Local Government Association

REGIONAL VOICES for an informed, connected and influential third sector

NHS Institute for Innovation and Improvement

Supporting Healthwatch Pathfinders

Health, adult social care and ageing

Building successful Healthwatch organisations

15 case studies

Foreword

Sir Merrick Cockell – Chairman, Local Government Association

The Health and Social Care Act 2012 places local government at the centre of ensuring our communities receive the care they deserve. Together with new responsibilities for Public Health and Health and Wellbeing Boards, Healthwatch represents an important opportunity for local people to influence the decisions being made about their services, across the NHS and social care. This report demonstrates how some local authorities are already rising to the challenge of implementing the Government's plans Healthwatch.

Over the next few months, English upper tier local authorities will be stepping up their own plans to implement the Act and I hope that this report and helpful recommendations set out in section one, will provide practical support and some inspiration to those who are developing their plans.The Local Government Association (LGA) welcomes the support that has been provided by the Department of Health (DH) to the local Healthwatch pathfinder areas.

These have not been easy times for public services – local government especially – but the progress demonstrated by the local authorities participating in this programme of case studies, is testament to the resilience, passion and commitment to citizen engagement and community involvement for which this sector is renowned.

This report looks at different approaches from the length and breadth of England. What is striking is the wide variety of approaches being taken. The five county councils taking part in this review have all adopted highly innovative and transformational solutions to meeting the challenges in their own particular areas. Similarly we see novel approaches being pioneered in some of the inner London boroughs and larger metropolitan districts. Many of the smaller unitary authorities have also made some excellent progress through the adoption of an evolutionary approach based on existing good relationships with their current LINk organisations and local community and voluntary sector.

Critical to success has been good political leadership with a clear sense of direction and vision. Excellent project management has been another critical ingredient in ensuring a successful transition to Healthwatch. Finally, the role of the local authority commissioning officer – many with extensive local knowledge and experience – has proved to be invaluable. Their role has often been overlooked yet their dedication and enthusiasm has been truly inspirational.

We hope that the good practice and 'top tips' cited here will help ensure widespread dissemination of good practice and help to build a powerful and influential consumer voice across health and social care at both a local and national level.

Contents

Introduction

The Health and Social Care Act is part of the Government's vision to modernise the NHS so that it is built around patients, led by health professionals and focused on delivering world-class healthcare outcomes.

The vision is for the NHS to be genuinely centred on patients and carers giving citizens a greater say in how the NHS is run. One of the main ways the Government intends to do this is by creating a new consumer champion – Healthwatch.

Healthwatch will strengthen the collective voice of local people across both health and social care, influencing Joint Strategic Needs Assessments (JSNA) and joint health and wellbeing strategies – on which local commissioning decisions will be based – through its seat on every statutory health and wellbeing board. Establishing successful Healthwatch organisations, rooted in communities and responsive to their needs, will mean working differently in many cases.

It will also mean working much more collaboratively so that local Healthwatch organisations can operate as part of existing local community networks, ensuring they can reach across diverse communities of interest and draw on information, advice and local knowledge that already exist.

LGA – supporting local authorities to rise to the challenge

Local authorities are responsible for commissioning Healthwatch and are embracing this challenge with increasing energy and enthusiasm. The case studies in this report are intended to provide a flavour of some of the good work and innovative practice taking place.

This report is intended to highlight some of the common threads and critical success factors we have drawn out of 15 case study areas. Wherever possible we have focused on the vision, approach, good practice and innovation so we can disseminate the learning and experiences.

The report seeks to assist local authority commissioners and their supporting stakeholders, to help them plan and implement robust and fit-for-purpose Healthwatch bodies by April 2013.

This report has been researched and written by the LGA and the recommendations and advice on key success ingredients are aimed primarily at local authorities.

It is based on informed observations from emerging practice in 15 local Healthwatch case study areas across England.

The report builds on some preliminary work pioneered jointly between Kent County Council, Centre for Public Scrutiny (CfPS) and the DH in 2011 (Developing Healthwatch in Kent, CfPS, 15 July 2011) and then followed up with a strategic roundtable discussion and exchange with Essex County Council.

Case studies were chosen using the criteria below and where they could demonstrate a particular aspect of local Healthwatch development that might be of interest to other local authority areas. Not all local authorities will have had a positive experience and indeed, some of the case studies here have encountered local challenges. However the overall aim of the report is to share what works well to enable the wider adoption of good practice.

These 15 case studies were chosen based on meeting all or most of the following criteria:

- local political sign-up
- a commitment to sharing and cascading learning within regional networks
- a balance in terms of geographical region, local authority type (ie single and two tier authorities), demographic profile (eg urban/rural) and local political complexion.

Healthwatch pathfinder support programme

Alongside the analysis of the 15 Healthwatch case studies, this report also considers additional quantitative survey research, conducted jointly by the LGA, Regional Voices and the NHS Institute for Innovation and Improvement as part of the combined Healthwatch Pathfinder support programme (see Appendix).

As part of the Healthwatch Pathfinder Support Programme, Regional Voices has also undertaken additional research into pathfinder areas, including interviews with some external (VCS and LINk) stakeholders to ensure that their insight informs the programme's final recommendations.

Although not directly part of this report, Regional Voices chose to interview external stakeholders in similar areas to those used here to provide a detailed comparison and a balance. A separate report will be published shortly which details some of the findings from this research, which may be helpful to others in planning for success.

Local solutions to local challenges

The LGA case studies show that local styles and approaches to commissioning Healthwatch and transition differ. Included in this report are many and varied ways local authorities have forged ahead with Healthwatch planning.

Despite the differences they all demonstrate a number of common features. The following 10 recommendations for successful delivery of Healthwatch are based on collating those common features and could be described as critical success factors or top tips for commissioning.

For further information please visit
www.local.gov.uk/healthwatch
email healthwatch@local.gov.uk

Section one

10 recommendations for the successful establishment of local Healthwatch

These 10 recommendations were collated from responses given during interviews with local authority leads for commissioning Healthwatch and largely corroborated by the analysis of snap survey responses conducted in partnership with Regional Voices. These top 10 tips are intended to help guide commissioners and their stakeholders as they develop Healthwatch.

Most of the case studies demonstrated most, if not all of the critical success factors however, for clarity and simplicity the authors chose to highlight just a few as examples.

To read more detail on the case study examples, turn to section three of this report.

1. Clear vision and values

It was apparent from the outset that all the case studies had one thing in common – they all demonstrated clear vision and values around what they wanted to achieve when developing new local Healthwatch organisations.

Some had reached this vision after extensive early engagement, for example Kent County Council (who held whole-system engagement events from the outset), and others who saw the legislation as an opportunity to commission a more effective and representative model of citizen-led engagement and influence.

Once that vision was agreed, many of those mentioned in this report chose to circulate and publicise it widely. Clear shared understanding of vision and values has been shown to help shape Healthwatch planning and development.

Lambeth's vision for Healthwatch was rooted in a wider local vision for involving citizens in the development of their own solutions, in order to empower communities, deliver sustainable interventions and improve health and wellbeing.

Sheffield, whose vision is based on a Healthwatch as a 'network of networks', drew up a written 'Vision' statement which was distributed to their stakeholders and interested parties.

East Sussex's vision is for a Healthwatch that is sustainable into the future, has a trained network of 'champions', and is physically accessible through existing voluntary and community organisations .

Staffordshire has a very clear vision for Healthwatch - within its Engaging Communities Staffordshire concept – as an independent, accountable, open and transparent organisation clearly removed from the council, committed to a timetabled and published action plan which will develop and enhance community engagement. The Engaging Communities Staffordshire concept was commissioned after the report into the failings at Mid Staffordshire NHS Foundation Trust.

2. Good project management

Many, if not all case studies in this report, stated they had a Healthwatch transition steering group and sub groups each with detailed work plans.

It is evident that one of the key success factors is good project management, with co-ordinated sub groups and clear communication methods across project work strands.

Doncaster's pathfinder has a Healthwatch steering group with three sub groups:

a. Community Engagement and Involvement, concentrating on clarifying the role of Healthwatch amongst stakeholders, communicating the vision and giving citizens the opportunity to be involved in Healthwatch development

b. Advice and Complaints Advocacy, looking at identifying and mapping demand, testing models of delivery and resources for delivery

c. Commissioning and Contract Tender, looking at the formal tender process.

Kent has moved quickly in 2012 to appoint a senior manager who has responsibility for leading the development of Healthwatch, ensuring that appropriate linkages are made with the council's shadow Health and Wellbeing Board and outwards to the LINk and third sector.

3. Extensive engagement and mapping from the outset

a) Citizen engagement

Many pathfinders chose to begin their Healthwatch planning and development stages with extensive and early engagement. Focus groups and facilitated discussion allowed for themes to be developed which could be tested and shared with wider stakeholders. These themes went on to inform the work strands (see good project management).

Staffordshire's Engaging Communities project – upon which Healthwatch will be based - has been instrumental in developing an effective mechanism for local people to provide feedback, receive help and support with complaints and concerns, and using this information to influence decision makers. The project receives seedbed funding from 10 stakeholder organisations including most NHS trusts, the DH Social Enterprise Investment Fund as well as the county council. A major public consultation was undertaken, involving questionnaires, face to face group visits, telephone interviews and public events, on the principles underpinning Engaging Communities Staffordshire.

Sheffield and **Doncaster** were fortunate to already have established robust networks which proved invaluable for engagement and communication of the Healthwatch vision.

In **Sheffield**, there was extensive engagement with LINk, voluntary, community and faith sector from the outset. These robust networks have proved invaluable to engagement and communication on the early vision for Healthwatch, particularly as Sheffield's plan is for a 'network of networks' approach.

Doncaster, meanwhile, was one of seven DH Early Adopter Projects in 2007/8 in the previous change from PPI Forums to LINk. The LINk has an inclusive approach which has led to a wide and dedicated membership of more than 500 people, with representation from across the whole of Doncaster. This has resulted in measurable outcomes that have influenced change in health and social care services. Doncaster Council and the LINk have developed a wide range of engagement pathways to consult and to enable local people to voice their opinions about the proposed changes to health and social care provision.

South Tyneside has a multi-agency CISG established in 2008 which has been active in developing greater joint working in community involvement activities and promoting greater co-ordination.

Lambeth is an ethnically diverse London borough where 150 languages are spoken and has a high index of multiple deprivation. Lambeth Council has devised a Pathway of Citizen Involvement, which involves four levels of community participation. Lambeth Council has been working with citizens, local organisations and a range of experts to develop a new approach to delivering public services. This approach, called 'the Co-operative Council', aims to transform public service provision by handing power from the provider to the user. This means the council working in partnership with citizens to design and deliver public services which meet their specific local needs, incentivising citizens to play a more active role in their local community and more co-operation with a wide range of service providers.

Kent started from the belief that developing Healthwatch would be done most effectively through co-production and thus involved wide-ranging stakeholders from the outset. An independently produced 'statement of readiness assessment' captured the views and insights of those stakeholders and made recommendations for progressing the local model.

b) Local System stakeholder 'buy in'
One of the ways local Healthwatch will be judged, will be on its ability to influence key players and be a clear part of strategic commissioning decisions.

Early buy-in from NHS and social care commissioners and providers on the Healthwatch vision will help ensure Healthwatch is seen as an equal player around the Health and Wellbeing Board. It is essential that all board members value and recognise the role Healthwatch can play so it is not perceived as the 'junior partner'.

This connection has been recognised as being critical to the accountability of Healthwatch and its ability to influence effectively.[1]

Many pathfinders have understood the need to ensure that their engagement strategy involves getting senior stakeholders from, amongst others:

- PCT clusters (director leads, engagement leads)
- NHS provider organisations
- Clinical Commissioning Groups (CCGs)
- local authority elected members and senior officers in all areas of the council
- Health and Wellbeing Board.

Local Healthwatch, through its membership of the statutory health and wellbeing board, will be an integral part of the preparation of statutory JSNAs and joint health and wellbeing strategies on which local commissioning decisions will be based. This gives local Healthwatch much more influence at the decision-making table and helps to hardwire public engagement into the strategic planning of health and care services from the start.

Bradford has worked hard to secure political and strategic stakeholder buy-in. The host organisation has briefed all relevant scrutiny committees on the current state of the LINk and progress towards Healthwatch. Setting up a pathfinder for Healthwatch was signed off by the Health and Wellbeing Partnership Board. The shadow health and wellbeing board (which includes the leader of the council, the chief executive and the directors of adult and children's services) have also been briefed. LINk host staff and the chair regularly these meetings. The chief executive of Keighley and Ilkley Voluntary and Community Action (KIVCA) also attends these as the representative of Bradford's Voluntary Sector Forum.

Kent had elected member buy-in from the outset, with support from the county council's cabinet portfolio lead, who also chairs on the shadow health and wellbeing board.

1 Supporting Healthwatch pathfinders: summary of snap survey findings 2012

Mapping and gaps analysis
Many of the case study examples have started mapping and scoping work. The purpose of this mapping was twofold

1. to identify communities, voluntary, third sector and other organisations to ensure extensive citizen engagement and involvement in the development of Healthwatch
2. to identify statutory and voluntary organisations which are already providing services that will become statutory functions of Healthwatch – such as signposting, information, advice and advocacy.

Systematic mapping can help with the following:

- understanding of communities and options – mapping what's already being delivered can avoid duplication and guide the form and organisational model for Healthwatch
- the development of a detailed database of service providers, helping to understand current and future demand
- help ensure Healthwatch is linked into effective local networks where these exist, to improve levels of awareness, engagement and representation across diverse audiences
- seeing the 'gaps' and understanding what is missing.

Hertfordshire is looking to develop its Healthwatch as a 'hub', building on the existing advice and information network 'HertsHelp', a network of more than 200 community organisations. HertsHelp already offers signposting, advice information and some advocacy services.

Doncaster is engaging in systematic research to identify what changes are needed to ensure future demand for complaints advocacy, and information and signposting services.

Derby City knows one of its major challenges is the need to take into account the establishment of Healthwatch as a key component of the 'whole system' engagement strategy.

4. Exploiting good networks and designing in sustainability

Many of the case study examples highlight the need to concentrate on co-ordination of what already exists, rather than re-invention. In some of the bigger city and metropolitan areas, good community networks already exist and are being exploited.

Most, if not all, of the case studies recognise the need for closer partnership working with their Health and Wellbeing Boards and other organisations and professionals within the wider local health and social care system, such as CCGs, NHS providers and health and social care commissioners.

Some are already thinking about sustainability – 'future proofing' a Healthwatch model so that it can be more easily adapted to meet further policy changes around the citizen voice in the NHS and social care.

East Sussex is already discussing the sustainability of Healthwatch and is looking at a contract where organisations work together to deliver Healthwatch functions. Part of East Sussex's vision is that Healthwatch should be built with the ability to expand, if appropriate, beyond core Healthwatch functions and sustainable into the future and easy for people to become involved.

Lambeth's Healthwatch functions will be informed by the engagement work stream priority of the Health and Wellbeing Board where partner organisations plan, self-assess and audit their engagement with Lambeth's communities through the use of a simple set of tools and by providing a panel of expert advisers already supporting engagement work in the borough.

Sheffield is building on existing expertise and support for choice, information and advocacy as part of a 'network of networks' model. It recognises the need to draw on help from established voluntary and third sector organisations that already perform advice and information signposting functions well.

5. Relationship and trust

Relationships and trust underpin many of the success criteria in this report and shouldn't be underestimated.

The way local authorities relate to all stakeholders, both internally and externally, is crucial. It goes further than exploiting good networks or robust engagement: relationship is about trust, good communication and loyalty.

This has been a challenge for those local authorities who haven't had a good relationship with their LINk in the past, but many of the areas highlighted in these case studies have found ways of continuing dialogue and finding a route forward without alienating important key LINk stakeholders, especially those that volunteer (see LINk Legacy).

Similarly, strong relationships with statutory partners, other departments within the local authority, elected members, the shadow Health and Wellbeing Board, CCGs, the third sector and voluntary organisations, are equally important if Healthwatch is to be connected and speak as a collective voice.

Relationship-building takes time and effort but comes through solid involvement, continuing dialogue and open, honest and timely communication. The rewards are clearly demonstrated in the progress made within the case study areas.

The fieldwork indicated that most people working on Healthwatch welcomed external support and advice from their peers (both regionally and across the country), from local regional transition leads for Healthwatch and from the LGA.

Blackburn with Darwen has a strong local LINk with high levels of local community buy-in. The council has delegated much of the transition work to the LINk whilst maintaining an overview of progress through good communication channels.

Both **Lambeth** and the **Royal Borough of Kensington and Chelsea** have highly functioning, evidence-based and outcome-focused LINks and both have close relationships with their relevant scrutiny committees.

The Royal Borough of Kensington and Chelsea is building on its external relationships with neighbouring boroughs and has a joint Healthwatch pathfinder with Hammersmith and Fulham. Their joint pathfinder will test boundaries and governance issues.

Bradford's approach is based on a close collaborative working relationship with the local PCT, the LINk, host organisation and wider network of voluntary sector infrastructure organisations. The host has been trusted to brief all the relevant scrutiny committees on the current state of the LINk and progress towards Healthwatch.

Doncaster, with its highly functioning LINk, is building on its strong and positive relationships with providers and commissioners. The LINk and its host have an already established wide network in terms of geographical area, and they have built strong relationships with health and social care providers and commissioners across a wider area.

6. Dedicated local authority officer resource and clear leadership from elected members

Having a dedicated Healthwatch local authority officer lead, has been shown to be a common success factor across the case study areas. In areas where the LINk or host is taking the lead, there are clear lines of communication back into a lead officer at the council. It does not appear to matter where the lead officer is based as long as there are clear accountabilities and strong communication channels.

For example:

- in Essex, their lead officer works in the research and intelligence function of the council
- in Derby, Healthwatch development is led by their strategic director of adults, health and housing
- Sheffield has Healthwatch project leads from quality and involvement, partnership and engagement and procurement
- Kent advertised and appointed a senior Healthwatch manager to lead the work within the public health team but across the whole council
- Bradford's commissioning lead for Healthwatch is based in corporate procurement, to avoid conflicts of interest with the adult social care directorate.

