

Developing effective local Healthwatch



Background

Within the context of the Health and Social Care Act 2012 ('the Act') a number of key sectors have come together to provide effective leadership and support for the successful implementation of local Healthwatch (LHW).

The key players are:

- local authority commissioners (who will be responsible for providing local leadership, managing the contracts with their LHW and ensuring effective delivery in line with the legislation) – represented and supported by the Local Government Association (LGA)
- Healthwatch England¹ (HWE) (who will provide national leadership and support)
- the Department of Health (who have overall responsibility for this policy area).

The Department of Health (DH), Healthwatch England and the LGA are collaborating in the provision of support to local authorities to help ensure that arrangements are put in place that enable their local Healthwatch organisations to perform and deliver to a high standard.

It is recognised that a well performing local Healthwatch will help drive up the quality of local services, resulting in improved experience and outcomes for people who use them. This document sets out a collective view of what the key characteristics of an effective local Healthwatch would look like, structured around the key statutory roles.

Discussion with a range of stakeholders has also highlighted the benefit of clarity on how the requirements stipulated in the Act might translate into practical responsibilities for local Healthwatch, against which their effectiveness can be evaluated by local authority commissioners and LHW themselves.

¹ Healthwatch England will be formally established in October 2012. Healthwatch England here refers to the Healthwatch England interim team.

This will in turn inform local authority tender documentation or commissioning frameworks.

About this document

It is hoped that this document will help local authorities both to commission local Healthwatch organisations and review how well their local Healthwatch delivers its roles and responsibilities. It can also help emerging potential local Healthwatch organisations understand what is expected of them and how they can develop to meet current best practice.

The document seeks to support sector-led improvement² at a local authority level by helping to shape the outcomes local authorities might want to achieve in their local Healthwatch commissioning role. It is important to emphasize that this document does not cover the commissioning process itself, nor does it offer a preferred organisational model for local Healthwatch.

The word commissioning in this document is intended to mean working with stakeholders to understand what is needed from local Healthwatch, specifying the requirements, and putting in place arrangements to deliver them. Local authorities take different approaches to commissioning local Healthwatch, which may involve a tendering process or a grant funded route.

It is anticipated that emerging and aspiring local Healthwatch organisations can also make use of this as a tool for self-assessment in order to identify strengths and areas for development. Once they are established, LHW are encouraged to publish the results of their self-assessments which would in turn help them to compare levels of maturity against good practice and their peers.

² Local authorities taking collective responsibility for improving performance in place of seeking to achieve targets and outcomes set out by central government

Local authorities, the LGA, local Healthwatch organisations and Healthwatch England will work together to promote sector-led improvement, where the emphasis is placed on local solutions and peer support (eg in sharing best practice).

It is likely that further advice and support would be helpful as commissioning and implementation proceeds. DH, LGA and HWE will be guided by localities in this and are committed to working together and with local stakeholders to develop and deliver any further support. Collectively this will be brought together as a Quality Framework for local Healthwatch – of which this document is the first part.

What is Healthwatch?

Healthwatch is the new independent consumer champion for both health and social care. It will exist in two distinct forms – local Healthwatch, at local level, and Healthwatch England, at national level. The aim of local Healthwatch will be to give citizens and communities a stronger voice to influence and challenge how health and social care services are provided within their locality. Local Healthwatch will also provide or signpost people to information to help them make choices about health and care services.

The Health and Social Care Act 2012 sets out that local Healthwatch will be established in April 2013. Until then Local Involvement Networks (LINks) will continue to operate as usual. A local Healthwatch will be an independent organisation, able to employ its own staff and involve volunteers, so it can become the influential and effective voice of the public. It will have to keep accounts and make its annual reports available to the public.

The Department of Health website includes information about the role of local Healthwatch. It says local Healthwatch will:

- have a seat on the new statutory health and wellbeing boards, ensuring that the views and experiences of patients, carers and other service users are taken into account when local needs assessments and strategies are prepared, such as the Joint Strategic Needs Assessment (JSNA) and the authorisation of Clinical Commissioning Groups³
- enable people to share their views and concerns about their local health and social care services and understand that their contribution will help build a picture of where services are doing well and where they can be improved
- be able to alert Healthwatch England, or CQC where appropriate, to concerns about specific care providers, health or social care matters
- provide people with information about their choices and what to do when things go wrong⁴
- signpost people to information about local health and care services and how to access them
- give authoritative, evidence-based feedback to organisations responsible for commissioning or delivering local health and social care services
- (LHW may) help and support Clinical Commissioning Groups to make sure that services really are designed to meet citizens' needs
- be inclusive and reflect the diversity of the community it serves⁵.

