

REPORT TITLE: Procure and Award a Contract to Deliver a Healthwatch Gloucestershire Service.

Cabinet Date	20 th September 2023
Cabinet Member	<p>Councillor Carole Allaway-Martin the Cabinet portfolio holder for Adult Social Care Commissioning</p> <p>Councillor Stephen Davies the Cabinet portfolio holder for Children’s Safeguarding and Early Years</p>
Key Decision	Yes
Purpose of Report	<p>To seek Cabinet approval to conduct a competitive procurement process for the delivery of a local Healthwatch Service in Gloucestershire from 1st April 2024.</p> <p>To delegate authority to award the contract to the preferred tenderer to the Director of Public Health in consultation with:</p> <ul style="list-style-type: none"> ○ the Cabinet portfolio holder for Children’s Safeguarding and Early Years ○ the Cabinet portfolio holder for Adult Social Care Commissioning
Recommendations	<p>That Cabinet delegates authority to the Director of Public Health, in consultation with the above-mentioned Cabinet portfolio holders to:</p> <ol style="list-style-type: none"> 1. Conduct a competitive procurement process in respect of a contract for the supply of a local Healthwatch service. The proposed contract shall continue for an initial period of five years and include an option to extend its term for two years. 2. Award such contract to the preferred tenderer. 3. Determine whether to exercise the option to extend the term of such contract for two years on its fifth anniversary.

<p>Reasons for Recommendations</p>	<p>Gloucestershire County Council has a statutory duty under the Health and Social Care Act 2012 to commission a local Healthwatch to perform functions that enable local voices to influence and improve health and social care services. The current Healthwatch contract began in 2017 and expires in March 2024.</p> <p>This report sets out the Council’s proposals for procuring a new contract from April 2024 that reflects a changing health and social care system, learns from the current contract, and is fit for purpose in the future.</p> <p>The proposed tender and subsequent contract award will allow for continued delivery of Healthwatch services as part of the Council’s statutory duties and empower local voices to influence and improve the delivery of health and social care services.</p> <p>The proposed new contract will replace the current Healthwatch Service contract following its expiry on 31st March 2024.</p>
<p>Resource Implications</p>	<p>The contract procurement and awards will be undertaken within the budgets and staff resources available.</p> <p>The current contract for the Healthwatch Service in Gloucestershire is valued at £250,109 per annum, with payments made quarterly at £62,527.25. The funding for this contract is sourced from the Local Reform and Community Voices (LRCV) grant, Integrated Commissioning Board (ICB) funding, and the Public Health & Communities Budget. This also includes a fixed-term engagement officer post funded through the ICB on a temporary basis.</p> <p>For the re-commissioned service:</p> <p>The investment required to deliver the recommendations within this report will be met with the funding arrangements below:</p> <p>There will be a base value of £269,000 per annum. This figure is composed of a £149,000 contribution from the Local Reform and Community Voices (LRCV) grant, a £60,000 contribution from Gloucestershire County Councils Adult Social Care Directorate (GCC ASC), and a £60,000 contribution from the Integrated Commissioning Board (ICB).</p> <p>In addition to the base contract value, a further £35,657 will be provided by the ICB in the first year for the role of an</p>

	<p>engagement officer. This additional funding will be subject to an annual review.</p> <p>To account for inflation, an agreed rate will be applied following an annual review and negotiation of the contract value, this will be no greater than that offered to domiciliary care agencies in the county. Initially, the LRCV grant will cover this inflation adjustment. However, if the LRCV grant does not increase to accommodate the inflation adjustment, the additional cost will be shared proportionally between GCC and the ICB.</p> <p>The estimated maximum total base value (not including the engagement officer funding) of the proposed Healthwatch contract and transition costs over the first five years of the contract will be £1,345,000 rising to £1,883,000 if the option to extend the term of the contract to seven years is exercised.</p> <p>The Local Reform and Community Voices (LRCV) grant is a grant provided by central government. Local Authorities have a legal duty to commission a local Healthwatch service, the LRCV grant is one source of funding that can be used for this purpose.</p> <p>The LRCV grant is not ring-fenced, meaning that while it is intended to support the work of Healthwatch, there is no legal requirement that it all must be spent in this way. However, the funds are expected to be used to support the mission of Healthwatch, which includes gathering and representing the views of the public on health and social care. Gloucestershire County Council has historically used this grant in its entirety to part-fund a Local Healthwatch Service.</p>
<p>Background Documents</p>	<p>Cabinet decision; Provision of Local Healthwatch Functions 16/11/2016: Provision of Local Healthwatch Functions</p> <p>Officer decision; Award a new contract for the provision of Healthwatch Gloucestershire 09/02/2017: Award a new contract for the provision of Healthwatch Gloucestershire</p>
<p>Statutory Authority</p>	<p>Health and Social Care Act 2012</p>
<p>Divisional Councillor(s)</p>	<p>Countywide</p>
<p>Officer</p>	<p>Name: Mohamed Faraz Bhula Tel. no: 01452 425323 Email: mohammed.bhula@gloucestershire.gov.uk</p>

