



Healthwatch Wolverhampton

Engagement Response

2021

Author: Jacqui McLaughlin

Email: Jacqui.McLaughlin2@wolverhampton.gov.uk

Job Title: Commissioning Officer; Strategic Directorate, People

Wolverhampton.gov.uk



Contents

Introduction

Engagement Process Details

Overview of Responses

Summary of Engagement Responses and Corresponding Actions

Profile of Engagement Participants

Participant Thanks

Introduction

- ◆ Healthwatch organisations are statutory, independent champions for people who use health and social care services. Each local authority is required by the Health and Social Care Act 2012 to ensure that an independent Healthwatch organisation operates within its area.
- ◆ The City of Wolverhampton Council conducted an engagement exercise to update and enhance the local Healthwatch Wolverhampton service (HWW) provision prior to re-tendering. The new service will commence on 1 April 2022.

Engagement Process Details

- ◆ The engagement process ran for 12 weeks (1 April - 24 July 2021) and, due to covid-19 related restrictions, all activities were carried out on-line and consisted of:
 - Workshops/sessions – invitations were sent to key stakeholder organisations and forums.
 - Survey - made available to individuals, organisations and groups across the City.

Overview of Responses – on-line survey (89 responses received).

- ◆ **Awareness of HWW** – the majority of respondents (76%) stated that they had heard of HWW.
- ◆ **Knowledge of HWW** – Despite the majority of respondents being aware of the service, only half appeared to understand its role. Over 60% of respondents stated that it would be beneficial to provide local people with more information about the service.
- ◆ **Reason/s for contacting HWW** - 40% of respondents stated that they contacted HWW to share their experiences of health and care services. A third of respondents contacted HWW to make a complaint or raise serious concerns about a service and to get information about health and care services with a quarter of respondents wanting to influence the development of, or change services.
- ◆ **Communication preferences** – 73% of respondents stated that they preferred communication to be on-line, this is closely followed by a preference for face-to-face events. A third of respondents stated that they would also like to see postal questionnaires used in addition to social media to convey their experiences.
- ◆ **Involvement with various local and regional boards, committees and networks** - Respondents stated that HWW should be present at numerous meetings, forums and boards relating to race, religion and belief, disability, age, dementia and the Clinical Commissioning Group.

- ◆ **Focus areas/priorities** – respondents stated a diverse range of areas/priorities which they believe HWW should focus on. Many respondents suggested a focus on GPs, specifically inadequate numbers, appointment waiting times, attitudes and the lack of face-to-face contact during the COVID-19 pandemic. Respondents also stated that they would like to see improvements in adult and children’s mental health services. Other focus areas were stated as being to ensure that any HWW’s service-related reports and recommendations are robust and followed-up, in addition it was also stated that communications between GP’s, care home providers and hospitals need improvement.

Overview of Responses – on-line workshops/sessions and discussions

- ◆ HWW should improve promotion of the service in order to raise awareness and understanding.
- ◆ HWW’s governance and decision-making require representation and input from a range of ‘representative’ individuals, particularly from the voluntary sector.
- ◆ HWW’s annual and other priorities should be aligned with social care and health priorities to ensure a robust, place-based approach across the city.
- ◆ Joint working between HWW and The City Council, specifically Wolverhampton Health & Wellbeing Together and Health Scrutiny Panel, requires improvement. This includes the requirement to attend all forums and panels where a formal agreement is in place.
- ◆ HWW means of reporting requires improvement in order to evidence and underpin the impact of their work in terms of influencing and enhancing the delivery of local health and social care services. Reports should be widely publicised and distributed to all key stakeholders including The City Council, specifically Wolverhampton Health & Wellbeing Together and Health Scrutiny Panel.
- ◆ HWW staff resources should be freed up from attending numerous high-level regional meetings to enable them to maintain local service delivery.
- ◆ HWW should use a range of approaches to communication, finding the right balance is key. ‘TiKTok’ and Instagram were mentioned as being popular platforms amongst young people.

Summary of Engagement Responses and Corresponding Actions

All stated actions will be included as a requirement within the new service specification and will form part of performance reviews.

