

*“Health & Social Care That Works For Everyone”*

Healthwatch South Tyneside

Operations Plan

2018 – 2021

Contents

1. **Background and Introduction**
2. **National Context and Policy**
3. **The Healthwatch Operational Plan**
4. **Making it Happen**
5. **Work Plan**

***‘We will find out what matters to local people and make sure their views shape the support needed’***

**Background and introduction**

Healthwatch South Tyneside is the independent champion for people who use health and social care services in the borough.

We promote and support the involvement of local people in the commissioning, the provision and scrutiny of local health and social care services.

We enable local people to monitor the standard of provision of local health and social care services and whether and how these services could and ought to be improved.

This Plan sets out not only the key priorities and commitments for Healthwatch South Tyneside over the next three years but also links our plan with the ***South Tyneside Partnership*** priorities:

* Promoting independence and enablement
* Healthier People
* Safer stronger families.

We do that by:

* Supporting people to have their say
* Obtaining the views of local people regarding their need for, and experiences of, local health and social care services and importantly to make these views known
* Conducting Check the Pulse and Enter and View visits to observe health and social care services are high quality services
* Help people access the care they need.

This Plan builds on our acknowledged strengths:

* Flexible and enthusiastic team
* A responsive and innovative service
* Commitment to the delivery of high-quality work
* Exceptional reach into communities, local networks and listening to seldom heard groups
* Volunteers and workers who are “experts by experience” bringing a different range of perspectives to the Health and Social Care agenda
* An organisation which uses its resources effectively
* Partnership working across the health, social care and VCSE sectors
* Interpreting national priorities to the benefit of our local population and users of services in South Tyneside.

**National context and policy**

Healthwatch South Tyneside‘s role is clearly defined in the Health and Social Care Act 2012 with a series of statutory activities designed to give users of health and social care services a voice. We are an independent Community Interest Company (CIC) dedicated to working with local people who are users of health and social care services. We listen to their experiences; identify any issues or problems and work to generate improvements.

We have the right to enter and view services, we are there to influence how services operate and we provide information, signposting and support about local services.

Big changes to health and social care services have taken place since our formation, and more changes are going to take place locally resulting from the further national reorganisation of health and social care services and the emerging local Path to Excellence and the Integrated Care System (see Addendum). In addition, changes in the way services are commissioned, with an increasingly mixed portfolio of providers, increases the importance of our role in challenging commissioners and making recommendations about the way in which local services can be improved.

**Addendum 2020/2021**

This addendum has been added to recognise the unprecedented challenges caused by the Covid-19 pandemic and the nationally significant changes which are being brought about in health and social care by the implementation for the Government’s White Paper: Integration and Innovation, working together to improve health and social care for all.

Healthwatch South Tyneside is also taking the opportunity of complementing the overarching changes by recognising its closer working with Healthwatch England. With and through the priorities Healthwatch England are monitoring and using the work of local Healthwatch to alert health and social care leaders to emerging problems at national and regional level. Finally the Plan has been updated with the local priorities detailed in Healthwatch South Tyneside’s 2019/2020 Annual Report.

**The Covid-19 Pandemic**

There are no words to describe the personal, social and economic cost of the pandemic and its legacy. It now looks as though the virus has been subdued and will be beaten. The devastation, for families, the pillars of our welfare state and the country that it leaves in its wake is immeasurable but we will build back better. The following needs to be taken into account in our planning:

* How can we help, via experts by experience, from lessons learned during the pandemic, within health and social care and recover as fast and as safely as possible? The planned, mainly health services that were stopped due to the pandemic which have impacted on so many lives.
* How can we support the workforce that carried on caring and protecting people from wave after wave of the virus?
* What will be the legacy of the virus? Will it be a new morbidity such as Long and Hidden Covid, with both physical and mental health aspects and how can we help inform the service leaders of its scale and characteristics?
* Our planning needs to reflect the post pandemic reality.

**Healthwatch England**

Linked to Covid-19, Healthwatch England has been monitoring a number of issues and has taken and merged the work from local Healthwatch on these topics. This has formed a critical body of knowledge which has helped inform decision makers about the major issues for local populations which have arisen as a consequence of the pandemic. Like many Healthwatches, Healthwatch South Tyneside has seen the added value that Healthwatch England can created by pooling the information to form a significant sample of population health and wellbeing, access to and use of services. Healthwatch South Tyneside will whenever possible support Healthwatch England with its work.

