

# Healthwatch Greenwich Stakeholders' Perception Survey 2023

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## Introduction

Healthwatch was established under the Health and Social Care Act 2012 to understand the needs, experiences and concerns of people who use health and social care services and to speak on their behalf. Healthwatch works at national and local levels, with the same goal of enabling people to have a voice about their health and social care systems. Healthwatch England are a statutory committee of the independent regulator the Care Quality Commission (CQC). Healthwatch Greenwich (HWG) works with Healthwatch England to share information, expertise and learning to improve health and social care and to facilitate dialogue between the various system partners.

HWG receives feedback via engagement, outreach, and insight activities from patients and the public about primary and secondary care services in Greenwich. This includes services in G.P. practices; dentists; pharmacies; hospital inpatient care (day treatment or overnight); hospital outpatient's appointments; mental health support; social care e.g. care homes and home care; accident and emergency/minor injury units; ambulances and paramedics; NHS 111 and a wide range of other NHS or publicly funded health and social care services.

We compile this information into reports and recommendations, working with commissioners and providers to support more effective, efficient, inclusive, and equitable services. However, we know that people tend to approach Healthwatch when things are not working well, and we are aware this is not always an accurate reflection or representative of how people are experiencing local service provision. As a result, we actively canvas for positive experiences to gain insights into what has worked well and to share examples of good practice.

We also review our own effectiveness. It is important that stakeholders have confidence in our approach and recognise us as a credible partner in the wider local health and care landscape. A high level of trust and understanding is particularly important in (and will affect) our ability to hold decision makers to account. Stakeholder relationships are a primary asset resource in facilitating dialogue on service priorities, outcomes, and quality improvements. As such, we canvassed the opinions of health and care system partners to assess their perceptions of us as a proxy to measure the strength of our key stakeholder relationships.

Broadly, we asked:

- What our stakeholders say about our understanding of local health and care concerns and if it aligns with local needs.
- The extent to which stakeholders have confidence in our work and the degree to which we are trusted.
- If our approach and work is considered to be inclusive.
- If we are able to influence decision making and hold decision-makers to account.
- The effectiveness of our communication with stakeholders and the wider community.

## Methodology

During September and October 2023, a weblink to an online survey was shared with key stakeholders. Many of these stakeholders were senior clinical and managerial roles responsible for the commissioning or delivery of health and care services.

Stakeholders were offered the opportunity to either respond anonymously or to disclose identifying details about them and their organisation. Basic demographic information such as age, gender, ethnicity, disability or long-term condition status, and carer status were not collected.

Stakeholders were asked a series of 25 questions. 15 questions comprised responses to statements using a 6-point Likert scale and 10 questions offered an open-ended response. Data were collated into a spreadsheet and analysed using basic quantitative and qualitative analysis techniques.

This survey attracted a broad range of respondent organisations, but the final number of stakeholders (n=27) was small and represents a major limitation.

## Summary of Findings

The survey generated 27 responses from:

- senior level staff across the south east London Integrated Care Board (n=10), Health Service providers – Lewisham and Greenwich NHS Trust, Oxleas NHS Trust (n=9),
- local-authority staff – Royal Borough of Greenwich (n=6),
- third sector VCSE (n=1)
- other (n=1).

Overall, survey results indicate we are recognised as playing a positive role in facilitating the inclusion of 'seldom heard' groups and our work offers useful insights into local issues. However, feedback also indicates that we are sometimes seen as having an incomplete understanding of the pressures affecting local health and care systems. In some cases, this is experienced by stakeholders as a 'them and us' dichotomy rather than a collaborative 'problem-solving' approach. Generally, stakeholders reported a consistent and positive level of agreement with regards to our overall performance with some criticism related to a lack of balance in reports.

## Results of Survey

### Measuring value: advocating for local health issues with awareness of broader context.

Two questions asked how much stakeholders agreed or not with statements about our understanding of local community issues and the wider context. While most strongly agreed or agreed we have good awareness of local issues, a smaller proportion indicated confidence in our awareness of the wider context.

Statement 1: Healthwatch Greenwich demonstrates the awareness of the issues and concerns that affect local residents.

Response	Strongly Agree	Agree	Neither agree or disagree	Disagree	Strongly Disagree	Don't know
Participant count	7	10	4	3	0	3

Statement 2: Healthwatch Greenwich works in a way that shows its' aware of the wider context in which our local health and care sector operates.

