

Staffordshire Health and Wellbeing Board – 07 March 2024

Healthwatch Staffordshire Progress and Update on Current Key Insights and 3 Deep Dives

Recommendations

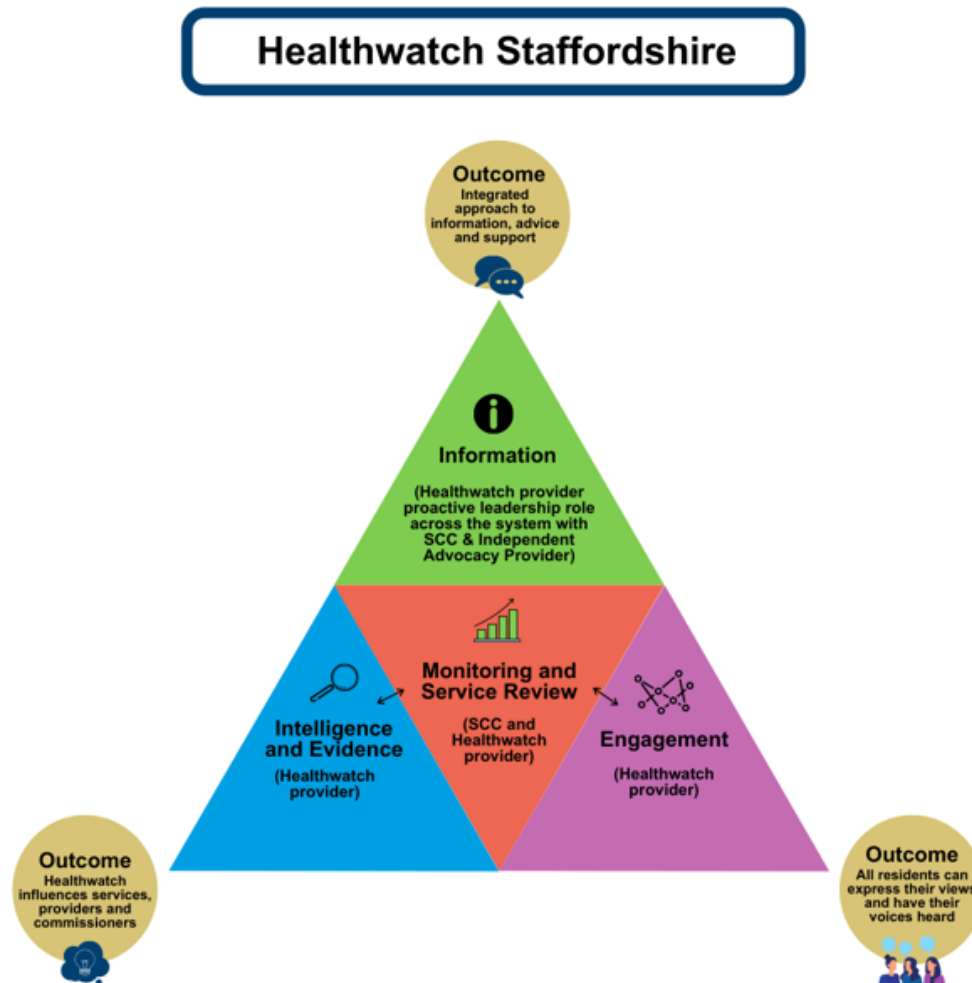
The Board is asked to:

- a. Consider and comment on the key highlights and current themes being picked up by Healthwatch.
- b. Consider and comment on the progress made by Healthwatch Staffordshire service on the three Deep Dives.
 - a. 999 calls and Ambulance
 - b. Admissions Avoidance
 - c. Hospital Discharges

Background

1. Under the Health and Social Care Act 2012, the Healthwatch network is required to involve and engage with the public as to their experiences of health and care services. In Staffordshire, Support Staffordshire holds the contract to deliver the Healthwatch service on behalf of Staffordshire County Council.
2. The purpose of this report is to update members of the Health and Wellbeing Board on Healthwatch Staffordshire's progress on current highlights/themes and the **3 deep dives** as part of our priorities.
3. The overarching vision is 'To help people get the best out of their local health and social care services; both to improve them today and helping to shape them for tomorrow', and high-level outcomes (see also figure 1) are:
 - a. **Engagement** - all patients/residents can express their views and have their voice heard.
 - b. **Intelligence and evidence** – harnessing the patients/residents. voice to influence services, providers, and commissioners.
 - c. **Information** – an integrated approach to information, advice and Support (including through the Staffordshire Integrated Advocacy Service).

