Healthwatch Sheffield stakeholder event
Wednesday 15th November 2023

What?

The purpose of the stakeholder event

In order to inform the consolidation of the contractual arrangements for Healthwatch Sheffield, a stakeholder session took place in November 2023 to:

- Learn about the **impact** Healthwatch makes in Sheffield

- Learn what **further aspects** stakeholders would like to see as part of the future contractual arrangement

- Understand what **outcomes** they would like to see

The session took place online via Microsoft Teams, and was hosted by Alexis Chappell (Strategic Director Adult Wellbeing and Care) and Lucy Davies (Chief Officer Healthwatch Sheffield). Holly Dannhauser provided independent facilitation support for the exercises and discussion.

Who?

Around **40 people** joined the event, with a wide range of stakeholders represented. This included:

- People from the voluntary and community sector

- Commissioners from Sheffield City Council

- Representatives from Sheffield Teaching Hospital and Sheffield Children's Hospital

- Representatives from Sheffield Health and Care Partnership

- A representative from South Yorkshire Integrated Care Board Communications and Engagement Team

- Representation on behalf of directors working across a range of areas in the Integrated Care Board

- Representatives from a care home provider

The Power of Healthwatch

At the start of the event people were invited to introduce themselves, and say what they think the **power** of Healthwatch Sheffield is. Their answers fell into the following groups:

- **Connecting** people with each other and with decision makers

- **Oversight and scrutiny of services –** somewhere that people could go to with their concerns

- **Information and advice –** including outreach for people that might not access mainstream services

- **Enabling and involving local people –** to influence and improve services

- **Independent –** able to give a non-biased view of services and specific issues

- **Critical friend –** their role in challenging, and holding services to account

- **Anchor organisation –** co-ordinating feedback, supporting other organisations to involve people

"Working with Healthwatch Sheffield on our SpeakUp Grant project was a game changer for us … it helped us link in with decision makers in a way that we hadn't been able to before."

"The combination of getting regular insights about our Trust, together with the deep dives such as the recent work on Palliative and End of Life Care is really really valuable"

"We have developed a positive working relationship – we can collaborate but Healthwatch is not afraid to bring challenge as a critical friend"

Healthwatch work – examples and outcomes

The group heard three short presentations about recent Healthwatch work:

1. ***Experiences of older people in care homes** – Catherine Bunten (Sheffield City Council) and Kathryn Rawling (Sheffcare)*

In 2022-23 it was a Healthwatch Sheffield priority to hear the experiences of older people living in care homes; this was a group of people that had been particularly impacted by Covid and it had been difficult to hear their views.

Kathryn Rawling described how the Sheffcare SpeakUp Grant project enabled their residents and families to share their views about their experiences during Covid. Having the chance to have their say, and seeing this captured in a report which was shared locally and nationally, was valuable for the families that had been through this experience.

Catherine Bunten described how Sheffield City Council had used this work, alongside another Healthwatch Sheffield report – What Matters to Us - to help their quality monitoring of care homes, as well as in their Care Home transformation work. Catherine shared the slide below to help illustrate how the reports were connected to the work in Adult Social Care.

2. ***New GP Hubs in the North of Sheffield** – Richard Kennedy (Head of Involvement South Yorkshire Integrated Care Board)*

In 2022 Healthwatch Sheffield played an important role in the public involvement for the proposed new GP Hubs in Sheffield. Richard described how Healthwatch were able to effectively play 3 roles in this work;

- Involvement in the design of the engagement – ***critical friend role***

- Going out and speaking to people to hear their views directly – ***engagement role***

- Challenge and scrutiny through the governance routes at the CCG / ICB – ***scrutiny role***

3. Long Covid Project – Fran Arnold (Darnall Health and Wellbeing) and Lucy Davies (Healthwatch Sheffield)

This is a joint project between VAS and Healthwatch Sheffield. Its purpose is to **Involve people and communities in developing support for Long Covid in Sheffield, and improve outcomes for people living with the condition.** There is an underrepresentation of people from lower socio-economic and Black, Asian and minoritized ethnic groups currently accessing support for this condition; the project is focused on these groups.

The project has taken a collaborative approach – led by a steering group which includes people living with Long Covid, community organisations, NHS and public health staff. Paying community groups and individuals for their involvement in this group has been an important enabler for people to participate.

Through working with and funding grassroots organisations, the project has heard the experiences of 440 people. The learning from this has helped identify what is needed to improve access to services, and better outcomes for people. The next phase of the project will develop information, tools and resources that will help achieve this.

Reflections

People reflected that these projects demonstrated:

- The scale and reach of Healthwatch work
- Quality of the insights
- Importance of good relationships – with individuals, communities, organisations and services
- The influence of Healthwatch
- The role of Healthwatch in supporting other organisations and building their capacity to do voice and involvement work

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Wishes for the future of Healthwatch

The participants worked on a Jamboard to record their wishes for the future of Healthwatch Sheffield.

What are the important elements of a good Healthwatch?

