>				




**WORKS WITH THE HEALTH AND SOCIAL CARE PROVIDERS TO IMPROVE PATIENT EXPERIENCE OF SERVICES**




<p><b>Ensure providers understand the role of HW</b></p>	<p>Effective and on-going communications to ensure meaningful engagement</p>				
<p><b>Active members of the Whittington Patient Experience steering group and engagement in their forward strategy</b></p>	<p>Regular meeting attendance and input into Quality Reports</p>				
<p><b>Work in partnership with Healthwatch Islington to improve patient engagement / experience at Whittington Hospital</b></p>	<p>Joint working and co-ordination to agree priorities</p>				
<p><b>Work in partnership with North Middlesex University Hospital (NNUH) and Barnet, Enfield and Haringey Mental Health Trust (BEH MHT)</b></p>	<p>Regular attendance at the Care Quality Research Group (CQRG) meetings - we have 'lead' for NNUH and 'lead' for Healthwatch Enfield on BEH MHT. Regular involvement in the Patient Experience groups</p>				
<p><b>Develop relationships with the newly formed Patient Consultation Groups (PCGs) linked to GP practices</b></p>	<p>Strategy in place for setting up a PCG network Network meetings each Quarter</p>	<p>X</p> 			





Work with care providers / forums to improve services	Attend Forum meetings				
Use 'Enter and View', Mystery Shopping and surveys of service users to help providers improve the patient experience	Effective volunteer deployment and robust reports				
Promote the use of complaints as a tool for service improvement and identify best practice	Work with providers to improve their complaints recording and reporting Evidence of improved complaints systems in place - Report	X	X		X
<b>WORKS WITH HWE AND OTHER REGULATORS TO IMPROVE THE PATIENT EXPERIENCE OF SERVICE</b>					
Establish positive, on-going relationships with the local Care Quality Commission (CQC) rep	Quarterly review meetings				
Read CQC reports and record outcomes in the HWH-CRM	Read weekly updates and standing item on HWH team agenda				
Co-ordinate 'Enter and View' and Mystery Shopping with CQC when appropriate	Always contact in advance and seek suggestions for visits				

<p><b>Notify HWE of any local concerns that need resolution at a higher level</b></p>	<p>As required</p>				
<p><b>Use the HWE 'Hub' as a resource to learn from and share best practice</b></p>	<p>Regular use as a resource</p>				
<p><b>INFORMATION TO PEOPLE TO ACCESS AND CHOOSE HEALTH AND SOCIAL CARE SERVICES</b></p>					
<p><b>Promote the HWH brand widely in the community to increase knowledge of HWH role. Use outreach, newsletters, posters, website, feedback cards etc.</b></p>	<p>Detailed Communications strategy and plan in place</p>				
<p><b>Maintain an up to date database of services that are available and information on consumers' rights to access these services</b></p>	<p>Consolidate database on HWH-CRM and regularly update</p>				
<p><b>Promote and offer an effective telephone signposting service</b></p>	<p>Publicise and monitor uptake</p>				

Use outreach to provide information on access and choice	A minimum of 4 outreach sessions each Quarter utilising staff and volunteers	X	X	X	X
Work with volunteers and user groups to increase their knowledge so they can signpost people	Train those volunteers who wish to deliver signposting services		X		
Develop a web based signposting system			X		
<b>HELP INDIVIDUALS TO ACCESS INFORMATION/ ADVOCACY TO MAKE COMPLAINT RE HEALTH AND SOCIAL CARE SERVICES</b>					
Have a good understanding of the complaints channels in relation to the various providers and commissioners	Ensure all staff and volunteers have access to the Information	X			
Make appropriate referrals to the local advocacy services contracted by the local authority	Monitor number and nature of referrals to the Advocacy service				

**KEEP UP TO DATE ON ADVICE / BEST PRACTICE FROM: LOCAL GOVERNMENT ASSOCIATION (LGA), DEPARTMENT OF HEALTH (DH) AND HEALTHWATCH ENGLAND (HWE) AND IMPLEMENT**

<p><b>Ensure that all guidance and best practice is disseminated through the organisation, including the Board, and appropriate action taken to implement changes in policy, practice or procedure</b></p>	<p>Regular briefing updates; e-bulletins fortnightly and bi-monthly (every second month) newsletters</p>				
<p><b>Membership of the LGA information network ensures that we receive all relevant correspondence and reports and attendance at meetings highlights issues currently under review</b></p>	<p>LGA briefings</p>				
<p><b>Attendance at relevant DH and HWE meetings gives an early warning of issues under consideration and future directions of travel</b></p>	<p>Regular attendance and HW network  Work with HWE on their priorities</p>				

KEEP UP TO DATE WITH DEVELOPMENTS IN ADULT AND CHILD HEALTH AND SOCIAL CARE AND INTEGRATE INTO ROLE AND FUNCTIONS OF HWH					
Regular liaison with local authority commissioners to identify new developments	Meetings each Quarter				
Have prioritised NHS Personal Budgets as a new development for communication to service users in 2014/15	Network with user groups with an interest in personal care and NHS budgets				
Need to develop and deliver a programme in relation to child health and social care	Engagement strategy in place	X			
	Agreed priorities for 2014/15	X			
	Robust patient experience / feedback available				
TO BE REGARDED AS AN ORGANISATION THAT DELIVERS CONTRACTS TO TIME, BUDGET AND QUALITY STANDARD					
To exceed the expectations of the CCG in delivering both the Muslim Network and Five Year Strategy engagement projects		X			
To generate repeat commissions from the CCG and other clients					