Figure 1– Healthwatch Staffordshire approach 2022-2023



Theory of Change

4. Healthwatch Staffordshire will be using the **Theory of Change Model** to help us to focus our resources in the areas most needed.
5. **Theory of Change** is a comprehensive description and illustration of how and why a desired change is expected to happen in a particular context. It is focused on mapping out what has been described as the “**missing middle**” between what a program or change initiative does (its activities or interventions) and how these lead to desired goals being achieved. It does this by first identifying the desired long-term goals and then works back from these to identify all the conditions (outcomes) that must be in place (and how these related to one another causally) for the goals to occur. These are all mapped out in an Outcomes Framework. The Outcomes Framework then provides the basis for identifying what type of activity or intervention will lead to the outcomes identified as preconditions for achieving the long-term goal. Through this approach, the precise link between activities and the achievement of the long-term

goals are more fully understood. This leads to better planning, in that activities are linked to a detailed understanding of how change happens. It also leads to better evaluation, as it is possible to measure progress towards the achievement of longer-term goals that goes beyond the identification of program outputs. The diagram below illustrates the toolkit provided by Healthwatch England.



The purpose of using this toolkit has helped us to:

- Increase chances of successful outcomes.
- Identify what is working, and what is not, so we can adjust our approach and target resources.
- Measure and communicate the effectiveness of our work.
- Evidence the outcomes we achieve.

6. Healthwatch will be using surveys (online and face to face) and working with steering groups to get user experience of health and social care services 'good and bad' to ensure we are offering a more reflective view of those services. Healthwatch is getting resident feedback as an independent organisation and working with partners as a '**critical friend**'.

Key Highlights/Themes

7. **CHC – Continuing Health Care** Healthwatch has started to work with MPFT around Continuing Health Care and patient feedback. One of the biggest challenges facing all systems is supporting the care of our frail elderly and those with long term conditions. The aim of the feedback is to investigate its effectiveness and the patient experiences for those using Continuing Health Care.
8. **Cross Border – Mental Health Services** concerns have been raised by residents that they do not have access to any local services and sometimes must travel over an hour to see a mental health specialist. Discussions are taking place with partners at MPFT about cross border agreements between Trusts to allow patient to access services closer to them. NHS Trusts are working on understanding how many residents have been able to access services and are noticing a sharp decline. Ongoing investigation is currently underway to understand this further. Healthwatch is also working closely with Cllr Paul Harrison on this.
9. **Emergency Services – West Midlands Ambulance Services** presented at the Health Care Overview Scrutiny in December 2023. Concerns raised about ambulance crews only hitting a target of 3.2 calls per shift as opposed to previously averaging 7-8 calls per 12-hour shift.
 - a. 430 ambulances in the West Midlands. Targets for Cat 1, Cat 2 and Cat 3 calls being consistently missed due to a combination of demand and handover delays at hospitals.
 - b. Progress has been made since last winter with learning from Walsall Acute Trust - acknowledged in UHNM Board papers.
 - c. WMAS finding the CRIS (Clinical Record Interactive Search) service very useful in admission avoidance and would like to see it extended to cover 24 hours. [New Community Rapid Intervention Service helps patients avoid unnecessary visits to A&E and hospital admission :: Midlands Partnership University NHS Foundation Trust \(mpft.nhs.uk\)](https://www.mpft.nhs.uk/news/new-community-rapid-intervention-service-helps-patients-avoid-unnecessary-visits-to-a-e-and-hospital-admission)
 - d. New mental health ambulances and crews now trained and introduced to the system.
 - e. WMAS open to visits to the control room for Healthwatch - potential for an Healthwatch Enter and View in the coming weeks. HW will be looking to do a deep dive on 999 and ambulance calls.
10. **Non-Urgent Patient Transport – ERS** negative patient experiences have been raised with Healthwatch about Non-Urgent Patient Transport. The key areas on concerns raised were around:
 - a. 4-6 hours to return patients.
 - b. Uncertainty on pick up times.
 - c. Waiting time, post dialysis exceeding guidelines.