Response	Strongly Agree	Agree	Neither agree or disagree	Disagree	Strongly Disagree	Don't know
Participant count	5	8	6	6	1	1

There were six 'open ended comments:

1. *It feels like all they do is criticise what we do and tout for business. Whatever we do is never good enough.*
2. *Healthwatch feels out of touch with health system, does not understand the pressure, particularly primary care is facing.*
3. *I am not aware of what Healthwatch does in relation to Children and Young People.*

4. *I feel that the shift from a them and us system to working together needs some work.*
5. *Not sure about the grasp of certain issues that may affect local residents and the power to influence change.*
6. *I've had limited connection with Healthwatch Greenwich.*

### Measuring integrity: trust in insights and communications

Two questions asked if we are effective in collecting insights from a range of communities and in particular 'seldom heard' groups, and the extent to which our communications are inclusive. Most participant strongly agreed or agreed with both statements.

Statement 3: Healthwatch Greenwich effectively collects insights from people from diverse local communities who are less often listened to.

Response	Strongly Agree	Agree	Neither agree or disagree	Disagree	Strongly Disagree	Don't know
Participant count	8	10	5	3	0	1

Statement 4: Healthwatch Greenwich produces communications and campaign materials that are inclusive of our diverse local population.

Response	Strongly Agree	Agree	Neither agree or disagree	Disagree	Strongly Disagree	Don't know
Participant count	5	11	5	2	0	4

Open-ended comments included:

1. *I should be aware but I do not know what Healthwatch do in relation to Children and Young People.*
2. *As before I have seen limited information from Healthwatch Greenwich so it's difficult to provide a view.*

3. *Healthwatch Greenwich are able to work closely with local communities enabling the communities to be able to raise issues they may not feel comfortable raising directly.*
4. *I have to disagree because I do not see that diversity in application/delivery.*
5. *It is challenging to collect insight from across the diverse range of local communities with the resources available to HW.*

### Measuring validity: generating and disseminating evidence

Four questions assessed perceptions of the validity and veracity of our evidence. While most stakeholders strongly agree or agree that we contribute to providing new insights, results were more evenly split with nearly half unsure or disagreeing with this statement. Again, while most stakeholders strongly agree or agree that we always base our reporting on direct evidence, a substantial proportion were unsure or disagreed.

Stakeholder scores suggest both our written and verbal communication are strengths.

Statement 5: Healthwatch Greenwich provides new insight about services that adds to decision-makers depth of knowledge and understanding.

Response	Strongly Agree	Agree	Neither agree or disagree	Disagree	Strongly Disagree	Don't know
Participant count	5	9	3	3	3	3

Statement 6: Healthwatch Greenwich always bases its' reporting and analysis on direct evidence obtained from local residents.

Response	Strongly Agree	Agree	Neither agree or disagree	Disagree	Strongly Disagree	Don't know
Participant count	6	9	5	2	1	4

Statement 7: Healthwatch Greenwich communicates clearly in writing.

Response	Strongly Agree	Agree	Neither agree or disagree	Disagree	Strongly Disagree	Don't know
Participant count	6	15	3	3	0	0

Statement 8: Healthwatch Greenwich communicates clearly in person.

Response	Strongly Agree	Agree	Neither agree or disagree	Disagree	Strongly Disagree	Don't know
Participant count	7	11	3	2	1	3

Comments included:

1. *Reports are not triangulated with providers so can have less influence to bring about change.*
2. *Health watch seems not to display good practice but rather than slanted opinions.*
3. *It is not always clear that insight collated is from a broad reach of people or whether from the experiences of a few people. Clearly even if a few people have had a negative experience this is probably reflective of wider experiences, but this nuance can be lost in reporting.*
4. *I am aware that Healthwatch Greenwich produces electronic Newsletters but is unsure of their reach / value in terms of impacting the decision making of any organisation or reaching Greenwich residents. I am unaware of their in-person communications.*
5. *I think sometimes you publish case studies which are more of an individual complaint.*



**Measuring influence: successful impact in decision making; holding stakeholders to account; a ‘system leader’**

Four questions asked stakeholder perceptions about our ability to influence decision making, fulfilling our role as ‘critical friend’ by holding decision makers to account. Interestingly, while most stakeholders confirmed our effectiveness in holding decision makers to account, a much lower proportion felt that we had successfully influenced decision making – or were simply unsure.

