

To: Healthwatch Surrey Board  
From: Matthew Parris  
Date: 14th January 2019

# Thematic priorities for 2019/20

## Purpose of paper

To inform the Board of the outcome of the annual review of thematic priorities<sup>1</sup>. The Board is asked to endorse recommendations to make changes to these priorities.

## Current priorities

The current thematic priorities, and dates we adopted them as priorities, are:

- Amplifying the voice of Care Home residents - July 2016
- Improving access to, and involvement in, mental health services - July 2016
- Empowering patients when they leave Hospital - July 2016
- Exploring how services listen to people accessing Care at Home - July 2018

More details on these are summarised in Appendix 1.

## Review process

These priorities are reviewed annually in line with the process agreed by the Board in June 2017 (Appendix 2). Each priority has a comprehensive review after three years. Key inputs to this process have included:

- Evidence we gathered in the last 12 months
- Views of volunteers to develop a long list of options
- Views of volunteers on the options
- Priorities of the health and social care system e.g. Health & Wellbeing Board
- Healthwatch England priorities

This process led to a long-list of options for potential new thematic priorities (see Appendix 3: Options).

These options were assessed against an **initial criteria**:

*“To what extent is there potential to impact on groups already disadvantaged or suffering inequalities and/or to impact on health and social care system priorities?”*

This enabled us to shortlist 7 options.

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<sup>1</sup> Our “thematic priorities” are the issues that we chose to focus on and carry out dedicated research projects on. We will, also, work on any “emerging issues” that arise during the year.

A **strategic options appraisal** was then conducted of the shortlisted options (see Appendix 3: Options), to ensure that we have:

- At least one priority with ‘mass appeal’
- At least one priority that is focussed on social care
- At least one priority with *strong alignment* to health and care system priorities

Finally we considered whether any of the shortlisted options were already being worked on locally by an organisation that is independent of the health and care system, to ensure that we are not duplicating effort.

## Outcome

With the shortlisting criteria in mind:

1. Volunteers and staff expressed particularly strong support for 7 options which were then shortlisted (see Appendix 3);
2. Some of the strongest support was for options which relate to existing priority areas, in particular ‘hospital discharge’ and ‘mental health’
3. No other local organisations, to the best of our knowledge, are working specifically on any of the shortlisted issues

We also found that:

1. There is evidence that the issues identified within the existing priority areas remain an issue for some of the people sharing experiences with us
2. Volunteers and staff expressed strong support for continuing the existing priorities (see Appendix 4: Volunteer and staff survey)
3. The priority ‘Amplifying the voice of Care Home residents’ received less support than other existing priorities and we were able to develop a rationale for replacing it as a priority (see Appendix 5)

## Conclusions

Identifying the most relevant and important priorities for our work is incredibly difficult and there are no “right answers”. This process - its inputs and criteria - have enabled us to arrive at a shortlist which should have broad support across the organisation and have links to priorities of partners in the health and care system.

Whilst our process states that thematic priorities would usually last for 3 years, we do not feel the time is right to finish work on priorities around ‘mental health’ and ‘hospital discharge’. There is support to continue these priorities amongst staff and volunteers.

However, we believe the ‘Amplifying the voice of Care Home residents’ can be replaced with another priority and some of the existing priorities can be re-focussed to take account of the new issues that have emerged through the process.

## Recommendations

It is recommended that the Healthwatch Surrey Board endorse the following:

1. Replace the priority ‘Amplifying the voice of Care Home residents’
2. Adopt a new priority based on the issue: *“There is evidence to suggest that people with complex health issues and/or multiple services are not receiving joined-up care - cooperation between agencies can be poor, and advice contradictory.”*
3. Re-focus ‘hospital discharge’ and ‘mental health’ priorities to take account of the new issues which have emerged through the process (ES1 and ES6)

*ES1: There is evidence to suggest that people using mental health services are not receiving follow up care and support, or that the follow up they receive is inappropriate or not timely.*

*ES6: There is evidence people are not receiving the follow-up social care and support they need, or there are harmful delays before it is received.*

# Appendix 1

## Summary of existing Thematic Priorities

To maximise its impact, Healthwatch Surrey (HWSy) focuses on issues it believes matter most to people in Surrey. These priorities are based on themes that come from what people tell us. HWSy has identified four priorities. The detail behind these priorities and HWSy's aspirations are summarised below.

