**Walsall Together Patient & Service User Engagement**

**Assurance Report for the period January to March 2021**

This report is an assurance report for the period January and March 2021. This report therefore covers activities undertaken during this period and provides the Board with assurance that the Walsall Together Engagement project as commissioned, is continuing largely as planned despite the considerable challenges that COVID-19 poses in relation to patient engagement and communication and the limited flexibility for the project Team to move the project deliverables forward.

1. **Context**

Healthwatch Walsall is commissioned by Walsall Healthcare Trust as host provider for Walsall Together, to deliver the engagement work necessary for co-production of the priority care pathways and will be held to account for delivery of this engagement project. This report gives assurance to the HWAB on progress to date following on from the assurance report tabled in January 2021.

The engagement work is being led by the WT Service User Group Chair with management support provided through the Healthwatch Senior Engagement Lead – Paul Higgitt, and in time become a fully constituted WT Service User Group which will:

* Bring people together with physical and mental health needs, learning disabilities, young and older people, and people with long-term conditions.
* Identify and seek the views of a range of people using services and those who may use them in future.
* Educate people about Walsall Together, the intended benefits and new models of care delivery.
* Enable co-design and co-production of service change by representing the voice of patients and citizens.

1. **Senior Engagement Lead – Update**

We have continued to engage with patients and service users through social media and through promotion through wider contacts.

Whilst we have not been able to still undertake face to face engagement, we are actively seeking the voice of patients and service users through other means.

However, despite this development, we have now had an informal contract monitoring meeting with Walsall Together Acting Integration Manager (further details on the Contract Monitoring Section in the appendices). Partners were happy with the delivery so far despite the challenges in engaging during the current times. We discussed existing key lines of enquiry but also for an emphasis in 2021 to work on key lines of enquiry around.

* Inequalities in Health Care.
* Engagement around Learning Disability
* Working with partners of the changes in Outpatient’s appointment in primary and acute settings.
* **End of Life Engagement**

With support from Walsall CCG, we have now tabled a EOL Engagement Plan to the End-of-Life Strategy Group. One a whole it was very welcomed regarding capturing the meaningful experiences. They like the idea of using the questions as a prompt. It was advised that we focus on older people now.

A meeting with Andy Rust (Walsall CCG) is to be arranged to discuss this in more detail.

The draft plan is presented at the end of this report.

1. **Patient Engagement Work: Diabetes**

As a result of tabling the Diabetes Report we have received a recommendations and action planning report from the Community Diabetes Team. This was tabled at the last WT SUG meeting in February. It needs more work in relation to buy in from other partners around Diabetes care however it is a progressive start on feedback and co-production between partners. This has also been presented to CPLG in March and welcomed as a way in which there is feedback on the intelligence that we tabled.

**4. Walsall Diabetes Peer Support Group**

We have been progressing with the further development of the Walsall Diabetes Peer Support Group. A session has been arranged for the 15th of March with Diabetes UK and with service users that had shown an interest in chairing and developing the group.

**5. Walsall Together Service User Group Meetings**

The WT SUG meeting took place in February 2021. The key focus was a presentation from WT Programme Team on a Walsall Together Animation and the Model of Care. Feedback was requested from service users and passed over to the WT Programme Team.

It was agreed that at the next WT SUG meeting in April there will be an update on the work around Resilience and a presentation from Rethink on the impact of Mental Health and COVID-19. One key point is to widen representation within this group.

A presentation was given to Walsall BAME Network in March to encourage people and representatives from the BAME community to share experiences of living and managing with Long Term Health Conditions. This will be followed up through contacting induvial organisations to encourage representation at the WT SUG meetings going forward.

1. **Service User Group-Expanding Representation**

As part of the ongoing development of the WT SUG we want to unsure that we are fully representative of the wider Walsall population. We shall be working with Midland Mencap (Walsall) to engage with service users with learning disabilities and their carers through easy read questions and group discussions around:

* Living and managing with health conditions
* Access, communication and their understanding of their health conditions
* What things could be delivered differently to help people to be supported.

We now have a seat on the Walsall BAME Steering Group, and this represents an opportunity to widen our scope and opportunity to engage with the BAME population.

1. **Cardiology Care Pathway Workshops**

This report is now in its final stages and will be presented to HAB early April for sign off and to be tabled to CPLG in April.