The question on ‘system leadership’ was a little confusing as there are no defined standards of what this might look like or how to measure it within the context of a local Healthwatch. This may explain the large proportion of stakeholders who indicated they were unable to give an answer one way or the other.

One open-ended question asked for specific examples and one reply was received – suggesting a lack of awareness.

Statement 9: Healthwatch Greenwich successfully influences decisions made about health and social care services to improve their quality and service users experience.

Response	Strongly Agree	Agree	Neither agree or disagree	Disagree	Strongly Disagree	Don’t know
Participant count	4	9	4	4	1	5

Statement 10: Healthwatch Greenwich holds service users and commissioners to account for their own approach to involving the public.

Response	Strongly Agree	Agree	Neither agree or disagree	Disagree	Strongly Disagree	Don’t know
Participant count	5	12	3	3	1	3

Statement 11: Healthwatch Greenwich is a system leader within the sector.

Response	Strongly Agree	Agree	Neither agree or disagree	Disagree	Strongly Disagree	Don't know
Participant count	4	7	9	3	3	1

Question 16:

There was one response: *'I have no evidence to back up those statements. I have never hard an organisation state they took an action based on an approach by Healthwatch.'*

Comments on these four questions included:

1. *Reports/newsletters often appear to be more focused on the negative rather than where things are working well. There is a risk that reports may be dismissed by readers such as GP practices due to the emphasis on the negative.*
2. *The relationship can sometimes feel confrontational rather than a partnership.*

### Measuring trust: partnership and collaboration

One question directly asked the extent to which we are a 'trusted partner'. While most stakeholders agreed, a sizable proportion felt unable to answer one way or another.

Statement 12: Healthwatch Greenwich is a trusted partner that any organisation wants to collaborate with.

Response	Strongly Agree	Agree	Neither agree or disagree	Disagree	Strongly Disagree	Don't know
Participant count	8	8	8	1	1	1

Comments included:

1. *There should be a sometimes option depending on what the project is.*
2. *our collaboration could be better.*
3. *Refer to earlier point about feeling less like a partnership and more confrontational at times.*
4. *I doubt any organisation would say 'no' they don't want to collaborate with Healthwatch. The question for residents is do they and to what extent that makes a difference to them and their families?*
5. *Perceptions of HW Greenwich vary considerably in my organisation.*

### **Measuring independence and autonomy: proportionality and profile**

Three questions asked about the extent to which we involve residents, perceptions of independence and autonomy, and the extent to which we are known amongst stakeholders.

Most stakeholders agree that we give high priority to involving local people in decisions about our work. Similarly, most agree that we are viewed as independent.

While most agree we have a high profile amongst stakeholders, the results were more evenly spilt, with a considerable proportion unable an answer one way or the other.

Statement 13: Healthwatch Greenwich gives high priority to involving local people in decisions about its work.

Response	Strongly Agree	Agree	Neither agree or disagree	Disagree	Strongly Disagree	Don't know
Participant count	5	13	4	1	0	3

Statement 14: Healthwatch Greenwich is seen as independent of other organisations or agendas.

Response	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly Disagree	Don't know
Participant count	5	13	3	3	1	2

Statement 15: Healthwatch Greenwich has a high profile among sector professionals in our area.

Response	Strongly Agree	Agree	Neither agree or disagree	Disagree	Strongly Disagree	Don't know
Participant count	4	11	7	2	3	0

Comments included:

- It is unclear how the views of patients influence what Healthwatch will look at next rather than just doing the planned rounds of visits.*

### Themes for 2024

Three open-ended questions asked stakeholders for their views on which themes/issues/communities we should focus on over the next year. A wide range of suggestions were offered.

Question 23: Which health services/issues do you think Healthwatch Greenwich should focus on during the year ahead? Why are these important to your organisation and the local population?