Timeline	Proposed new contract for the provision of local Healthwatch Service to start 1st April 2024
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Background

1. Healthwatch is the independent consumer champion for people who use health and social care. It was established by the Health and Social Care Act 2012 and exists in two forms: at a national level in Healthwatch England, and also locally as Healthwatch Gloucestershire (HWG). Although local Healthwatch is independent, Gloucestershire County Council has a statutory duty to design and commission a local Healthwatch to perform functions that enable local voices to influence and improve health and social care services.
2. The Council aims to build on Gloucestershire's strengths whilst also supporting the most vulnerable in our communities. The Health and Social Care landscape has changed significantly since Healthwatch Gloucestershire first opened its doors in April 2013 and our ageing population means that more of us than ever are using these services. As the pace of change is growing, we need to find new and better ways of building on the support that people can find amongst their families, friends and communities, making better use of technology to help people remain independent and well for longer.
3. Commissioned Healthwatch services have three roles to deliver for the effective health and social care of adults and young people in the county they represent:
 - a champion for improving health and social care.
 - a watchdog and effective consumer voice to highlight issues.
 - signposting to information and advice to help people make choices about health and care services.
4. The current contract is due to expire on 31st March 2024 and a new arrangement needs to be put in place. We have sought to use the Council's learning from these contracts to identify which elements work well, and to build on this; and identify what could be done better or differently, looking at the experiences of other Healthwatch organisations and asking key stakeholders for their views.

The Current Service

5. Healthwatch Gloucestershire has established itself securely within its role in the county and is achieving a consistently good representation at strategic meetings. It is making a distinct contribution to discussions around the health and social care system and its members are actively engaged in many diverse groups.

6. The current providers have undertaken the following activities: -

- **Enter and View visits.** This year, three enter and view visits have taken place in residential care homes as part of their ongoing partnership with GCC and the Care Quality Commission to support quality monitoring of residential care homes in the county. Over the remainder of the contract year HWG will be extending the Enter and View service to different settings.
- **Built and maintained effective partnership working.**
 - Now a member of the Dental Strategy Group and Oral Health Group led by the Director of Locality Development and Primary Care for NHS Gloucestershire, as the commissioning of dental services moves from NHS England to Integrated Care Systems.
 - Close working links with Gloucestershire ICB, Gloucestershire Hospitals NHS Foundation Trust and Gloucestershire Health and Care NHS Foundation Trust, and the Care Quality Commission.
 - Regular engagement with Inclusion Gloucestershire and the VCS Alliance.
- **A presence at, and influencing decisions at strategic forums** including Health and Wellbeing Board, Health Overview Scrutiny Committee, Adult Social Care and Communities Scrutiny Committee, Gloucestershire Hospitals NHS Foundation Trust Board of Governors and public board, Gloucestershire Health and Care NHS Foundation Trust Board meeting and public board, Hospitals Trust Quality and Performance Committee, Quality Scrutiny Group, the ICS Clinical Council, Primary Care Commissioning Committee, Mental Health and Wellbeing Partnership Board.
- **Hosts an ICS Engagement Officer** – focusing on understanding the experiences of people who are not usually heard through the standard mechanisms of engagement and has been linking with community partners by attending groups and events, including Age UK, MS Society, Five Valleys Fibromyalgia and ME Awareness, Men in Sheds, Mindsong, Multiple Systems Atrophy Trust, ReConnect Gloucestershire, Singing for Lung Health, Epilepsy Action, MND Forest of Dean Support Group, Stroke Association, Barnwood Trust, Carers Hub, and Cotswold Friends, as well as cancer support organisations, centres and hospices including Hope for Tomorrow, Maggie's and Sue Ryder.
- **Has an active volunteer network:** Currently 16 volunteers undertaking a wide variety of activities including:
 - Enter and view visits.
 - Healthwatch Gloucestershire project support – compiling research to inform specific projects or collecting people's views at community events etc.
 - Readers Panel – reviewing and editing publications for local organisations to make sure they are easy to understand and helpful to members of the public.

- Training
- Representation at meetings across the health and social care system in Gloucestershire.
- **Feedback and signposting facility:** In 2022/23 there were a total of 735 engagements with HWG in person, on the phone, by email or via the webform. And people were signposted 383 times.

Informing Future Development:

7. The current providers of HWG have considered several models of service, each with a different emphasis on factors such as: the number of volunteers, the size of the paid staff group, value added by the research and intelligence function and information provided as part of a wider system.

8. HWG have undertaken their own research which has:
 - shown greater emphasis on volunteer capacity, building on the volunteering base and with volunteers performing more roles.
 - identified the need for closer partnership working and collaborative priority setting to enable the people using the service to better influence the Health and Social Care agenda.
 - Identified the need for a more collaborative approach to be taken with the creation of a separate research fund that Healthwatch Gloucestershire could access each year.

9. Gloucestershire County Council have undertaken an engagement exercise with key stakeholders, members of the public and the local community. The findings are outlined in appendix A.

The proposed model:

10. The Council's learning from the previous and current contract and the recent engagement activity has been used to identify what elements work well and what could be done better or differently in the new proposed model going forward.