- **Partnership working** was mentioned by many people. This was with statutory services, but also community organisations and service providers. People described the need for sustainable/ long term relationships to enable trust to be built, and the ability to work together on medium and long term plans
- **Reliable long term funding** to enable Healthwatch to build, expand and develop
- **Setting priorities** – understanding system priorities is important to help develop the Healthwatch work plan, but it is also important that Healthwatch are finding out *what is important to people,* in order to guide system work
- **Supporting organisations** to do involvement well (in the voluntary sector and within statutory services)
- **Continued focus on equity** - focus on communities who currently experience the worse health outcomes in the city

- **Training for community groups and the public** - for example, in relation to health topics and also how to advocate for themselves and other in health settings

- **Impact** – develop formal routes for report to be heard within governance structures, to enable more accountability / follow up on the recommendations

- **Develop paid employment** for involvement opportunities

- **Maintain independence and continue to challenge** - *'be visible, tenacious critical friends'*

- **Community research** on health and wellbeing

"Healthwatch have been able to bring organisations and groups together to support the people of Sheffield with health issues"

"One of the few orgs that proactively work to engage with very hard to reach groups and do this in an equitable and purposeful way - not just tick boxing"

What helps us move forward?

The group were asked to consider what specific things Healthwatch Sheffield should **continue** to do in order to help them move forward:

- **Reports** – continue to provide high quality reports / insights

- Identify clear **governance** routes for these reports to be seen and used across the system in a consistent way

- Continue to represent the views of people at a senior level – at **boards** and in **one to one relationships with senior leaders** *'informal and formal conversations are part of the work'*

- Developing **trust**

- Creating **opportunities and space** to talk about lived experience

- **Visibility** in communities and in system conversations

- **Funding –** long term stability, with buy in and contribution from partners across the system

- The need for **stability** but also **flexibility** to enable responsiveness was highlighted.

- Healthwatch **micro-grant processes** (eg SpeakUp) are these **equitable** in terms of distribution and easily accessible for all?

What holds us back?

Attendees were asked to consider what the **challenges and barriers** are that hold Healthwatch Sheffield back. The following is a summary of the responses:

- **Funding –** lack of stability of funding, and amount of funding

- **Continuity of staffing** – recognising that losing staff can impact on continuity of approach and delivery, and also relationships

- **Reach and capacity** – Healthwatch are not able to do work in all areas of health and social care

- **Power imbalance**– Healthwatch aren't always seen as 'partners' in the system

- **Impact** – ability to follow through to see whether recommendations and plans are implemented is limited

- **Reach** – into different communities. Not enough visibility in some places / areas

- **Lack of representation** – of diversity within the Healthwatch team

How could we do things differently?

Attendees were asked to think inventively about ways that Healthwatch Sheffield could **grow and develop**. The following is a summary of the responses:

- **Grow business model –** develop other income through sales of services, facilitation

- **Feedback –** ensure that people know how their feedback has been used and what difference it has made

- **Incentives –** vouchers/payments for participation

- **Build allies –** development relationships with senior leaders who are natural allies in order to maximise impact

- **Be more challenging –** call us out, including publicly

- **Focus on growing awareness –** through social media, through connectivity with roles such as link workers

- **Ensure accessibility to what they've heard –** eg through sharing insights on the South Yorkshire insights bank

- Develop **collective working with other Healthwatch in South Yorkshire,** including a **'***one route in'* for commissioners looking to engage South Yorkshire Healthwatch in work

- **Mentoring and shadowing opportunities** – between NHS staff and the Healthwatch team

- Develop work around facilitating and supporting **co-production**

There was a recognition that some of these aspirations could only be achieved with additional funding and resource.

"Very useful resource which supports and shares responsibility for outcomes i.e. report writing and spreading the word, coordinating work which enables us to concentrate on activities such as gathering client stories and data – they form a vital link between voluntary organisations and statutory organisations / NHS Trusts"

"I have received a professional service" [re a commissioned project]

What should we do next?

Finally, attendees were asked to identify actions for next steps. They were asked to make these as specific as possible.

- **Celebrate Success**

- Use **feedback** gathered in this workshop to **inform and plan next steps**

- **Re-visit past reports** – what has changed as a result? Showcase this, and let people know where their feedback has had **impact**

- **Consider system priorities** – how can Healthwatch contribute in these areas? Work with senior leaders to develop proposals in relation to this

- **Identify gaps** and **develop proposals** for commissioned work to fill these

- Link in with **Delivery Groups** effectively

- **Stay connected** - maintain relationships with people and communities who have already taken part in Healthwatch work

- **Look at the experiences of diverse communities** – in context of Race Equality Commission report

The value of Healthwatch work

Following the event a visual summary of the value of Healthwatch work was put together based on the feedback given.

Quality relationships

With communities, with VCS organisations, and as a system partner. Being a critical friend. Trusted advice. Support. Holding to account.

CRITICAL FRIEND

Influencing change

Independent voice

Offering scrutiny, shaping strategy, challenging providers and partners. Ensuring people's voices and experiences are influencing commissioning, service specs, and where efforts are targeted.

Gathering and sharing insights and stories. Using the quality relationships to reach local people and communities and to keep it real with the system.