What is also apparent is that early support and involvement from elected members and scrutiny committees means options and issues have been discussed at the earliest opportunity. This has been seen to help Healthwatch plans through the local democratic political system.

7. Ability to be creative

Other than the regulations, the DH is unlikely to be issuing any further 'guidance' on Healthwatch during transition, and in line with the Localism Act 2011, Healthwatch commissioners and their partners are being challenged to think more innovatively about local determination and solutions for Healthwatch.

Establishing robust Healthwatch organisations against the current financial climate, coupled with exacting reviews of service provision, remains a concern for all involved. Some local authorities have used this as an opportunity to take more radical approaches.

A review of the case studies presented here has revealed that the ability to be creative in exceptional financial circumstances – and with solid elected member support – can be an effective way forward to solving problems early. Areas which have sound leadership have demonstrated:

Boldness – the ability to create a solution that works locally. Senior people have been involved – sometimes up to chief executive level in the council – and internal stakeholder and political buy-in was sought from the start. For example, those that have demonstrated clear vision, solid leadership and buy-in, and a committed commissioning approach – whether it's for grant-aiding, an evolutionary LINk approach, a more radical model or a full-scale tendering exercise – have travelled furthest and fastest in developing Healthwatch.

Clarity on form – areas that have demonstrated the furthest development to date on Healthwatch are those that systematically dealt with understanding Healthwatch functions, mapping what is already out there and extensive engagement before discussing form. Whether Healthwatch should be 'established' or 'created', whether elements of Healthwatch should be procured, or whether procurement should be waived are all issues that need early political and senior management buy-in.

8. Clear governance, robust commissioning framework

Local authorities are choosing different routes for establishing Healthwatch, with some favouring the formal tender route (eg Sheffield), others looking at an evolution from LINks (eg Doncaster) and one local authority recruiting straight to a shadow Healthwatch Executive via community, voluntary and LINk engagement (Essex).

Despite the differences in approach, what is apparent amongst the case study examples is the need for:

- complete clarity of purpose
- clear governance arrangements, and
- a skills and competency framework.

A national simulation event convened in March 2012 by the DH, demonstrated that it is essential that all key players understand the role of Healthwatch and its independence. The need to ensure robust governance arrangements are put into place early to allow Healthwatch to participate effectively with authority and credibility was highlighted as a key deliverable for local authorities responsible for setting up Healthwatch. A clear skills and competency framework for Healthwatch was identified as one method for demonstrating a credible organisation fit-for-purpose

This should form the basis of the service specification (and service level agreement or commissioning framework for Healthwatch). At the very least, a service specification should cover: purpose, membership, job roles and responsibilities (including skills and competencies), functions, governance structures, methods of accountability, outcomes, milestones and outputs.

There is understanding that to design a successful, reputable and credible Healthwatch, clear governance and an unambiguous framework is essential.

9. Building on the LINk legacy

The need to learn from past experiences is recognised as important to the successful development of Healthwatch. The case studies show that whether the experiences have been generally positive or less so, the success to date has been dependent on timely, honest conversations about what has worked well and what has worked less well. Local authorities who have highly functioning LINks have recognised their potential and have initiated planning around a LINk legacy.

Some local authorities, with whom LINk relationships have been challenging, or where the LINk may not have performed as expected, have found successful strategies to continue dialogue. Often these councils have found key individuals within the LINk with whom to work and engage.

Either way, what has emerged from the case studies, is the importance of recognising the potential role for LINk volunteers in the future. Successful strategies have involved LINk volunteers playing a key part in future arrangements by building on what has been achieved in the past and focusing on what needs to be delivered in the future.

Retaining active volunteers and learning from the LINk are high on the list of local authorities' priorities.[2] All local authorities should be putting plans in place to ensure that the work of LINk is not lost during transition. Information and intelligence gathered, processes and systems should be documented as part of a LINk to Healthwatch transition plan and legacy documents.

10. Testing the system

Real testing of the system before the formal start date for Healthwatch in April 2013 will help highlight gaps, where further work may be needed or where interdependencies need closer attention.

Many pathfinders have chosen to establish a shadow Healthwatch model to test the system. Derby has opted for a project-style approach to testing Healthwatch capabilities.

2 Supporting Healthwatch pathfinders: summary of snap survey findings 2012

Section two
Organisational form and models

At the time of undertaking and analysing the individual case studies, many local authorities had yet to decide on the intended organisational form or model that their Healthwatch would take. Most had concentrated on getting their vision and values right, and undertaking engagement and mapping work to understand how the functions of Healthwatch could be delivered. Feedback indicated that more work on organisational form would be undertaken once initial planning had been completed and the Act and Regulations were in place.

The examples below give a summary of the progress being made by some of those local authorities participating in the case study exercise.

Kent
Kent conducted extensive engagement and research and came up with three options which are being further explored:

1. a distributed model, whereby functions of local Healthwatch are embedded in existing organisations, Healthwatch champions are located there and networked via a core body
2. a consortia model – a smaller group of local organisations offering different specialisms
3. a hub and spoke model, with an organisation at the centre.

Essex
Essex started from the basis that it needed a different model and approach from the existing LINk which was perceived by the county council as being unaccountable, unrepresentative and lacking meaningful outreach.

The grant-aided shadow Healthwatch Executive (established in February 2012) is based on a recruitment and appointment model, whereby 23 people (24 including the LINk chair who was automatically offered a place) were recruited. Wider associates, made up of current LINk volunteers, are part of this pathfinder Executive. Adverts seeking appointees were circulated using existing service-user networks, the LINk and across the wider voluntary and community sector.

Essex is likely to set up a social enterprise that is dedicated wholly and solely to Healthwatch functions. It is intending to grant-aid that organisation.

Single tier councils

Bradford
Bradford Council will invite tenders for two contracts from April 2013 (including the introductory period in 2012) for:

i) local Healthwatch influencing and signposting for choice services

ii) health complaints advocacy service.

Each part of the service could be delivered by an existing organisation or by a new organisation established for the specific purpose of bidding to provide such services in Bradford.

Derby
Derby City Council is seeking to establish its local Healthwatch as a charitable company limited by guarantee. It is looking to create a shadow board structure for local Healthwatch prior to October 2012 to help with the set-up of a body corporate. The existing LINk is seen as instrumental to the design and delivery during the period of transition.

Sheffield
Sheffield City Council is looking at a competitive tendering exercise for July 2012. Bidders for Healthwatch will have to demonstrate innovation, including staffing levels and how different elements of Healthwatch would work. Sheffield is interested in consortia arrangements to fulfil different Healthwatch functions. The consortia would be put together by suppliers prior to formal bidding, with one lead organisation. The consortia would not have to be an existing legal entity, but the lead bidder would.

County councils

East Sussex
East Sussex is looking at a model which supports local independent organisations working together to deliver local Healthwatch functions and services through a small central team in a way that creates future sustainability as the system moves. Sub-contracts and partnerships will be explored with existing voluntary and community organisations and groups to help it deliver those functions and services.

Hertfordshire
Hertfordshire County Council is seeking to establish Healthwatch through a single tender process with a new body which shall be established by the LINk in partnership with the voluntary and community sector. Its preferred approach is one of a ‘very transparent process of evolution’.

Staffordshire
The Engaging Communities Staffordshire vision is to establish a social enterprise that will ultimately bring public engagement, consultation, complaints and consumer advice and insight services together through a central independent organisation. Through access to the community, the new organisation will be well placed to help the Health and Wellbeing Board consider its objectives including; assessing the needs of local populations, promoting partnerships, joint commissioning and scrutiny of major service redesign.

London boroughs

Lambeth

Lambeth Borough Council is looking to build its Healthwatch around the model of its Co-Operative Council, Lambeth's new approach to delivering public services. It aims to transform public service provision by handing power from the provider to the user. This means the council working in partnership with citizens to design and deliver public services which meet their specific local needs, incentivising citizens to play a more active role in their local community and more co-operation with a wide range of service providers.

Section three
Individual local authority case studies

3.1 Kent local Healthwatch pathfinder

Elected member lead:	Cllr Roger Gough
Senior management lead:	Lorraine Denoris, NHS Kent and Medway
Project leads:	Julie Van Ruyckevelt, Kent County Council Julie.VanRuyckevelt@wkpct.nhs.uk Tish Gailey, Kent County Council

The 'place'
Population: 1.8 million

Type of authority: very large county council with 12 district councils and a neighbouring unitary council (Medway Towns)

Kent County Council has a large Conservative majority and it operates a cabinet system.

Con = 73; LD =7; Lab =3; Other =1

The vision
Kent's vision is that a strong, independent Healthwatch should help the whole system commission and deliver integrated health and social care services more effectively, and promote better outcomes.

Kent started from the belief that developing Healthwatch would be done most effectively through co-production and thus involved wide-ranging stakeholders from the outset.

Based on the premise that Healthwatch development should take account of the whole system, Kent brought in leading figures from, amongst others, the NHS and social care, the shadow Health and Wellbeing Board, scrutiny committees, health and social care providers, and community and voluntary organisations to engage in the debate.

The idea of Kent Healthwatch as an informed and independent consumer champion for health and social care, which can represent the needs of diverse communities, has been particularly welcomed by all involved.

The approach
Sponsored by Kent County Council and the DH and supported by NHS Kent and Medway, the CfPS helped design and deliver participative research activities for Healthwatch development. CfPS produced a final report, the 'statement of readiness assessment', which captured the views and insights of a wide range of stakeholders and made recommendations for progressing the local model.

Extensive engagement in 2011 helped shape Kent's approach to developing a Healthwatch model which, they agreed, needed to be:

- informed and independent, to be a powerful driver for effective commissioning and the provision of quality services
- able to build on the learning of LINks whilst recognising new skills and new organisational form will be needed
- committed to engaging with the widest possible sections of society, particularly the seldom heard groups
- aware of a whole systems' approach, recognising key partners' roles in Healthwatch
- focused on getting a balance between both NHS and social care issues
- an advocate and driver for better integration of health and social care for local people
- an influential voice round the Health and Wellbeing Board table.

Areas of innovation/good practice

Stakeholder involvement

- Engagement has involved the whole system, and has been soundly delivered and meaningful. This work continues, with developments shared with those who chose to stay involved.
- Production and wide distribution of a written vision statement showed that people's views have been heard and encapsulated.

Healthwatch development

- A local Healthwatch Development Group was established, supported by a core group and with various task and finish groups. A wide group of stakeholders have been invited to input into development of plans.
- Kent County Council has appointed an interim head of citizen engagement for health to help shape this element of the local Healthwatch model.
- Structured engagement with potential suppliers, through third sector events and surveys, to co-design the potential model for Kent.

Form

Kent is considering three options which are being further explored:

- a **distributed model**, whereby functions of local Healthwatch are embedded in existing organisations, Healthwatch champions are located there and networked via a core body
- a **consortia model** – a smaller group of local organisations offering different specialisms
- a **hub and spoke model**, with an organisation at the centre.

Kent understands the need for clearly defined roles for staff and volunteers in any Healthwatch model, including the need for technical support.

Function

- **gathering intelligence**: Kent is looking at the possibility of a Healthwatch Observatory, similar to a public health-type observatory, with people skilled and experienced in research methodology who would: capture and collate secondary research data; advise on and design data capture tools/techniques; analyse data, extrapolate trends and themes and create a knowledge hub (see Next steps)
- **providing information and advice**: signposting functions are seen as central to the success of Healthwatch and a full review of services is under way
- **making views and experiences known**: greater penetration into communities – to really understand the voices of those often unheard – is one of the key focuses of Kent's pathfinder project, to ensure real people are having meaningful input into commissioning and provision

Challenges

- greater work needed on hard-wiring public engagement into corporate thinking, to ensure the focus is on commissioning services that are truly customer-focused
- commissioners understand they need to strengthen 'buy-in' and support from a) elected members and Health and Wellbeing Board members and b) scrutiny committees
- the need to embed social care issues from the start, thus learning from past lessons
- clear communications and definitions of role, purpose and priorities to properly manage expectations.

Next steps

- **intelligence gathering and analysis**: Kent is exploring options for a sub-regional Healthwatch Observatory to pool expertise in the design, collation, analysis and presentation of patient and service user data to support Kent local Healthwatch
- **engagement**:
  - further dialogue will continue with provider organisations as part of the whole systems approach
  - a written strategy will be developed on engaging with diverse groups to ensure a comprehensive system of engagement.

Critical success factors

- a clear vision of the intended outcome and a strategic approach
- clear understanding of the informed and independent consumer champion role of Healthwatch, which has helped focus transition work
- robust and wide stakeholder participation, and continuing dialogue
- solid strategic leadership from many key partners, including Kent County Council, the PCT, elected members and LINks.

Supporting documentation

Developing Healthwatch in Kent - Modernisation of health and care
http://healthandcare.dh.gov.uk/healthwatch-kent

A presentation from **Kent**'s Local **Healthwatch** Development Group which is a useful planning tool ... **Pathfinder** Learning Network

Developing the Market 'Supply Side' For Local Healthwatch
http://tinyurl.com/cfuu6wt

The DH and LGA are encouraging local authorities to prepare and engage with their local communities as they begin the process of setting up their local Healthwatch organisations. Some local authorities have been entering a dialogue with potential Healthwatch providers, to encourage them to consider the possibility of bidding to provide Healthwatch functions either collaboratively or independently.

The Knowledge Hub is now live at https://knowledgehub.local.gov.uk

LGA Community of Practice (CoP) members can access this with their usual CoP username and password. To find library items posted by Healthwatch case study local authorities go to:

Groups

National Learning Network for health and wellbeing boards

Group Hub

Library

3.2 Essex local Healthwatch pathfinder

Elected member lead:	Cllr Ann Naylor – Cabinet Member
Senior management lead:	Duncan Wood, Head of Research and Analysis duncan.wood@essexcc.gov.uk
Project leads:	Andy Payne, Later Life Strategy Manager Dr George Margrove, Research and Analysis Officer

The 'place'
Population: 1.4 million

Type of authority: large two-tier county council. A Conservative-led administration with 12 district councils.

Con = 60; LD =11; Lab = 2, Other = 2

The vision
Essex County Council welcomed the draft Health and Social Bill and the subsequent Healthwatch Transition Plan published in March 2011 as an opportunity to open dialogue on commissioning a different model to LINk.

The county council had previously voiced concern about the adequacy of the LINk model which it perceived as insufficiently accountable and representative as it could be and lacking meaningful outreach.

It wanted to commission a model which is:

- representative of Essex both demographically and geographically, and accountable to the wider community it serves
- able to influence care services by establishing an effective dialogue with commissioners based on sound evidence gathered from a wide range of views in the community
- able to ensure good quality information, advice and advocacy services for the entire population.

The approach

After a series of discussions with leading players in the LINk, the council's own legal services and the portfolio Cabinet member, the local authority commissioning leads put a paper to the council's scrutiny committees that offered two different options for a Healthwatch pathfinder model:

a) based on a small appointed core membership with wider associates

b) a wide membership that elected a smaller board.

The committees agreed that Essex's approach should be through option a) and the leader of the council and responsible cabinet member acted on this recommendation.

The preferred option was to develop a pathfinder Healthwatch Executive based on a model of a core membership of 24 – appointed transparently and democratically – which better represented Essex and had the ability to reach out to wider voluntary and community groups. Wider associates, made up of current LINk volunteers and others, will work alongside this pathfinder Healthwatch Executive.

Adverts seeking appointees were circulated using existing service-user networks, the LINk and across the wider voluntary and community sector.

A recruitment pack was developed and 23 Healthwatch Executive members recruited through a fair and transparent selection system. The current LINk chair is ex officio a member of the Healthwatch Executive. Several other active members of the LINk were also appointed to the Executive.

The shadow Healthwatch was established in February 2012.

Areas of innovation/good practice

Form

- the pathfinder Healthwatch Executive will form the basis of a Local Healthwatch organisation when it is established in April 2013
- a provisional service level agreement will be put in place for the pathfinder Healthwatch Executive with measured outcomes, but with the freedom for the Executive to determine its own work plan
- expert in-house legal opinion provided a permissive environment in which to develop the option of a pathfinder Healthwatch Executive.

Function

- the pathfinder Healthwatch Executive will oversee a project that specifically focuses on outreach, to build better and wider networks, and it will trial different models of engagement so strong and effective links are established by April 2013

- engagement with the Health and Wellbeing Board was established from the outset and understood as a critical success factor to the credibility and reputation of the Healthwatch pathfinder
- a full-scale review of signposting and advice and information services will follow, with a view to possible integration.

Finance

- the funding for the pathfinder Healthwatch Executive sits within the LINk budget and funds have been moved from here to support its development. This includes resources for a seconded officer team and a number of projects such as that on public engagement.

Challenges

- the pathfinder Healthwatch Executive needs to improve on the outreach and representativeness of the current LINk to be seen as a credible voice of the wider community
- Essex County Council understands the need for Essex Healthwatch to have the skills and competencies to effectively gather, understand and analyse data effectively and feed it back into the commissioning process; this is crucial if Healthwatch is to be seen as a reputable key strategic player and a 'critical' friend
- strong leadership for Healthwatch has been recognised as a challenge, but is seen as one of the critical success factors of the pathfinder Healthwatch Executive
- some members of the LINk were initially sceptical (and at times hostile) to the proposals, but the chair and key LINk players now support the pathfinder Healthwatch Executive approach.

Next steps

- the pathfinder Healthwatch Executive members are likely to become members of the Essex Healthwatch organisation in April 2013
- wider community and voluntary engagement will continue from March 2012 – April 2013 as a specific project by the pathfinder Healthwatch Executive
- Essex County Council will support the training and development of the pathfinder Healthwatch Executive
- a full-scale scoping and review will be undertaken of all signposting functions, with Healthwatch focusing on integration of advice and information services across health and social care
- relationships between Healthwatch and existing advice and advocacy services will be reviewed
- all options for the organisational legal form of Essex Healthwatch are being considered.