11. We want to commission a local Healthwatch to perform functions that harness the knowledge and strengths of our communities, uses technology to make health and social care information easier to find, and influences the way services are provided. To be an effective consumer champion, Healthwatch needs to be a strong, credible, and visible organisation. The proposed model will ensure that HWG improves its service visibility to the communities of Gloucestershire by increasing its promotion of the service with a view to engaging with all underrepresented groups.

12. Healthwatch Gloucestershire is for any child or adult who is legally entitled to access health or social care services in Gloucestershire or anyone who cares for or represents anyone who has access to health or social care services in Gloucestershire.
13. Healthwatch Gloucestershire will assist local health and social care commissioners and providers, and other community stakeholders, by providing feedback, research, and information on local children and adults' views and experiences of health and social care, in order to improve services and health and care outcomes.
14. The services delivered in this contract will not make decisions or choices for people, provide a campaigning service, duplicate other local health and care information services or provide independent health complaints advocacy service.
15. Healthwatch Gloucestershire will be accessible to all across Gloucestershire and will actively seek the views and experiences of children and adults, including those people who find it difficult to engage and to be engaged.
16. The Integrated Care Board will continue its previous investment in this contract. As part of our Adult Social Care Transformation journey we have reviewed our approach to consultation, engagement and coproduction. We are aware that although we do include the voice of the user in our service design, management and reviews, this could be improved. We also recognise the potential role Healthwatch can play in acting as an independent voice for our population. Therefore, we have agreed to invest resource from the Adult Social Care budget to ensure that Healthwatch has the capacity to listen to and represent the views of the population in relation to our adults services as part of our ongoing transformation.

Relationships

17. Healthwatch should be an accountable, credible, evidence based, good value for money, independent, influential, inclusive, and involving, learning organisation, self-aware and transparent.
18. In order to develop and strengthen its sphere of influence, Healthwatch needs to ensure that it has constructive and collaborative relationships with stakeholders so that its work complements rather than duplicates existing opportunities for coordination and partnership working whilst still respecting its independence.
19. HWG will recruit to a specific ICS Engagement Officer post in the first quarter of year one. (This post will not be funded from the core budget but will be a

contribution from the ICB for the first year and continuation of this contribution will be determined each year by the ICB)

20. Healthwatch will need to foster strong links with Adult Social Care (ASC). This will involve regular communication and collaboration with ASC teams to ensure that the views and experiences of service users are accurately represented and considered in decision-making processes. While maintaining its independence, Healthwatch will work alongside ASC to promote the well-being and rights of all individuals who use social care services. This relationship will be crucial in enabling Healthwatch to effectively fulfil its role as a champion for patients and service users.

21. Healthwatch Gloucestershire need to deliver to the following key outcomes:

- Local people are aware of Healthwatch Gloucestershire; understand its purpose and how to access it for help and support.
- Local people are empowered to give their views and influence decisions to improve health and care services.
- Individuals are able to make informed choices about their health and social care as a result of Healthwatch Gloucestershire signposting people to information.
- The views and experiences of local people influence commissioning decisions to improve health and social care services.
- Healthwatch Gloucestershire is an independent and transparent organisation accountable to the people it serves.
- Healthwatch Gloucestershire provides good value for money (be an organisation that makes the best use of its resources, avoids duplication with other bodies and works creatively with others to develop cost effective solutions to achieve priorities)

22. No Council staff are employed within the current Healthwatch Service. However, there will be Transfer of Undertakings (Protection of Employment) Regulations (“TUPE”) implications associated with the procurement of a new service. All TUPE implications will be considered as part of the procurement process.

Options

23. **Option 1:** End contract and do not recommission.

24. **Option 2:** To undertake a compliant procurement process to find a supplier that will contract with the council to perform and develop Healthwatch Gloucestershire functions using a revised version of the current Healthwatch Gloucestershire service model to reflect the key main roles, principles and functions outlined in this Report (above) and include identified improvements.

Recommendation – Preferred Option

25. **Option 1** is rejected on the basis that Local authorities have a statutory duty to commission a local Healthwatch organisation under the Health and Social Care Act 2012 and so ending the contract would breach this duty.

26. The **recommend option** is **Option 2:** To undertake a legally compliant procurement process to find a supplier that will contract with the council to perform and develop Healthwatch Gloucestershire functions using a revised version of the current Healthwatch Gloucestershire service model to reflect the key main roles, principles and functions outlined in this Report (above) and include identified improvements.

Risks

27. The following risks have been identified:

28. **Risk that GCC is unable to continue to commission the service due to financial constraints – LOW.**

29. The contract value has been agreed, the service is a statutory requirement so has to be commissioned.

30. **Risk that inflationary pressures will impact the ability of the service to maintain activity levels – MEDIUM.**

31. The economic outlook means that there is a risk that inflationary pressures could affect what the Service can deliver in future years if the budget is not increased. Uplifts to ICB and GCC contributions outside of the LRCV grants are to be agreed on an annual basis following negotiation and assessment of the yearly LRCV grant amount itself. Inflationary increases will be in line with those provided to providers in the Domiciliary Care Sector.

