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Ms A Roberts
Associate Director System Development & Strategy
NHS Herefordshire and Worcestershire

24 March 2023
By email

Dear Ms Roberts

Ref: Herefordshire & Worcestershire Draft Integrated Care Strategy

Thank you for the opportunity to respond to Phase 3 Engagement on the draft Integrated Care Strategy for Herefordshire and Worcestershire which was discussed at Healthwatch Worcestershire's Public Board Meeting on 23 March 2023. Those discussions took place in the context of our engagement in the previous versions of the draft strategy and were focused on the 'Plan on a Page' and supporting information which you had circulated, and we have used to gather the views of patients and the public.

Whilst Healthwatch Worcestershire's Board agrees in principle with the overall direction and content of the Strategy the Board asks that the Integrated Care Partnership Assembly in finalising the Strategy considers the observations set out below which have been informed by our engagement with members of our Reference & Engagement Group, Volunteers, and the public including non-attributable feedback from a cohort of students studying for a first degree in healthcare.

Observations:

1. The Strategy appears to focus on communities as opposed to individuals, as reflected by references to 'co-producing solutions' and 'engagement & working' with communities. It is the Board's view that the Strategy should be just as focused on the individual to reflect the personalisation agenda and its role as a strategic enabler to deliver aspirations around reducing health inequalities, the prevention and self-care agendas, as well as the delivery of services that meet the needs of individual patients and service users.



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2. Following on from observation 1 above we would welcome more emphasis on co-production with individuals as well as communities and recognition that effective co-production is a 'strategic enabler'.
3. In support of the personalisation, prevention, and self-care agendas the Board felt that a reference to the need for improved communication and shared decision making with patients, service users and their carers, and access to information such as their health care records should be included in the Strategy.
4. The Board has noted that whilst there is reference to vulnerabilities and health inequalities there is little or no direct reference to either physical or learning disabilities. The Board has received strong representation on this point and would urge the Assembly to ensure disabilities is prominently addressed in the Strategy.
5. Stakeholders will be aware that tackling digital exclusion is a priority for Healthwatch Worcestershire, not least because of its link to health inequalities which the Board has noted is a major focus in the draft Strategy. Therefore, the Board is concerned about the commitment to 'never forget the risk of digital exclusion' given that the risk is a current reality, and it is the Board's expectation that the Strategy commits stakeholders to ensuring that those patients, service users and their carers who are digitally excluded can access services.
6. The Board appreciates that the Shared Priorities have been identified from Worcestershire's Joint Strategic Needs Assessment. However, the Board notes that the content of the 'Living and Ageing Well' section is orientated towards health care actions and solutions and would welcome the inclusion of socialisation and its benefits for good health and wellbeing.
The Board also received feedback during the engagement that neurological conditions can have a major impact on an individual's ability to enjoy good health and wellbeing. Healthwatch Worcestershire had already identified neurological conditions as a potential project for its new Business Plan following feedback from patients about services and the Assembly may wish to consider including them in the Strategy.
7. The Board has noted that Health Inequalities is presented in the Plan on a Page as a Strategic Enabler within the Strategy and the Board reflecting views expressed during the engagement would welcome some explanation as to how health inequalities are a strategic enabler of 'Good Health and Wellbeing for Everyone'.

In conclusion, whilst the Board recognises both the value and the limitations of articulating the Strategy in the 'plan on a page format for the purposes of engagement it is the Boards view, to echo comments expressed during the engagement, that the 'plan on a page' presentation of the Strategy 'falls short of a comprehensive strategy'. There is clearly a desire to know how and when outcomes will be achieved, how they will they be resourced and who will be accountable for

their delivery. Healthwatch Worcestershire's Board has assumed that much of this detail will be set out in a more detailed iteration of the Strategy and the delivery plans that are referred to in the Phase 3 Engagement information pack. The Board would therefore welcome the assurance that the process of engagement in developing the Integrated Care Strategy will be continue in any further development of the Strategy and its delivery plans.

I would like to thank you for extending the closing date for the engagement to enable Healthwatch Worcestershire to agree its response at its Public Board Meeting and I look forward to receiving feedback on these observations from the Assembly in due course.

Please contact Simon Adams if you wish to discuss any of the above observations.

Yours sincerely

A handwritten signature in black ink, appearing to read 'J. Ringshall'.

Jo Ringshall
Chair
Healthwatch Worcestershire