Critical success factors

- good elected member support
- solid local authority commissioner leadership from the outset
- clear vision of the intended outcome and a strategic approach
- ability to overcome issues with the LINk and find leading LINk individuals with whom to work
- support from in-house legal services on the proposed model
- explicit links with the Health and Wellbeing Board and the JSNA process.

Supporting documentation
Essex County Council weblinks

About Healthwatch 2011 to gauge peoples' views on the transition to Healthwatch
http://tinyurl.com/claewfz

Healthwatch LINk, have been working towards setting up a Pathfinder Local Healthwatch Organisation for Essex on key issues around the structure, functions, and setup of the Essex Healthwatch Pathfinder
http://tinyurl.com/dyq2vju

Essex County Council announced as a Healthwatch Pathfinder of the 75 pathfinders for the new local Healthwatch organisations being created by the Health and Local Healthwatch will build on the work achieved by the Essex and Southend Local Involvement
http://tinyurl.com/cet4zwd

Essex: Account of Healthwatch Recruitment Process
http://tinyurl.com/cfuu6wt

This is a detailed account of the recruitment and appointment processes carried out to recruit members to the Essex Healthwatch Pathfinder. Feb 2012.

http://tinyurl.com/cfuu6wt

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3.3 Blackburn-with-Darwen local Healthwatch Pathfinder

Elected member lead:	Cllr Mohammed Khan, Executive Member (Adult Social Care)
Senior management lead:	Harry Catherall, Deputy Chief Executive (Local Government and Health) Andrew Lightfoot, Managing Director (Local Government)
Project leads:	Ken Barnsley – Council Head of Corporate Research Kenneth.Barnsley@blackburn.gov.uk 07966 3457575
Other team members:	LINk Chair – Jean Baxendale LINk Host Team Leader – Andrew Harrison Council Head of Neighbourhoods – Heather Taylor Council Head of Legal Services – Asad Laher Care Trust Plus Executive Director – Katherine Lord Public Health – Debs Thompson Children's Services and Education – Gavin Redhead Adult Social Services – Bernie Horne

The 'place'
Blackburn with Darwen Unitary Authority

Population: 140,000

Type of authority: medium sized urban unitary authority in the north west/north region

Borough council: Labour majority – recently took over from Con/Lib Dem/Ind. Alliance

Health and Children's Services Scrutiny, Labour chair Ron O'Keefe,

Lab = 37;Con = 17; LD =6; other = 4

The vision
A unique feature of Blackburn with Darwen is the existence of an integrated Care Trust where a number of local authority and local NHS commissioning functions have been brought together under a single system of management.

Partners involved in Blackburn with Darwen's Healthwatch are clear that the transition is a crucial stage of the development of a strong consumer voice to support the continuing development of commissioning strategies locally.

The work of Blackburn with Darwen's LINk has built a very strong foundation upon which to base the development of a successful transition to Healthwatch and the local authority is looking to build on this strength and capacity.

An independent evaluation of Blackburn with Darwen's LINk in 2011 concluded that work undertaken over the last three years had established a very strong local network with high levels of local community buy-in. It had received some positive feedback from the DH.

The approach
The Carers Federation as the host has helped build capacity and support for the LINk. The host is constantly looking to move this work on leaving behind increasing capacity within the community to provide constructive challenge to service providers. Research shows how capacity has progressively been built. Under the terms of its existing contract, Blackburn council has the power to extend the arrangements without the need to go out to tender.

Areas of Innovation/good practice
A number of stakeholder engagement events were held between September 2011 and January 2012 including a series of stakeholder workshops.

Function
The council wishes to retain the best of what exists with current LINk functions, although the board will require strengthening.

Local Healthwatch (LHW) functions could include those previously carried out by:

- PCT Patient Advisory and Liaison Service (PALS)
- LINks
- the council may also want to secure signposting functions independently from alternative third sector providers with existing contracts for providing similar advice/information/advocacy services.

NHS Complaints Advocacy:

The council will explore with neighbouring authorities options for jointly commissioning statutory NHS complaints advocacy services, although some regional support for brokering arrangements may be required.

Form
Options for local Healthwatch include:

1. an organisation not a network
2. a corporate body eg social enterprise.

The council is keen to establish a co-operative or mutual model for its Healthwatch and it has appointed an interim board with joint member ship from the council and local 3rd sector network.

Finance
Provision of the LINk will be facilitated through an extension of the existing host contract with the Carers Federation. The contract has two main components:

- to continue to deliver the LINk in line with DH guidance for 2011/12
- to support the consideration of suitable models for effective transition from LINk to deliver Healthwatch.

The requirements of this contract have been recognised by the council in prioritising resources to provide the LINk with continuation funding at 2010/11 levels, with funding to support additional work to support evaluation and development of a suitable model to provide high quality Healthwatch for Blackburn with Darwen.

Challenges

- The requirements for commissioning Healthwatch has placed demands on the Internal capacity of the council's corporate engagement team which is keen to facilitate high quality engagement around transition, the development of CCGs and the transformation of adult social care
- Blackburn with Darwen forms part of an NHS commissioning environment that includes the County of Lancashire and the coastal unitary authority of Blackpool; without additional support local authority synergy is not so easy to develop in this area as they have in other 'clusters' in the North West
- There is concern that, if the current momentum is lost, the cost of recreating it will either be another long lead in or a high consultancy /staff time cost to produce this level of community engagement.

Other challenges identified by Blackburn with Darwen LINk include:

- capturing existing expertise and experience
- agreeing clear definitions of roles and legal liabilities around new responsibilities
- securing guarantees of legal liability insurance cover
- creating appropriate local governance arrangements, independence and accountability
- addressing the training needs for new Healthwatch members
- reaching agreement on how existing/ continuing complaints functions should be dealt with/passed on to Healthwatch from the Independent Complaints Advocacy Service
- ensuring that structures maximise benefits and minimise resource use
- identifying collaborative approaches with neighbouring Healthwatch organisations, local authorities and CCGs to form joint approaches (eg around mental health to form/commission joint mental health solutions).

Next steps

- shadow Healthwatch established in October 2012.

Critical success factors

- close integration of council and NHS commissioning functions and willingness to innovate
- good, solid LINk with a wide community reach
- a combination of good relationship and trust
- delegation of responsibility to the LINk and its host organisation for local stakeholder and community engagement – based on good relationships and trust – in a difficult financial environment for the council.

Supporting documentation and links
The Blackburn with Darwen Healthwatch promotional video:

http://tinyurl.com/d63t7ma

Email: Blackburnlinks@carersfederation.co.uk

Telephone – 01254 504 985

3.4 Bradford local Healthwatch Pathfinder

Elected member lead:	Cllr Amir Hussain, cabinet member (adult and community care)
Senior management lead:	Janice Simpson, Strategic Director
Project leads:	Nick Farrar, Community and Engagement Officer, Bradford MBC Tel. 01274 437996 Dave Ross, NHS Bradford and Airedale Caroline Schwaller, KIVCA Sam Keighley, KIVCA

The 'place'
Population: more than 500,000, making Bradford the fourth largest metropolitan district in England and fifth largest in the UK. Bradford is a multicultural area and a mixed urban/rural area. It has highly varying constituencies of wealth and relative poverty, and good and bad health. There are more than 100 languages spoken in Bradford.

Type of authority: large metropolitan borough with five local areas

City council: Labour-led Cabinet system, with a Labour chair of the Social Care and Health Overview and Scrutiny Committee

Political composition of the council currently (recently taking over from a 'hung' council)

Lab = 44; Con = 28; LD = 11; Grn = 3; Other = 4

The vision

To realise the vision of Bradford's Healthwatch being the consumer champion of health and social care locally, the council wants to ensure that Healthwatch:

- provides a single point of contact
- ensures effective representation of Bradford's diverse communities
- builds on what is working well already
- is both independent but also part of a wider network of networks
- shares information as part of an integrated system (eg with the new 111 telephone service and the adult services single access point)
- is both creative but well managed working to jointly determined targets and outcomes.

Bradford's Healthwatch is expected to achieve improvements in the following areas:

- patient and user experience
- communication
- satisfaction with health in local area
- patient and public involvement in health and social care
- relationship with commissioners and Health and Wellbeing Boards
- access to services
- people's understanding of their rights (consumer champion)
- public awareness/profile of Healthwatch
- image/trust of Healthwatch with the public.

The approach

Bradford Council's approach is based on a close collaborative working relationship with the local PCT, the LINk, host organisation and wider network of voluntary sector infrastructure organisations in order to establish a local Healthwatch that:

- operates in a way that encourages and facilitates participation from all who want to be involved, including acting in a transparent way
- actively engages and involves people that need help to be able to contribute, underpinned by principles of equality and diversity
- has a good understanding of local voluntary and community groups, other patient and public groups (eg Patient Participation Groups and NHS foundation trust membership) and how they complement each other; this will enable local Healthwatch to work through and with local organisations to understand and present the views of local people, and effectively signpost people to information and advice
- develops an excellent relationship with commissioners and providers, acting as a critical friend, informed about the experiences, needs and aspirations of local communities.

Bradford's Healthwatch pathfinder seeks to strengthen the patient and public voice by building better partnerships between GPs, health and social care commissioners, providers and advocacy services. It will focus on effective ways of engaging and involving people in service planning and development, and understanding choice.

Areas of innovation/good practice

Engagement and involvement

Internal stakeholders – the host organisation has briefed all relevant scrutiny committees on the current state of the LINk and progress towards Healthwatch. Setting up a Healthwatch pathfinder was signed off by the Health and Wellbeing Partnership Board. The shadow health and wellbeing board (which includes the leader of the council, the chief executive and the directors of adult and children's services) have also been briefed. LINk host staff and the chair regularly attends these meetings. The chief executive of KIVCA also attends these as the representative of Bradford's Voluntary Sector Forum

Engagement with wider stakeholders – the pathfinder project team has engaged the older people's partnership and the strategic disability partnership as well as several voluntary organisation networks.

Form

To make the whole process seamless, Bradford Council intends to include 2012 funding as part of the whole commissioning process of setting up Healthwatch from 2013. The council will invite tenders for two contracts from April 2013 (including the introductory period in 2012) for:

a) local Healthwatch influencing and signposting for choice services

b) health complaints advocacy service.

Each part of the service could be delivered by an existing organisation or by a new organisation established for the specific purpose of bidding to provide such services in Bradford.

Finance

Bradford City Council is in the final stages of preparing its tender documentation for inclusion in a pre-qualifying questionnaire. It will agree a budget for two components of Bradford's Healthwatch service over a three year period:

1. Healthwatch Bradford: representing, influencing and signposting service
2. Healthwatch Bradford: NHS statutory complaints advocacy service.

Challenges

Bradford recognises that further thought and work needs to go into ensuring Healthwatch's:

- clarity of accountability and communication
- transparency of operation
- value for money
- effective leadership
- relevant technical expertise
- good management and supportive infrastructure
- independence
- appropriate timing of developments
- competing demands from the different geographical areas and cross boundary issues.

This represents a huge challenge for Bradford. The council and its partners are exploring ways to reconcile demands from the different parts of its wide geographical area, with a particular focus on that part of the borough served by Airedale Hospital with a significant catchment population lying outside of the council's administrative boundaries.

One of the three/four CCGs serving Bradford includes a number of GP practices from North Yorkshire and this has an influence on the shape of PPG development in this part of the borough.

Next steps
Bradford council expects to have contracts for a minimum of three years in place for its Healthwatch representing, sign-posting and influence service by December 2012 and for the statutory NHS complaints advocacy service by April 2013.

Under the council's policies and procedures this means that a formal tender and procurement exercise needs to commence in May 2012.

Critical success factors
- securing political and strategic stakeholder buy-in
- engagement with wider stakeholders
- solid relationships – the council has developed and maintained excellent relationships with:
  - an effective network of NHS PPE leads that has been established across the Bradford district
  - a well-established and influential network of local voluntary sector organisations.

Supporting documentation and links
Commissioning Healthwatch in Bradford

http://tinyurl.com/btkbbog

Public Health and JSNA

http://tinyurl.com/brbkqde

http://tinyurl.com/cx9ubn5

http://www.bradfordlink.org.uk/

3.5 Derby City local Healthwatch Pathfinder

Elected member lead:	Cllr Ruth Skelton, Cabinet Member (Adult Social Care and Health)
Senior management lead:	Cath Roff, Strategic Director (Adults, Health and Housing) – also leads in East Midlands on Healtwatch
Project lead:	Perveez Sadiq, Director of Business Intelligence and Sector Development perveez.sadiq@derby.gov.uk 01332 642779

The 'place'
Population: 235,000

Type of authority: medium sized urban unitary authority in the East Midlands/Central region

City council. Conservative/Liberal Democrat coalition; Lib Dem. Cabinet member for Health and Social Care. Labour chair of Adult Health and Housing scrutiny committee (Fareed Hussain)

Lab = 22; Con = 16; LD = 12; Other = 1

The vision
Derby LINk and its host organisation Community Action Derby, supported by the city council, have begun work on a local transition plan to produce a model for the local Healthwatch. This included a peer review to help identify local priorities for Healthwatch focusing on:

- strategic leadership
- challenging commissioners and service providers
- understanding the big picture of health and social care across the city
- championing the patient experience across the whole pathway
- tackling inequalities.

The LINk is carrying out a local readiness audit based on the following questions:

- understanding proposals for the reformed NHS, adult social care and local public health
- participating in the JSNA process
- consultation with the local community about what local Healthwatch will look like in Derby
- reviewing standards that can be expected in scrutiny of services and where and how to access information
- ensuring that the LINk is representative of the local community with a diverse membership and a wide range of participants
- developing Healthwatch as a local 'network of networks'
- mapping existing local organisations that provide information, advice and advocacy for local people to effectively signpost people and avoid duplication.

The approach

Derby City Council has adopted a high level strategic approach to the development of its local Healthwatch. A local steering group has been established and joint meetings have been very productive in strengthening relationships between the council and the LINk. Membership includes representatives from:

- local authority senior management team
- Derby CCG
- Derbyshire PCT 'cluster'
- Derby LINk.[3]

The council also takes part in a regional development support programme that has been commissioned with funding from the SHA from the Community Development Foundation working with Locally Made. Derby City Council is the lead commissioner for an East Midlands local authority consortium (which also now includes Milton Keynes).

Areas of innovation/good practice

Stress-testing Healthwatch effectiveness

The pathfinder has come up with an innovative way of testing Healthwatch effectiveness. The city council and the LINk is looking to involve people aged 50 to 65 with dementia together with their carers and patients without dementia in:

- service design
- collection of qualitative and quantitative information
- interpretation of information
- development of an action plan with recommendations
- influencing their implementation.

The aim is to test how effective local Healthwatch can be in influencing commissioning across the whole patient pathway to shape service delivery including how it can present findings in a compelling manner to multi-agency decision makers.

Function

- Information, advice, signposting and advocacy – Derby City Council is aware that third sector organisations already supply many of Healthwatch functions. A clearly defined role and operating model for Healthwatch Derby is needed to avoid costly duplication and public confusion.
- Complaints advocacy – separate tendering of the complaints advocacy service is likely, possibly in partnership with neighbouring local authorities. Commitment and leadership from senior politicians is recognised to progress the development of any joint procurement/ shared Healthwatch services.

Form

- Derby City Council seeks to establish its local Healthwatch as a charitable company limited by guarantee. Two options were considered by the council in January 2012:
  - procurement of a host organisation with the objective of establishing local Healthwatch as a body corporate over a defined period of time at some point in the future
  - creation of a shadow board structure for local Healthwatch prior to October 2012 and population of this, in part and on an interim basis if necessary, to facilitate the set-up of a body corporate as soon as practicable.

3 This does not include the host organisation in case of a potential conflict of interest with any tender specification

The existing LINk is seen as instrumental to the design and delivery during the period of transition. The council recognises the valuable contribution of members of the LINk board and that they should be designated as founder members of Derby's Healthwatch irrespective of any future involvement with Healthwatch once it has been formally established.

The council has decided to pursue option b) rather than use a hosting arrangement. Legal opinion is being sought in relation to any potential TUPE implications arising from this.

Challenges

- Strategic influence – there will be a requirement for Derby's Healthwatch to be represented on the Health and Wellbeing Board. The council is also keen to explore Healthwatch representation on the Adults, Health and Housing Overview and Scrutiny Committee.
- Membership – the steering group believes that a selection process may be needed to have some democratic input into the governance arrangements for the local Healthwatch organisation. This may become – over time – an election process involving the general 'membership' or a wider pool of individuals. The city council recognises the need for governance and membership to be proportional with a focus on outcomes rather than bureaucratic process.
- Roles and experience – achieving the right balance on the Healthwatch governing body with people with the appropriate skills, knowledge and experience is critical to success. Some initial work is under way looking at arrangements in other systems and in other areas.
- Whole system engagement – the need to take into account Healthwatch as a key component of the 'whole system' engagement strategy is recognised.

Further national or regional assistance is sought in relation to:

- governance arrangements
- organisational structures
- core job roles and descriptions.

Practical assistance is also required for development of shared products/services such as a joint 'knowledge' hub and a learning exchange programme.

Next steps

- a draft service specification to be drawn up by the end of May 2012, following a pathfinder 'summit' involving members of the Health and Wellbeing Board.
- further more detailed work to develop the preferred model, agree governance arrangements, allocate resources, shape the local brand and clarify the boundaries with other service areas by September 2012
- appropriate accommodation arrangements for Derby's Healthwatch by September 2012.

Critical success factors

- Clear preparatory work including mapping of organisations re: Healthwatch functions, readiness audit and identifying local priorities
- Stress-testing Healthwatch's effectiveness – Derby City will test the system by involving people in an early programme of service redesign, engagement and strategic influence of a commissioning decision . This will help test how effective Healthwatch will be in the future as an influential and credible body championing the views of people.

