Local Government Association

REGIONAL VOICES

for an informed, connected and influential third sector

NHS Institute for Innovation and Improvement

Supporting Healthwatch Pathfinders

Creating effective local Healthwatch organisations

A summary of findings from interviews with VCS and LINk stakeholders

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Introduction

As part of the Health reforms introduced by the Health and Social Care Act 2012 a new consumer champion, Healthwatch, is being created for health and social care patients, services users and carers. Healthwatch England at a national level will be in place by October 2012. Every upper tier local authority has responsibility for commissioning local Healthwatch for their area by April 2013. It is intended that local Healthwatch will build on, if not evolve from the Local Involvement Networks (LINks) that have been the main mechanism for public involvement in health since 2008.

Regional Voices has been working with the Local Government Association and the NHS Institute for Innovation and Improvement on a programme of work funded by the Department of Health to identify and share learning between local Healthwatch pathfinders and to identify the challenges and support needs for future local Healthwatch development.

This report highlights both some key elements considered to be essential in creating an effective local Healthwatch organisation and also some of the challenges that were highlighted through interviews with a selection of voluntary and community sector (VCS) and LINK representatives in 21 local areas and the national learning event in April 2012. These interviews were designed complement case study work undertaken by the Local Government Association[1] and provide a VCS perspective on local Healthwatch development to date. Appendix 1 provides a breakdown of the areas interviewed. We would like to thank all those who gave up their time to be interviewed as part of this work.

Ten things your Local Healthwatch needs to be effective

This list is informed by survey and interview responses from VCS and LINk stakeholders, where these touched on the strengths and weaknesses of existing arrangements and aspirations and support needs for the future.

1. **Effective governance and volunteer support mechanisms** – including robust process for selection of board members and recruitment, training and management of volunteers, to ensure they are well supported and able to provide a high quality, credible and well-respected service to the public.

2. **Good relationships with health and care commissioners** – LHW needs to work well with local authorities and CCGs to gain their trust and be in a position of influence.

3. **Diversity and broad reach into the whole community** - including:

[1] Local Government Association (2012) *Building successful Healthwatch organisations*

a. a volunteer base with a range of backgrounds and experience - representative of, or able to represent, the whole community and not just a dominant demographic.
b. a comprehensive local engagement plan and the staff resources to deliver it – with mechanisms in place to reach different parts of the community, including those of all ages and those who may be marginalised (ie. those whose voices are seldom heard and who may experience poor access or outcomes from services as a result).

4. **Good relationships with the local voluntary and community sector** – including organisations working in health and care and those with links into different parts of the community, which can help local Healthwatch increase its reach.

5. **Independence –** from its funders*, to enable it to:

   a. shape and prioritise its activities around the needs, interests and concerns of the local community and the service users, patients and carers who come to it for support and information.
   b. challenge service commissioners and providers where there is evidence of poor practice or patient/service user experience.

6. **Continuity** – of staff and volunteers who can develop effective relationships and community connections over time and build the trust and credibility required to improve the support, information and evidence provided.

7. **Clear understanding of the complementary role of VCS infrastructure** – which represents the sector, including voluntary and community organisations with multiple roles in health and care, public health and wider wellbeing and through these networks has a community representation role, which complements but is distinct and different from to that of LHW as consumer champion**.

8. **Excellent communication mechanisms** – through a variety or channels, including volunteers and the wider voluntary and community sector and, through local partnerships, to commissioners, providers and other stakeholders in the wider health and care economy.

9. **Skills and expertise to produce robust reports and evidence** – that is objective, fact-based and utilise experiential evidence appropriately.

10. **A strong work plan with a good balance in its focus between health and in social care** – to ensure that both spheres are covered by LHW activity with issues for improved integration identified and addressed and organisational priorities driven by the needs of the

broader community not individual agendas.

* Although LHW will be accountable to the commissioning authority for delivery in relation to its broad aims and objectives, its primary accountability is to the local individuals and communities it serves. LHW must therefore be free to manage its own affairs and challenge the local authority, like any other commissioner or provider, where services are seen to fall short.

** The boundaries between these roles differ according to local circumstance but should be negotiated and understood locally. It is likely that neither LHW nor local VCS infrastructure will be maximising impact on behalf of its constituent stakeholders if it is not working constructively with the other.

Local Healthwatch development to date

When asked about local Healthwatch development to date interviewees from VCS and LINks identified some areas of good joint work with local authorities around transition planning and public engagement, particularly with regard to public questionnaires, consultation events and roadshows. Many interviewees identified consistent and strategic leadership from the local authority as critical to the development of local Healthwatch. Some acknowledged the challenge presented to local authorities and the additional pressures being put on staff, at what is already a time of significant change for them. Interviewees also referenced the context, of budget cuts, service closures, increased demand for some services (eg. mental health) and broader system change in health and social care, presenting an increasingly challenging environment for transition within an already challenging timescale.

