

# healthwatch

Blackburn with Darwen

Strategy for  
2016-2020



# Our Strategy at a Glance

## Our ambition for the next 5 years is

To be a strong independent champion to influence the design and quality of health and social care provision.

## We will achieve this by

- Prioritising our workload
- Identifying where we've made an impact
- Securing our financial footing

## Success will be

- Increased public awareness of Healthwatch, with more people sharing their experience with us.
- Improvements made to local services from our recommendations.
- Improved patient experience and access of local services
- Less reliance of grant funding

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## Our Values

- **To represent the whole community** - Always looking for ways to reach out to the wider community to give as many people as possible an opportunity to be involved.
- **Embrace diversity** -Recognise that people are individuals and ensure that everyone is treated equitably.
- **Care about people's views and experiences** - Listen to what people have to say
- **Strive for public trust and credibility** - Being honest, open and accountable for what we say and what we do.
- **Promote self-help to all people** -Strive to empower local people to help themselves through informed choices.
- **Treat all people with dignity, honesty, respect and integrity.**



## Our Responsibilities

- a) Promote and support the involvement of local people in the commissioning, provision and scrutiny of local Health and Social care services;
- b) Obtain the views of people about their needs for, and their experiences of, local Health and Social care services and making those views known
- c) Recommending investigation or special review of services via Healthwatch England or directly to the Care Quality Commission
- d) Providing advice and information about access to services and support for making informed choices
- e) Providing reports and recommendations about how local Health and Social care services could or ought to be improved, to persons responsible for commissioning, providing, managing or scrutinising local care services and to the Healthwatch England
- f) Giving Healthwatch England such assistance as may be require enabling it to carry out its functions effectively, efficiently and economically.

## What we do and how we work

We engage with all members of the public, gathering local intelligence through our outreach programs, Enter and View powers, and secondary data such as NHS Choices, PALS, Patient Opinion and Advocacy data.

We influence and guide strategy development for health and social care commissioners and decision makers with evidence based information on the views and requirements of BwD residents.

We share best practice with stakeholders.

We support health and social care providers in improving services.

We collaborate with existing organisations on supporting patient views and advocacy support.

## What we want to achieve

Improve the consumer experience of local services, and improve the development of Health and Social Care services at a local and national level.

Improved consumer satisfaction with health and social care services, and improve access to them.

Improve communications between the consumers, service providers, and commissioners.

## Our Environment of Operation



The latest population estimates for Blackburn with Darwen are for 2015, and indicate a total population of 146,846. Blackburn with Darwen has a much younger age profile than average, with 28.7% of our population aged under 20. This is the fifth highest proportion in England.

37.8% of residents are Black Minority and Ethnic. The proportion of residents who are Indian or Pakistani is the 11th highest and the 6th highest respectively of any local authority in England.

Blackburn with Darwen was the 17th most deprived out of 326 authorities in 2010, and now ranks as 15th most deprived in 2015. The life expectancy in the Borough is 2.6 years lower in males and 2.1 lower in females compared to the national average.

*(Figures from the BwD Integrated Strategic Needs Assessment Summary Review 2016)*

Within the Borough there are a number of organisations and community groups engaging with a diverse range of local residents. It is therefore important for HW BwD to develop working relationships with these statutory organisations, third sector organisations, and the local Council to understand their work plan. This will help to prevent replication, and ensure every resident within the Borough is able to voice their opinion equally (please see the HW BwD Engagement Strategy for further information).

In Lancashire discussions have started taking place around combined authorities, and a Change Program will review health and social care services throughout Lancashire and South Cumbria.

## Organisational Framework

Healthwatch BwD is rooted in the local community, whilst having the benefit of information, guidance from Healthwatch England ensuring a consistent, quality service across the country.

We are also part of a national network of 148 local independent Healthwatch organisations. Due to the close geographical proximity, cross-over of services, and shared Trusts, it is important to form positive working relationships, and where necessary work together.

We are a Community Interest Company, company No. 8896296 created 14<sup>th</sup> February 2014. We have effective Governance systems in place which ensures there is a robust structure in place to deliver the service remit.

## Accountability

We are accountable to the people of the Borough. There is also accountability to the commissioning authority in terms of value for money and contract compliance, and to Healthwatch England in terms of quality standards.