Supporting documentation and links

http://tinyurl.com/cxegnl4

http://tinyurl.com/cf4uhjp

3.6 Doncaster local Healthwatch Pathfinder

Elected member lead:	Cllr Patricia Schofield, Cabinet Member for Adult Services and Health
Senior management leads:	Joan Beck, Director of Adult Social Services Theo Jarratt, Health and Wellbeing Board Programme Manager
Project lead:	John Leask, Policy and Partnership Officer Doncaster Council SSSC Policy and Change Team Telephone: 01302 737414 Email: john.leask@doncaster.gov.uk

The 'place'

Population: 290,000

Type of authority: large metropolitan borough.

Doncaster has an elected Mayoral system currently provided by the English Democrats, supported by a cabinet drawn from a spectrum of minority parties on the council.

Labour has a majority of city councillors, although it does not provide the administration. It provides the chair of the Health Overview and Scrutiny Committee. Local Labour MP and former junior Labour Minister, Rosie Winterton, played an active role in supporting the LINk and the transition to Healthwatch.

Lab = 43; Con = 9; LD = 6; Other = 5

Ed Milliband, Labour party leader, is a local MP.

The vision
Doncaster was one of seven DH Early Adopter Projects in 2007/8 in the previous change from PPI Forums to LINk. The LINk seeks to adopt an approach which has led to a wide and dedicated membership of more than 500 people, with representation from across the whole of Doncaster's geographical area. This has resulted in measurable outcomes that have influenced change in health and social care services.

The pathfinder has four main priorities:

1. to clarify and strengthen the role of local Healthwatch with key stakeholders
2. to ensure that relevant intelligence and information is retained and shared by stakeholders during transition
3. to build on existing cross boundary work with other LINks and partners
4. to explore the different operational models for the delivery of health and social care complaints advocacy services.

The approach
Because of the highly functioning nature of the existing LINk, Doncaster is looking at an evolutionary approach, building on the excellent relationships that have been established.

The LINk and its host have an already established wide network, and have built strong relationships with health and social care providers and commissioners across varied local authorities and geographies.

An inaugural meeting of the Local Healthwatch Pathfinder Steering Group in October 2011 brought together stakeholders from across the NHS, social care, LINk, voluntary sector and providers.

The steering group has established three sub groups:

1. Community Engagement and Involvement – LINk –led
2. Information, Advice and Complaints Advocacy – jointly led by the council and local NHS agencies
3. Commissioning and Contract Tender – led by the council.

Areas of innovation/good practice

Engagement and involvement
Doncaster Council and the LINk have developed a wide range of engagement pathways to consult and to enable local people to voice their opinions about the proposed changes to health and social care provision.

Engagement is about:

- clarifying the role of Local Healthwatch with all relevant stakeholders
- raising awareness of proposals to establish Local Healthwatch
- helping to ensure Local Healthwatch represents the interests and needs of all client groups
- providing the public, patients and other stakeholders an opportunity to have their say on what Local Healthwatch might look like.

Function

Advocacy, advice and signposting – systematic research is being used to identify what changes are needed to ensure future demand for complaints advocacy, and information and signposting services. This includes:

- identification and mapping of current and future demand
- testing which models most effectively deliver locally commissioned advocacy services
- resources (cost, staffing and physical location) for effective service delivery
- training requirements of staff and volunteers.

Form

The mapping and research work will inform the service specification. Doncaster will pursue a formal tender route.

Challenges

Doncaster Council feels that it is in a strong position to prepare for the proposed change and it has embraced this with enthusiasm.

It is acknowledged that change will not be straightforward, but will be made simpler by working together and with thorough preparation. The agenda extends beyond the local authority's boundary and there is a need to draw on the knowledge and expertise of partners from further afield.

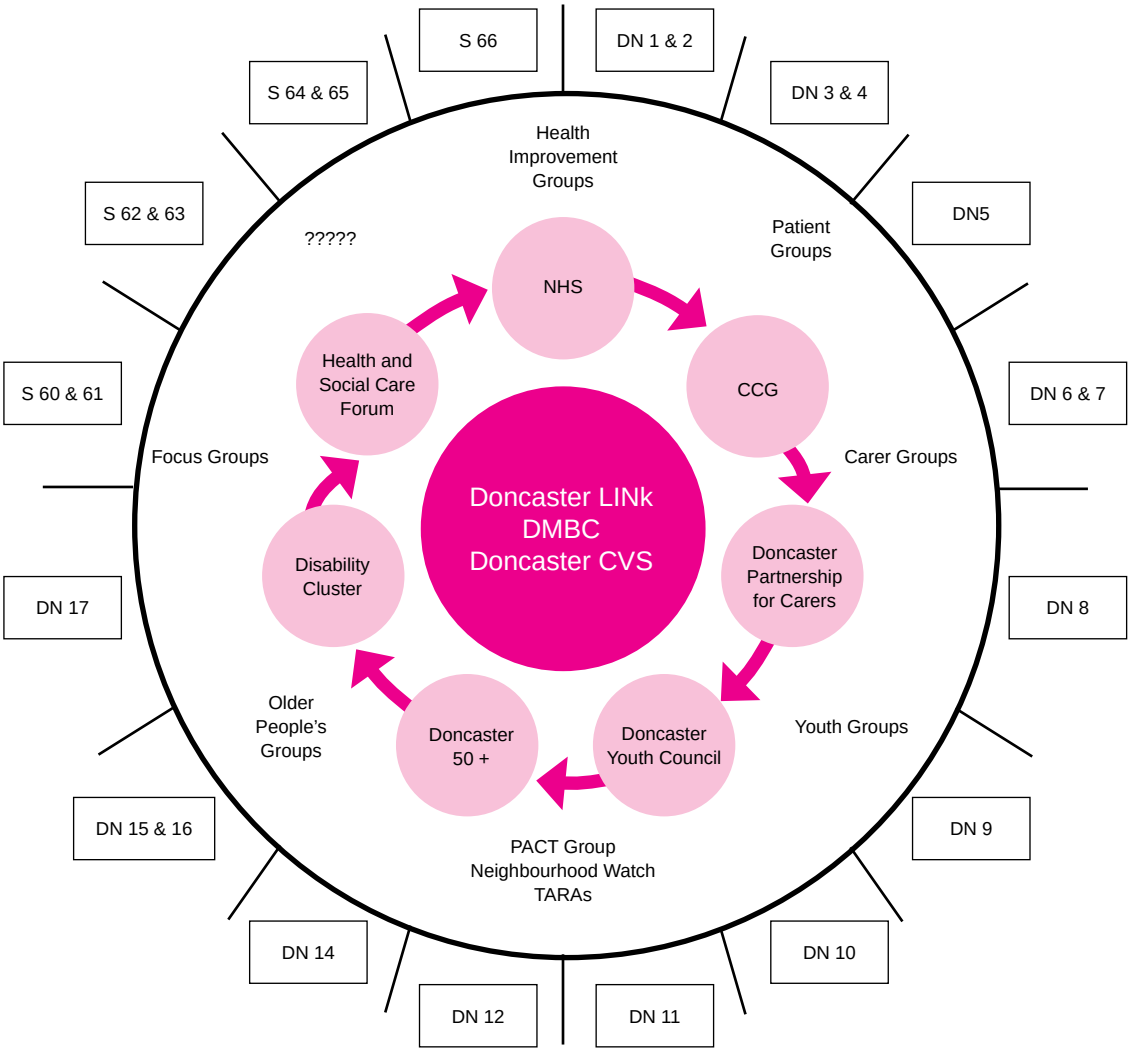
The pace of change is recognised and the council and its partners would appreciate additional support from the DH and/or others in progressing their four priorities.

Next steps

A series of stakeholder and community consultation activities have been planned during the spring to help inform development of the tender service specification.

Critical success factors

- a clear vision of an evolutionary approach from LINk to Healthwatch
- highly functioning LINk – thanks to Doncaster being an early adopter of PPI Forum to LINk – has made vision clearer and planning less onerous
- already established wide networks has aided wide community and stakeholder engagement
- excellent relationships between council (members and officers), the local voluntary and community sector (including the LINk, host organisation and the local infrastructure organisation) and NHS partners.



Supporting documentation and links

Further information about Doncaster's local Healthwatch and the presentations from a recent consultation event held on 23 February 2012 is available from the council's website:

http://www.doncaster.gov.uk

Doncaster Local Healthwatch Information Leaflet January 2012
http://tinyurl.com/d4yompy

Social Care. Past Present and Future
http://tinyurl.com/d694fpz

NHS CCH View
http://tinyurl.com/cwonv6q

3.7 Sheffield local Healthwatch Pathfinder

Elected member lead:	Cllr Mary Lea
Senior management lead:	Richard Webb, Executive Director, Communities
Project lead:	Kate Register, Quality and Involvement Manager, Sheffield City Council kate.register@sheffield.gov.uk 0114 2304779
Other project team members:	Alexandra Davey, Procurement Professional, Sheffield City Council Nick Hoult, Healthwatch Project Support, Sheffield City Council Mike Smith (chair of LINk) Jane Anslow, Partnership and Engagement Manager (Voluntary Action Sheffield – host)

The 'place'
Population: 547,000

Type of authority: large city council.

Small majority Labour-led Cabinet system, with a Liberal Democrat chair of the Health Overview and Scrutiny Committee.

Deputy Prime Minister Nick Clegg is one of the local MPs.

Lab = 49; LD = 32; Grn = 2; Other =1

The vision
The Vision for Healthwatch Sheffield is that it will provide a highly visible presence for local people that will link widely with communities and sectors, and develop a strong, critical friend relationship with CCGs, the Health and Wellbeing Board and providers.

Sheffield's vision is based on:

- giving a stronger voice to citizens and communities to challenge and influence health and social care
- a citizen-led approach which builds on the work of the existing LINk
- concentrating resources on the vision of co-ordination, rather than re-invention
- building on existing expertise and support for choice, information and advocacy
- co-production – full utilisation of the voluntary, community and faith sector networks – which are well established, robust and integrated – to reach the widest possible voices
- clear governance which is shaped by local people and which provides independence, voice, accountability and representation.

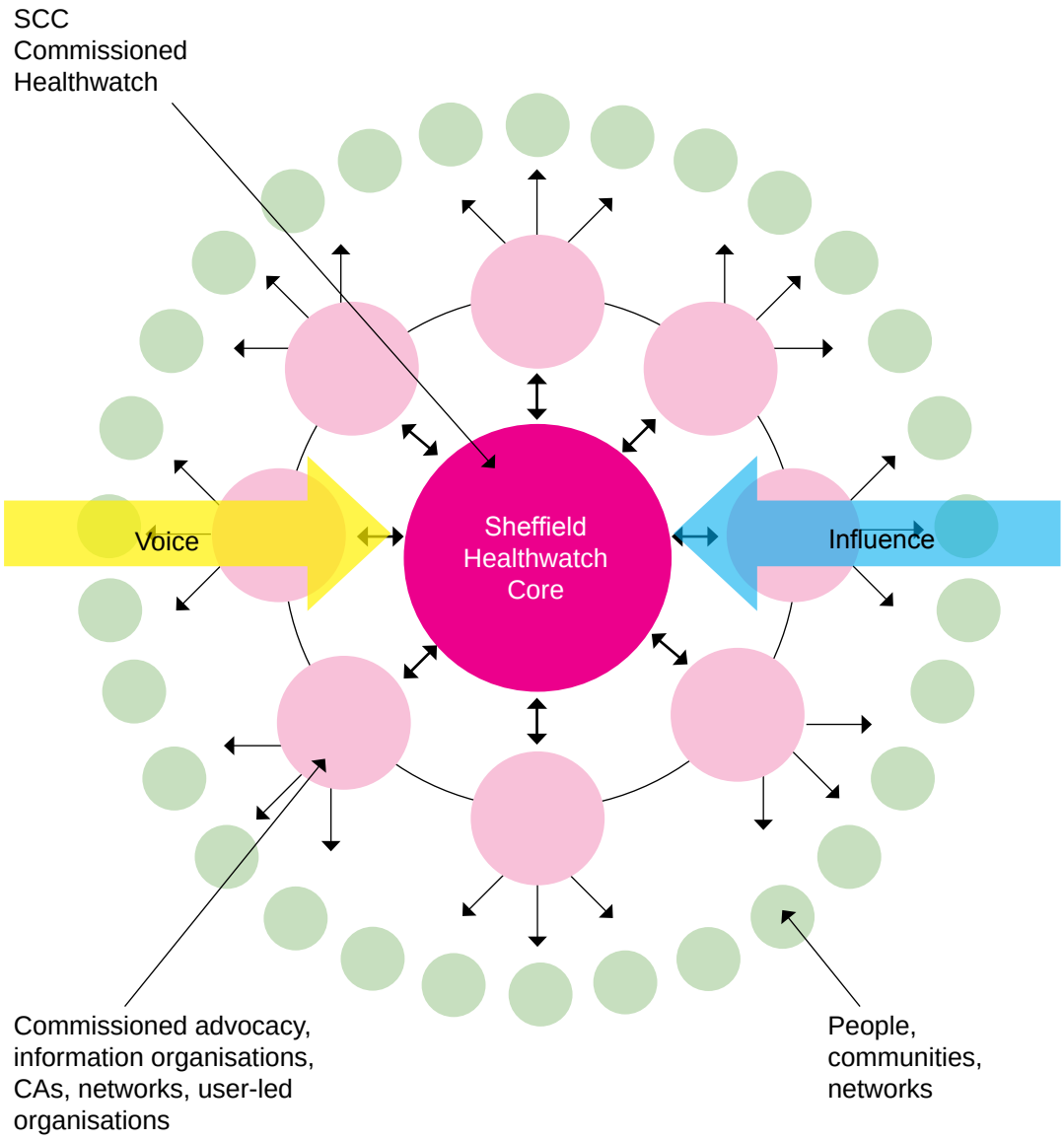
The approach

Sheffield's approach is based on exploiting its well established community links to build a Healthwatch based on a 'Network of networks'.

There has been extensive engagement with LINk, voluntary, community and faith sector from the outset. These robust networks have proved invaluable to engagement and communication on the early vision for Healthwatch.

A 'network of networks'

Sheffield's model is based on building on a 'network of networks' as below:



Areas of innovation/good practice

Function

- advocacy and advice: an already established and robust network of advice, advocacy, information and support has helped guide Sheffield's vision.
- a Sheffield Healthwatch 'information/ advice giving standard' for accredited organisations will be piloted
- signposting – the 'Network of networks model' recognises that Healthwatch will need to draw on help from established voluntary and third sector organisations that already perform advice and information signposting functions well
- separate tendering for a complaints advocacy service will tie in with an integrated advice and information service.

Form

- A competitive tendering exercise is planned for July 2012 – bidders for Healthwatch will have to demonstrate innovation, including staffing levels and how different elements of Healthwatch would work
- Sheffield is interested in consortia arrangements to fulfil different Healthwatch functions. The consortia would be put together by suppliers prior to formal bidding, with one lead organisation. The consortia would not have to be an existing legal entity, but the lead bidder would
- Commissioning specification and governance arrangements have been developed by a wide range of stakeholders.

Finance

Although Sheffield has yet to agree a final budget yet, they are working on the assumption of funding as per the DH consultation paper in 2011. The council will commission via a competitive tender process and financial considerations will play a part in that.

Challenges

- complaints advocacy – Sheffield will explore opportunities for local or regional procurement
- uncertainty remains about national expectations of what it is expected from a 'good' Local Healthwatch.

Next steps

- Sheffield plans to use other forums to engage wider, including community assemblies and third sector assemblies
- a local Healthwatch learning set will be established as part of the Core Cities group[4] (including internet blog, evaluation, sharing support documentation, peer review for Healthwatch development to other areas)
- opportunities will be explored to ensure influential partnership voices which are already represented in health and wellbeing committee structures, are retained in the new Healthwatch model
- a small proportion of the LINk budget will be retained to better support engagement in under-represented areas of communities and sectors.

4 The Core Cities Group includes: Newcastle-upon-Tyne, Sheffield, Leeds, Bradford, Liverpool, Manchester, Birmingham and Bristol

Critical success factors

- an emphasis on strong and wide reaching engagement
- experience and commitment in engaging and involving local people in decision making and shaping service delivery
- experience as a major city with already established robust and integrated networks
- dedicated officer time one-two days a week, increasing to three days
- active elected member involvement
- strong relationships between the city council and the LINk, and the city council and GPs
- wider networks and sharing out of region as part of the Core Cities group.

Supporting documentation and links

http://www.sheffield.gov.uk

https://www.sheffield.gov.uk/whats-new/newsreleases/health-watch.html

http://www.sheffieldlink.org.uk

3.8 East Sussex local Healthwatch Pathfinder

Elected member lead:	Cllr Freebody (Community Services portfolio)
Senior management lead:	Becky Shaw, Chief Executive Simon Hughes, Asst. Chief Executive, Governance and Community Services
Project lead:	Paul Rideout, Third Sector Policy Manager Tel: 01273 482911 Claire Lee, Scrutiny Manager

The 'place'

Population: 550,000

Type of authority: medium sized county council with five district councils

Conservative-led Cabinet system, with a Conservative chair of the Health Overview and Scrutiny Committee.

Local councillor David Rogers (Lib. Dem.) is chair of LGA community wellbeing board

Con = 29; LD = 13; Lab = 4; Other = 3

The vision
The vision for local Healthwatch in East Sussex is for an organisation that is:

- independent but not self-serving
- non-bureaucratic and non-political
- focused around a small central team
- professional in all that it does, focused on building partnerships
- able to expand if appropriate beyond core Healthwatch functions
- sustainable into the future and easy for people to become involved.

The approach
The county council leads a Healthwatch Development Group. The group has a work programme that sets out the transition year activities.