VCS and LINk stakeholders on the whole remain circumspect about the progress of local Healthwatch development to date and their experience reflects a variety of both good and less good practice locally. Some interviewees articulated a desire for greater clarity about the outcomes expected of local Healthwatch and the transition process. Some also wanted more openness and transparency from local authorities regarding their expectations and decision making processes. This reflected a degree of confusion in some areas over the role of the LINk during the transition period and potential conflicts of interest during the commissioning process.

Gateshead
In Gateshead, the local Healthwatch pathfinder is a joint Gateshead Voluntary Organisations Council (GVOC) and local authority initiative focused on community engagement. Gateshead is one of few areas to retain its community empowerment network. GVOC hosts both this and the LINk, which helps to ensure that their roles are aligned and complementary with minimum duplication.

The local Healthwatch pathfinder has enabled the LINk, Council and NHS to

work together on a series of roadshows, targeting different groups (eg. young people) and different geographic communities to: enable people to have a say on local health and social care issues; raise awareness of NHS Reforms (including local Healthwatch); and encourage and increase involvement in influencing local health and social care decision making. Roadshows provided an opportunity to give people with lots of information about family health and local services and to encourage them to give feedback about local services through a questionnaire.

Blackburn with Darwen
The Carers Federation host the LINk in Blackburn with Darwen. The LINk and wider sector are seen as having different roles but there is some good joint working to achieve reach into different parts of the community. The local authority has taken a strong leadership role in relation to the development of local Healthwatch and has set up a Transition Group which includes the LINk Chair and LINk host organisation. A lot of local engagement work has been undertaken including Roadshow, a DVD, briefings, newsletters and community focus groups run in conjunction with the VCS. Regular local authority attendance at LINk meetings is keeping people updated on local Healthwatch development. This engagement, which has focused on the functionality of local Healthwatch, has encouraged local buy in.

Nottingham
Nottingham City have taken an innovative approach to the development of local Healthwatch in their area. A partnership of Self Help Nottingham, Hostels Liaison Group, AWAAZ Foundation, and Independent Voices have been contracted by Nottingham City Council to consult communities about what they want their local Healthwatch to look like and will report in October 2012. The group will develop at least three different delivery models for local Healthwatch for consideration by the Council. The LINK Board is involved in the process through being part of the steering group overseeing the project.

There are challenges ahead for Gateshead, Blackburn with Darwen and Nottingham City to ensure that the commissioning process results in the kind of organisation that engagement work suggests local communities need and want.

Challenges for development of effective local Healthwatch

Organisational challenges:

1.1 Independence and accountability

Establishing an independent and appropriately accountable local Healthwatch was identified as a potential challenge in many areas. Local Healthwatch will have dual accountability, both to the commissioning authority and directly to the local individuals and communities it serves. Although councils have to take a lead role as commissioners of local Healthwatch, the resulting body will need to be able to operate independently to ensure that it can:

- prioritise based on the needs, interests and concerns of the local community and the service users, patients and carers who come to it for support and information;
- challenge the local authority, like any other commissioner or provider, where there is evidence of poor practice or patient/service user experience; and
- remain politically neutral.

Staffordshire
In Staffordshire the County Council took over the hosting of the LINk in the wake of the failures at Mid- Staffordshire Hospital. As a result of this background Staffordshire perhaps has higher public awareness of the need for local Healthwatch as a consumer champion but also faces a challenge because earlier failures undermined the credibility of the preceding public engagement mechanisms. The County Council in Staffordshire is establishing a new social enterprise, Engaging Communities Staffordshire, which will take on the local Healthwatch functions. This will need strong governance and clear accountability to the local community if it is going to be trusted as an independent consumer champion for their needs and concerns

1.2 Governance

The constitution of local Healthwatch boards is likely to differ depending on the different organisational forms local Healthwatch can take. Several interviewees indicated that finding the right balance of skills and representation for these Boards would be critical and, in some cases, challenging to achieve. Establishing the right governance structure for local Healthwatch will be critical to the independence and accountability of the organisation and its credibility with both the general public and with the health and care commissioners and providers whose services and decisions it seeks to influence.

Warwickshire
Warwickshire has had a change of LINk host since 2008. The LINk is now hosted by Community and Voluntary Action (CAVA - a local VCS infrastructure organisation). The County Council has developed a strategic transition team for local Healthwatch involving health, County and District Council representatives and the chair of the LINk. There is also an operational team involving the County Council transition lead, Chair of the LINk, a couple of LINk members and the LINK Manager.