1. **Living and Managing with Respiratory Conditions Workshops**

The report has now been tabled to key stakeholders and presented to CPLG in March. The report was welcomed to highlight some valuable intelligence and experiences. However, at the CPLG meeting members will be looking at how actions are discussed and how feedback is presented will be a more detailed discussion through the CPLG members.

1. **Patient Stories**

No further patient stories have been requested so far. However, we will now be asking the WT Partnership Boards of they would now like us to start tabling patient stories.

1. **Making Information Available**

Through the Walsall Together Service User Group meetings there have been several comments around how the intelligence, reports and papers from meeting can be accessed. We have been working closely with Walsall Together Communication Lead to look at ways in which information can be made readily available. It has been agreed that once the Walsall Together website is live.

**Action** – The website has been developed and will be made public shortly. It has been discussed and presented to partners. Our task now will be to send over papers and reports to the partnership to put on the website to be incorporated into the get involved section.

1. **Walsall Together – CPLG**

CPLG has now been reinstated. 2 meetings have now taken place. There have been more robust discussions around how CPLG will use the intelligence that we table to start the conversations on changes in care.

There will though need to be discussions around priorities and funding to see how any changes can be implemented. CPLG members are also looking at establishing separate working groups to develop action plans around KLOE.

1. **Contract Monitoring – March 2021**
2. Present – Aileen Farrer (AF), Paul Higgitt (PH), Michelle McManus (MM)
3. Minutes of last meeting – 10th March 21

Overall, the engagement work is progressing well under challenging circumstances. Face to face engagement is still not possible but a lot of alternative approaches have been undertaken.

Attendance at the Service User Group (SUG) now includes a core of regular members including the newly established local BAME network. PH is pushing to get representation from learning disabilities.

The Walsall Together website will be launched on 6th April (soft launch) and Michelle Beddow is currently uploading content. As previously discussed, all Healthwatch reports, details of SUG meetings etc. will be uploaded.

There are several strands of work in place across Walsall and the Black Country related to engagement on health inequalities. These need to come together into a coherent plan, with resources, for Walsall.

Healthwatch have RAG rated against the KPIs in the contract. Some of those not on track would not necessarily be expected to be on track at this stage and given the pandemic. It would therefore be helpful to review the KPIs and reset priorities and timescales.

Engagement in Cardiology has been disappointing relatively to the Diabetes work, though feedback from clinical staff has suggested that this is not surprising, and many patients do not want to engage to the extent we see with other LTCs. Agreed to present the findings to CPLG and ask whether that Group would like any further work to be done. It was also agreed that engagement feedback should be presented alongside other data and evidence. PH has some data from PH and can present Cardiology as a joint piece as a test exercise to see if this approach works. MM will support.

The End-of-Life Strategy Group has reconvened after a break during COVID. There is not currently routine representation from the WT programme office. MM confirmed that this will feed into CPLG.

PH is looking at how we embed the personalized care agenda into all engagement work. It was agreed that this is inherent in most engagement work as the focus tends to be on understanding the perspective of the individual. However, a review from this perspective could add value and is worth doing.

It was challenging to get through all agenda items in the time available. It was agreed that monthly catch ups would be beneficial to stay on top of everything.

1. Actions from last review/matters arising.
   1. MM to obtain a template for future use – COMPLETE.
   2. PH to collate current membership and the population that they represent and undertake a gap analysis against the overall population of Walsall – for discussion at the next meeting to identify a strategy for additional recruitment.
   3. MM to link PH to Jan Davies, Chair of the Community Associations
   4. MM to request a representative from Resilient Communities to attend and present to the Service User Group on 13th April.
   5. PH to send content for the website to Michelle Beddow.
   6. MM to arrange a meeting with Michelle Beddow, Connie Jennings, Stephen Terry to discuss how the different aspects of engagement on health inequalities can be aligned.
   7. MM to review the KPIs in the contract to provide additional detail and clarity on expected timeframes.
   8. MM to add Cardiology to the next agenda for CPLG - COMPLETE.
   9. MM to schedule monthly meetings going forward – COMPLETE.
   10. MM to send a structure of the WT Programme Office
2. **Key performance Indicators and outcomes so far**

The key performance indicators for this project (which were agreed as part of the commissioning specification) are set out below with a RAG self-assessment of performance to date. This has also been agreed by the Walsall Together Programme Team.