Engagement issue/item	Action
Awareness of Healthwatch Wolverhampton	The new service provider will be required to pro-actively promote the service by using a range of innovative and effective approaches to increase awareness. This is expected to result in higher levels of engagement and utilisation of the service
Knowledge of Healthwatch Wolverhampton	The new service provider will be required to pro-actively promote the purpose of the service through a range of innovative and effective approaches. This will ensure that local people and organisations clearly understand its' role and activities. This is also expected to result in higher levels of engagement and utilisation of the service and support inclusivity.
Reasons for contacting HWW	The new service provider will be required to record the number of all contacts and the reason/s to evidence that a wide range of issues are being raised/ addressed.
Communication preferences	<p>The new service provider will adopt an innovative range of approaches to give and receive feedback to local people and organisations. This will increase 'reach' and inclusivity. Using a range of approaches will also avoid digital exclusion.</p> <p>The service provider will also ensure that their use of social media platforms, face to face, events and other means of communication are widely promoted.</p> <p>Effective communications will be bolstered by the requirement to have an engagement process in</p>
Involvement with various local and regional boards, committees and networks	The new service provider will be required to actively participate and work with relevant boards, committees, alliances and networks – specifically Wolverhampton Health and Wellbeing Together Board and Health Scrutiny Panel (as per protocol arrangements
Focus areas/priorities	<p>When setting (annual) work priorities and focus areas, the new service provider will be required to evidence the involvement of a range of local people to ensure inclusivity and genuine representation.</p> <p>In addition, the new service provider will also be required to engage with Wolverhampton Health and Wellbeing Together Board and Health Scrutiny Panel to support alignment/read across in terms of priority work areas.</p>

<p>Governance and decision-making</p>	<p>The new service provider will be required to ensure that individuals involved in the decision-making process are representative of the local population in addition to the reviewing and changing membership to provide opportunities for involvement of the wider population.</p> <p>The new service provider will also be required to involve the local voluntary sector in the decision-making process.</p>
<p>Widely publicise reports</p>	<p>The new service provider will be required to direct reports to commissioners and service providers, relevant stakeholders in addition to those responsible for managing and/or scrutinising local health and social care services including Health Scrutiny Panel and Health and Wellbeing Together Board. All reports will be shared with Healthwatch England.</p> <p>The new service provider will also be required to ensure that all reports are of a high standard and clearly state findings and any recommendations etc. with all recommendations and/or actions being followed-up within a reasonable time period.</p>
<p>Resources (staff) require to be freed up from attending numerous high-level regional meetings to enable them to maintain local service delivery</p>	<p>The new service provider will be required to provide representation at relevant meetings and events etc; without impacting upon local service delivery. This is supported by the requirement to prioritise work demands in addition to the use of volunteers where possible and appropriate to do so.</p> <p>The new service provider will also be required to ensure that any additional activities undertaken over and above those specified within this contract will be resourced separately to avoid impacting up-</p>
<p>Equalities/Inclusion (Reducing Health Inequalities)</p>	<p>The new service provider will be required to focus on hard to reach and marginalised individuals and communities in addition to younger people.</p>

Profile of Engagement Participants

Respondents' Origin

Origin	Total	%
Resident of Wolverhampton	66	74.2
Third Sector / Voluntary Sector	8	9
Local Authority	4	4.5
Private Sector	4	4.5
NHS Trust	3	3.4
CCG (Clinical Commissioning Group)	2	2.2
Other	2	2.2

Respondents' Ethnicity

Ethnicity	Total	%
Asian / Asian British – Indian	3	3.4
Asian / Asian British – Pakistani	2	2.2
Asian / Asian British – Caribbean	6	6.7
Other Mixed Background	1	1.1
Other White	1	1.1
White British	58	65.2
White – Other European	3	3.4
White and Asian	2	2.2
White and Black Caribbean	2	2.2
Not answered / Prefer not to say	11	12.4

Respondents' Age

Age	Total	%
18-24	1	1.1
25-34	9	10.1
35-44	12	13.5
45-54	32	36
55-64	21	23.6
65 and Over	7	7.9
Not answered / Prefer not to say	7	7.7

Respondents' Gender

Gender	Total	%
Female	58	65.2
Male	21	23.6
Not answered / Prefer not to say	10	11.2

Respondents' location by Postal Code

Postal Code	Area	Total	%
WV1	East Park, West Park, Heath Town and St Peters	5	5.6
WV2	Blakenhall, East Park, Ettingshall, Penn and St Peters	2	2.2
WV3	Blakenhall, Graiseley, Merry Hill, West Park, Penn, St Peters and Tettenhall Wightwick	15	16.8
WV4	Blakenhall, Ettingshall, Merry Hill, Penn and Spring Vale	10	11.2
WV5	Wombourne & Dudley	1	1.1
WV6	Blakenhall, West Park, St Peters, Tettenhall Regis, Tettenhall and Wightwick	15	16.8
WV8	Oxley	3	3.3
WV9	Oxley	3	3.3
WV10	Bilston East, Bushbury North, Bushbury South and Low Hill, Fallings Park, Heath Town, Oxley and St Peters	14	15.7
WV11	Fallings Park, Heath Town, Wednesfield North and Wednesfield South	6	6.7
WV12	Wednesfield North and Wednesfield South	1	1.1
WV14	Bilston East, Bilston North, East Park, Ettingshall and Spring Vale	7	7.8
B63	Halesowen	1	1.1
Not answered / Prefer not to say		6	6.7

THANKYOU

TO ALL PARTICIPANTS FOR TAKING PART IN THIS ENGAGEMENT