3 This will ensure that local Healthwatch has a role in promoting public health, health improvements and in tackling health inequalities. More information on the authorisation process for CCGs is on the DH website: www.dh.gov.uk/health/2012/05/authorisation-process-ccg/

4 This includes either signposting people to the relevant provider, or itself providing (if commissioned by the local authority), independent advocacy to individuals who want to complain about NHS services

5 There is an explicit requirement in the Health & Social Care Act that the way in which a local Healthwatch exercises its functions must be representative of local people and different users of services. See Annex A for definition of local people.

A full list of the current LINK functions and the proposed local Healthwatch functions is at Annex A.

Local Healthwatch: building on Local Involvement Networks (LINKs)

Local Healthwatch will carry forward the functions of LINKs and will have additional functions and powers. Local Healthwatch will incorporate the good practice of LINKs, establishing relationships with local authorities, Clinical Commissioning Groups (CCGs), patient representative groups, the local voluntary and community sector and service providers to ensure it is inclusive and truly representative of the community it serves. It will be important for this, that local Healthwatch has a good understanding of the diversity of its community and demonstrates an active approach to involving those who are often not heard or otherwise excluded, vulnerable or isolated, as well as those who are under-represented.

The role of local authorities

Local Healthwatch will be funded by local authorities and held to account by them for their ability to operate effectively and be value for money. The Act states that local authorities will have a local Healthwatch organisation in their area from April 2013, but will have the flexibility to choose how they commission it to achieve best value for money for their communities.

In addition, the Act sets out that local authorities will provide an advocacy service to people who wish to make a complaint about their experience of the local NHS from April 2013. Local authorities will have the responsibility to commission the service from an appropriate provider. This may be their local Healthwatch, or it may be a different organisation contracted specifically to provide NHS complaints advocacy services.

The DH encourages local authorities to work in partnership with their local communities eg the existing LINK, voluntary groups, and other community organisations, when designing their approach to commissioning local Healthwatch.

Developing effective local Healthwatch: key success features

1 Vision, values and identity

- Has a clear vision and demonstrable goals for the organisation, which have been developed in partnership with local stakeholders and the wider community. It will have clear priorities, which are based on evidence and local need.
- Has an appreciation of the learning, experience and knowledge that the LINK has collected in their area and will have in place a strategy to retain and build on this experience to ensure as much continuity as possible and appropriate.
- Has an organisational model that is capable of learning and adapting to meet further policy changes around the citizen voice in the NHS and social care.
- Has a visible presence in the area it serves, with a recognisable local brand as an independent consumer champion, representing the views of people who use, or may use, health and social care services and members of local communities.

- Local people understand how to access local Healthwatch for help and support.

2 Local Healthwatch purpose – empowering local people

- Is rooted in the community and acts with a view to ensuring that local Healthwatch, its volunteers and its subcontractors taken together are representative of the local population and promote community involvement in the commissioning, provision and scrutiny of health and social services.
- Raises awareness amongst commissioners, providers and other agencies about the importance of engaging with communities, and the expertise and value that individuals and VCOs can bring to discussion and decision making on local and national issues.
- Works with other VCOs to put in place appropriate representation and membership of VCOs and individuals as community representatives on key local partnerships.
- Helps community representatives on key health and social care partnerships to understand their role and responsibilities and seeks to promote the exchange of information and views between representatives and the wider community, using a mix of communication methods⁶ to reach the public in the most effective manner.
- Is proactively engaged in the development and operation of working partnerships and networks, seeking to maximise the complementary relationship with the wider community engagement mechanisms and activities in the local area.

- Works collaboratively with other local groups and organisations as part of local community networks to draw upon knowledge and experience that already exists and to maximise its reach across the diversity of the local community, with a particular focus on understanding the views and experiences of less well heard groups.

3 Local Healthwatch purpose – information gathering and giving

- Gathers the views and experiences of individual service users as well as other sorts of local information that is already available from local voluntary and community groups and triangulates this with other sources of information, making effective use of the Healthwatch England information repository.
- Understands what local information sources are available (including LINK legacy data) and seeks to identify new information sources in order to develop views about key local and national issues. This should include an understanding of the methodologies used to collect data.
- Understands the different techniques for gathering views and chooses the most appropriate method, including understanding where enter and view can be used as a source of evidence about the experience of service users and quality of services.
- Has the necessary skills to synthesise, interpret and understand different kinds of data and information and uses information appropriately to provide the evidential base for any reports and recommendations to commissioners and providers to improve services, and for input to the health and wellbeing board.