**Key Performance Indicators**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Ref.** | **Outcome** | **KPIs** | **Performance to November 2020** | **RAG assessment** |
| 1. | Recruitment of User Group members according to an agreed person specification developed in partnership with the Walsall Together SMT | Production of a person specification still be completed.  Number of individuals recruited from range of demographics and long-term health conditions. | 5 WT SUG meetings have now taken place Membership recruited from local population and those with an interested health and social care. New members continue to attend. |  |
| 2. | Production of promotional materials and a marketing plan to advertise the roles and recruitment process. | Production of a marketing plan including the details of what has been produced, marketing channels, etc. | Working with WT Comms for this to be incorporated into the wider WT engagement plan. Website, Newsletter and comms and engagement plan being developed by WT Communications Manager.  Intel and report to now be sent to WT Team to be incorporated into the new website under the How to Get Involved section. |  |
| 3. | Delivery of a schedule of training sessions to inform Users of their role and the context of the Walsall Together Case for Change | Working with Walsall Together Programme Team on future training and development with SUG members | Informal training around ‘What is Walsall Together’. We are working with WT Comms to undertake training around the Case for Change and the importance of the patient voice. |  |
| 4. | Coordination of workshops with service users and other stakeholders, according to the priorities identified by the Walsall Together Integrated Care Partnership (ICP) Board, to discuss people’s experience of current services and how their needs could be better met. | Number of workshops, number of attendees, feedback received including specific recommendations made regarding service design and delivery | We have undertaken 4 diabetes workshops and 2 Cardiology Workshop, 2 respiratory workshops and the development of a Diabetes Peer Support Group. Contract Monitoring arrangements agreed where engagement will focus on other key areas.  Engagement around taking the additional KLOE’s forward is to take place with the providers and partners. |  |
| 5. | Work closely with patients and users from the Walsall Together partner organisations (Walsall Healthcare NHS Trust, Walsall Council, Walsall CCG, Blackcountry NHS Trust, One Walsall, GP Practices) | Plan for engagement with each stakeholder including how they will contribute to the User Group and/or feedback and recommendations made about services | We shall be working with WT Comms to invite key people to update the WT SUG Group on the planned changes around care pathways. |  |
| 6. | Make clear recommendations for service design and delivery, for each identified priority area, service design of care – care pathways.  reflecting people’s experience of health and care services and their future service needs | Produce public engagement reports for consideration by the Walsall Together SMT, ensuring there are clear recommendations; include number of people consulted with and how this is a strong representative sample of the relevant population | Respiratory Report tabled to CPLG and disseminated to wider partners.  Cardiology report to be tabled to CPLG in April. |  |
| 7. | Ensure service design and delivery of the services in scope are influenced by patient and public engagement as a direct result of the Walsall Together User Group- in scope? | Contract Monitoring Reports | Agreed with Walsall Programme Team for quarterly contract monitoring reports to run parallel with Healthwatch Walsall Contract Monitoring Reports. |  |
| 8. | Ensure patients, users and citizens know about Walsall Together, the proposed changes to services and how they can influence future service design and delivery | Produce a communication plan detailing how the public will be kept informed about Walsall Together | Whenever a work workshop has been planned and promoted and delivered, we have explained to participants the aims and objectives of WT. Common briefing. We are also using a briefing when one to one patient stories have been captured. |  |
| 9. | Attendance at Meetings | Walsall Together Partnership Board  Walsall Together SMT  CPLG | HWW HAB Chair  Healthwatch Walsall Manager  Senior Engagement Lead  WT SUG Chair |  |

**Recommendations**

That the Board receive the report and are assured through the reports content that the project deliverables are being taken forward as commissioned

**Report Authors:**

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Phil Griffin, Walsall Together Service User Group Chair

**Appendices**

**Walsall End of Life Patient Experience**

**Patient, Carer, and Family Engagement (others identified as important to you)**

**“How we care for the dying is an indicator of how we care for all sick and vulnerable people***”*

(National End of Life Care Strategy 2008)

Death and dying are inevitable. The quality and accessibility of this care will

affect all of us and it must be made consistently better for all of us.