**The Government’s White Paper:** Integration and Innovation: working together to improve health and social care for all

The Government’s White Paper is important because of what it has removed, created and protected. It has dismantled the local health and to some extent social care commissioning structure. The statutory powers of Clinical Commissioning Groups go to new bodies called Integrated Care Systems. The most cleardifference is size; Clinical Commissioning Groups cover local authority areas whereas Integrated Care Systems are largely regionally based and, in our case, cover the North East and North Cumbria which is in excess of three million people. This reorganisation will at least change working relationships that Healthwatch has built up over a decade. Local Authorities lose their direct referral to the Secretary of State but Health and Wellbeing Boards hosted by local authorities are retained and seem as central, as now, as the forum in which policies are set to improve the health and wellbeing of the local population.

**Healthwatch South Tyneside 2019/2020 Annual Report**

On page 23 of our Annual Report we identified, from the work done with the local population, the following priorities which will be included in our plan:

* The impact of Covid-19 on planned and routine hospital services and social care
* The population’s mental wellbeing
* The provision for palliative and end-of-life care in the borough
* The development of primary care through primary care networks
* Involvement, as a critical friend, in the redistribution of health services between South Tyneside and Sunderland as a consequence of the Path to Excellence scheme
* Raising the profile of the health needs of ethnic minorities and hard to reach groups.

We also have an increasingly pivotal role in monitoring the quality, standards and effectiveness of health and social care services, and utilising volunteers (local people) to help undertake “Enter and View” visits to monitor the standard of provision being delivered.

Finally, HealthwatchSouth Tyneside understands and is ready to meet the challenges of changes in the way in which local people access health and social care services, as well as providing information about those services. Changes in the ICT and other social media platforms for delivery means that not only do weneed to respond differently but we also need to ensure that those unable to use these platforms still have a say and that their views are not neglected in the way services are shaped going forward.

All of this means that there continues to be areal need for a strong local voice and the need for communities to have a say on the decisions that affect them, this has never been more important.

**Operational Plan - Priorities**

* ***Involving local people*** in the debate around future and existing health and social care provision to make sure their voices are heard and health and social care planners know what matters to people most. We also must ensure we report back to local people.
* Develop ***improved ways of working*** to ensure that the correct data is being gathered, understood and reported back to the Board and wider forums, to measure impact, and inform both operational performance, the wide use of resources and future decision-making.
* ***Raising the profile to increase the awareness*** of Healthwatch South Tyneside, recognising that we are best placed to make sure local people’s views are at the heart of decision making at all levels.
* ***Improving the links with key strategic partners*** across South Tyneside to make sure that Healthwatch South Tyneside is fully engaged in strategic health and social care developments.
* Making ***better use of the internet/social media*** outlets as well as more traditional methods of information dissemination and engagement, particularly when trying to involve young people.

***Involving local people***

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| Priority | What we will do |
| *To understand how best to involve local people and young people in the scrutiny, commissioning, provision of local health and social care services.*  *How best to involve people in reporting and making recommendations to commissioners and providers.*  *Identifying and articulating the health and social care issues of patients, service users and local people.* | Use existing involvement forums to listen and understand what the key health and social care issues people care about. Report these widely but specifically to Commissioners, service providers and to the wider public.  Look at how we can encourage more young people to volunteer with us and support them to share their health and social care experience or make sure their perspective is included in any service review and delivery.  Make sure seldom heard groups are able to articulate their concerns to reduce health inequalities. |

***Improved ways of working***

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| Priority | What we will do |
| *Maximising opportunities for income generation.*  *Giving people the tools to monitor how health and social care services are provided and improved.* | Explore opportunities and models of good practice to undertake activity over and above contracted work to develop additional income streams (outside funding).  Providing appropriate training and skills development for both local people and staff to undertake to support the work of Healthwatch South Tyneside.  Accessible systems that are easy to navigate. |