Table 1: Responses to Question 23

<ol style="list-style-type: none"> <li><i>primary care; intermediate care</i></li> <li><i>Phone access and appointment availability</i></li> </ol>
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3. *Young people and contraception; cancer screening (breast); improvements in physical activity for the family; BAME healthy eating awareness; raising awareness of CVD in areas of high health need.*
4. *Mental Health; Following the COVID pandemic people are still struggling with their Mental health and well being.*
5. *Lack of beds in Care homes or support in their own homes affecting discharge from hospital*
6. *Help to bridge patients' unrealistic expectation and present health system. Healthwatch does not tend to help to explain to the public what a pressured system health providers are facing.*
7. *Children and young people, they are 100% our future*
8. *community services*
9. *children and young people*
10. *Neighbourhood level Maternity personalisation co-production*
11. *Acute Trust and GPs*
12. *I think it needs to be what residents say they want. This includes timely services (including quick GP appointments), weekend access, more local general hospital provision, less use of drugs, more alternative healthy provisions and better person centred approaches.*
13. *Weight management*
14. *Those without homes/Living on the streets*
15. *It would be helpful if there was a better way of aligning the work plan to that of the ICB. I realise there needs to be independence but that doesn't mean we can't look at similar areas*
16. *I think we need to better understand the wants and needs of our population to ensure that the commissioned services are reflective of Greenwich's population. We need to also ensure that we reach out to all communities, regardless of where they are located, which services they access, race, age or gender for example.*

Question 24: Which social care services/issues do you think Healthwatch Greenwich should focus on in the year ahead? Why are these important to your organisation and the local population?

Table 2: Responses to Question 24

1. *care homes, home care, reablement*
2. *What is important to residents; - elderly care/ support - support for those in deprived area's and whether residents are aware of what is available; - improving communication about available services as there may not be funding for more but we need to know that everyone knows what is available.*
3. *Focus on those with LD and mental health issues. High health need in these groups and help and focus is needed to get their voices heard.*
4. *Tier 2 Weight Management; Obesity amongst the population is escalating and waiting lists for Tier 3 are increasing rapidly; Housing and the lack of it and unfit for purpose. Schools and buildings unfit for purpose.*
5. *helping tackle inequalities in health and those communities who find it hard to access services. Care leavers.*
6. *Asylum seekers, non English speaking communities, Those in poverty*
7. *Commissioning*
8. *violent crime as a public health issue*
9. *Better collaborative holistic services to save users the time and inconvenience of having to fill in numerous assessment forms or seeing different social care providers - when when one would suffice.*
10. *Weight management*
11. *Those without homes/Living on the streets*
12. *I think we need to better understand the wants and needs of our population to ensure that the commissioned services are reflective of Greenwich's population. We need to also ensure that we reach out to all communities, regardless of where they are located, which services they access, race, age or gender.*

Q25. Which communities or groups of people who are less often listened to should Healthwatch Greenwich focus on reaching in the year ahead, and why?

Table 3: Responses to Question 25

1. *Travellers; young people*
2. *Staff working in the areas and getting anonymous views on where improvement is needed - may be an interesting concept but those working in the areas may have a good understanding of where more support is needed but may not be able to influence it. Talk to carers about what their family member needs.*
3. *Homeless people; Women who are pregnant - all diverse cultures*
4. *Young people*
5. *Care leavers, Children who are neurodiverse/ SEND, Children and young people with mental health/emotional health challenges, youth who are not in education or employment.*
6. *young people experiencing criminal exploitation*
7. *continue to focus on underrepresented groups and those struggling to access health services*
8. *If HealthWatch Greenwich is monitoring the population against their service provision they should know who they are adequately reaching or not. I really do not know the impact / reach of their service on any particular community to know whether it's adequate for them to move onto other groups / communities.*

## Conclusion

The survey revealed both strengths and areas for improvement. While we are recognised for our positive role in facilitating inclusion, working with diverse communities, and advocating for issues affecting local residents, there are reservations regarding our understanding of the broader health and care context. In addition, our ability to demonstrate effectiveness in influencing decision-making, and the extent to which greater balance in reporting is needed (or wanted, given our remit) should be considered.

- Impact and Influence: We will increase our efforts in gaining a deeper understanding of the broader context in which local health and care services operate. We will implement clearer relationship management responsibilities across the team to continue to build trust, credibility, and mutually beneficial partnerships.
- Communication and Reporting: While we will not necessarily seek a balanced approach in its reporting, we will increase our efforts to identify and highlight good practice. In addition, we will review our contact database to ensure more stakeholders are well-informed about our activity and impact. In addition, we will use our communication channels to share evidence of our impact and influence.

By implementing these actions we will strengthen our stakeholder relationships, enhance our impact, and ultimately contribute to improving the quality, accessibility, and inclusivity of health and social care services for Greenwich residents.

## Contact Details

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