## Transparency

We ensure transparency by:

- An annual meeting which is open and accessible to members, local stakeholders and partners.
- An annual report.
- Regular contract management meetings.
- Meeting minutes available on the website.
- Reports published on our website and available to the public

## Equality and Diversity

Championing Diversity and Human Rights is a fundamental value of Healthwatch BwD. We recognise BwD is a Borough of contrasts with a vibrant cultural mixture, as well as a spread of poverty and wealth. We will endeavour to ensure 'Every Voice Counts' in accordance with the Equality Act 2010.

## Quality Assurance

We will continue to review and develop quality assurance processes in line with guidance provided by Healthwatch England. We will continue to have a robust monitoring and evaluation systems in place.

## Board Membership

The Board is responsible for determining strategy, as well as directing and evaluating the organisation's affairs. Operational management of the organisation is delegated to the Executive and staff.

The Board member's role is to make an effective contribution to ensuring that the Board collectively achieves its purpose. Board members are recruited for their skills, knowledge and experience, and are expected to:

- a) Act in the best interests of the organisation at all times; applying due skill and care in exercising their duties,
- b) Uphold and promote the values of the organisation, including openness and transparency.
- c) Accept collective responsibility for decisions taken.
- d) Act as an ambassador for the organisation.

Board members will have a three year term, after which they will be required to take part in elections at the relevant AGM.

# Our Partners and stakeholders

## **Residents**

Healthwatch BwD will use the available mediums and means at our disposal to ask residents for their views. We will support organisations that are seeking to improve their own communication with the public and to encourage the appointment of patients and service users in commissioning and planning meetings. Where structures do not facilitate people to have a direct voice, Healthwatch BwD will seek to represent on their behalf.

## **Health and Wellbeing Board**

The Health and Wellbeing Board oversee and coordinate strategy for health and social care. Healthwatch BwD has a statutory seat on this Board and will continue to ensure the public voice is listened to.

## **BwD Clinical Commissioning Group (CCG)**

The majority of health services in BwD are bought and provided by this group. The CCG has financial levers which Healthwatch BwD will influence decisions over. This will be achieved by facilitating community views in the commission and provision of local services.

## **Safeguarding Adults Board**

Healthwatch BwD's representation will be utilised to support and further the work of the safeguarding Board and other involved agencies.

## **Overview and Scrutiny Committee.**

The committee has a remit across the Council and NHS. Healthwatch BwD is not a Board member but attends meetings to share intelligence.

## Care Quality Commission (CQC)

The CQC is the national and local regulator for health care. We will build a strong, trusted, and sustainable link with the CQC, particularly around coordinated inspections, visits, and the sharing of information on the quality of services.

## Risks

Effective risk management underpins all of our strategic objectives and key priorities. Our risk map is reviewed quarterly by the Board and provides a clear and consistent approach to assessing risk in achieving our strategic objectives.

## Finance

The Board is responsible for the financial stewardship of Healthwatch as a whole. Through prudent assumptions and effective monitoring, it is able to assure itself that the financial plan provides for financial stability, control and viability within the context of meeting its statutory requirements as well as those of funders.

# Strategic Objectives

## 1. Promoting and supporting the involvement of local people in the commissioning, provision and scrutiny of local care services

### How we will achieve this

We will create a number of ways for residents to share their experience of health and social care services with us. We will be accessible in community settings, be accessible on social media, and provide a service accessible to all, especially the seldom heard.

We will anonymise the experience shared by local residents and meet with key managers and organisations to present the good, bad and discuss areas for improvement.

We will support the public to understand the NHS, their rights within it, and increase public confidence to share their experience.



## 2. Enabling local people to monitor the standard of provision of local care services and whether/how they could and ought to be improved.

### How we will achieve this

We will host open public meetings and engagement events with services and the public to enable the public to ask questions and monitor services.



Our volunteer program will be accessible to all, with residents trained as Enter and View representatives to visit local services. We will speak to those using the services, their carers, family and friends to give their feedback and ideas for improvement.

All of our reports will be publically available, along with any meeting minutes, work plans and action plans.

3. Obtaining views of local people regarding their needs for, and experiences of, local care services and importantly to make these views known.

**How we will achieve this**

We will provide an open and accessible service. We will enable local people to contact us in person, through email and through the website, over the telephone and text, postal, through social media, and via other organisations.

