Local Government Association

REGIONAL VOICES for an informed, connected and influential third sector

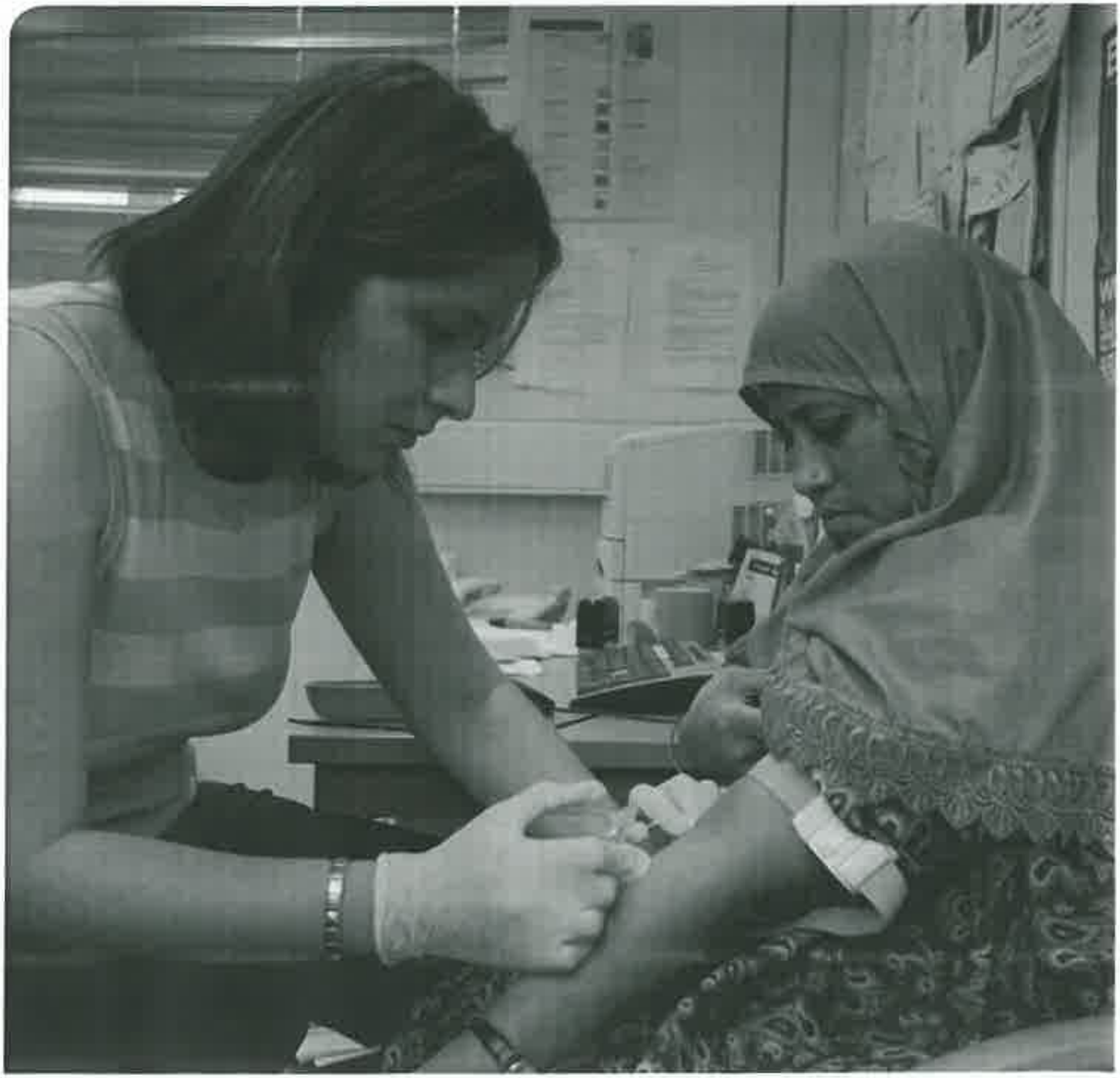
NHS Institute for Innovation and Improvement