- d. Excessive time on Transport (journey time exhaustion).
 - e. Drivers are not always aware of the most efficient routes.
11. Healthwatch have raised the patient concerns with ICB partners who have reassured us they are working with Non-Urgent Patient Transport on this patient feedback and to improve the patient experience.
 12. **Stoke and Staffordshire Neonatal and Maternity** Staffordshire and Stoke-on-Trent had the second highest neonatal mortality rate in the UK. The UHNM Neonatal Improvement Group has been re-established to better understand the data and identify areas for learning. The Children and Young People Programme Board has commissioned an Infant Mortality review, and a steering group has been established to investigate the wider social factors which may impact on neonatal mortality rates.
 13. A full route cause analysis is completed for every neonatal death.
 14. Following a CQC visit to UHNM Maternity Services in March 2023, a S29a notice was issued with further actions included in the final report. The Trust's response to these actions was overseen by the ICB and NHSE.
 15. The ICB should investigate the feasibility of an external audit of maternity services in Staffordshire.
 16. Assurance have been given that there is a Patient Safety Specialist officer in place as per the Ockenden report.
 17. Freedom to speak up policies across the ICS are being refreshed.
 18. Assurance have been given that the providers within Staffordshire were ensuring that there were robust speak up processes in place.
 19. There had recently been successful recruitment campaigns in both UHNM and UHDB to reduce the vacancy rate. Healthwatch is aware that the influx of new recruits would require support and present additional pressure initially.
 20. There has been significant improvement in the Induction of Labor performance over December 2023 and Jan 2024 (90% and 98% respectively). Midwifery vacancies have reduced to with further recruitment events planned. The improved staffing position also supports the home birth service to recommence bookings from April.
 21. Healthwatch Stoke and Healthwatch Staffordshire have completed a joint review of maternity services at UHNM which is due to be published in the coming weeks. Most of the feedback is positive.

Deep Dives 2024 – 2025 'The Patient Journey'

22. Healthwatch has been working with West Midlands Ambulance Service to collaborate on our first deep dive on Ambulance wait times.
23. Healthwatch will be doing the next set of 3 deep dives starting January 2024 and ending February 2025 to look at patient experiences of using this service. These are:
 - a. 999 and Ambulance
 - b. Admissions Avoidance
 - c. Discharges
24. Healthwatch has been receiving patient feedback on ambulance response times from the public and further at the Staffordshire County Council Overview and Scrutiny Committee on 13 November 2023, Healthwatch has begun to look more closely at some of the implications.
25. The Staffordshire and Stoke ICB Operating Plan 2023/24 sets out One Collective Aim
26. "As a system we serve the 1.2 million people who live in Staffordshire and Stoke on Trent. We have a collective aim to improve outcomes and provide the best health and social care services for our population. **Our key metric** for 2023/24 reflects our ambition to provide better and more compassionate care in the community and avoid hospital admissions where possible for elderly and frail people especially at the end of life. **This is to reduce the number of Category 2 and 3 Ambulance calls**".
27. "This will also reduce ambulance wait times and hospital bed occupancy. We chose this as all parts of the system can contribute to reducing the number of people calling an ambulance, for example GPs, community NHS services, the voluntary sector, and acute trusts through the way they manage people whilst in hospital and avoid readmission."
28. Having recently completed a deep dive on Access to Primary Care we are proposing to look at user experiences in Staffordshire of the 999 Ambulance Service provided by WMAS followed by Admission Avoidance Schemes and finally Hospital Discharge. we plan to undertake these three pieces of work sequentially over the next 15 months.
29. We launched a survey on user experiences of the Ambulance Service with an end date 10th March and are engaging with both West Midland Ambulance Service and NHS 111 to get a balanced view. Response from the public has been strong with over 150 surveys completed in the first week after launch.

30. Our intention is to publish the report on this by the end of May 2024, using some of the feedback to help shape some of our enquiries into Admission Avoidance Schemes.
31. We would anticipate completing the work on Admissions Avoidance by the end of October 2024 and then move on to the third piece of work looking at Hospital Discharge between November 2024 and March 2025.
32. All three pieces of work link to the local implementation of the NHS England's National Urgent and Emergency Care Recovery Plan and our findings will be fed back to local Integrated Care System Partners, the Public and Healthwatch England.

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