***Raising the profile and awareness of Healthwatch South Tyneside***

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| Priority | What we will do |
| *Leading the public feedback about proposed changes in health and social care and how it affects local people’s wellbeing.* | Present our findings at Council meetings, CCG Engagement Boards, Select Committees and to other bodies such as the CQC.  Present our Annual Report at a Healthwatch South Tyneside Annual Event, to be used for reporting and feeding back local people’s views on key existing and emerging issues that affect them. Invite Commissioners, service providers, partners and members of the public to attend. |
| *Emphasise our role representing the views of patients, service users and local people.* | Repeatedly highlight the importance of “Check the Pulse” and any subsequent “Enter and View” visits at South Tyneside Health and Wellbeing Board.  We will continue to give our concerns the highest media profile.  Understand South Tyneside Commissioning priorities and seek to be in a position to be involved in responding to emerging commissioning priorities. |

***Improving links with key strategic partners***

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| Priority | What we will do |
| *Developing direct links with key strategic leaders/partners.* | Chair will meet with Council Cabinet portfolio lead members and with the Chair of the CCG outlining the future role of Healthwatch South Tyneside and establish its vital role in the health and care system.  Maximise opportunities for Healthwatch South Tyneside attendance and contribution at South Tyneside Strategic level meetings such as Health and Wellbeing Board and Alliance Leadership Team using our skills and knowledge to emphasise the importance of the local voice and wider engagement.  Invite rotating Commissioning leads to quarterly open meetings to establish dialogue with Board. |
| *Working with partners locally, nationally and regionally to identify the evidence base for the importance of local people involvement.* | Engage in national initiatives to establish the economic and quality benefits result from involving people in shaping the services that support them.  We will feed this work into the emerging “co-production” approach to commissioning and service development being introducedby South Tyneside partners.  Expand our reach into the Regional Quality Surveillance Group, South Tyneside and Sunderland Trust, Regional Healthwatches and Healthwatch England meetings. |

***Better use of the internet/social media***

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| Priority | What we will do |
| *Identifying new and innovative ways of collecting and disseminating information.*  *Systematic approach to collection, recording and reporting of information.* | Discuss with our client groups how they want to be engaged with, what are the best methods of communication.  Determine future investment needed to improve the website to enable information to be easier to disseminate. Under GDPR guidelines review our current collating of data, looking at models of good practice used across the area. Utilise all opportunities around social media to collect “soft” intelligence about emerging health issues and review our current internal feedback system to share across the team and the Board.  Review the amount of resources available for increased advertising and promotion of Healthwatch ST via specific targeted flyers and hand-outs, local press and other media interventions. |
| *Work with partners to identify and adopt best practice from national, regional and local work.* | Work closely with national organisations, regional and local organisations to be aware of emerging initiatives to extend our reach and feedback using new media methods.  Work closely with Council for advice and support to assist with change. |

***Making it happen – Healthwatch South Tyneside Work Plan which covers the priorities set for 2018 -2021***

**Improving links with key strategic partners**

**Working locally and nationally to maximise opportunities to establish a role with the health and social care system**

**C O R P O R A T E**

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| **Objective** | **How** | **Outcome** | **Lead** | **Timescale** | **Up- Date** |
| Board Members’  Engagement | Training  Recognising skill sets  Utilise skills | Strong/Diverse/Proactive Board | Chair | April 2021 | Board members have portfolios of work they oversee and one members has taken on the role of staff social work contact |
| To be the trusted organisation for information and signposting for the public/commissioners and service providers. | Improve our current systems of collating and sharing information  Redesign website | User friendly and easy to navigate website  Up to date systems | Staff  Team | April 2019  Complete | New website designed and launched  Recite Me added to website |
| Make available and share information about the work of Healthwatch South Tyneside. | Public Meetings  Healthwatch South Tyneside Annual Event  Annual Report  Social Media | Raise the awareness of Healthwatch South Tyneside  Hold an annual event to present Annual Report | All | Review April 2021 | There is a diary of public board meetings. Manager and Chair attend a swatch of meetings with partners where the work of HWST is raised. The Annual Report was written as required and formally received at the AGM held in March 2021 which was set up so the public could attend via virtual means. It was not possible to hold an annual event because of the Pandemic but work will be started to prepare for an event in 2021/22 if restrictions are lifted. |
| To represent Healthwatch at strategic, local, regional and national levels. | Attending local and regional meetings and events. | Learning opportunity  Sharing information  Aware of changing provision | All | Review April 2021 | Regional meetings of the NE and NC Overview and Scrutiny Committee are attended as are meetings of the Integrated Care System. The Chair is a member of the Advisory Panel for the National Audit at the End-of-Life and represents Healthwatch England at the meetings. |
| To undertake a business and financial review of the Organisation  Phase 2 | Write a Terms of Reference, set up a Review Team, progress report to Board  Structural Review Group formed August 2020. | Optimal arrangement of Staff Team and use of Budget to discharge Operational Plan | Nominated team/board member(s) | August 2020 | The board has set up a Structural Review sub-group. It is chaired by the board member with the HR portfolio. It has met twice and a report is being drafted for the board’s consideration. |
| Form contacts and build alliances to inform our work | By networking with others and using information to establish key contacts and build alliances. | Build knowledge and expertise which provides a basis for collaborative working either together with or alongside our partners.  Enabling the Plan to be refreshed with new aims. | All/PB | Review April 2021 | In addition to the alliances already mentioned the Chair works closely with the other Chairs across the Integrated Care Partnership. The Chairs meet quarterly with the Accountable Officer for the 3 CCGs across the Partnership. The manager attends the regional meeting of the HW Project Leads which is hosted by the regional link for Healthwatch England. The manager attends the Alliance Executive Committee. In addition the Chair and the Manager attend relevant meetings held by HWE. South Tyneside and Sunderland HW have started to work together more closely which includes joint projects. |