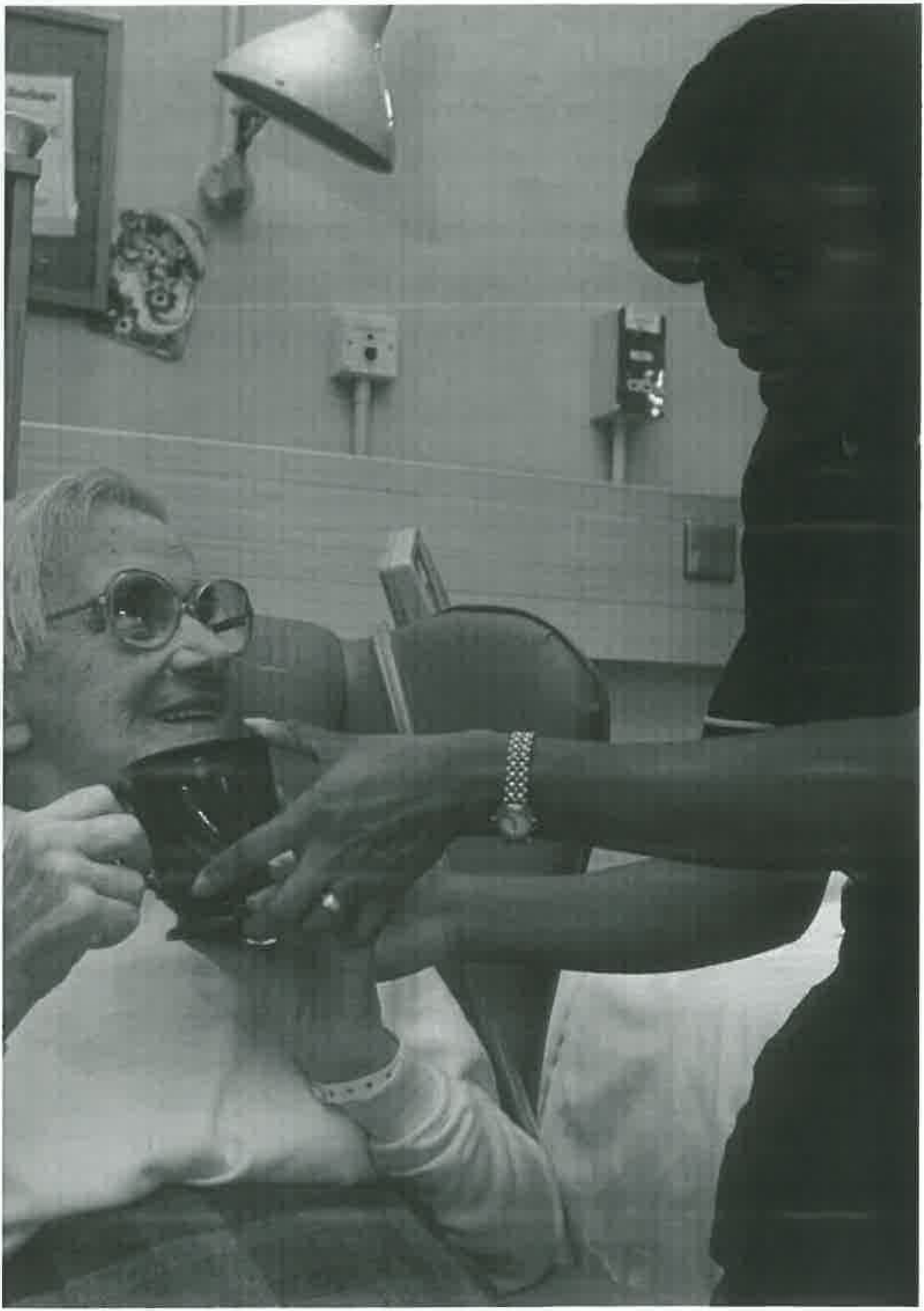
Health, adult social care and ageing

Supporting Healthwatch Pathfinders

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