32. The risk however remains that inflation continues to rise above this amount, impacting the providers ability to deliver this service. In this situation contract managers and providers will work together to restructure the service if necessary to ensure delivery of key functions.

33. **Risk of challenge to the procurement process – LOW.**

34. The procurement process will be fully compliant with the Public Contracts Regulations 2015.

35. Risk of market failure should providers be unwilling to bid within the proposed contract value, term and/or specification – *MEDIUM*.

36. We have soft market tested the model with providers and propose a longer contract in order to give bidders greater confidence to invest and time to recover any initial investment costs. Recent soft market testing has shown that there are organisations within the market that have expressed interest in delivering this service.

37. Risk of delays in the procurement process, leading to a gap in service provision - *LOW*.

38. This risk will be mitigated by continuing to allocate appropriate resources to the project, robust project management and close engagement with the provider throughout the mobilisation period.

39. A detailed risk register has been created and includes the above.

Financial implications

40. The contract procurement and awards will be undertaken within the budgets and staff resources available.

41. The estimated maximum total **base** value (not including additional engagement officer funding) of the proposed Healthwatch contract and transition costs over the first five years of the contract will be £1,345,000 rising to £1,883,000 if the option to extend the term of the contract to seven years is exercised. This figure is composed of yearly contributions of £149,000 from the Local Reform and Community Voices (LRCV) grant, a £60,000 contribution from Gloucestershire County Councils Adult Social Care Directorate (GCC ASC), and a £60,000 contribution from the Integrated Commissioning Board (ICB).

In addition to the base contract value, a further £35,657 will be provided by the ICB in the first year for the role of an engagement officer. This additional funding will be subject to an annual review.

42. To account for inflation, an agreed rate will be applied following an annual review and negotiation of the contract value, this will be no greater than that offered to domiciliary care agencies in the county. Initially, the LRCV grant will cover this inflation adjustment. However, if the LRCV grant does not increase to accommodate the inflation adjustment, the additional cost will be shared proportionally between GCC and the ICB.

43. In the event that inflation rises above expectations the contract will include clauses to review the contract value at the end of the initial five-year term, stating that there will be an opportunity to renegotiate but no guarantee that the contract value will keep up with inflation. If inflation exceeds the available budget, we will seek to work with the Provider to remodel the service offer.

Climate change implications

44. We expect the climate change impact of this service to be minimal. However, there are elements that we plan to pursue in line with the council's sustainability goals:
45. The design and development of the procurement supports the achievement of the Council's net-zero ambitions through the provision of a mixed model of face to face, telephone and video/web or text support to minimise the need for car usage.
46. The Provider will use assets already in the local community such as community venues where possible.
47. The medium-term plan is to increase capacity in communities. This will deliver social value and sustainability by working with community and voluntary organisations that are local to the specific areas.
48. There will be a digital element to provision. Providers will be encouraged to consider how they can limit impact on the environment, for example by using energy efficient servers.
49. We will request a copy of the successful provider's Environmental Policy

Ecological implications

50. Has an Ecological Impact Assessment (EclA) been produced, or will one be undertaken at a later stage? No, not required.

Equality implications

51. An Equality Impact Assessment (EqIA) has been completed which incorporates insights from public, stakeholder and community engagement and exercises. The EqIA did not identify any adverse impacts for individuals from a protected characteristic group arising from the proposal to commission a remodelled Healthwatch Service. Rather, the targeted approach of the new service should improve awareness and accessibility of the service; and our service model and the service requirements will require the provider to consider how they can best promote their services to the wider community with a view to reducing barriers to seeking support with a particular focus on protected characteristics and inclusion groups. This will include a requirement to address language barriers.
52. Cabinet Members should read and consider the Equalities Impact Assessment to satisfy themselves as decision makers that due regard has been given.

Data Protection Impact Assessment (DPIA) implications

53. Following engagement with Gloucestershire County Council's Information Management Service, a consensus was reached that a Data Protection Impact Assessment (DPIA) was unnecessary. The information gathered by GCC is not

expected to constitute personal data. Where provider processes any personal data, they would be regarded as an independent data controller. Consequently, they would bear the responsibility for conducting a DPIA.

Social value implications

54. The procurement exercise in respect of the proposed Healthwatch Gloucestershire contract will include social value as one of the criteria that will be considered when evaluating tender submissions.
55. GCC is committed to a performance and evidence-based approach to Social Value. Based on the National TOMs (Themes, Outcomes and Measures) developed by the Social Value Portal tool that the council uses to evaluate social value in delivery, tenderers will be required to propose credible targets against which their performance will be monitored.

Engagement Feedback

56. With a view to the current contract expiring in March 2024, engagement activity took place throughout May/June 2023 and involved the Council engaging with service users, individuals, groups, organisations, and stakeholders and included people from a range of protected characteristic groups including, older people; people with long-term conditions; people with disabilities, people from different ethnic and religious groups; and those from the LGBT + community.
57. The aim was to establish the extent of use and knowledge of the current service and learn from their experiences of the service and understand what aspects of the service are working well and what could be improved, so as to inform the design and commissioning of the next Healthwatch service model and ensure that proposals for the new service consider the view of people and organisations with an interest.
58. The engagement took place via face-to-face group meetings, MS Teams meetings and online surveys. Respondents were able to submit their views by completing an online questionnaire or in person.