We will also developed engagement projects specifically designed to engage with certain demographics and for specific services to gather the experience of local residents. The results of these projects will be published and circulated to stakeholders and the public.

Healthwatch BwD meetings will be open to the public. This includes Board meetings, public meetings, engagement events, and consultation events.

We will have an agreed feedback system to share the public voice with providers and commissioners of services and publish responses.



4. Making reports and recommendations about how local care services could or ought to be improved. These should be directed to commissioners and providers of care services and people responsible for managing or scrutinising local care services and shared with Healthwatch England.

**How we will achieve this**

We will develop accurate and realistic recommendations for service improvement from the views of the public. We will link recommendations with NICE guidelines and quality statements where necessary, and publish them in the public domain.

After 6 months we will contact services and formally ask them for a review of the improvements made.

5. Providing advice and information about access to local care services so choices can be made about local care services.

**How we will achieve this**

We will continue to run our community access points with staff and volunteers to provide information to the public in their local area. We will review the locations of these access points and adapt where necessary.

For specific projects we will set up additional access points to support the project and enable local residents to find and access local services.

We will work with other organisations to share best practice, utilise resources, and share areas of concern.

We will also use digital media to inform and our signpost and information directory.

Each signpost and engagement with local residents will be recorded, to enable the organisation to identify gaps and trends in the local area.



6. Formulating views on the standard of provision and whether and how the local care services could and ought to be improved; and sharing these views with Healthwatch England.

**How we will achieve this**

We will form views from what the public tell us about services. We will review local and national strategies, work plans and other organisations concerns to formulate a view based on public experience. We will share all reports and key concerns with Healthwatch England and support their national projects when able to.



7. Making recommendations to Healthwatch England to advise the Care Quality Commission to conduct special reviews or investigations (or, where the circumstances justify doing so, making such recommendations direct to the CQC); and to make recommendations to Healthwatch England to publish reports about particular issues

**How we will achieve this**

All reports will be sent to the CQC and Healthwatch England. All concerns raised about services will be shared with the CQC teams and inspectors and inspections will be recommended where necessary.

We will work with the 23 local Healthwatch in the North West and continue to lead on the network to highlight issues on a local, regional, and national level.

We able, and with local issues taking precedent, we will coordinate our work plan with Healthwatch England work.

8. Providing Healthwatch England with the intelligence and insight it needs to enable it to perform correctly.

**How we will achieve this**

We will continue to Chair and facilitate the North West Healthwatch Network, and coordinate pieces of work. We will invite a Healthwatch England representative to all of the meetings and share views with them.

We will use Yammer, the social network for Healthwatch organisations, to share reports and best practice.

Further details of how we will achieve these objectives can be found in our 2016/17 Work Plan



# Key priorities

## 1. Prioritise work load

### Focus for 2016/17

- Spot trends in primary intelligence gathered through public engagement and research.
- Enable VCF organisations the ability to raise concerns for targeted work.
- Review stakeholder engagement plans and key topics to identify where HW BwD can have the biggest positive impact.

### Focus for 2016- 2020

- Ensure best value for money and demonstrate ability as being a problem solving organisation as oppose to a fault finding one.
- Enable to work to influence local and regional plans (combined authorities, Healthier Together, Pennine Lancashire Transformation)
- Support BwD residents in having a voice in the services they use outside of the Borough.

## 2. Identify impact

### Focus for 2016/17

- Independent review to ask stakeholders of a 360 degree review of the organisation and adapt with the learning.
- Contact all stakeholders for a review of the changes made by HW BwD in their organisations.
- Follow up mechanism to follow up reports and recommendations to ensure improvements have been made.

### Focus for 2016- 2020

- Established as best value for money local Healthwatch.
- Clear identified benefits the organisation has brought to the Borough, County, regionally and nationally.
- Confidence and support from key stakeholders locally and regionally.
- Become the main organisations stakeholders and decision makers' contact to enable to public voice in service transformation and redesign.

## 3. Secure financial footing

### Focus for 2016/17

- Deliver contract under £165,000.
- Secure external funding in line with the organisations values and functions.
- Financial review to ensure accountability and best value for money.
- Open and honest public accounts.

### Focus for 2016- 2020

- Increase funding spilt from external funders.
- Become a financially secure and trusted organisation to deliver larger contracts.
- Open and honest public accounts.
- Become more business-like and invest money in community assets.
- Develop a commercial offer to deliver engagement.

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