Walsall has a developed End of Life Strategy 2018 – 2023. Underpinning principles for the Strategic Goals identified within the Strategy are:

* It applies to wherever the patient and carer are receiving care.
* Unless otherwise stated all references are to people who are in the last year of life.
* The actions apply to all people regardless of diagnosis and cultural background.
* The strategy applies to all partnership organisations in Walsall and is inclusive of the broad Voluntary and Community Sector that exist as means of support.
* Responsibilities in all actions apply to both patients and carers.

Progress has been made in the last five years with Palliative and End of Life Care within the Borough. The principle for this strategy is that we continue to focus on previous priorities but now identify key strategic objectives which will deliver greater continuity, response and improved communication for patients, carers and professionals.

The emphasis of the Walsall End of Life Strategy is on local decision-making and delivery, core to its centre is the needs of people of all ages who are living with dying, death and bereavement, their families, carers and communities which must be addressed, taking into account their priorities, preferences and wishes.

Taking this into account as part of the end-of-life strategy engagement with patients and those identified as important to them is an essential part of the end-of-life strategy.

**Walsall Together**

Healthwatch Walsall have been commissioned through Walsall Together to capture experiences of care pathways around 6 key Lines of Enquiry:

* Diabetes
* Respiratory Illness
* Cardiology
* Mental Health
* End of Life & Palliative Care
* The best start in life, early child.

As part of this engagement work it has been agreed that Healthwatch Walsall under the commissioned programme will work in conjunction with Walsall CCG to plan and deliver the patient and (those close to them) engagement work.

**End of Life Strategy Key Priorities**

There are 5 key priorities identified within the end-of-life strategy. These priorities are to be used as part of the engagement with those who are important to the patient.

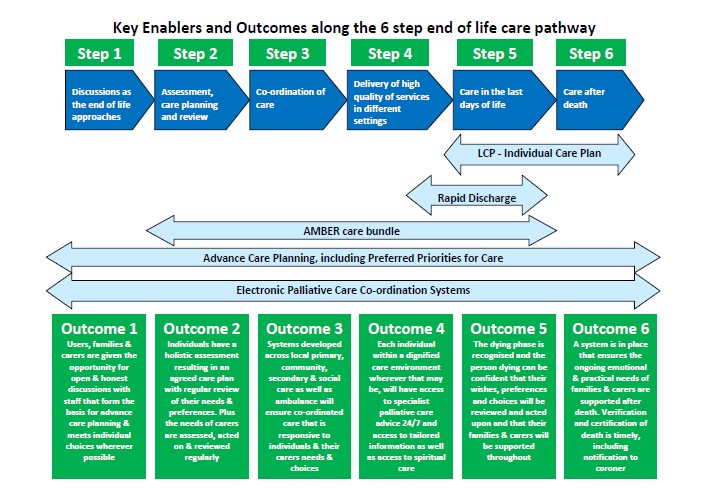
1. **Recognise**  
   The possibility that a person may die within the next few months, days, hours are recognised and communicated clearly, decisions make, and actions taken in accordance with the persons needs and wishes, these are reviewed regularly, and decisions revised accordingly.
2. **Communicate**Clear and sensitive communication needs to take place between the person who is dying and those identified as important to them.

This includes identifying the extent of the persons need for information and allowing them to decline discussion regarding that possibility that they may be dying.

1. **Involve**The dying person and those identifying as important to them are involved in decisions about treatment and care to the extent that they dying person wishes.
2. **Support**The needs of family and others identified as important to the dying person are actively explored, respected and met as far as possible.
3. **Plan & Do**An individual’s plan of care is agreed, coordinated and delivered with compassion (including food and drink, symptom control, psychological, social and spiritual support.

**Stages of the Care Pathway**

These aspects detailed below should guide the patient care pathway.



**Voices Questionnaire**

There is a national and abbreviated local question capturing the views from those who are important to the patient in relation to their end-of-life care pathway. This is a more in-depth tool used to capture experiences. Whilst it is recognised that the Voices questionnaire is used and recognised nationally and locally as an important element within the end-of-life strategy, in relation to engagement, we are looking at widening the engagement through:

An agreed approach to engage with patients / those important to them through:

* One to one telephone conversations
* Focus Groups
* Surveys

Through these mechanisms our aim is to capture qualitative data from participants.