**Involve local people in the scrutiny, commissioning and provision of local health and social care services**

**Presenting our findings and recommendations to Commissioners and service providers**

**E N T E R A N D V I E W**

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| **Objective** | **How** | **Outcome** | **Lead** | **Timescale** | **Up-Date** |
| Adult Mental Health Services | Project Brief to Board  Ask a relevant partner to attend the Board meeting and Present a Profile of the topic to the Board which informs the Project.  Undertake, if necessary, a short sharp piece of work to test the need for and to help scope the project. This will be referred to elsewhere as “Check the Pulse”  Finalise the brief and obtain board approval for the work.  Start the work | To develop an understanding of how, if at all, the Covid-19 pandemic has impacted on the mental health of adults in South Tyneside, and whether the experience of service users has been affected as a result of changes ensuring adherence to Government guidelines and present a report to the Commissioners of care home services. | SS | April 2021 | Talks started in October 2020 with 3rd parties to commission work in January 2021.  Survey launched in May 2021 and planned to report in July 2021. |
| South Tyneside  Extended Primary Care Service | As above | To evaluate how the scheme has been running since it began in September 2017. | JC | July 2019 | Complete and received by the board at November 2019 board meeting |
| Domiciliary Care  ‘Help to Live at Home’ | As above | How the introduction of the change to home care provision will/has impacted on residents of South Tyneside. | SS | April 2021 | To be carried over to next Operational Plan |
| Pharmacy First | As above | Ask “Are the public using Pharmacy First” and to evaluate how successful it has been since its launch in April 2015. | MS | May 2019 | Complete and received by the board at November 2019 board meeting |
| Revisit South Tyneside Urgent Care Hub | As above | Ensure recommendations have been implemented. | SS | April 2021 | Due to Covid-19 this had to be postponed. The Trust has redesigned the service to Adult Emergency Department, HWST will represent the brief and revisit as planned. |
| Palliative Care Services | As above | Presentation provided to the Board by the CCG’s Director of Operations. Discussions held by the Chair with the then CCG Chief executive about the way forward for specifying the new service and the need for a whole system strategy. | PB | April 2021 | The Chair and a board member took part in the full co-design exercise. The new model is being implemented. A whole system strategy has been designed with the support of partners and is awaiting final approval. As a consequence of the work and the interest shown the Chair is a member of the Palliative and End-of-Life Leaders Group for South Tyneside and the national representative for Healthwatch England on the Audit Panel for the National Audit of Care at the End-of-Life. |
| Care Homes  Wellbeing of residents and staff during lockdown due to Covid-19 | As above | To develop an understanding of how, if at all, the Covid-19 pandemic has impacted on the wellbeing of residents and staff during lockdown and present a report to the Commissioners of care home services | SS | April 2021 | Talks started in October 2020 with 3rd parties to commission work in January 2021  Surveys launched in April 2021and planned to report in June 2021. |