### Amplifying the voice of Care Home residents

Care home admissions are increasing in Surrey and are predicted to rise by 60% by 2030, putting extra pressure on homes. We have heard ongoing negative sentiment regarding residential care, and within this complaints regarding nutrition and hydration have been common. According to Age UK there are significant barriers for older people to express their views about their care.

The Issue: Elderly people in residential care, and their families, should be given more opportunities to confidentially share views about their care and the choices they are given, and have their voices amplified through appropriate channels.

Our aspiration: Elderly residents in Surrey care homes (and their families) have a sustainable increase in opportunity to express their views and experiences.

### Empowering patients when they leave Hospital

National research (Healthwatch England) identifies that people are experiencing a lack of co-ordination between different services at the point of leaving hospital, despite NHS England endorsing coordinated/integrated care as good practice.

In 'The Hospital Discharge Survey' (HWSy in collaboration) over half of respondents reported having to repeat their medical history, and 15% reported that their discharge plan was not discussed with them and they were unsure what was going to happen next. We continue to hear about people's concerns regarding discharge, particularly around poor communication and planning of the discharge process.

The Issue: People being discharged from hospital (and their relatives) would like better communication of their discharge plan and planned follow-up care.

Our aspiration: People feel more in control and have better information during and after an experience of leaving hospital. People feel safe and confident after they have left hospital.

## Improving access to, and involvement in, mental health services

Adequate follow-up care and timely access to support following discharge from inpatient mental health care is key in promoting success during these first steps to recovery - unclear or abrupt discharge can discourage service users from accessing services in the future (NICE, CG136). People who are involved in their care planning are substantially more satisfied with their services, however around half of people do not feel that they are involved in their care planning (“How to help...”, June 2018, HWSy).

For children there is particular frustration around the waiting times for Mindsight CAMHS and young people not receiving the treatment they need; these issues are recognized in the Surrey Child and Adolescent Mental Health Whole System Transformation Plan (Oct, 2016).

The Issue: Individuals experiencing mental ill-health do not feel satisfied with the support they are receiving, particularly the timeline to accessing care and how they are involved in care planning.

Our aspirations: People accessing mental health services feel more involved in care planning. Children and young people have timely and appropriate access to CAMHS.

## Exploring how services listen to people accessing Care at Home

We know from our public consultations that Care at Home services are a key concern for local people. There are over 6000 funded Care at Home users in Surrey alongside an even greater number of self-funded users, and these numbers are growing with our ageing population. We hear stories of care that is poor quality or not person centred, and know that consistency of carers and timekeeping are key concerns.

The Issue: Many users of care at home have significant barriers to being heard - a high proportion are older, vulnerable, or have physical or cognitive difficulties.

Our aspiration: People accessing Care at Home have appropriate processes for being heard, feel secure in expressing their views, and that service providers are responsive to their users.

# Appendix 2

## Priority setting process



Priority setting 24  
May.docx

# Appendix 3

## Options

	Views of volunteers and staff <sup>3</sup>	1. Criteria <sup>2</sup>		2. One priority must also meet one of these criteria		
		Extent of potential to impact on groups already disadvantaged or suffering health inequalities?	Extent of potential to impact on Health and Wellbeing Board priorities?	Has mass appeal <sup>4</sup>	Focused on social care	Strong alignment with a system priorities
<b>EXISTING:</b> Do Care at Home users have a voice?		H	M I	No	Yes	No
<b>EXISTING:</b> Amplifying the voice of care home residents		H	L I	No	Yes	No
<b>EXISTING:</b> Investigating the experience of hospital discharge		M	M I	Yes	Yes	Yes
<b>EXISTING:</b> Early intervention in mental health		H	H D	Yes	No	Yes

<sup>2</sup> Judgement of senior management team

<sup>3</sup> Composite response to question: "To what extent do you agree Healthwatch Surrey should be working on each issues as a priority?". Volunteers and staff were prompted to think about the criteria when answering.