Engagement

- from June to October 2011, under the banner 'Shaping Healthwatch,' eight initial focus groups were held, including residents, voluntary and community organisations, children and young people, patient and public involvement and engagement leads from local health and social care organisations, LINk participants and the LINk Host team.
- themes from the focus groups were put to wider stakeholders, and the results of this were used to inform the work plan.

The vision for an effective, representative and efficient local Healthwatch in East Sussex relies on the following:

1. **the model** – the preferred option for delivering the vision is a contract which supports local independent organisations working together to deliver local Healthwatch functions and services through a small central team in a way that creates future sustainability
2. **leadership** – local Healthwatch should be led by a board made up of two groups:
   i. people appointed from the community who undertake specific board roles in a non-executive capacity and whose primary role is to ensure the organisation is established to serve the interests of the community
   ii. people who are there in an executive capacity each with an equal place or share.

Ensuring non-executive representatives or shareholders are in the majority would help to ensure the community interest is protected.

3. **management and operations** – the organisational Healthwatch Board should take a combined approach to how it delivers services on the ground; it should establish sub-contracts and partnerships with existing voluntary and community organisations and groups to help it deliver its functions and services, along with training and supporting volunteers and 'champions' to deliver appropriate aspects.

4. **access** – local Healthwatch will be available through a central telephone number, email address, and website, as well as being physically accessible through existing voluntary and community organisations who have a high street presence and through a network of trained 'champions' who are available and active within their communities.
5. **influence** – those representing local Healthwatch should be skilled and experienced employees and/or volunteers, tasked with representing the views of the public by presenting information and evidence generated through the delivery of the local Healthwatch functions and services.

Areas of innovation/good practice

Function

- a mapping of organisations, partnerships and networks undertaken to determine the scope of Healthwatch functions already provided by different organisations- including information, advice and signposting services and how the views of service users are already shared with commissioners
- this mapping will be used to inform the structure or model that Healthwatch might take
- building on the work of LINk – the work programme includes maintaining continuity with existing LINk functions, thus creating a robust 'LINk legacy'.

The LINk legacy focuses on:

- engagement opportunities – level of engagement model – drafting toolkit for engagement.
- developing roles and responsibilities for active participants
- process for prioritisation of issues and to test out processes
- maintaining Enter and View activity
- carrying out new service reviews and themed projects that have been through a robust prioritisation process as time and budget allow.

Existing LINk participants will play an important role in transporting the legacy into the new Healthwatch; the legacy is key to ensuring that the new Healthwatch builds on the existing LINk functions and will also help ensure that there is no gap in the delivery of functions.

Form

East Sussex County Council is looking at different organisational models for Healthwatch including charitable company, co-operative and social enterprise.

The council is undertaking a further piece of work which tests out the model for Healthwatch East Sussex. This follows on from the stakeholder engagement activities, which point towards a social enterprise model as the most appropriate for Healthwatch East Sussex's service.

The Healthwatch East Sussex vision provides a solid base for specifying the new Healthwatch services, how it should provide them, governance arrangements and the organisational form. The next logical step is for production of an outline business plan to support the establishment of a social enterprise.

The council is working with two external partners:

1. Jessie Cunnett (PPI Solutions, http://patientpublicinvolvement.com/index.htm)
2. Andrew Laird (Mutual Ventures, http://mutualventures.co.uk)

Activity currently under way includes:

Market testing and analysis – a clear understanding of the service need and if there are any associated services which are not currently being delivered or in the Healthwatch scope.

Service definition –a definition of each service area in terms of charging models, customer, resources, potential delivery partners, potential for growth etc .

Governance arrangements – governance arrangements for the new organisation (including the balance of ownership between stakeholders)

Organisational form and structure – analysis of the legal structure using an options appraisal framework

Procurement routes – an understanding of the implications of procurement regulations including a detailed assessment of procurement issues and commissioning options.

Financial overview – a financial model that encapsulates the operational activities of the new organisation and proves its feasibility and sustainability.

Further community engagement activities – continued engagement of stakeholders and the community to ensure they are fully involved and engaged in the development of Healthwatch.

Finance

Development work is funded from the 2011-2012 Healthwatch Development budget that was set at the beginning of 2011. The work will involve all members of the Healthwatch Development Group and wider stakeholders, and take place over no more than a three month period, ideally completed by mid-April 2012.

The council has not yet set a budget for 2013/14 and 2014/15, as it is awaiting clarity from Government on the exact funding available for all Healthwatch functions.

Within the scoping study on the social enterprise model there have been discussions on income generation; a report is due by the end of April 2012.

A procurement/competitive tendering timetable has been drafted but if the decision is taken to adopt a social enterprise model following the scoping exercise, the council may seek a waiver on contract standing orders.

Challenges

Scrutiny Review of LINk

The Community Services Scrutiny Committee reviewed the LINk model for involving people in health and social care in June 2011. The review highlighted strengths, challenges and problems with the model. Some of the specific recommendations for Healthwatch included that:

- it should prioritise the issues that are important to local communities
- it must recognise that it has to seek out the views of under-represented groups, using existing networks and organisations
- it needs to have a clear structure from the beginning so it can work on issues of concern as quickly as possible
- it should be held to account in a clearer and simpler way than that of LINks.

Next steps

The information gathered through all engagement activities is that the transition needs to be as seamless as possible. East Sussex County Council identified three main options for supporting the key activities during the transitional period:

1. Extend the LINk host contract a further 12 months (1 April 2012 – 31 March 2013).
2. No extension of contract and East Sussex County Council employs a Healthwatch Transition Officer for 12 months (eg 1 April 2012 – 30 March 2013) to oversee both the wind-down of LINk and the establishment of Healthwatch. Additional administrative support would also be available
3. Two-step transition: establish a new transition LINk Host contract to run for six months (1 April 2012 – 30 September 2012) and East Sussex County Council to develop a shadow Healthwatch in partnership with stakeholders (1 April 2012 – 30 September).

Option three has been approved at member level.

Critical success factors

- a clear vision of what Healthwatch should be, with the emphasis on leadership, clear structure and prioritisation
- robust stakeholder engagement from the outset – using themes from the focus groups and wider engagement to inform the work plan
- project-based work streams focused on continuing engagement, LINk legacy, mapping of existing service delivery and work looking issues including organisational form and structure and governance.

Supporting documentation and links

Scrutiny review of the Local Involvement Network (LINk)
http://tinyurl.com/br28mtn
Final report by the project board, 1 June 2011 (16 pages)

Lead Member for Community Services – 26 January 2012

Item 4 – LINk Transition and Healthwatch Development
http://tinyurl.com/d4yv2cr
Presentation of options available to the county council on the expiry of the current contract with the LINk host organisation.

3.9 Hertfordshire local Healthwatch Pathfinder

Elected member lead:	Cllr Colette Wyatt-Lowe – cabinet member for adult social care and health
Senior management lead:	Jess Lievesley, Assistant Director, Commissioning
Project leads:	Tim Anfilogoff, Head of Community Wellbeing tim.anfilogoff@hertscc.gov.uk Henry Goldberg, Chair of the LINk Geoff Brown, LINk-employed Healthwatch Development Worker

The 'place'
Population: 1,100,000

Type of authority: large county council with 10 district councils

Conservative-led Cabinet system, with a Conservative chair of the Health Overview and Scrutiny Committee.

Con = 55; LD = 17; Lab = 3; Other =2

The vision
Hertfordshire has a clear vision of what Healthwatch should be:

1. Influencing

- well-connected organisation, at both local and strategic levels
- knowledge-based organisation that draws upon expertise and validated evidence
- a name that people know and believe to be effective.

2. Signposting

- public know where to go for information about health and social care issues
- relevant information is provided in a consistent and widely accessible way
- Healthwatch co-ordinates a knowledge network, enabling people to work together
- crucially, Healthwatch must be a member of the HertsHelp network of 200+ voluntary organisations working together to improve networking and quality of community information.

3. Monitoring and investigation

- investigations lead to service improvement, better care for patients and users
- effective strategy for investigations, backed by a protocol for investigation work
- open, transparent and inclusive ways of working.

4. Involving and engaging people

- clear strategy and standards, setting out what exactly Healthwatch can deliver
- route to feed in knowledge and concerns, owned by and representative of key stakeholders

- vibrant grassroots organisation that is enabling by nature and well networked.

Approach

Hertfordshire County Council seeks to establish Healthwatch through a single tender process with a new body which shall be established by the LINk in partnership with the voluntary and community sector. Its preferred approach is one of a 'very transparent process of evolution'

It has established a Healthwatch transition group. An underspend on the LINk budget has been used to employ a transition project worker with extensive experience on community infrastructure to help make the most of the learning from LINk's work to date and the views of the voluntary sector expressed in NCVO led sessions in January and February, and through a 360' evaluation questionnaire.

In January 2012, the county council commissioned NCVO to undertake a stakeholder workshop as part of an external 'challenge' to evaluate the effectiveness of the current LINk model and identify areas where Healthwatch could make improvements and add value. Its main findings are under 'Challenges'.

Areas of innovation/good practice

Function

The county council has undertaken an in-depth review of the key functions that it expects Healthwatch to deliver, including engagement and data analysis; support for volunteers and Enter and View; representation on the Health and Wellbeing Board; and signposting and choice.

It is working through all the challenges that the review presented, including:

- how Healthwatch actually engages with the wider community and voluntary sector
- recruiting, managing and supporting volunteers undertaking enter and view
- devising a learning and development plan which clarifies the different roles expected of paid staff and volunteers and that they receive sufficient training and skills development to meet competencies
- how existing established voluntary organisations are enabled to have a voice and how Healthwatch should support this.
- sufficient capacity may be needed to help people access appropriate clinical/ professional social care advice.

Form

Herts Healthwatch is expected to be a 'hub' model which builds on and makes use of the existing advice and information network established entitled HertsHelp. This model is the one which the county council is now pursuing.

HertsHelp is a network of more than 200 community organisations in Hertfordshire working together to help local people find and access practical support, guidance and information.

HertsHelp offers:

- advice: giving advice as well as information, helping people to make the right, informed choices for them
- advocacy: helping people who may have difficulty understanding or being understood to make use of information and advice

- signposting: telling people where to go for help (and informing them about things they may not know to ask about) and advertising HertsHelp
- information: giving people detailed information so they can make choices.

HertsHelp seeks to:

- assist people who often don't know what they're looking for
- provide access to the 14,000 voluntary organisations in Hertfordshire
- get the right help to people from the right provider at the right point in the journey
- access to all the information through a single call
- get information to people who didn't know to ask for it via a 'triage' system
- provide an open gateway to an information, advice, guidance and support.

Finance

Hertfordshire County Council and LINk are negotiating how to arrive at the appropriate budget for the specification which is currently under discussion and to which those standing for election to the Healhtwatch board will commit themselves.

Challenges

NCVO's findings on the current LINk model:

1. Influencing

Currently LINk is not well known to the general public and networking with many stakeholders is limited, especially at local level. LINk doesn't feel like a powerful voice, its role is poorly understood by stakeholders and its membership base perceived to be narrow.

2. Signposting

Information to aid choice is available but it is very disjointed and aspects are sometimes duplicated or even missing altogether. The LINk is not where people would automatically go for information.

3. Monitoring and investigation

Lack of understanding about the nature of role expected of the LINk and there is ample scope for improvement around effective monitoring and investigation.

4. Involving and engaging people

Hertfordshire LINk is not well enough known and there is a need for an improved profile through better communications. The LINk is not regarded as sufficiently inclusive and it needs to network more with others in Hertfordshire with shared interests.

Next steps

March 2012 LINk Executive agree principles of Hertfordshire County Council single tender approach

March 2012: Draft local Healthwatch CEO job description to LINk Executive

April 2012: first draft specification

May 2012: report to shadow H&WBB on engagement and LINk/Healthwatch role

June 2012: final specification for single tender schedule agreed

September 2012: Local Healthwatch CEO interviews

November 2012: Healthwatch CEO in place

January 2013: staff transfers finalised

April 2013: Healthwatch established

Critical success factors

- a broad consensus and clear vision on what a successful Healthwatch in Hertfordshire should look like
- exploiting existing networks – HertsHelp, where many of the Healthwatch functions of information, signposting, advice and advocacy are already delivered to some degree
- full independent review and evaluation of the LINk, and recommendations on where improvements can be made, thus aiding evolution to Healthwatch with its new functions
- ability to overcome issues with the LINk and find leading individuals with whom to work
- dedicated local authority officer time.

Supporting documentation and links

Contacting HertsHelp
www.hertsdirect.org/hertshelp
Email info@hertshelp.net
Telephone 0300 1234 044

3.10 Staffordshire local Healthwatch Pathfinder

Elected member lead:	Cllr Matthew Ellis (Adults and Wellbeing)
Senior management lead:	Eric Robinson, Director of People/Deputy Chief Executive
Project leads:	Kate Waterhouse, Head Customer Insight (Communications and Customer Services) kate.waterhouse@staffordshire.gov.uk 01785 277893 Julie Thompson-Edwards, Head of Access and Information (People)

The 'place'

Population: 830,000

Type of authority: medium sized county council with eight district councils

Conservative-led Cabinet system (taking over from Labour)

Conservative chair of the Health Overview and Scrutiny Committee.

Con = 50, Lab = 3, Lib Dem = 4, Other = 5

The vision

Engaging Communities Staffordshire

The Engaging Communities Staffordshire vision is to establish a social enterprise that will ultimately bring public engagement, consultation, complaints and consumer advice and insight services together through a central independent organisation. Through access to the community the new organisation will be very well placed to support the Health and Wellbeing Board in meeting its objectives including; assessing the needs of local populations, promoting partnerships, joint commissioning and scrutiny of major service redesign.

Operating model

Engaging Communities Staffordshire will be a social enterprise acting as an umbrella body; the delivery model will be based on sub-contracting delivery to local agencies, groups and organisations that already do things well in addition to, where appropriate, provide some services directly where gaps need to be filled. It is anticipated that it will have up to three advisory committees made up of statutory sector commissioners, providers and the voluntary sector, as well as community representatives. It is anticipated that Healthwatch will be one of the services provided through the new organisation.

Anticipated community benefits

- Equal voices: by co-ordinating information centrally, Engaging Communities Staffordshire will become a county-wide hub of consumer information; an intelligent organisation, to enable local people to see the 'bigger picture', informing decisions and highlighting problems. People will know who is being engaged and who isn't and will be able to address the imbalance of influence to ensure all voices have an equal platform.
- Pooling resources: organisations currently delivering patient and public involvement may be able to make efficiencies by reducing duplication of effort and pooling back office functions. The more agencies that commission the organisation the more intelligent it will become.
- Consultation – a single point of access: There are in excess of 10 statutory organisations in Staffordshire with a legal duty to involve and consult their communities. Through Engaging Communities Staffordshire, statutory organisations will be able to signpost local people through a single point of access. The new organisation will ensure people can be involved and engaged, supported and have their voices heard through a range of options that most closely meet their needs.

Anticipated benefits for commissioners:

- commissioners who procure the new organisation will be able to develop relationships with communities and generate feedback to provide evidence-based intelligence to support commissioning decisions
- a wider set of patient and public intelligence gathered through the other services it provides, for example, access to trends generated through Healthwatch and its consumer advice services.

Anticipated benefits for providers:

- independence and transparency to existing patient and public feedback mechanisms. It could host complaints or PALS services, thus ensuring the service is provided through an independent third party in order to demonstrate openness and transparency
- public trust and confidence
- help GPs to meet requirements in the patient participation Directly Enhanced Services (DES) and CQC compliance.

The approach

PPI Solutions developed the Engaging Communities Staffordshire concept in November 2009 as part of follow-up work commissioned by the DH after the publication of the Colin Thomé report in to the failings at Mid Staffordshire NHS Foundation Trust. This has since developed into a sustainable partner-funded initiative with strong local leadership from the county council and a strategic partnership that includes health and social care leaders from each of the commissioning and provider organisations across the county.

Engagement

Stakeholder Consultation – a major public consultation, involving questionnaires, face to face group visits, telephone interviews and public events, on the principles underpinning Engaging Communities Staffordshire was initiated in October 2011 and was concluded in January 2012. Two organisations were commissioned to promote involvement in the survey:

1. Staffordshire and Stoke-on-Trent Consortium of Infrastructure Organisations (SCIO) collected 1,113 face to face survey responses
2. MEL Research Ltd, an independent market research company, carried out 1,016 telephone interviews to ensure the involvement of under-represented groups.

A further 210 survey responses were received directly by Staffordshire County Council. As the final part of the consultation 30 people attended one of three face-to-face events held in January in Cannock, Lichfield and Stafford.

A total of 2,369 responses were received as part of the consultation exercise, the majority of whom were Staffordshire residents (1,902 respondents) with many also having been a user of health services now or in the past (1,438 respondents).

Areas of innovation/good practice

Form

88.6 per cent of respondents wanted one independent organisation providing support to people accessing health and social services. In addition, the majority of respondents agreed that there would be a better understanding of the big issues if all feedback on health and social care issues could be looked at in one place (81.9 per cent).

Staffordshire County Council aims to explore how local Healthwatch could be part of this independent social enterprise model with the potential to bring together a range of engagement, insight and advocacy functions. The focus is on community engagement and how this will enable local Healthwatch to engage with key public services and the voluntary and community sector.

Challenges

Findings from the extensive consultation exercise suggest that the health and social care sector in Staffordshire needs to respond quickly to some of the key issues to provide a holistic and integrated model for engaging with the public and ensuring that their voices are not lost in the complex system of organisations, partners and providers delivering services across the county.

Some of the concerns are as below:

- Wanting to have a bigger say on health and social care services received was valued by the majority of respondents (91.9 per cent). Less than half knew how to make a complaint or raise a serious issue and only 36.1 per cent knew where to go to give feedback on experiences.
- Service quality: 54.8 per cent of respondents felt the quality of the service received varied and only a fifth felt that everyone in Staffordshire received high quality health and social care services.
- Complaints: when making a complaint, just under half of the respondents wanted to be able to approach the organisation delivering the service directly but wanted there to be an independent organisation available to support them should their complaint not be dealt with appropriately. However, nearly half of respondents were not comfortable sharing negative feedback in any form (either via complaint or feedback) with either the organisation delivering the service or with an independent organisation.