The transition team have been looking at different models for local Healthwatch and what would need to go in a service specification. They have also been driving public consultation on what people want local Healthwatch to do. CAVA has used its links to the wider sector to build relationships between the LINk and local voluntary and community organisations. There is strong local commitment to local Healthwatch being a local project with a local

provider or consortium of providers leading it. But there are uncertainties about the nature of the procurement process and how it might allow for this. One of the biggest challenges will be to get the leadership and governance right, this has been a challenge for LINks in the past, and may continue to be for local Healthwatch which will need the right skills and expertise at board level.

1.3 Inclusivity

Local Healthwatch must be open and accessible to all parts of the community to ensure that different voices and experiences are represented and able to inform its work. Local Healthwatch will need to foster broad public engagement and ownership by being inclusive of diverse groups within the community. The experience of LINks suggests that local Healthwatch (like LINks and the public engagement mechanism that preceded them) may face challenges in achieving the level of inclusivity necessary to address equality issues and tackle health inequalities. Some good work has been done by LINks and through the transition process to try and reach younger people and communities at a neighbourhood level. Many LINks have also worked effectively with local VCS partners as a way to access and engage diverse groups within the local community. However, in many areas this remains a challenge.

Norfolk

Voluntary Norfolk (the county wide voluntary sector infrastructure organisation) is the host for the current LINk as it was previously for the Patient and Public Involvement forum. Voluntary Norfolk has worked in partnership with Age UK Norfolk and the Norfolk Coalition of Disabled People (NCoA) each of which hosted a LINk worker with an engagement role to try and reach older and disabled people from minority or marginalised communities.

Voluntary Norfolk is working closely with the County Council to develop an appropriate model for local Healthwatch. The LINk strategy group and a range of stakeholders from the statutory sector and voluntary organisations representing different parts of the community have been engaged in this process. One of the biggest challenges in the county will be to ensure that a wide cross section of individuals are involved in local Healthwatch, including minority and marginalised groups who are rarely heard. Norfolk has a largely white British population but there are growing numbers of people from a wider diversity of backgrounds, including BME communities and Gipsies and Travellers whose needs must also be met.

1.4 Volunteer retention

Volunteers have played a central role in LINks in both governance and operational roles. These roles are no less vital in local Healthwatch, however, the circumstances of local Healthwatch transition (including uncertainty, delay and misunderstandings and the current lack of guidance on governance) have created a very real risk of existing active members and volunteers

disengaging, with the attendant loss of knowledge and capacity. Retaining the interest and enthusiasm of committed local people, and attracting new and diverse groups of people through the process of change and transition is a challenge for every area.

1.5 Continuity and LINk legacy

Several interviewees, particularly those currently hosting LINks, referred to the challenge of maintaining statutory functions ("business as usual") during the process of transition; at a time when additional demands are being made on them and uncertainty, and in some case budget cuts, have meant a loss of staff and/or volunteer capacity. Both these and other interviewees raised the challenge of ensuring that areas of good practice, relationships, local intelligence and sources of data are not lost in the process of transition; especially where local approaches to procurement mean there is no guarantee of LINks or LINk Host organisations becoming the eventual local Healthwatch provider.

Volunteer retention and LINk legacy

Warwickshire

Since taking up the LINk contract in Warwickshire the LINk manager at CAVA has put in place a number of projects, working with LINk members, to develop a credible profile for the organisation, reporting to partners and working in an inclusive and robust way. The LINk's community engagement lead has started to set up local forums at district level for people to come and talk about health in the widest sense and to inform the work programme and identify gaps. As local Healthwatch will not be a membership organisation it will be important to have mechanisms in place to hear a variety of voices from the local community. The LINk manager is keen to make sure that the networks and forums that have been started are in situ so that patients and the public have somewhere to raise their voices once local Healthwatch is formed.

East Sussex

East Sussex Disability Association has hosted the LINk since 2008. The local authority has gone through an inclusive process to engage people in development of a vision for local Healthwatch, working with a development group which includes both VCS and LINk representation as well as the statutory sector. A range of different models and approaches are being considered but there is a strong commitment to building on what already exists in the area. The LINk has a good reputation for its 'enter and view' training programme and has done a lot of work to improve its volunteer management and transparent processes for prioritisation. This best practice is being packaged up by the current host so that it can be transferred to local Healthwatch once developed.

Lambeth

Lambeth LINk has been hosted by Age UK Lambeth since 2008. They have done good equalities work with many volunteer hours being devoted to this.