Key Findings

59. The engagement exercise generated a reasonable response rate providing good quantitative and qualitative information. This engagement has provided a comprehensive overview of the knowledge and opinions of the current service to inform the EIA and new service specification.
60. Participants generally expressed a positive opinion of the Healthwatch Service, appreciating their professionalism and passion for their work. Nevertheless, there are areas that require enhancement. A theme that emerged related to their struggle to reach out to and engage underrepresented communities. This challenge may be rooted in limited resources, which inhibits their capacity to broaden their engagement.

61. While Healthwatch Gloucestershire is recognized by many in the public and community sphere, more than a third of the respondents indicated unfamiliarity with the organization. Furthermore, even among those who had heard of Healthwatch, there was some lack of clarity about its purpose and the nature of its work. It is important to note on this point that one of the key outcomes required by HWG is: -

“Local people are aware of Healthwatch Gloucestershire; understand its purpose and how to access it for help and support”.

62. Given that over a third of respondents were unaware of the service, it suggests that the current providers may be encountering challenges in achieving optimal outreach. As a top priority, Healthwatch Gloucestershire (HWG) will need to enhance their visibility within the community. This can be achieved through more intensive publicity, marketing, and promotional efforts, improved advertising strategies, and deeper engagement with the community.

63. Furthermore, it's crucial to tailor the methods of communication to the preferences of different demographic groups. This includes addressing language barriers or disabilities to prevent discrimination and ensure the service is accessible to all, including those who may be disadvantaged. The aim is to eliminate any obstacles that might hinder these individuals from utilizing the service effectively.

Officer recommendations

64. Discussion has taken place with support services, including but not limited to, legal, procurement and finance. Their advice has informed the recommendations set out above.

Performance management/follow-up

65. A contract management process to manage the ongoing quality and performance of the supplier will form an integral part of the council's approach. The proposed contract will have a number of key performance indicators to ensure that Healthwatch represents the voice of health and social care users effectively.

66. The service contract will be monitored by Gloucestershire County Council commissioners, in line with arrangements set out in the service specification and terms and conditions. This will include quarterly contract monitoring meetings and quarterly reporting against agreed key performance indicators (KPI's). These KPI's will deliver a balanced scorecard, monitoring performance across a range of areas, including associated impact on health and wellbeing partnership working and collaboration and engagement with communities, a range of quality measures and equality considerations, and social value measures.

APPENDIX A

Healthwatch Gloucestershire: Stakeholder engagement

~ Summary report ~

July 2023

1. Introduction

Healthwatch is the independent consumer champion for both health and social care. It exists in two forms – local Healthwatch at local authority population level and Healthwatch England at national level. The aim of local Healthwatch is to give both citizens and local communities a stronger voice to influence how health and social care services are commissioned and provided. It also has an information role to help inform people's choices about health and care.

Gloucestershire County Council (GCC) has a legal duty to make arrangements for the involvement of local people in the commissioning, provision and scrutiny of health and social care services.

The arrangements for local Healthwatch and Healthwatch England are contained in the Health and Social Care Act 2012, the NHS Bodies and Local Authorities (Partnership Arrangements, Care Trusts, Public Health and Local Healthwatch) Regulations 2012 and the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013. Further arrangements were made in the Health and Social Care Act 2022 including a new statutory responsibility for a Healthwatch membership at ILP's (Integrated Locality Partnerships).

2. Purpose

GCC is responsible for commissioning the local HealthWatch Service and the current contract is until 31st March 2024. Therefore, the recommissioning is an opportunity to engage with key stakeholders to understand the current service provision and inform the design of the future service. This paper summarises the engagement activity.

3. Aims of the stakeholder engagement

As part of the recommissioning process, GCC undertook stakeholder engagement including public and community engagement with the aim of understanding what aspects of the service are working well and what could be improved. This included surveys and face-to-face interviews during June 2023. This feedback will be used to

inform the design and commissioning of the next HealthWatch service model and ensure that proposals for the new service consider the views of individuals and organisations with an interest. Groups specifically targeted included service users, community groups, statutory partners, and the board of the existing service.

4. Methodology

Three surveys were conducted over overlapping periods:

- the public engagement survey, open between 25th May 2023 – 18th June 2023,
- the community engagement survey, open between 16th June 2023 – 23rd June 2023,
- the wider stakeholder engagement, survey open between 25th May 2023 – 23rd June 2023,

Surveys were promoted through media releases, public health mailing lists and the County Council Twitter. The survey was available online but also in paper format.

Alongside this, face-to-face community and wider stakeholder interviews took place throughout the month of June 2023.

The surveys and interviews covered the following areas: -

1. *Respondents Knowledge of Healthwatch*
2. *Respondents Experiences of Healthwatch*
3. *Contacting Healthwatch - preferences*
4. *The future of local Healthwatch – suggested improvements*

5. Results

A total of 148 respondents participated across all engagements.