Next steps

Specific milestones include:

- appointing an independent chair for the Engaging Communities Staffordshire project (April 2012)
- providing delegated authority to Engaging Communities Staffordshire for providing host arrangements for Staffordshire's LINk as it evolves into Healthwatch (July 2012)
- establishing a shadow local Healthwatch (October 2012)
- Healthwatch specification in conjunction with colleagues across the West Midlands to ensure seamless services across boundaries.

Further work is required to look back at complaints over the last 12/18 months to learn from existing feedback and to help identify how Engaging Communities Staffordshire should develop and evolve.

Critical success factors

Strong leadership: Staffordshire County Council leadership of the Engaging Communities Staffordshire project has been instrumental in developing an effective mechanism for local people to provide feedback, receive help and support with complaints and concerns, and using this information to influence decision makers. The project has received seedbed funding from 10 stakeholder organisations including the NHS trusts, the SHA, the DH Social Enterprise Investment Fund as well as the county council (including some staff resources).

Good political engagement through joint Health Overview and Scrutiny Committee arrangements.

Extensive engagement and involvement activities: involving the public, community and staff as well as many other local organisations with an interest in health and social care. The extent of community and stakeholder engagement has been very impressive and this has enabled a consensus to be established in the following areas:

- support for local Healthwatch as an independent organisation that is
  - clearly removed from Staffordshire County Council
  - open, transparent and has the power to act
  - accountable and responsible to local residents and service users
- commitment to a timetabled and published local Healthwatch implementation plan
- building relationships with the new body to ensure trust, confidence and use of it
- developing and enhancing community engagement.

Supporting documentation and links
Further details of the Engaging Communities Staffordshire project can be found at:

Engaging Communities Staffordshire
http://www.engagingcommunitiesstaffordshire.co.uk/

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3.11 Royal Borough of Kensington and Chelsea local Healthwatch Pathfinder

Elected member lead:	Cllr Fiona Buxton, RBKC Cllr Joe Carlebach, LBHF
Senior management lead:	Martin Waddington, tri-borough commissioner
Project leads:	Jennifer Allott, Corporate Policy Lead Jennifer.Allott@rbkc.gov.uk 0207 361 3280
Other key player:	Ms Christine Vigars Chairman, Kensington and Chelsea Local Involvement Network (LINk)
Host organisation:	Paula Murphy, Hestia Housing and Support 020 8968 6771 paula.murphy@hestia.org

The 'place'
Kensington and Chelsea Royal London Borough

Con = 42; Lab = 9; LD = 3

Population: London Borough of Hammersmith and Fulham 169,700

Royal Borough of Kensington and Chelsea 169,500

Type of authority: London borough council

The vision
The London Borough of Hammersmith and Fulham and the Royal Borough of Kensington and Chelsea already jointly deliver many services. We also work in a tri-borough arrangement with Westminster City Council.

In many areas of the councils work we have found that this has led to delivery of high quality services for a lower cost. The purpose of the Pathfinder is to investigate whether this approach can be used for the local Healthwatch. In particular we will investigate the governance and accountability arrangements of the local Healthwatch, and whether the local Healthwatch can retain a strong local voice in influencing commissioning, while also being delivered on a cross-borough basis.

The approach
The Kensington and Chelsea Local Involvement Network (LINk) is an independent network for members of the local community who share an interest in improving health and social care services in the borough. Over 850 local people are members of the Kensington and Chelsea LINk, while 230 residents form the Hammersmith and Fulham LINk. Both groups are supported by a 'host' organisation. Hestia Housing and Support provide this function with a local LINk team. This service is commissioned separately by the two councils.

The pathfinder will produce a governance good practice toolkit, which will identify good practice examples and include a SWOT analysis of the potential models. The pathfinder will also consult with current and potential local Healthwatch members and stakeholders as to the benefits and costs of different models through a public event.

Areas of innovation/good practice
- using a cross-borough approach to maximise the impact of allocated local Healthwatch funding
- consultation with public to ensure local Healthwatch structure represents needs
- identifying ways in which governance can facilitate and support cross-authority working.

Challenges
Further proposed changes to the NHS, which have already undergone a significant alteration during and after the parliamentary pause in the passage of the Health and Social Care Bill. There will be significant changes arising from reconfiguration of NHS services at a local level – some of which have already started – and the need to develop relationships with newly created bodies responsible for delivering local healthcare.

Closer links between local NHS services and the boroughs' adult social care provision, and the new role and responsibilities given to local authorities for promoting public health are likely to figure prominently.

The role of health scrutiny itself is likely to develop, as attention is brought to focus on the operation and performance of the proposed 'Health and Wellbeing Boards' (which will bring together GP commissioners, local councillors, patient representatives, and others).

Next steps

In addition to preparing for Healthwatch the Kensington and Chelsea LINk's priorities for 2011/2 include:

- access to dentistry
- dignity champion inspections
- hospital discharge processes
- screening ambassadors
- patient reference groups
- training
- quality accounts.

Critical success factors

Transition plan

To prepare for the transition to Healthwatch the borough plan to continue to build and strengthen to ensure an effective change management process and transition to the Healthwatch model building on the successes to date of the LINk. This will be achieved by

- recognising current positions of strength, high levels of satisfaction, stability, an ability to influence and a sustainable foundation
- preparing for proposed additional functions in relation to access to information and patient complaints advocacy by mapping local service delivery
- establishing a local steering group of stakeholders to plan for patient and public engagement in the new health and social care landscape
- working with GP and clinical commissioning colleagues on the development of a local engagement strategy
- developing Patient Reference Groups (PRGs) to support patients get involved in shaping service delivery at practice and local commissioning levels
- supporting integration of health and social care.

Strengthening user voice and community engagement

The Hammersmith and Fulham and Kensington and Chelsea LINks can help ensure priorities reflect local need, help deliver the user perspective of joined-up health and social care services and deliver key health promotion messages. Research shows that early intervention and prevention can lead to significant cost efficiencies.

Cross boundary working

The Kensington and Chelsea LINk is very proactive in working cross-borough with regular hosts and Chairs meetings with all LINks in the North West London sub-region as well as development of a blog for the benefit of all London LINks. In line with the council's 'tri-borough' proposals, the LINk has built strong working relations with neighbouring LINks in Westminster and Hammersmith and Fulham.

Overview and Scrutiny Committee

The committee's relationship with the LINk has continued to strengthen, with the organisation's chair sitting alongside councillors and reporting on LINk activities at each meeting. The committee recognises the important role played by the LINk in fostering voluntary support, and the excellent work which it has carried out across a wide range of areas. It looks forward to the continuation of a mutually beneficial local relationship, as the LINk evolves into a local Healthwatch body under the Government's plans for NHS reform.

3.12 Lambeth local Healthwatch Pathfinder

Elected member lead:	Cllr Jim Dickson
Senior management lead:	Helen Charlesworth-May
Project lead:	Valerie Dinsmore VDinsmore@lambeth.gov.uk
Other key players:	Nicola Kingston, Lambeth LINk Aisling Duffy, Lambeth LINk Jo Cleary, Lambeth Council Andrew Eyres, NHS Lambeth Adrian McLachlan, Lambeth Clinical Commissioning Board Julia Shelley, Host to the Lambeth LINk

The 'place'
Population: Lambeth is one of the most densely populated inner London boroughs, with a population of around 270,000. 38 per cent of Lambeth's population are from ethnic minorities, the seventh highest figure for a London borough. Approximately 150 languages are spoken in the borough. The 2007 Index of Multiple Deprivation (IMD) places Lambeth as the fifth most deprived borough in London and 19th most deprived in England.

Type of authority: inner London borough

Labour-led Cabinet system, with a Liberal Democrat chair of the Health Overview and Scrutiny Committee.

Lab = 44; LD = 15; Con = 4

The vision
At the heart of Lambeth's vision is a belief that by involving citizens in the development of their own solutions, communities are empowered, deliver sustainable interventions and improve health and wellbeing. People's lives are most acutely influenced at the local level – in their homes, at school, in their places of work and in their neighbourhoods. This is also where citizens are most likely to come into contact with services and support mechanisms to improve their lives.

It is envisaged that the Lambeth Healthwatch pathfinder will build on the existing good work carried out to date and will focus on shaping the planning of health and social care services.

This includes:

- scrutinising the quality of local service provision
- informing the commissioning decision-making process
- participating in the Health and Wellbeing Board
- contributing to the JSNA
- undertaking meaningful engagement and a ensuring a collective voice
- providing local, evidence based information and case studies.

The approach
Lambeth has a highly functioning, evidence –based and outcome-focused LINk.

Its host is Age UK Lambeth (previously known as Age Concern Lambeth) whose contract was extended for 2011-12. There are currently 417 LINk members and 25 of these are on the LINk steering group. In 2010-11, the LINk involved 1,756 local people and gathered feedback on health and social care services from 685 of them.

Over the past three years, the Lambeth LINk has carried out a range of activity including:

- task and finish working groups on key health and social care issues, helping to inform Lambeth's JSNA and resulting in changes and improvements to the delivery of services
- representation on project groups and boards across the acute and community sector
- community engagement activity to involve Lambeth's residents in challenging and scrutinising health and social care decisions
- bringing a community perspective to the work of the Health and Adult Services Scrutiny Committee through a regular agenda item at each meeting and quarterly meetings with the chair.

The LINk has worked closely with Lambeth's Scrutiny Committee, with lead councillors and with Health and Wellbeing Board members to hold decision-makers to account. The LINk also makes regular reports to the council's Health and Adults Social Service Scrutiny Committee Scrutiny on its work plan and projects. The chair of the scrutiny committee has attended a meeting of the LINk Steering Group to discuss plans for the transition to Healthwatch.

The Lambeth LINk co-chairs the engagement workstream of Lambeth's shadow Health and Wellbeing Board, along with a Lambeth GP Dr Raj Mistry, and representatives from health and social care agencies in the borough. It has drafted some shared principles for citizen involvement in Lambeth.

a. Working together for change [co-production]
The concept of co-production is that people's needs are better met when they are involved in an equal and reciprocal relationship with professionals, working together to get things done. It is a radically different approach to public services that is built around six characteristics:

1. recognising people as assets and using the skills and strengths they have to design and run services
2. building on people's capabilities
3. promoting mutuality and reciprocity
4. developing peer support networks
5. breaking down barriers between professionals and users
6. facilitating rather than delivering.

b. Leadership

HWBB partner organisations will provide an explicit commitment to fostering a local innovation culture that places an emphasis on strong relationships with citizens, local voluntary and social enterprise organisations. This ambition needs to be explicit with clear objectives and measurable impact. Collaboration will be promoted at every level by all partners in HWBB:

- involving individuals in the management of their own health and wellbeing
- involving the whole community in different ways eg patient cohorts, special interest groups, age groups, BME populations or the wider public
- involving organisations and individuals that are enabled to act as representative of others (eg third sector organisations, LINk/ Healthwatch)
- involving Health and Wellbeing agencies from all sectors in joint engagement activities.

c. Purposeful involvement

The purpose of all involvement activities will be clearly defined.

d. Accessible and fun

- increasing citizen participation in decision making should be both engaging and enjoyable
- ensuring equalities issues are addressed
- working with existing forums and structures to reach people as well as creating new methods of engagement
- taking place in a variety of locations and using many different methods – working with people in their communities, using different tools and approaches for different audiences
- ensuring access needs are met to enable participation (eg around money, health needs, childcare, language, disability).

e. Well planned, appropriately resourced and accountable

- allowing adequate time for the planning of activities and the building of relationships
- ensuring full and correct information is available to people to respond to
- providing appropriate training and support to enable effective participation
- ensuring there is no costs for individuals involved – contributions are recognised and rewarded
- establishing processes and accountability lines that are clear, concise and productive
- developing effective support and project planning mechanisms (eg monitoring, establishment of criteria and use of qualitative feedback from citizens).

f. Transparency

- being part of a published plan that sets out the planned activities, targets, and hoped for outcomes
- ensuring feedback to participants
- monitoring and evaluation – showing the difference the engagement has made
- testing new ways of involving communities in managing health and wellbeing
- transferring this knowledge to other neighbourhoods, through the HWBB.

Areas of innovation/good practice

Stakeholder involvement

Lambeth's GP consortium is a pathfinder and has identified patient and public engagement as a key priority area for development. Clinical commissioners have begun to forge relationships with the existing LINk in Lambeth, and are keen to ensure that effective engagement structures and processes are developed.

Function

The functions of Healthwatch will be informed by the engagement work stream priority of the Health and Wellbeing Board where partner organisations plan, self-assess and audit their engagement with Lambeth's communities through the use of a simple set of tools and by providing a panel of expert advisers already supporting engagement work in the borough.

Equalities – LINk members have been trained in carrying out equalities impact assessments (EIAs), and are bringing these skills to bear in recent budget decision-making. LINk members are working with the lead councillors for social care and health and for community cohesion in developing activity on equalities on future council and health planning. LINk members gather information on the impact on individuals of changes to local services, in order to help inform future planning and to feed this intelligence into the EIAs.

Integration – the LINk has played an important role in bringing health, social care and other partners round the table through discussions at the Steering Group and through a series of public meetings with statutory partners. These include a joint meeting with NHS Lambeth on 'Right Care, Right Place'. After hearing the public views at this meeting, NHS Lambeth allocated a £30k budget to underline its commitment to involving patients and to incentivise user involvement. It also allocated additional resources to support involvement in the quarterly Lambeth residents' survey. The LINk has also hosted discussions on developments including 'Your care, your way', the new information and advice portal, transformation plans for mental health services, and further integration of community health and social care services.

Empowerment – the council recognises the strength of the individuals and organisations that make up the LINk. Through training and development Lambeth Council seeks to build on and enhance their skills in order to have residents participating fully in the planning and scrutiny of services. LINk members have worked in detail on four areas of health and social care provision through Task and Finish reports, scrutinising existing services, carrying out Enter and View visits, speaking to commissioners and providers and then producing reports on their work with clear recommendations for service changes and improvements.

Safeguarding adults – Lambeth LINk is also playing a key role in safeguarding vulnerable adults in Lambeth. They are represented on the Safeguarding Adults Board, along with statutory and other voluntary sector partners. The LINk has been funded to develop a new project that aims to involve people in the development of services that safeguard vulnerable adults and this has two aspects:

1. Service User Panel: the LINk is setting up a Panel made up of service users across all client groups. Panel members will act as ambassadors and experts by experience on a range of issues including, but not restricted to, their experiences of the adult safeguarding arrangements in Lambeth. The Panel will develop and embed permanent mechanisms to ensure service user feedback informs changes to the partnership's safeguarding procedures and practice. This project will ensure that procedures and systems are co-produced, with a focus on meeting the needs of those people who receive support from services.
2. Safer Neighbourhood Volunteers: vulnerable people are often the victims of crime and anti-social behaviour, with the perpetrators targeting them because of their disability. The LINk will recruit 25 safeguarding volunteers to represent the safeguarding agenda on the borough-wide safer neighbourhood panels. These volunteers will help raise the profile of safeguarding across the borough, and ensure that those people in the community who are most vulnerable are protected when subject to violence and abuse.

Form

Lambeth Council and its staff have been working with citizens, local organisations and a range of experts to develop a new approach to delivering public services. This approach, called 'the Co-operative Council', aims to transform public service provision by handing power from the provider to the user. This means the council working in partnership with citizens to design and deliver public services which meet their specific local needs, incentivising citizens to play a more active role in their local community and more co-operation with a wide range of service providers (be they social enterprises, co-operatives, public sector organisations, businesses, faith organisations and other third sector organisations) to deliver tailored services in different areas. The LINk has been involved in the development of the Co-operative Council, and will build on this in the move to Healthwatch.

Finance

Lambeth LINk has an agreed annual budget of £142,875, and the transition to Healthwatch is a key element of the current year's agreed work plan.

Challenges

- health, and the wider determinants affecting health and wellbeing, present a real challenge to effective commissioning and service provision in Lambeth
- wide and diverse communities also represent both a challenge and a strength due to Lambeth's active communities engagement programme.

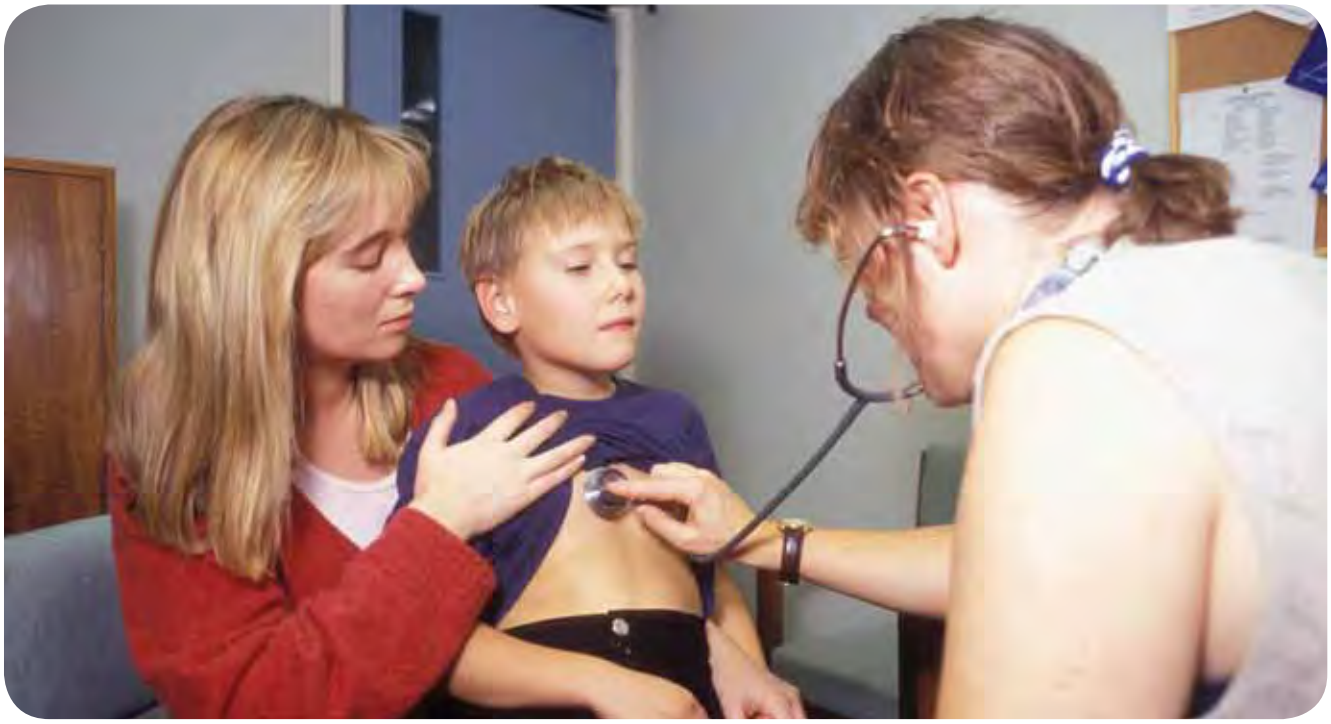
Next steps
The Lambeth Healthwatch Pathfinder will build on the work carried out to date and will focus on shaping the planning of health and social care services. This includes:

- scrutinising the quality of service provision
- informing the commissioning decision-making process
- participating in the Health and Wellbeing Board
- contributing to the JSNA
- undertaking meaningful engagement and a collective voice
- providing local, evidence based information and case studies.