Volunteers have been trained to take part in, and challenge, equality impact assessments and there are examples of successful influence as a result. They have also been working closely with the Scrutiny Committee and the shadow heath and wellbeing board, and have been taking part in "roundtable" events with the council and partners to discuss budget issues and help them understand the impact of the cuts. The LINk has had a slight increase in budget which demonstrates faith in the quality of its work. However, there are concerns that a lack of understanding of grassroots volunteers and their motivations will impact on volunteer numbers in transition to Healthwatch, and turn the attention to process rather than action.

1.6 Resources

Linked to the continuity challenge, is that of resources, both for current LINks' activities and role in transition and to meet new responsibilities of local Healthwatch in future. Some LINk Hosts have experienced cuts in funding at the same time as being expected to carry out additional engagement work in relation to the transition process. Others have the same or (in one case we are aware of) increased resources for this but are concerned about the level of funding available for the new local Healthwatch functions. There are two challenges here. One, is ensuring that any decommissioning, tapering or transfer of funds is done is such a way that there is continuity of service provision. The other is ensuring that, what are currently indicative budgets for local Healthwatch are translated into meaningful figures that local authorities, LINks and other local stakeholders can work with in shaping plans for local Healthwatch.

Wider system challenges:

1.7 Creating robust communication and engagement mechanisms

Even amongst those involved in the transition process there remains some uncertainty about the local Healthwatch role. Local authorities and the other stakeholders involved in local Healthwatch development locally need to ensure that communication and engagement activities undertaken as part of the transition process are sufficient to keep those who are interested (both general public and voluntary and community organisations) on board and help to build robust networks for communication and engagement in future. One interviewee also stressed the need for this to be in the context of a better overview of public engagement mechanisms across the piece, including arrangements for lay membership on Clinical Commissioning Groups for example, where it was also thought guidance could be improved.

1.8 Establishing the role in relation to health and social care

As the consumer champion, local Healthwatch needs to be seen as the place people go to with comments or concerns about health and social care provision. Interviewees suggested that both the background to local Healthwatch and the name 'Healthwatch' may present a challenge for the new organisation in establishing the right balance in relation to health and social care. Some LINks already have relationships with social care commissioners

and providers; others have a more predominant health focus. One interviewee suggested that a cultural shift was needed before social care providers (including local authorities) would accept the public scrutiny and feedback that local Healthwatch would provide.

1.9 Commissioning for local Healthwatch

Several interviewees expressed concerns about the commissioning process for local Healthwatch. It was clear from our interviews that local authorities are approaching this in many different ways depending on whether they were looking to:

- buy (procure),
- make (develop new social enterprise) ,
- evolve (support LINk to become corporate body) or
- grow (from other existing organisation or network) their local Healthwatch.

Some felt that, where a rigid procurement process was being followed, this was stifling creativity and the ability to co-produce a service with broad public engagement and ownership. One interviewee recognised the competitive process as a means to an end, where there was broad consensus on the need for change from existing arrangements. Others, although in some cases preferring a more co-productive approach, accepted that a competitive tender process may be necessary to demonstrate openness and transparency, rather than being any reflection on the quality of the existing LINk or Host arrangement. It was clear from several interviewees that although some form of competitive tender process may be being planned, local stakeholders (including the local authority) were keen to see local Healthwatch delivered by a local body or network with pre-existing community connections.

1.10 Working in partnership with the wider VCS

It is evident from the interviews that there is advantage in LINks and the wider VCS working well together, particularly where the sector has been able to help LINks broaden their engagement and reach different part of the community. There are several examples where the wider VCS are involved in the current transition process and therefore able to communicate and contribute to local plans. However, several interviewees also reflected a lack of engagement with the sector and expressed concern that with the creation of Health and Wellbeing Boards and the transition to local Healthwatch, the sector as a whole was losing its opportunity to influence. It is not clear, in areas where there is no VCS representation on the Health and Wellbeing Board for example, how insight from this sector will feed in to joint health and wellbeing strategies and JSNA processes. Whether local Healthwatch is able to perform this roles as well as its primary functions as consumer champion will depend on its constitution and the strength of its relationships with the sector. Ensuring there is minimal competition between the eventual local Healthwatch organisation and the wider VCS is therefore essential.

Kensington & Chelsea
Hestia is the host for Kensington & Chelsea. The LINk and the VCS are working well together including running some joint events. The LINk has been successful in engaging local people and stakeholders in a number of award winning projects on dignity, young people and cancer services for 'hard to engage' communities. The LINk provides good training and works well with its volunteers.