Target group	No. of p e c p l e	Method
Public engagement	22	Surveys – all completed online
Community groups engagement	45	Surveys – all completed online
Community groups engagement – face-to-face	74	Face-to-face interviews and focus groups
Wider Community engagement	7	Surveys completed online

Demographics

For the purposes of this report demographic data has been combined across all engagement areas.

Gender	<p>The majority, (73%), identified as female, and (24%) as male.</p> <p>The remaining 3% identified as non-binary or 'Adult human female - not including "trans women"'. All respondents from one of the surveys affirmed their current gender identity as the same which was assigned at birth.</p>
Age	<p>The majority of respondents across all surveys were over the age of 54. The age group with the highest representation was 55-64 years, which comprised approximately (38%) of the total respondents.</p> <p>This was followed by the 65-74 and 45-54 age brackets, which made up roughly (18%) and (14%) respectively.</p> <p>The age groups of 35-44 and 25-34 each represented around (9%) of the total respondents.</p> <p>A fair percentage of respondents preferred not to disclose their age.</p>
Ethnicity	<p>Across all respondents, the overwhelming majority identified as White British, accounting for (84%) of the total.</p> <p>A further (5%) of individuals identified as White European or identified as White Irish and Asian/British Asian: Indian.</p> <p>(8%) of respondents identified as Black/British Black: African or Black/British Black: Caribbean or as Mixed Race.</p> <p>Additionally, some (6%) of respondents preferred not to disclose their racial identity.</p>
Disability	<p>Approximately 36% answered 'yes' to the question.</p> <p>Whilst approximately 55% selected 'no'.</p> <p>A further 9% preferred not to disclose their status.</p>

<p>Religion</p>	<p>Out of all the respondents, 42% identified as Christian, comprising approximately 40% of respondents identified as having no religion.</p> <p>18% of respondents identified as either Buddhist or 'pagan witch' or preferred not to disclose their religious belief.</p>
<p>Sexual Orientation</p>	<p>A majority of the respondents, or approximately 71%, identified as heterosexual or straight.</p> <p>A small proportion of respondents, approximately 6%, identified as asexual. A further 6 % of respondents identified as bisexual, gay women or lesbian, and gay man.</p> <p>Fewer than five respondents specified their identity as 'queer'. Around 11% of respondents preferred not to disclose their sexual orientation.</p>

6. Key findings

See appendix 1 for detailed findings.

Knowledge of HealthWatch Gloucestershire (HWG)

- 68.2% of public survey respondents and 64% of community survey respondents were aware of HWG. However, a significant portion (~1/3rd) of respondents were unaware of HWG. It is also important to acknowledge that the survey results may be influenced by a subset of respondents who were already familiar with Healthwatch and thus more likely to share feedback. This could potentially limit the breadth of perspectives captured in the exercise.
- Among the 74 face-to-face community engagement participants, only one person knew about HWG.
- Positive feedback from those who were aware of HWG was noted, with HWG recognized for their proactive nature, community event attendance, and informative team.
- Among organisations involved in the stakeholder survey, HWG awareness was high, and they were praised for their partnership working, communication, and relationship-building efforts.

Experiences of HWG

- Very few respondents from the public engagement online survey and the community groups engagement online survey had contacted HWG. Those who did, reached out for various reasons, including seeking information and advice about health and social care services, sharing their experiences, or assisting with surveys.

- While most interactions with Healthwatch Gloucestershire (HWG) elicited positive feedback, a few respondents reported negative experiences. Their main concern was the perceived lack of impact from the information they shared. It's important to note, however, that this feedback represents a relatively small sample size, as only those who had previously contacted HWG responded to the question.
- Stakeholder survey responses revealed a generally positive impression of HWG as an effective, accessible, and responsive organisation.

Contacting HealthWatch Gloucestershire - Preference

- The preferred contact method for the public and community engagement survey respondents was online, followed by existing forums, confidential telephone line, targeted events, and social media.
- During face-to-face community engagement, the older respondents indicated that they preferred telephone, while others preferred email or online methods.
- People with disabilities favoured face-to-face contact, and some respondents indicated they would use an app if available.
- The need for HWG to adapt its communication materials for non-English speakers and those with disabilities was noted.

The future - Suggested improvements

- Suggestions for HWG to improve their community awareness included more publicity, marketing, promotion, better advertising, and engagement, especially via social media, local radio, local press, and in public areas such as libraries, GP surgeries, and pharmacies.
- Respondents also recommended visits to community groups, placing posters and leaflets in visible locations, and ensuring that communication materials are accessible for non-English speakers.
- Stakeholders suggested that HWG could improve their work by representing on clinical program groups and using local networks to promote and inform their work.

7. Conclusions and Recommendations

Although Healthwatch Gloucestershire (HWG) is regarded in a positive light, there's a clear need to enhance their community presence and recognition. As suggested by the respondents, this can be accomplished through intensified advertising, marketing, and community engagement efforts.