**Target Audiences**

We will as part of the engagement define our target audiences:

Carers  
Family Members  
Those who are important to the patient.

As part of our engagement, we must also recognise the demographics of Walsall in relation to ethnicity. We will be working with local communities and voluntary groups, community leaders and member within BAME communities in relation to engagement around end of life.

**For Consideration**There are current mechanism for feedback on experiences such as through:

* Walsall Healthcare NHS Trust PALS, Patient Relations Team.
* Staff, patients and loved ones through Goscote Palliative Care Centre.
* St Giles Hospice.
* Walsall Healthcare NHS Trust Bereavement Team.

**Next Steps**

We endeavor to be clear with participants on the rationale for capturing experiences, but most importantly that the aim of the intelligence is to improve patient experience.

We will need to consider whether the intelligence around care experiences from other sources will be incorporated into this engagement work as part of the wider end of life strategy.

We would anticipate that providers at acute, community, primary care levels, hospice, would support us with the promotion of engagement opportunities. The support from the community and voluntary sector is also recognised as a crucial part of this engagement.

Rationale – This Questionnaire has been intentionally kept short due to the sensitive nature of the subject with open text boxes for the participant or engagement person to free type experiences.

**Draft - End of Life Experience Questionnaire**

***Context – Narrative Front Page to be agreed (webpage / newsletter)***

**Note: summary headings and monitoring questions to be fully completed on Survey Monkey / SNAP (other virtual system).**

We would very much like to learn about your experiences of End of Life or palliative care services. Our aim is for all Adults**,** Children and Young People at End of Life to be supported to achieve their ambitions as identified through the care planning process**.**

This questionnaire relates to any experiences in the last 18 months both before and during the Coronavirus pandemic.

This listening exercise will run for (fill in dates/weeks) and close on …….. 21.

We greatly appreciate you taking time to help us monitor and improve our care for End-of-Life services in Walsall.

**1.About you:**

Are you a Carer / family member / other relationship to patient [multiple choice question]?

Other (please advise) – [Free text box]

**2. About the Care Received**

**2a**.

Was the care of the patient received at   
home  
hospital   
hospice   
Other location? Please advise [free text box]   
Please advise name of hospital or hospice. [free text box]

**2b.**

**Where did your loved one (close to you) pass away?**

At individual home  
Residential or Care Home  
Hospice  
Hospital

**3. Care Plans for Patients**

Were you or your family advised by medical staff that the patient was dying, given the opportunity to talk about a Care Plan with the patient and what were their wishes?

Yes / No

Can you please explain why you have answered Yes or No to the previous question? [free text box]

**What is an End-of-Life Care Plan?**

An individual’s plan of care is agreed with the patient / those close to the patient, coordinated and delivered with compassion (including food and drink, symptom control, psychological, social and spiritual support).

**End of life care** aims to support someone in the later stages of a life- limiting condition to live as well as possible until they die. It also aims to support family and carers during this time and after the person dies.

**4. What worked well / Could have been better?**

What went well or not so well? E.g., Medication / pain management, staff care, communication, between organisations, access to timely equipment etc.

[free text box]

1. **Additional Feedback**

Do you have any comments to help improve End of Life care or services in future? [free text box]

**Ethnicity Monitoring Questions**

Please could you advise the first 3 characters of your post code e.g., WS2?

Male / Female / Prefer not to say.

Age

Ethnic Origin

Religion

**For Discussion**

**Data Protection**

We would hope through numerous engagement mechanisms that we will capture in depth qualitative data. Whist we will not be sharing individual stories without permission it important that we protect the anonymity of participants. We would therefore be due to the sensitivity of the data that a GDPR and DPAI statement and control system for data.

**Timescales for Engagement**

The Walsall Together EOL Strategic Delivery Group to advise timescales for the engagement process. These will need to be considered in order to capture meaningful data and intelligence.

**Additional Resources**

We recognise that end of life is an emotive subject. Whilst capturing the views from participants we will need to be able to signpost to other professional with experiences in areas such as children, babies, as the participants may become distressed reliving their experience. Therefore, we would hope that in such circumstance professionals will support this work.