<sup>4</sup> Relevance and topicality amongst the general public

New options						
ES1: There is evidence to suggest that people using mental health services are not receiving follow up care and support, or that the follow up they receive is inappropriate or not timely.	4.64	H	M I	Yes	Yes	No
<b>ES3: There is evidence to suggest that people with complex health issues and/or using multiple services are not receiving joined-up care - cooperation between agencies can be poor, and advice contradictory.</b>	<b>4.56</b>	<b>H</b>	<b>M I</b>	<b>Yes</b>	<b>No</b>	<b>No</b>
ES6: There is evidence people are not receiving the follow-up social care and support they need, or there are harmful delays before it is received.	4.20	H	H D	No	Yes	Yes
LS1: Funding has been reduced for sexual health, substance misuse, adult social care, early help, and SEND services which could be impacting people's ability to access health and care (particularly those at risk of health inequalities).	4.20	H	M D	No	No	No
LS6: Social care services for Children have been rated inadequate by Ofsted and we hear very little from children and families about these services.	4.20	H	L I	No	Yes	Yes
HWE4: Well-coordinated services: Navigating health and social care can be complicated. People want a seamless experience across different services.	4.20	L	L I	Yes	No	No
LS2: The public are not well informed or prepared for the choices and costs involved when they or a loved one needs social care, and making informed choices at times of crisis is extremely stressful.	4.12	M	L I	No	Yes	No
LS4: There is a growing importance in selfcare and citizens playing a more active role in their own health and wellbeing, but more needs to be done to understand peoples' appetite for, and barriers to, self-care (particularly those already at risk of health inequalities).	3.96	<i>Not shortlisted</i>				
HWE2: Improved conversations: we know that people want to be involved in decisions about their treatment and care. This is particularly important for people with disabilities or people who don't speak English as their first language.	3.96	<i>Not shortlisted</i>				
HWE1: Better information to make the right choices: information isn't always available, and when it is, it can be too technical, confusing or difficult to find.	3.92	<i>Not shortlisted</i>				
VOL1: Health and social care services need to get better at making reasonable adjustments for people with a Learning Disability.	3.92	<i>Not shortlisted</i>				
ES8: There is evidence people are waiting unacceptably long times for ambulance response.	3.84	<i>Not shortlisted</i>				



ES4: There is evidence that people are experiencing delays and waiting long times before initial appointments.	3.80	<i>Not shortlisted</i>
ES5: There is evidence of poor-quality communication from hospitals to patients.	3.80	<i>Not shortlisted</i>
LS5: Nationally, at least 40 people with a profound learning disability or autism have died while admitted to secure hospitals the government has promised to close since 2015.	3.80	<i>Not shortlisted</i>
LS3: Around half of people over 65 in Surrey die in their normal place of residence, however there is variability between areas within Surrey, and we don't hear much about end of life care.	3.76	<i>Not shortlisted</i>
HWE3: Easier access to support: Many people experience delays at every step - getting an initial appointment, hanging around in waiting rooms, waiting to see a specialist - it can take a long time for people to get the support they need.	3.76	<i>Not shortlisted</i>
ES2: There is evidence to suggest people are still struggling to get timely initial appointments with their GPs.	3.60	<i>Not shortlisted</i>
ES7: There is evidence people struggle to access GUM services at Buryfields.	3.32	<i>Not shortlisted</i>