It was recognised that COVID has had an impact on the delivery of local Healthwatch services, engagement with community groups suffered during lockdowns and is only now beginning to improve. Feedback from stakeholders indicated that the relationships between Healthwatch and statutory partners strengthened during this period. This improvement might be attributed to the increased focus on these relationships, which became a priority when other operations were suspended.

A recurring theme across all engagements is the limitation imposed by current resources. To continue improving and expanding this valuable service, it would be remiss not to consider additional resources. An additional investment would enable

Healthwatch to extend their reach, implement new communication strategies, improve their visibility, and ensure accessibility to individuals with varying needs.

For maximum impact, it is crucial that HWG develops a multi-channel approach, effectively using platforms such as social media, local radio, and local press to reach a wider audience. Furthermore, it's suggested that HWG makes a consistent presence in public areas like libraries, GP surgeries and pharmacies, where they can increase visibility through posters, leaflets, and potentially information stands.

Engagement with community groups is also highly recommended. Direct interaction with these groups not only raises awareness of HWG but also fosters relationships that can lead to more fruitful collaborations in the future.

Equally important is the necessity to ensure that HWG's materials and communications are accessible to everyone, irrespective of their first language or any disabilities they may have. This could involve producing multilingual resources or materials adapted to individuals with specific needs.

Finally, this report's findings, particularly the areas identified for enhancement, should inform the development of new service proposals. By incorporating these insights, HWG can more effectively meet the needs and expectations of the communities it serves, ensuring a positive and inclusive impact moving forward.

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Appendix 1: Findings from engagement activity

(i) Knowledge of HealthWatch Gloucestershire (HWG)

68.2% of respondents from the public survey and 64% of respondents from the community group online survey indicated that they had heard of HWG.

One respondent commented: -

“they are a well-respected organisation with a very informative and friendly team who are very proactive and are often noticed at community events”

Other respondents stated that HWG had been seen at a stand at the Big Health Day event and had also been heard through GRCC networks.

Although the majority of respondents stated that they had heard of Healthwatch Gloucestershire, approximately a third of respondents had not. It is also important to acknowledge that the survey results may be influenced by a subset of respondents who were already familiar with Healthwatch and thus more likely to share feedback.

In contrast, out of the 74 respondents involved in the **“face-to-face” community group engagement**, only one respondent had actually heard of Healthwatch.

Respondents who had not heard of HWG were interested in knowing more about them and wanted to know how their work is publicised and to what target audience and were also very interested in the service and stated that had they had known about the HWG they would have contacted them. In addition, following an explanation of who HWG are and what they do, the communities agreed that this was a very good service which they would use in the future.

There appears to be a really good awareness of HWG in over half of the organisations who participated in the **stakeholder survey** questionnaire, with some positive comments mentioning their brilliant partnership working, communication and good relationships.

“HWG have representation at all the Partnership Boards where possible”

“HW Gloucestershire are excellent partners and always willing to work with us to improve services for local people”

“I think HWG work brilliantly in partnership with other organisations like us and do a tremendous amount with limited resource. They make a concerted effort to hear the voices of seldom heard groups and the themes of some of their research this year reflects this”

“Our advisers are aware of what HWG does and how they can help our clients. The social policy team has a continuing very good working relationship with HWG”

Stakeholders who responded to the survey stated that HWG are an effective organisation with a clear purpose and are very accessible and responsive. However, whilst it was acknowledged that HWG do really well at raising awareness within their

limited resources, it was suggested that it would be good if they were able to attend organisational team meetings to promote and inform the work they do.

“Presence at meetings was something that happened in the past and enabled verbal feedback from data gathered from patients. It would be good if this were reintroduced”

“I guess if they had more resources, they could be more active in working with other organisations but given the current funding they do really well”

“It would be wonderful if we could align our work programmes so HW workplans are linked to regional and local NHS priorities, but I completely understand the need for independence as well”

“Maybe attendance at local team meetings”

(ii) Experiences of HealthWatch Gloucestershire (HWG)

Only 3 out of the 22 respondents of the **public engagement** online survey stated that they had ever contacted HWG and from the **community group engagement online Survey**, 9 out of the 45 respondents (22%) stated that they had contacted HWG and gave the reasons for the contact as follows: -

- *to get information and advice about health and social care services.*
- *to share their experience and knowledge of health and social care services*
- *to help with surveys by sharing them*

One respondent stated they met HWG at networking and social events and another respondent stated they contacted HWG within their work with eating disorders.

With regards their experience with Healthwatch Gloucestershire, one respondent stated it was good and had no issues, another commented stating that HWG were brilliant and very helpful, and a third respondent stated they always listened but that they felt really out of its remit.

However, amongst the good experiences, there were a couple of negative experiences: -

“I have never felt that sharing information about my experience made any difference or was even used by Healthwatch”

I was part of a patient group talking about NHS gender dysphoria treatment. The wait lists have now got significantly worse. The exact opposite of what was needed”

With regards to stakeholders, the majority of the respondents to the **Stakeholder Survey** agreed that HWG is doing a good job locally with comments on HWG being a known and trusted organisation.

“They're very effective at representing patient voice and are a known and trusted organisation”

It would appear that HWG have a good relationship with most of the responding organisations, which is backed up with the positive comments received.

