

## Summary of key emerging models and analysis

Key learning that has emerged describes a number of potential models. These are listed below with a brief appraisal.

### A) A distributed model

Existing organisations provide the Healthwatch functions – these are co-ordinated through a core body. There is an emphasis on the ‘core body’ actively co-ordinating information from others and distributing work out for them to advocate, investigate and respond to.

Pros	Cons
This could utilise local knowledge and expertise	Local gaps in knowledge and expertise exist – new functions/organisations may need to be commissioned
Core body could provide a single point of access	Where organisations currently provide a similar service , e.g. information and advice, potential double funding could occur
Core body could be shared across more than one borough	Complex management arrangements, unless the functions are commissioned by the core body

### B) A consortia model

A group of specialist organisations come together offering different specialisms. This model lacks a defined, central ‘leadership’ body.

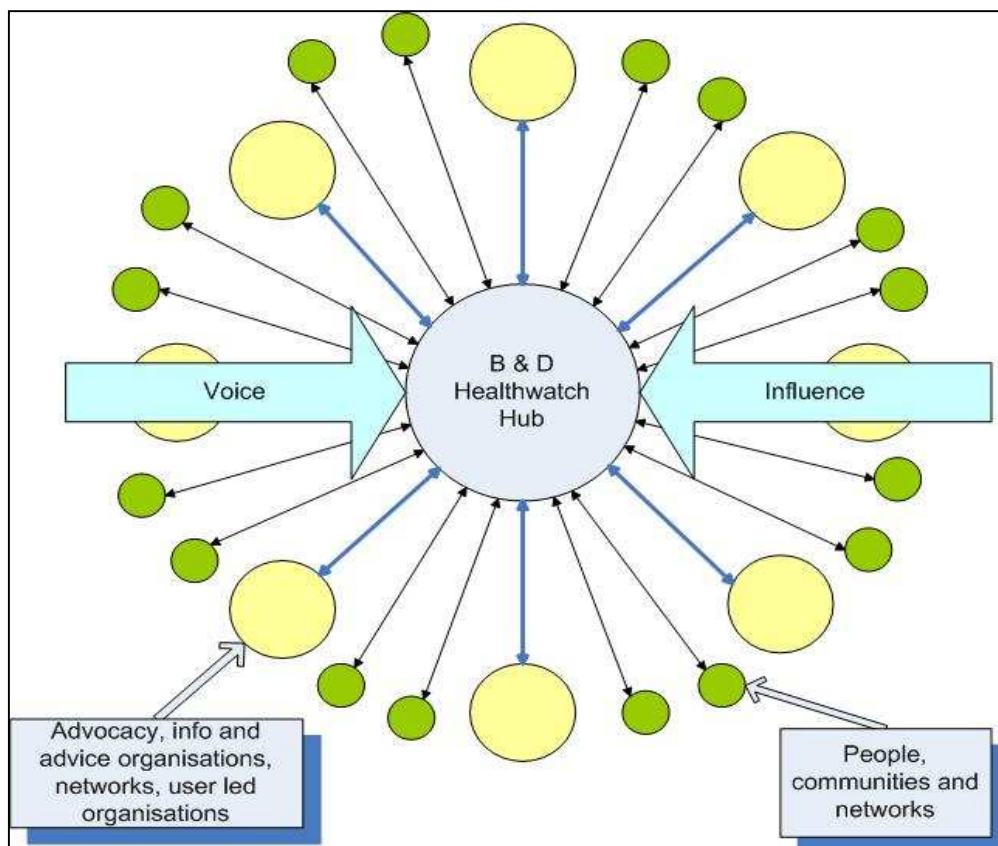
Pros	Cons
This could utilise local knowledge and expertise	Access routes may not be clear to public – no one point of access
Provides resilience across a network of providers for staff absence or unexpected rises in demand	Does not address need for generic support or gaps
	Would require complex management arrangement
	Difficult to establish visibility
	No opportunity for shared back office costs

### C) A hub and spoke model

A central organisation is identified to network with other local organisations and individuals (please see diagram at the end of this document). The emphasis of this model is in Healthwatch being a more equal partner with other agencies, and therefore taking on more of its own work, rather than distributing it and managing it through others.

Pros	Cons
Central organisation could be shared across one or more borough	Large remit
Would build on local expertise and knowledge	
Would be far reaching	
Central organisation could provide a single point of access	
Central organisation could commission functions where gaps exist	

Diagram of Hub and Spoke model – Barking and Dagenham’s proposed model



#### D) A core and associates model

Individual representatives of local voluntary sector organisations are elected to form a core body which will develop into a social enterprise and form the basis of a local Healthwatch organisation. Initially, therefore, there is not a defined organisation 'Healthwatch' distinct from the partnership of local voluntary sector. The intention appears to be to grow Healthwatch more distinctly from a partnership of organisations, rather than focusing on the current LINK.

Pros	Cons
Builds on local knowledge and expertise	Difficult to operate across more than one borough
	Possible confusion with CVS
	There is already substantial cross- and inter-organisational support within the borough

#### E) Grow a new organisation or corporate body

For example, this might be a social enterprise which grows directly from the existing LINKs, PALs and contractual arrangements. May or may not include NHS advocacy.

Pros	Cons
Builds on local knowledge and expertise	Replicates services which are already provided in the borough
	Growing an organisation might not fit with timescale for local Healthwatch to commence from April 2013

#### F) Open tender for all or part of service and let the market decide

Against the seven functions of Healthwatch, tenders are invited to deliver one or all within all or part of the funding available.

Pros	Cons
Could bring new skills and expertise into the borough	The market may not be fully developed
Could offer something more creative than we had considered.	Tender may be won by a national organisations without local knowledge
	Funding may not be substantial enough to commission something entirely new