Critical success factors
Key building blocks for success in Lambeth include:

- principles of engagement and co-production at the heart of the Co-operative Council philosophy
- an effective and well-established LINk which has directly influenced local planning, has demonstrated credibility in bringing health and social care partners and the public together, and is active in equality issues
- training and development to further empower LINk members
- excellent examples of co-designing services
- a vibrant and diverse third sector and a programme of support via the council's active communities programme
- a workshop approach to developing the shadow Health and Wellbeing Board
- CCG understanding of the role of patient engagement.

Supporting documentation and links
http://www.lambeth.gov.uk
http://www.lambethlink.org.uk/files



3.13 Sutton local Healthwatch Pathfinder

Elected member lead:	Cllr Simon Wales
Senior management lead:	Victoria Lawson, Head of the Chief Executive's Office 020 8770 5779 victoria.lawson@sutton.gov.uk
Project leads:	Glen Ocsko Matt Archer
Other key players:	LINk and NHS

The 'place'
Population: 181,000

Type of authority: outer London borough

Lib Dem-led Cabinet system, with a Liberal Democrat chair of the Health Overview and Scrutiny Committee. However, full council in April is due to consider new governance arrangements that could see the council move to a committee system with a single Scrutiny Committee.

Paul Burstow, Cabinet Minister for Health, is a local Lib Dem MP.

LD = 42; Con = 11; Lab = 1

The vision
Sutton Council has four key ambitions for the health and wellbeing of Sutton people, which are:

1. collaboration and co-operation between all partners.
2. local services for local people and positive experiences of services.
3. improvement in the health and wellbeing of the whole population of Sutton with positive life outcomes and a narrowing of the health equalities gap.
4. building inclusive, strong communities which value and enable the most vulnerable people in Sutton to lead fulfilling lives.

To achieve these ambitions, the council believes that there must be

- consultation about plans, involving partners and local people, in a way which makes sure that people can really engage with the process and make a meaningful response
- excellent partnership working which ensures that scarce resources are pooled wherever possible and used to best effect, delivering good outcomes for local people
- real investment in wellness and prevention of ill health.

A list of the council's eight key priorities for health and wellbeing includes a specific commitment to community engagement:

8. Engagement and consultation about the health changes with key stakeholders at the right time, in the right way and in the right place is critical and will remain a priority for the Shadow Health and Wellbeing Board. This will ensure the GP, public health and Sutton Council's priorities are aligned and are underpinned by locally agreed outcomes. For example, a Joint Public Communications Strategy for consulting about changes resulting from the 'Better Services, Better Value' review of health services across South West London.

The approach

To achieve all of the council's ambitions, engagement and communication needs to be meaningful, informative and timely. The council already has a community engagement framework, Open Council, which has been agreed by the Executive and sets out its ambitions and approaches to community engagement, including expectations that the same standards are met by all partners. This provides the starting point for all engagement work.

The council has put in place a transition group to support the development of a local Healthwatch in line with these principles. This ensures key stakeholders are involved from the beginning in developing and shaping our local Healthwatch; instrumental to this has been the support and engagement of the Sutton Local Involvement Network (LINk).

Consideration is being given to the development of the complaints advocacy function with colleagues from across London. This would provide councils with options on delivery at a pan-London and local level for consideration and approval by members.

Areas of innovation/good practice

Function

LB Sutton has a long history and strong record of engaging with and working alongside the voluntary and community sector (VCS), and it understands the important role that this sector plays in engaging with communities. The council recognises the valuable role and contribution the VCS has to make in improving health and wellbeing in a wide range of ways and ensure that VCS are represented in a way that can influence strategic direction.

The local Healthwatch will build upon the strong tradition and practices put in place by the LINk, demonstrated by them securing Pathfinder status. In the future, the local Healthwatch will play a significant role as lead VCS organisation for health and wellbeing. An important part of their role will be to continue to build capacity in the wider voluntary and community sector to improve health and wellbeing as well as provide an effective health and social care voice for residents.

Form

LINk as the Healthwatch Pathfinder, with Sutton Council, aims to explore how the local Healthwatch will be accessible to resident and the options for the new information and advice role for the local Healthwatch. It will also explore how this will build on the partnership and expertise in advocacy with local voluntary/community and residents that exists through the positive work from LINk. The pathfinder will focus on a local Healthwatch framework to promote collaborative working with the emerging local patient involvement structures including foundation trusts, clinical commissioning groups and local health and wellbeing board.

Challenges

As the NHS reforms take shape, all local authorities and NHS organisations are moving through a transition phase, preparing the ground for 2013, when Primary Care Trusts (PCTs) will be abolished. New organisational structures and ways of working together across health and social care are emerging and the Healthwatch will be an important part of this architecture.

Sutton Council, with LINk as the Pathfinder, will take the lead in promoting the best interests of Sutton people and support local people to get involved, ensuring that the community engagement framework continues to facilitate citizen and patient engagement and to give local people a real voice in the reform process.

A programme of consultation is planned to understand the need for a local Healthwatch and this consultation and involvement will be undertaken throughout April, May and June. This will inform the draft commissioning intentions for the local Healthwatch.

This provides the opportunity for residents, partners and members to influence and shape the development of a local Healthwatch. This began with a discussion with the LINk and its volunteers at their recent AGM.

Next steps

Sutton Council is moving forward on the development of a local Healthwatch and will continue to ensure the appropriate involvement and engagement of residents, partners and members. Key activity over the coming months will focus on consultation and engagement to shape the commissioning intentions of the Healthwatch:

- developing further stakeholder events focusing on the specific elements of a Healthwatch
- survey with LINk members and other key stakeholders
- Speak Out Sutton debate
- workshop for councillors.

Critical success factors

The results of the consultation and engagement process will inform the final commissioning intentions and therefore, the shape and need of the local Healthwatch.

Approval on the intentions and the process for commissioning will be undertaken in October 2012. This will ensure a Healthwatch can be in place by April 2013.

Supporting documentation and links

London Borough of Sutton website http://www.sutton.gov.uk/index.aspx?articleid=1

3.14 North Somerset local Healthwatch Project (non-pathfinder)

Elected member lead:	Cllr Nigel Ashton (Leader)
Senior management lead:	Jane Smith, Director Adult Social Services
Project leads:	Alun Davies, Planning and Policy Manager alun.davies@n-somerset.gov.uk 0127 588 4033

The 'place'
Population: 208,000; generally affluent but with some small pockets of deprivation

Type of authority: smaller unitary authority formerly part of the Avon Metropolitan County; Conservative-led Cabinet system, with a Conservative Chair of the Health Overview and Scrutiny Committee.

Con= 42; LD =6; Lab = 5; Grn = 1; Other = 7

The vision
The North Somerset Healthwatch will have the following principles at its core:

- make sure what it does and how it works is fully accessible to everyone who may want to use or take part in it
- nothing that it does discriminates against or unfairly treats or disadvantages anyone
- it promotes independent living, human and other legal rights
- it enables those who take part in it to shape its policies and services and be fully involved in decision-making
- it works to make sure all individuals and groups can take part in its work, and that it represents and puts across the views reflected to it
- it reports back about what it has done and what has happened as a result
- it builds and develops positive working links and partnerships with all key health and social care stakeholders
- it tries as hard as possible to be 'value for money' – that is doing what it does as cost effectively and efficiently as possible.

The approach
North Somerset Council has been in active discussion with the LINk and key health and social care stakeholders since the proposals to replace LINk with Healthwatch were first announced.

North Somerset Council has established a Healthwatch Stakeholder Reference group, on which a number of key health and social care voluntary organisations and partners sit.

There is also a Healthwatch Procurement Advisory Group including representation from two of the council's Scrutiny panels.

Areas of innovation/good practice

Function
Healthwatch in North Somerset will incorporate the fundamental principles of a User-Led Organisation (ULO), and in time it would seek to meet some of the ULO functions. Additional ULO functions would only be considered after the first year at least of the Healthwatch, and they would have to bring with them additional funding for their provision.

Form

North Somerset Council will work with all key stakeholders to develop Healthwatch as a fully independent corporate body incorporated through a legal process which could include company limited by guarantee, social enterprise, registered charity or industrial providential society.

Its preference is to do this by evolution from the LINk to Healthwatch. This would involve working with the existing LINk management group plus other key health and social care stakeholders and individuals in the community and voluntary sector to establish a structure which could apply for and be granted incorporated status.

The organisation would then be established as Healthwatch North Somerset and it would meet the Healthwatch statutory functions and include the fundamental principles of a ULO. Healthwatch would be an independent voluntary organisation with its own management structure and ability to employ its own staff. The aim is for Healthwatch to be a membership organisation if possible building on the existing LINk membership. The organisation would be subject to the usual monitoring for grant-aided bodies.

If the above approach is unsuccessful, then the council will undertake a competitive procurement process. If procurement is used then the council would still seek the full involvement and engagement of the existing LINk management group and key stakeholders in the procured service.

Finance

The preferred option of evolution would require the council to fund the Healthwatch organisation that emerges through grant aid. Core funding of Healthwatch that will be the source of this grant aid will be based upon the allocation for Healthwatch included in the Area-Based Grant for 2013-14. If the procurement route is used the council's procurement policies and procedures will be followed.

Challenges

The main challenge has been to think through how a Healthwatch could be established taking in to account the Government's requirement that Healthwatch 'evolves' from LINk, set against clear procurement and commissioning policies. An important step was to distinguish between the LINk structure itself and the host. If evolution was from the LINk then procurement did not apply as the LINk in its current form is not a corporate body. From this it became possible to envisage a scenario where the existing LINk could evolve in to Healthwatch with the appropriate support. Crucial to this is having a good positive relationship with the LINk, and a judgement that the LINk has been effective.

If the preferred way forward is pursued, the key challenge here will be to establish Healthwatch as a fully independent incorporated body corporate by the autumn of 2012. If this is not achieved, then procurement will be followed.

Another important challenge is to determine where exactly Healthwatch will fit in the already existing and thriving health and social care community, voluntary and engagement network in North Somerset. It is vital a distinct and influential role is found for Healthwatch in order for it to attract interest and influence.

Next steps
If the evolution approach is pursued, then the period from April to September /October 2012 will be used to work with partners to set up Healthwatch as a fully independent incorporated corporate body. If this is achieved, it will be given the DH set-up funding in order to set up its office and recruit staff for the immediate beginning of its work from April 2013.

The alternative is for a procurement process to be undertaken in the autumn.

There will be a major engagement exercise to be undertaken by the LINk and host in the summer /autumn of 2012. This will be to find out what the public's priority issues are in health and social care which it will want the Healthwatch to take-up. This exercise will also be used to promote and publicise Healthwatch.

Critical success factors
- clear vision of a North Somerset Healthwatch including the principles of a User-Led Organisation
- early planning and discussion to agree options for moving forward (despite not being a pathfinder)
- work already progressed on setting out the core principles, functions and outcomes of a Healthwatch.

Supporting documentation and links
www.nsomersetlink.co.uk/healthwatch.php

http://tinyurl.com/cd6ts2w

http://tinyurl.com/cgmsxeu

3.15 South Tyneside local Healthwatch (Non Pathfinder)

Elected member lead:	Cllr Emma Lewell-Buck, Lead Member (Adults, Health and Wellbeing)
Senior management lead:	Helen Watson, Corporate Director (Children, Adults and Families) 0191 424 7701
Project lead:	Julie Turner, Strategic Commissioning Lead (Healthy Communities) julie.turner@southtyneside.gov.uk 0191 424 7647

The 'place'
Population: c 153,700

Type of authority: metropolitan borough in the northeast region

Labour majority

Lab = 39; Con = 1; LD = 1; Other = 13

The vision
South Tyneside Council and its partners have a long history of engaging the community about decisions affecting the local area and the services they receive. The council believes that listening to local people improves the quality and responsiveness of services and it sees a real opportunity to further strengthen this partnership with the community.

The approach
In 2008, a multi-agency Community Involvement Steering Group (CISG) was established and this has played an important role in developing greater joint working in community involvement activities and promoting greater co-ordination. The role and remit of the group has recently been reviewed in light of the Government's health reforms and will play a key role in supporting both the Health and Wellbeing Board and the CCG in meeting their duties to involve the public, users and patients.

The group is made up of representatives from:

- the council
- PCT
- CCG
- South Tyneside NHS Foundation Trust
- South Tyneside Homes
- South Tyneside LINk
- voluntary sector.

Areas of innovation/good practice
A steering group has been established to help guide the commissioning of local Healthwatch, and a stakeholder day took place in November 2011. The event was delivered in partnership with the LINk. Membership of the steering group includes:

- BT South Tyneside category manager social care (procurement)
- council strategic commissioning lead
- representative from the council's legal team
- council statutory scrutiny officer
- council community involvement team leader
- South Tyneside PCT
- South Tyneside CCG
- LINk (with the host acting in an advisory capacity).

Engagement

- The council's aim is to 'hard-wire' public, user and patient involvement into health and social care commissioning and provision and this will be facilitated through the engagement and involvement work of the CISG. The consultation with the voluntary sector on the draft Joint Health and Wellbeing Strategy (JHWS) was designed in partnership with the LINk and they also held two events to gather people's views. This early engagement is helping the LINk to understand their role in relation to the JHWS and the Health and Wellbeing Board.
- JSNA development – the council has prepared a JSNA Stakeholder Engagement Plan which sets out how and when partners involve the public, patients and carers in the JSNA process. This plan is monitored and regularly updated by the JSNA Steering Group and implemented through the CISG. To ensure engagement is inclusive, various ways of involving people at a strategic, neighbourhood and community of interest level are being used. The LINk are helping to build a model of engagement that will gather views from the voluntary sector on local health and social care services but also help map local assets that could support health and wellbeing priorities.

Function

- Advocacy – the council is currently reviewing its generic advocacy contracts and this may have a bearing on how the signposting function of Healthwatch will be commissioned. The development of the statutory complaints advocacy service is being explored with a consortium of other local authorities in the Tyne and Wear area.

Form

- The council is considering building on the existing strengths of its 200 LINk members and its host organisation (Bliss=bility), although it is recognised that leadership skills may need to be developed and strengthened.

Finance

- The council is currently exploring options for funding local Healthwatch in light of the legislation, recent DH policy guidance and significant pressures on local council budgets. This will inform whether they will use a tendering route.

Challenges

- The CISG has identified a number of challenges, including how to secure enhanced engagement with the voluntary sector in the commissioning cycle, and more systematic engagement with local people and stakeholders around the JSNA.
- The Health and Wellbeing Board is seen as both a challenge and an opportunity to bring together a range of other public service interdependencies – including public health, housing and children's services and to inject new vigour into attempts to create more integrated working across health and social care.
- It is recognised that CCGs will have an extremely steep learning curve around ways of working but in South Tyneside the CCG chair is a committed and active member of the HWB.

Next steps

- The council will work with the LINk/local Healthwatch to develop stronger public and patient involvement in the JSNA process. It has already started work with Age UK to look at what evidence the JSNA should include about older people and to 'age-proof' the strategy.
- The JSNA and CISGs will implement a more systematic approach to gathering community intelligence for the JSNA. They will also work though the CISG to ensure the community involvement resources of partners continue to be used in a coordinated and effective way.

Critical success factors

- South Tyneside's model builds on a well-established local healthy communities agenda and patient and public involvement is one of the Health and Wellbeing Board's priorities in the JSNA
- co-ordinated approach to ensuring engagement in the JSNA and thus helping to truly hard-wire citizen involvement into commissioning decisions
- stakeholder buy-in through the Healthwatch steering group and the wider CISG, ensuring the major players are signed up and committed to the patient and public engagement agenda.

Supporting documentation and links

South Tyneside's Health and Wellbeing Strategy 2012-2013.
http://www.southtyneside.info
http://www.northeastlinks.org.uk

Appendix
Summary of pathfinder support programme snap surveys

Introduction

The LGA, Regional Voices (representing the voluntary sector in health and care) and the NHS Institute for Innovation and Improvement are working together on a DH funded programme of work to learn from and provide support for local Healthwatch Pathfinder areas. At the outset of this project four brief surveys were conducted in pathfinder areas to help identify:

- what progress has been made
- where examples of good or interesting practice may be found
- what the challenges and support needs are for those involved in developing local Healthwatch.

This paper provides a summary of the key findings from the surveys.