“The people who represent HWG are always very professional, knowledgeable and constructive”

“Very positive, and even with the recent change in leadership that has remained”

Communication between HWG and the organisations who took part in the Stakeholder survey appear to be either excellent or good with respondents saying they receive good literature and newsletters and meet and communicate with HWG regularly.

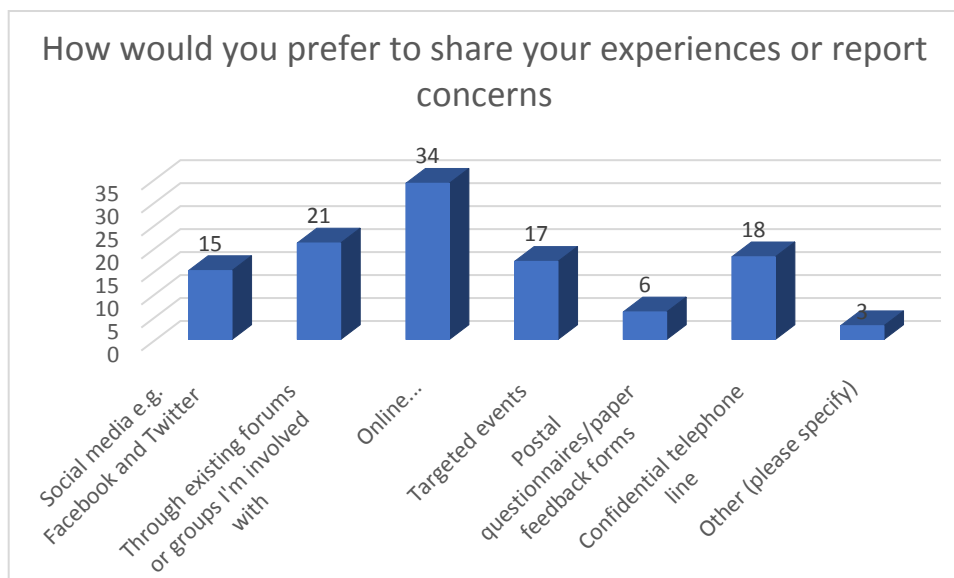
However, some stakeholders referred to the fact that HWG has limited resources and are only able to undertake a limited amount of work.

“I think that HWG has limited resources and therefore can only undertake a limited amount of work including promotion of their services”

“Limited resources and sometimes people may not understand their role vis a vis PALs etc. The research they do is very professional so although their reach could be greater the work they produce is very helpful”

(iii) Contacting HealthWatch Gloucestershire – preference

When questioned about the preferred mode of contact for sharing experiences or reporting concerns related to health and social care services, the most popular choice among participants from the public engagement and community engagement survey was Online communication. This was followed by using existing forums, confidential telephone lines, targeted events, and social media, as shown in the chart below.



In face-to-face community interactions, however, the trend shifted slightly. Particularly among the elderly, telephone communication remained the top preference, with Email and Online methods following closely behind. Those with disabilities expressed a preference for face-to-face contact.

Interestingly, a number of individuals from the Cavern community and others suggested that they would be comfortable using an App, should one be made available.

Regardless of the method of communication, it became clear that HWG's approach needs to adapt to cater to different audiences. Existing literature, posters, and leaflets provided by HWG were found to lack adequate accessibility, particularly for those with disabilities or for whom English is not their first language.

(iv) Suggested improvements

The primary question raised among participants was regarding strategies that HWG could implement to increase their visibility within the community. Responses tended to centre around the themes of Publicity, Marketing, Promotion, Better Advertising, and Engagement. Some of the top recommendations included disseminating information through social media, local radio, and press, as well as advertising in high traffic public spaces such as libraries, GP surgeries, pharmacies, and other medical settings.

Specific ideas included including information about HWG in the 'red book' given to new mothers by health visitors, and creating multilingual leaflets and posters to be displayed in high-visibility locations. The respondents also suggested HWG maintain a presence at community events to reach a wider audience.

In face-to-face engagements with community groups, it was commonly suggested that HWG representatives should visit these groups to provide information about their work. Additional recommendations involved placing posters and leaflets in locations like community centres or hubs, GP surgeries, and pharmacies. The wide use of social media platforms such as Facebook and WhatsApp by these groups suggests that these platforms could be effective for HWG outreach.

One particular group, The Cavern, expressed a willingness to design a poster featuring the HWG QR code, provided HWG would offer an explanation of their services in layman's terms. Other suggestions included advertising on local radio and organizing 'one-stop' drop-in sessions, specifically for communities such as the Asian and Muslim communities.

Respondents were also asked about strategies that could facilitate the sharing of their experiences with health and social care services or reporting concerns. This inquiry elicited numerous diverse suggestions.

When stakeholders were queried on how HWG could enhance their local services, suggestions included representing on clinical program groups to provide immediate patient feedback and leveraging local networks to promote and inform their work. However, some respondents noted the challenges associated with increased scope, as expanding their capacity is heavily dependent on volunteer involvement, which is a finite resource.