

**Healthwatch, NHS and local people in collaboration: Southeast
Regional Conference
28th June 2022**

9.00 am - 4.00 pm, Amex Stadium, Brighton

Facilitator notes from group discussions

Group One

- We felt the presentation about “Healthwatch and Integrated Care Boards - Creating Excellence” didn’t reflect strongly enough the importance of Healthwatch as an independent organisation, free to say the uncomfortable things and follow through on them... i.e., ‘Banging on’.
- There is a role for Healthwatch as an intermediary (neutral body) in explaining the key messages to the public i.e., this is why the NHS are doing x & y.
- The NHS & Healthwatch both need to understand that documents they produce have to be accessible to the general public and recognise that the end reader will ask... ‘Well So what? What’s in it for me? [The NHS & Healthwatch need to be able to communicate the ‘so what’].
- Not to forget the ‘less heard’ people in our communities, the easily ignored i.e., those experiencing homelessness and who have multiple disadvantages because they are more challenging to engage with.

Group Two

We focused on three areas

- 1) How to better engage ‘less heard from groups’
- 2) ICS prioritisations
- 3) Shared information

1)

- There is a need to ensure that people “only need to say it once” - having to repeat themselves leads to disengagement.
- Identify novel ways to engage. “Free” stuff (like apple juice!).
- A reminder that people are only willing to spare 2 minutes when engaging face to face.
- Outsource the collection of feedback from trusted sources/intermediaries.
- Breaking down barriers to trust - be open, transparent, keep promises, clear and regular communication.
- Integrated Care System (ICS) needs to be honest - managing people’s and organisations’ expectations, about what can and can’t be done.
- Healthwatch needs to recruit directly from those communities it wants to engage with.

- Adopt a range of informal (coffee mornings) and more formal feedback methods. Recognising that safe spaces can help people to feedback.

2)

- How will priorities to be set? Pan-Sussex, at place level, neighbourhoods? How flexible are these to take account of the unexpected (COVID!). Neighbourhood level priorities may differ to place-based ones.
- Sometimes the Healthwatch agenda won't always align with the priorities as we respond to what people are telling us. The ICS will need to hear uncomfortable truths.
- The Healthwatch role will need to be flexible: different hats at different times.

3)

- A library ('insight') bank is being developed which will act as a repository for research. Plans are in development to give access to external parties to this, so that the data can be used to track trends, build a wider understanding, and see what engagement has taken place before.

Group Three

- Being congruent with people - honest dialogue.
- Cuts v what public want & what politicians say v reality - how do you keep community confidence?
- Need to work with the wider VCSE sector.
- Need to actively listen to people/families of those using services, there is user expertise here.
- To work with & treat all communities you need to invest more money where inequalities show you need it
- How to target effectively - not just to those that shout the loudest (politically).
- Need to go to where people are, (memory café example) not expect people to come to set up events - only the 'usual suspects' will turn up to those.
- Need to work with VCSE to get their insight & utilise their expertise & connections to connect with people.
- Need to have a rationale / framework to allow NHS to facilitate difference & diversity of services to make delivery effective for different populations.
- To strengthen relationships across the system we need to develop a common language, basic communication, double check if people talking in initials.
- Establish common goals as a baseline for working together.
- Establish principles of working together- 'why we are all in the room' BEFORE doing anything else as this can help with misunderstandings / dispute later.
- All have an area of expertise & each other's voice should be equally listened to.

Group Four

- It was felt that the talk on “A shared understanding of engagement” would have benefited from some examples of engagement work. Delegates mentioned a couple of examples relating to learning disabilities and LGBTQ+ issues where engagement had worked well in giving people a voice, for example.
- The point was made that engagement should not just be at the beginning of a project but should be something that continues throughout the project’s “journey” although sometimes it was useful just to find out at the outset how people were feeling about a service.
- Co-design was seen as a positive way forward as was the idea of an Insight Bank.
- Managing expectations was important in engagement work.
- Some felt that the tone of the talk about “Healthwatch and Integrated Care Boards - Creating Excellence” was a little patronising and attempting to control.
- The language that is used was important and it was important to recognise that VCSE and Healthwatch organisations were independent and needed to be treated as equals.
- The model for Healthwatch as Delivery Partner, Critical Friend and Strategic Partner was seen as useful.
- Aligning with the priorities of the NHS was often a good idea in that it was a pragmatic way for Healthwatch to have the greatest impact. However, Healthwatch also needed to be able to tell the NHS what it did not want to hear and to raise new concerns in response to what the public/ patients were telling them.
- There was some worry that these latest reforms would be no different from past re-organisations and that priorities would still be driven top-down by Government.
- There was still a way to go for the NHS to become fully patient centred.

Group Five

- Today's discussion has been very NHS-ey, and some people in the room felt that it did not touch enough on "social care".
- Challenges around partnership between the NHS and the Local Authorities (this translated into funding's argument, NHS and other stakeholders will need to work in a joint-up manner).
- Emphasising on preventative measures (helping people to NOT be entered into the system, if possible but more focus on wellbeing / healthy lifestyle - maybe further investigation into what really the cause really is, grassroot level. Population health - intervention tracking.
- Discussion around the modelling and evaluation tools for population health.
- Does Healthwatch need to change its brief, what really is the role of Healthwatch?
- Some people felt that there is an attempt to control Healthwatch, whilst it should be representing the voice of the population (what really matters to the population).
- Aligning communications could be done better.