Profile of respondents

Surveys were sent to:

- local authority lead commissioners named on Healthwatch pathfinder bids
- key contacts in voluntary and community sector (VCS) infrastructure bodies in pathfinder areas
- LINk chairs in pathfinder areas
- regional Healthwatch transition leads who have been supporting Healthwatch development in each region.

Response rates to each survey varied from 53 per cent (40 responses) for the Lead Commissioners' survey to 39 per cent (28 responses) and 48 per cent (36 responses) for the VCS and LINk chair surveys respectively. Responses were also received from 6 of the 9 Regional Healthwatch Transition Leads.

The profile of those responding from the local authority perspective broadly reflects the profile of Healthwatch Pathfinder authorities as a whole with regard to political leadership and type of authority (eg unitary, shire county etc) although London boroughs are slightly under represented in survey responses from both local authorities and VCS respondents. Amongst the VCS responses there was also a proportionately high response from the Central regions (particularly the East Midlands). Amongst the LINk responses there was a proportionately high response from the North in (particular Yorkshire and Humber) and a proportionately low response from the Central regions (particularly the East).

As there are only 75 pathfinder areas, the number of individual respondents in each case is limited. As a result, the conclusions we can draw from the data are preliminary ones which will be tested further through our follow up case study work and the learning event which is planned for Wednesday 25 April 2012.

The partners in this work programme would like to thank all those who responded to these surveys and hope to be able to work with you over the coming weeks to refine our conclusions and to work with DH and others to start addressing the challenges and meeting the support needs that you have helped us to identify.

Summary of finding

Survey responses suggest:

- **Good levels of progress in pathfinder areas**. Lead commissioners in 90 per cent of areas indicate that plans for local Healthwatch will build partially or substantially on existing LINk arrangements. Over 80 per cent of areas report reasonable or significant progress and have one or both of transition and commissioning plans underway with broad internal and external engagement in the majority of cases.
- **Uncertainty - the most significant challenge**. In particular, uncertainty regarding regulations and requirements for Healthwatch, which were yet to be confirmed at the time the surveys were conducted, but which are expected to impact on the process of transition and the dynamics between respective local organisations now that legislation has passed.
- **Questions remaining over the options for commissioning local Healthwatch**. In particular, the range of options available (eg for organisational form and separate or joint commissioning of certain functions) and the legal issues around this.
- **Public involvement a key development challenge in the transition from LINks**. In particular, strengthening public involvement and accountability and retaining learning from LINks, volunteer involvement and community connections are all identified as development challenges.
- **Some more specific and specialist advice required**. Responses from Lead Commissioners suggest that although they have access to general advice and information some more specialist advice tailored to specific circumstances would be valuable, including more expert legal advice with regard to legal forms and commissioning issues.
- **Additional complexities in two tier areas.** Some of the written responses to survey questions suggest that those commissioning and implementing local Healthwatch in two tier areas face additional challenges because of the complexity and range of organisations, stakeholders and relationships involved.
- **Place of local Healthwatch as an equal partner on Health and Wellbeing Boards seen as vital**. To the accountability and credibility of local Healthwatch and its ability to influence service prioritisation and provision.

- **VCS concerns about potential loss of engagement during and post the transition process**. 'VCS engagement in transition' and 'clear links between the sector and local Healthwatch' feature highly in VCS responses. Activity of the current LINk host is identified most frequently as the mechanism by which the VCS are currently engaged in the transition process. As the role and funding of host organisations changes and the sector has no guaranteed place on the Health and Wellbeing Boards, there are concerns that the sector's opportunity to influence key JSNA and Joint Health and Wellbeing Strategy processes may be diminished with the creation of local Healthwatch.
- **Loss of existing support for the transition process is a concern**. Access to Regional Healthwatch Transition Leads is identified by Lead Commissioners amongst the key mechanisms in place to support the transition from LINks to local Healthwatch. Regional Healthwatch Transition Leads are identified as a key source of support and information in relation to some of the key challenges being faced. Four of the 6 Regional Healthwatch Transition Leads who responded to our survey will not be in post beyond the end of June 2012, at least two posts will already have ended by April. On-going support for the current LINk host was also identified by Lead Commissioner, Regional Healthwatch Transition Leads, VCS and LINk respondents as a key mechanism supporting transition. These arrangements are also set to change, with contracts tapering or ending in some areas prior to the commencement of local Healthwatch April 2013.

Priority areas of support and information for local authorities:

- development of commissioning plans and legal advice on commissioning process (including EU procurement and different commissioning options)
- expert advice on legal forms for local Healthwatch
- clarity on the signposting and complaints advocacy functions (and option for commissioning)
- better understanding of the supply side (ie. who has the potential to deliver various Healthwatch functions and where there are gaps in local capacity)
- techniques for improving public engagement in planning and development of local Healthwatch.

Regional Healthwatch Transition Leads also highlight support they have provided with areas of conflict and change management.

Progress to date

Thirty five out of 40 respondents (88 per cent) to the Lead Commissioners' survey report that they have a locally written plan for transition from the LINk to local Healthwatch either in place or in development. Lead commissioners from 16 authorities (40 per cent of respondents) say their locally written plan is already in place.

Twenty six respondents to the Lead Commissioners' survey (67 per cent) say they have a written commissioning plan (setting out how the various Healthwatch functions will be commissioned locally) in development or in place. Lead commissioners from four authorities (10 per cent of respondents) say their commissioning plan is already in place.

When asked to self-assess how far they thought their local authority area had progressed with its arrangement for local Healthwatch, the majority of Lead Commissioners (55 per cent) reported having made reasonable progress (defined as being between quarter and half way to where they needed to be). A further 30 per cent reported making significant progress (defined as being between a half and three quarters of the way to where they need to be). Three authorities reported more advanced progress.

Engagement in transition and commissioning plans

Within local authorities

When lead commissioners were asked about involvement of internal colleagues in Healthwatch plans, responses reflected involvement of senior management, elected members, colleagues from adult social care and legal and procurement each in over 70 per cent of transition and commissioning plans. Reponses also reflected lower, but still significant involvement of colleagues from public health, children and young people's services and health overview and scrutiny committees, each in over 50 per cent of cases.

Of those with a locally written transition plan in development or in place, 80 per cent indicated that they had involved colleagues from internal voluntary sector liaison/grants teams in these plans, with a lower proportion involving these colleagues in commissioning plans.

Several respondents highlighted that shadow Health and Wellbeing Boards had also been involved in plan development.

With external partners

When asked about the involvement of external partners in developing these plans, responses reflected involvement of both health and care service user groups and LINk hosts each in over 70 per cent of transition and commissioning plans and LINk member involvement in the development of transition plans in 95 per cent of cases.

Responses also indicated lower but still significant involvement of the following groups in 50 per cent or more of both transition and commissioning plans:

- carers groups/networks
- voluntary sector care providers
- Council for Voluntary Service or equivalent VCS infrastructure organisations
- specialist voluntary and community sector organisations (eg. those working with disabled people, young people, older people, LGBT and BME communities).

The involvement of these groups was also broadly mirrored in responses from both LINk Chairs and VCS infrastructure contacts, allowing for the more varied levels of personal involvement of these respondents when compared with those in Lead Commissioner roles.

Other external groups highlighted by respondents to the Lead Commissioners survey included NHS commissioning and provider organisations, including CCGs, PCTs, NHS Trusts, Patient and Public Involvement managers, PALS and the Independent Complaints Advocacy Service.

Some respondents to the Lead Commissioners survey also highlighted plans to engage or consult with the general public. Good examples of public engagement activity (and plans for more of this in future), including workshops/events, public meetings and a survey designed for public consultation, were also strongly evident in the responses that LINk Chairs gave when asked about aspects of local Healthwatch development where joint working between the local authority and the LINk had been successful.

Building on LINks

When asked to what extent plans for local Healthwatch in their area were building on existing LINk arrangements, the majority of Lead Commissioners (over 60 per cent of survey respondents) said that plans were partially building on these arrangements. A further 30 per cent of respondents said that plans were building substantially on existing LINk arrangements.

The aspects of the LINk or its activities that Lead Commissioners indicated their local authorities were particularly keen to retain in the development of local Healthwatch included:

- learning generated from within the LINk
- source of community intelligence
- connections with service user and community groups
- volunteer involvement
- communication networks.

Responses given by respondents from the VCS indicated similar priorities, although perhaps unsurprisingly a higher proportion of respondents indicated concern about retaining 'connections with the wider VCS' in the development of local Healthwatch. These same six priorities (the five listed above plus 'connections with the wider VCS') were also reflected in the Regional Healthwatch Transition Leads' responses.

Perhaps unsurprisingly, all suggested responses to this question[5] received a high response rate from respondents to LINk Chairs' survey (all responses selected by 75 per cent or more of respondents).

However, the three most frequently selected (by over 95 per cent of LINk Chairs) were volunteer involvement, learning generated from within the LINk and connections with service user and community groups, which also feature amongst the priorities for the other respondent groups.

5 Which, in addition to those already mentioned above included: key personnel; perspective as critical friend; connections with statutory agencies; and connections with local political leadership.

Mechanisms for supporting transition from LINks to local Healthwatch

When lead commissioners were asked what mechanisms have been or are being put in place to support the transition from LINks to local Healthwatch in their area, the most frequent responses were:

- access to regional healthwatch transition leads
- on-going support for the current LINk host.

Having a dedicated local Healthwatch development officer, a multi-agency transition team and providing on-going encouragement for participation in LINk leadership development work also featured significantly amongst responses from lead commissioners and regional healthwatch transition leads. Four of the six regional healthwatch transition leads also flagged on-going financial support for the current LINk host as a key mechanism.

'On-going activity of the current LINk host' was also the most frequently selected response from VCS infrastructure organisations, when asked about the mechanisms that are supporting VCS involvement in the transition from LINks to local Healthwatch – chosen by 72 per cent of respondents to the VCS survey.

When LINk chairs were asked what mechanisms support LINk involvement in the process of transition, LINk involvement in the Health and Wellbeing board was selected by nearly 70 per cent of respondents. On-going financial support for the current LINk host and on-going LINk leadership development work were also selected by over 50 per cent of respondents to the LINk chair's survey.

Accountability of local Healthwatch

When asked what mechanisms are being, or will be, put in place to ensure local Healthwatch is accountable, the following were all selected by 90 per cent+ of respondents to the lead commissioners' survey:

- broad and inclusive public and volunteer involvement
- clearly defined links to the Health and Wellbeing Board
- clearly defined relationships with health overview and scrutiny process.

The following were also selected by over 70 per cent of respondents:

- locally agreed membership criteria
- robust governance mechanisms
- clear links to voluntary and community sector representatives
- a clearly articulated process for engagement in development of JSNA and Joint Health and Wellbeing Strategy
- plans for annual report/public reporting process.

Clearly defined links to the Health and Wellbeing Board was also the most frequently selected response to this question from VCS and LINk chair respondents.

‘Clear links to voluntary and community sector representatives’ and ‘clearly articulated process for engagement in development of JSNA and Joint Health and Wellbeing Strategy’ were also frequently selected by both VCS and LINk respondents, with VCS equally likely to select ‘robust governance mechanisms’ and LINk respondents equally likely to select ‘clearly defined relationships with health overview and scrutiny process’.

Challenges

Commissioning challenges

Uncertainty was most frequently identified as a significant challenge faced in commissioning local Healthwatch, selected by 80 per cent of respondents to the lead commissioners survey which was conducted at the end of February 2012. ‘Uncertainty regarding regulations and requirements for Healthwatch yet to be confirmed through the legislative process’ was by far the most frequently selected response when lead commissioners were asked to identify the three most significant challenges they faced in commissioning local Healthwatch. The next two most frequently selected responses reflected challenges of form (establishing the right legal form for local Healthwatch) and finance (setting a budget for Healthwatch for 2013/14 and 2014/15).

Other significant challenges indicated in these responses also included ‘identifying the right structure for Local Healthwatch’ (another challenge of form) and ‘establishing the signposting and complaints advocacy functions of local Healthwatch’ (a challenge of function). Some authorities are clearly considering commissioning signposting and/or advocacy functions separately from other local Healthwatch functions. One respondent mentioned the possibility of doing this in conjunction with neighbouring councils.

In addition, where respondents identified other commissioning challenges amongst their three choices, these included the need for ‘market testing’ to identify who could deliver local Healthwatch and possibly ‘market stimulation’ if the options were found to be limited. One respondent identified the challenge of trying to ‘co-produce a single, credible, community-based organisation within existing procurement regulations’. Questions clearly remain for some over whether the local authority should be commissioning or procuring Healthwatch from, or as part of, an ‘existing corporate body’ or whether they should be ‘growing their own’ local organisation with initial grant funding or via a more restricted tender process.

Development challenges

When lead commissioners were asked to identify the three most significant challenges their area faced in developing local Healthwatch capability, the three most frequent responses were:

- managing the transitional arrangements from LINk to local Healthwatch
- engaging the general public in plans for local Healthwatch
- establishing appropriate mechanisms for public accountability.

Ensuring intelligence and contact networks from LINks are retained or transferred to local Healthwatch was also selected by over a quarter of respondents.

In the written responses from lead commissioners to this question there is also reference to the challenges of 'building the capacity of active LINk participants' and 'retaining LINk member support' in an environment of heightened 'expectations' and' uncertainty'. The challenge presented by the 'complexity of partnerships and the VCS landscape' was also mentioned, as was the challenge of 'engaging with existing and emerging patient and public engagement strategies within the local NHS'.

When VCS contacts were asked to identify the three most significant challenges in developing local Healthwatch (although this question was not split into commissioning and development challenges as it had been for the lead commissioners) the most frequently chosen responses were uncertainty, managing the transition from LINks and engaging the general public in plans for local Healthwatch.

These responses closely echoed those of the lead commissioners. However, perhaps unsurprisingly 'engaging the wider voluntary and community sector in the transition process' also featured as the equal third most frequent response selected by VCS respondents.

Uncertainty was also the challenge most frequently selected by LINk chairs followed by 'identifying the right structure for local Healthwatch' and 'identifying the right legal form for local Healthwatch'. 'Managing the transition from LINks to local Healthwatch' was the joint third most frequently selected response for this group, identified amongst the top three challenges by over a quarter of LINk chair respondents. Amongst the written responses from LINk chairs to this and subsequent questions, there was also reference to the challenges of overcoming conflicts of interest for local authorities (in their local Healthwatch commissioning and care service provider roles) and tensions around the independence and organisational form for local Healthwatch that maybe heightened following the passing of legislation.

The same three challenges, uncertainty, structure and legal form were also flagged as key challenges by the regional healthwatch transition leads in response to this question.

Support needs

When lead commissioners were asked in which areas they thought further support or information would be beneficial to the development of local Healthwatch, expert advice on the different legal forms that local Healthwatch can take was selected by over 60 per cent of respondents. Over 30 per cent of respondents also selected each of the following:

- support with development of commissioning plans
- legal advice on the commissioning process
- better understanding of the supply side (ie who has the potential to deliver various Healthwatch functions and where there are gaps in local capacity)
- techniques for improving public engagement in planning and development of local Healthwatch.

Respondents from VCS infrastructure organisations indicated much the same priorities, although also highlighting a need for support with development of transition plans as well as commissioning plans and for effective joint working with partners in the voluntary and community sector.

Written responses to this question reinforced the need for greater clarity on form, function and finance for local Healthwatch, including the options in relation to signposting/PALs and NHS complaints advocacy functions and the central role Healthwatch England. These challenges were also clearly reflected in the responses of regional healthwatch transition leads who identified: form, function, procurement, managing conflict and managing transition contracts with LINks as areas on which local authorities had sought their input or advice.

Current sources of support

When asked where they currently go for support and information on these issues over 50 per cent of respondents to the lead commissioners survey selected each of the following:

- Healthwatch transition lead
- specialist advisors
- legal advisors
- health/NHS colleagues/organisations
- informal peer networks.

Over 40 per cent of respondents reported seeking support or information from voluntary sector colleagues/organisations and a third of respondents reported using the LGA Community of Practice as a source of support and information. The valued role of regional healthwatch transition leads was further highlighted in the written responses to this question.

When asked what types of support or information would be most beneficial, the following were the most frequently chosen responses, selected by 50 per cent or more of respondents:

- written information or guidance
- on-line resources
- local/regional meetings or workshops.

Respondents from VCS infrastructure organisations indicated similar preferences. More than 50 per cent of respondents in this group also selected peer networks and one respondent raised the point that some support and information may need to be more accessible to those without internet access.

Next steps

We have the opportunity to follow up on the issues highlighted here through the next stages of the joint work programme. In particular, case study work should enable us to better understand the complexities in two tier areas and the concerns of VCS partners and help us identify where, if at all, mitigations or solutions are being found for these.

Anything that can be done in conjunction with DH over these weeks immediately following the passing of legislation to bring clarity to some of the outstanding issues for local Healthwatch Pathfinders, (particularly those of form, function and finance) would be enormously helpful to those involved in local Healthwatch development in pathfinder areas and beyond.

The learning workshop planned for 25 April is an ideal opportunity to share examples of different approaches being taken locally and those commissioning plans that are already in development or in place. Through this approach we will be able to get a clearer idea of the issues on which more tailored and/or specialist advice might be required by both pathfinder and other areas over the coming year.

In the next stage of this work further attention needs to be given to the mechanisms of support available to those involved in local Healthwatch and how, as a group, pathfinder areas might be better networked.

Now that the Health and Social Care Act is statute, it is important to provide local authorities with the support needed to further embrace its new Healthwatch leadership role. There has been some loss of local capacity to support Healthwatch in recent months, so it is critically important to identify other ways in which help and support can be provided where it is needed.

In direct response to feedback received and the implementation challenges identified in this report the LGA, in partnership with the DH and the Care Quality Commission, is developing a programme of support for all local authorities that includes developing regional action plans, a programme of regional master classes to address some of the specific operational issues that have been raised by local authority commissioners, alongside some hands-on support and specialist advice as we move towards the April 2013 local Healthwatch establishment date.

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