# Appendix 4

## Volunteer and staff survey results



Survey results.pdf

# Appendix 5

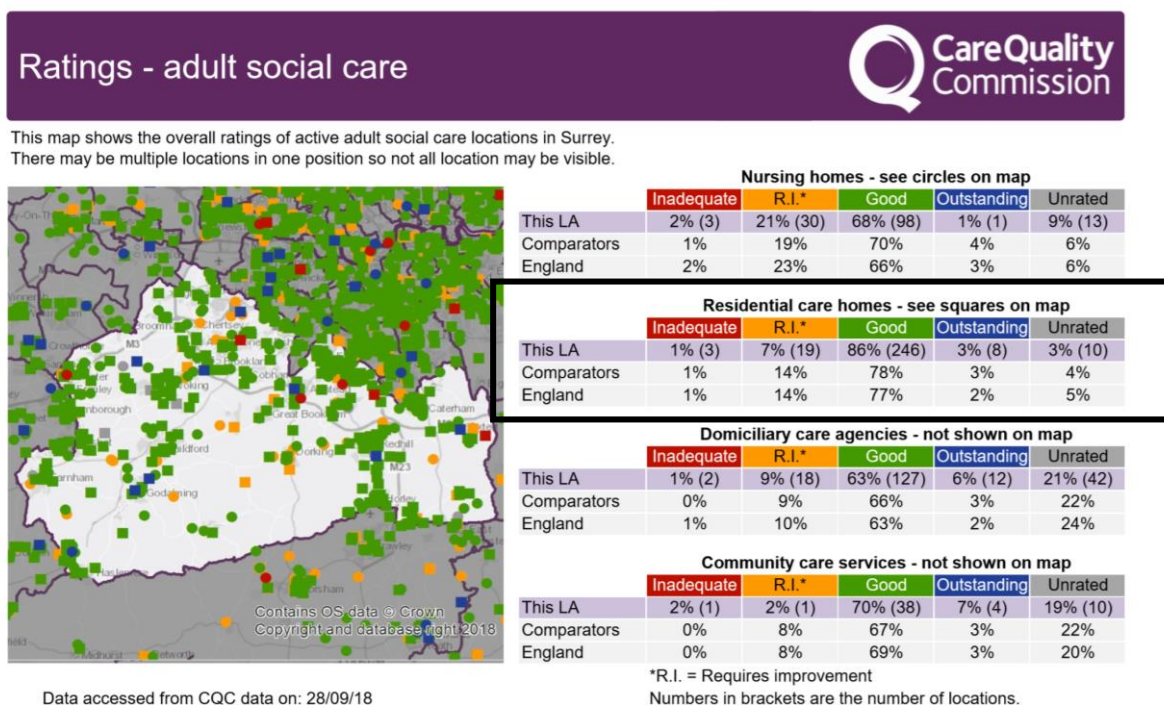
## Rationale for replacing the priority ‘Amplifying the voice of Care Home residents’

Care Home residents remain a group that can have significant barriers to being heard, but more residents, families and staff now know that we exist as an independent conduit which can make sure their voice is heard.

During the two projects we have undertaken, visiting 45 Care Homes, we shared posters and leaflets with the Care Homes and residents. The resulting reports were also sent to all publicly funded Care Homes in the county. This activity (and the current project proposal) will lead to an increase in awareness of Healthwatch Surrey.

Awareness raising activity with Care Homes can and will be continued in subsequent years. For example, in 2019 we will be sending our Hospital Discharge Checklists to Care Homes for them to share with residents who are admitted to hospital.

The number of experiences shared with us about these services is low and therefore it is not possible to conclude whether peoples experience is better or worse than other services in the county. We have also been unable to find evidence to suggest that Surrey is a significant outlier (good or bad) in the quality of service provided by Care Homes.



**Replacing a priority does not mean that we will not continue to work on emerging issues. We will act as and when issues emerge with individual providers or with other concerning themes. Thematic priorities will be reviewed annually to ensure we are still working on the most important issues.**