Key stakeholders (including the local CVS, advocacy and information providers) have been involved in a 'Shaping Local HealthWatch' steering group supported by the local authority and hosted by the LINk. The LINk has also held a number of community consultations to inform the local Healthwatch transition plan. It is anticipated that the LINk will help shape local Healthwatch in the Borough. The final proposal will be informed by local mapping and independent research into suitable organisational models.

Key challenges foreseen in Kensington & Chelsea include:

- resources, particularly for new statutory duties; and
- legal implications for the LINk becoming corporate body – and finding those with the right skills for its governance.

Fifty percent of the steering and management group for the current LINk are VCS representatives. It is anticipated that this strong foundation and partnership will be built upon in the development of local Healthwatch.

Sheffield
Voluntary Action Sheffield (VAS) is the host for Sheffield LINk and has been since the outset. Both VAS and the LINK have been actively involved in developing the Pathfinder project. The approach is around co-producing a vision and service specification for Healthwatch Sheffield that involves a wide range of organisations and service users. A crucial strand of this is developing a network of networks to act as the scaffolding for Healthwatch in the City. This model relies heavily on meaningful engagement across the sectors (statutory and voluntary) and had included consultation with the Clinical Commissioning Group and the shadow Health and Wellbeing Board.

Support needs and recommendations

The VCS and LINk stakeholders who were interviewed were also asked about the support needs for local authorities and other stakeholders in local Healthwatch development. A number of common areas support were identified, which reflect the challenges outlined above and include some areas in which the VCS has particular expertise to offer (e.g. in relation to governance and working with volunteers). A full description of the support needs and recommendations for meeting these has been provided to the Department of Health for consideration and can be found on the Regional Voices website.

1.11 Next Steps

Regional Voices proposes to work with partners both regionally and nationally wherever possible to see the identified support needs fulfilled, to promote the development of effective local Healthwatch organisations and to improve the engagement of the wider VCS in the changing health and social care landscape.

If you have any questions about our work to date the findings summarised here or our proposals for on-going work in this area please contact Emma Easton at Emma.Easton@regionalvoices.org or on 07896 802076.

Appendix 1 VCS and LINk stakeholder interviews

In conducting these interviews, Regional Voices selected voluntary and community sector (VCS) and LINk representatives in 20 local Healthwatch pathfinder areas and 1 non-pathfinder area. These interviews were designed to complement case study work undertaken by the Local Government Association[2] (LGA)and provide a VCS perspective on local Healthwatch development to date and were therefore chosen based upon the areas studied by the LGA but also based upon the findings from a survey of all pathfinder Healthwatch areas and locally-gained intelligence.

Interviews were conducted in areas across North, Central, Southern and London regions. This included 8 Counties and 2 London Boroughs. Amongst the 20 areas there were:

- 8 where the LINk host was a national organisation or body with multiple contracts;
- 10 where a local Council for Voluntary Service (or similar infrastructure organisations) or other voluntary organisation held the LINk contract; and
- 2 where a non-VCS body hosted the LINk.

Four areas had experienced re-commissioning that had led to a change of LINk Host since 2008.

In total 24 people were interviewed. These included:

- 2 LINk Chairs;
- 10 LINk Host organisations;
- 13 Local Infrastructure Organisations (five of which were also the LINk Host); and
- 4 Representatives from other VCS organisations.

Individual interviewees were selected based on a combination of local intelligence from within the VCS and expediency, based on who was available within the limited timeframe for the work. The aim in this was to identify challenges and support needs in relation to local Healthwatch, rather than to develop comprehensive case studies or critique the policy or its implementation in any area. The findings we have collated here reflect the most common themes emerging from the interviews.

We would also like to thank all those who gave up their time to be interviewed as part of this work.

[2] Local Government Association (2012) *Building successful Healthwatch organisations*

The role of LINks and the VCS

There are close connections between the role of LINKs and some parts of the VCS. In the majority of cases LINks are hosted by a voluntary organisation and both have a role to play in giving voice to the needs and concerns of local communities. It is evident from our interviews that LINks across the country differ in their set up and the way they conduct their activities. The relationships and connections they have with the wider VCS in their areas also varies a great deal. The areas where interviews were undertaken included those where:

- LINk and VCS have established complementary but distinct roles (the LINk in relation to individuals/general public and the VCS in relation to groups and organisations).
- VCS representatives are included in LINk's governance structure or core group.
- Voluntary and community organisations are involved as members in much the same way as the general public.

In some of these areas LINks and the local VCS collaborate on a regular basis to increase reach and representation of local communities. In other areas there was an openly competitive relationship resulting from overlapping roles and experience of earlier competitive tendering processes. The nature of relationships LINks have with local authorities and the wider local health and care economy also differ from one area to the next.