**Emphasise our role representing the voice of local people on services delivered and proposed changes to**

**those services and how that impacts on their health and wellbeing**

**E N G A G E M E N T**

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| **Objective** | **How** | **Outcome** | **Lead** | **Timescale** | **Up-Date** |
| South Tyneside and Sunderland NHS Partnership  Path to Excellence Phase 2 | Representation at Stakeholders meetings | Public better informed of proposed changes  Capturing the views of the public | Team | April 2021 | This work was suspended due to Covid-19, restarted April 2021 |
| South Tyneside, Sunderland and Durham Integrated Care Systems | Representation at Stakeholders meetings  Working with Healthwatch Sunderland | Share with Commissioners the experiences of the general public  Working jointly with HWS and the CCG a survey was designed and launched around the Vaccination programme and will run until the end of the vaccination programme | PB  SS | April 2021 | First report shared March 2021 figures with Commissioners |
| Raise awareness of Healthwatch South Tyneside with Elected Members | Attend CAF meetings  Engage with Lead Member of Health and Wellbeing Board | Building relationship with elected member around Health and Wellbeing  Quarterly Meetings to be arranged | SS | Review April 2021 | Elected member contacted, no response to date |
| Work in collaboration with other partners/organisations/community groups | Healthwatch presence at strategic and third sector meetings | Information Sharing | Team and Board | Review April 2021 |  |
| Continue the use of our media cover via the Website, Social Media and local publications | Review of current social media systems  Press / Onview publications | User friendly website – Recite Me  Entries in Local Publications and Local Press | Team | April 2021 | Ad to be in July 2021 edition of Residents Newsletter |
| Local issues or concerns raised by the public | Enter and View  Check the Pulse | Responding to public intelligence | SS | April 2021 | Ongoing, feedback from “Your Views Count” |

**To develop and encourage a role for young people to share their experiences of**

**health care services in South Tyneside**

**Y O U N G P E O P L E**

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| **Objective** | **How** | **Outcome** | **Lead** | **Timescale** | **Up-Date** |
| Support current membership of young people  Develop young Healthwatch Forum  Raise Awareness of Healthwatch in youth sector | Regular training  Monthly catchups  Recruitment sites  Review Induction Pack and Safeguarding Policy  Attend local Young People’s Partnership  Groups | Established group of young people who can represent young people in South Tyneside with issues raised  Engaging with schools and colleges | TJ | April 2021 | Continue to recruit via schools /universities |
| Sexual Health Service | Project Brief to Board  Ask a relevant partner to attend the Board meeting and Present a Profile of the topic to the Board which informs the Project.  Undertake, if necessary, a short sharp piece of work to test the need for and to help scope the project. This will be referred to elsewhere as “Check the Pulse”  Finalise the brief and obtain board approval for the work.  Start the work | Improve Sexual Health service in South Tyneside | TJ | December 2019 | Complete January 2021 delayed due to Covid-19 pandemic.  The report was quoted in HWE’s written evidence to the Select Committee on the Health and Social Care White Paper. |
| Young People – Mental Health | Present a Profile.  Check the Pulse.  Event at ST College | Produce a video.  Feedback to Lifecycle | TJ | June 2019 | Complete  Report added to website March 2020 |
| Work in collaboration with other partners/organizations | De Paul  Transition Group  Your Voice Counts  SEND | Produce a report to improve transition process for young people. Feed information into the quarterly Young People’s Alliance which informs YHW Work | TJ | Ongoing | Complete Report added to website September 2020 |

**Develop a well-trained volunteer team, skilled in being able to observe and present their findings**

**on how health and social care services are provided in South Tyneside**

**V O L U N T E E R I N G**

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| **Objective** | **How** | **Outcome** | **Lead** | **Timescale** | **Up-Date** |
| Provide Board level commitment to volunteering in Healthwatch so that we become the organisation of choice for volunteers who want to be involved in health and social care | Establish a lead director to champion volunteering | Raise the profile of volunteering inside and outside the organisation and provide a voice at Board level | Volunteer Board member | February  2021 | Board member(s) have agreed to oversee this portfolio.  Chair to meet with all volunteers regularly but at least once every 6 months |
| Full review of volunteer induction pack | Review policies | Up to date policies | TJ/SS | April 2021 | Ongoing, updated policies have been made available from HWE |
| Stronger links with external organisations | Support services with research or at events when invited | Identifying and recording information to shape the work plan | TJ/All | April 2021 | This work is ongoing, due to staff capacity all events may not be attended |