⁶ Eg by ensuring people can get information in different formats (electronic, hard copy, Braille, preferred language translations etc.) and by making full use of social networking tools to reach communities that might otherwise be under-represented

- Identifies unmet need so gaps in information can be plugged.
- Ensures that the information it collects and analyses can be easily accessed and used in a variety of formats.
- Provides or signposts people to the information they need helping them to make the right choices for them / their circumstances.
- Provides voluntary and community organisations with the information they need to be able to take an active part in strategic partnerships.
- Evidence and insight gathered by local Healthwatch is fed into Healthwatch England, using the information repository, enabling it to advise on the national picture and ensure that local views influence national policy, advice and guidance.

4 Local Healthwatch purpose – representation and relationships

- Operates independently, constructively and authoritatively, relentlessly representing the voice of local people on what matters most to them in the strengthened system of strategic needs assessment and commissioning decision-making.
- Makes the views and experiences of people known to Healthwatch England to help it carry out its national champion role.
- Develops and maintains good working relationships with appropriate scrutiny committees (or other scrutiny arrangements), NHS Foundation Trusts and (where this is provided separately) with the independent NHS complaints advocacy service.

- Plays a full role in strategic decision making as a member of the health and wellbeing board as well as acting as a constructive ‘critical friend’ on the board. Is seen as an essential contributor to the local Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies ensuring that local people’s views are integral to local decision-making about services.
- Encourages high standards of health and care provision and challenges poor services. Champions equality of health and care access and provision.
- Has real influence with commissioners, providers, regulators and Healthwatch England, using knowledge and evidence of what matters to local people, and is able to demonstrate that decisions about commissioning priorities and services are based on the needs and experiences of local people.
- Has arrangements in place to be able to show how it has made a positive impact on local decision-making and improved services.

5 Governance

- Has an open and transparent recognised structure for making decisions and enabling local people to influence what it does (eg internal processes, work prioritisation, recommendations, impact analysis) and acts in accordance with the Nolan principles of standards in public life.
- Has good governance and management arrangements in place including processes to maintain robust accounts of how it has used its funds.
- Demonstrates accountability to the local community for the way it takes decisions through adoption and use of good governance principles including transparency, independence and lay leadership.
- Values people and skills and has a set of competencies that enables it to deliver its statutory roles.

Further information, websites and contacts

A description of the policy on local Healthwatch is available at:

healthandcare.dh.gov.uk/healthwatch-policy/

Comprehensive guidance on commissioning can be found in the:

National Audit Office's guide to good local commissioning www.nao.org.uk/sectors/third_sector/successful_commissioning/toolkit_home/toolkit_home.aspx

National Council for Voluntary Organisations' guide to commissioning and procurement www.ncvo-vol.org.uk/commissioningandprocurement

NAVCA guidance on commissioning with the local voluntary sector www.navca.org.uk/funding-grants-commissioning-publications

LGA's 'Building successful Healthwatch organisations' www.local.gov.healthwatch/

You may also wish to look again at Annex A of the Healthwatch Transition Plan which contained examples of some statutory organisations, where to get advice on legal form and governance structures, and some funding options: http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_126325.pdf

How to contact Healthwatch England

Email: Enquiries.Healthwatch@cqc.org.uk

Telephone: 03000 683 000

Website: www.healthwatch.co.uk/

Healthwatch England

Citygate

Gallowgate

Newcastle upon Tyne

NE1 4PA

How to contact Local Government Association (LGA)

Email: Healthwatch@local.gov.uk

Telephone: 02076643277

Website: www.local.gov.uk/health

Local Healthwatch Implementation Programme
LGA

Smith Square

London

SW1P 3HZ

How to contact Department of Health (DH)

Email: healthwatch@dh.gsi.gov.uk

Telephone: 02079724530

Website: www.healthandcare.dh.gov.uk/category/care/healthwatch-2/

Healthwatch Team

LG05 Wellington House

133-155 Waterloo Road

London

SE1 8UG

To join the Healthwatch online community, please email healthwatch@nunwood.co.uk

Annex A – What does the Health and Social Care Act 2012 say?

Existing LINK functions that local Healthwatch will carry out (as set out in the Local Government and Public Involvement in Health Act 2007, Section 221 (2)):

- a) promoting, and supporting, the involvement of people in the commissioning, provision and scrutiny of local care services
- b) enabling people to monitor for the purposes of their consideration of matters mentioned in subsection (3), and to review for those purposes, the commissioning and provision of local care services
- c) obtaining the views of people about their needs for, and their experiences of, local care services
- d) making
 - views such as mentioned in paragraph (c) above known
 - reports and recommendations about how local care services could or ought to be improvedto persons responsible for commissioning, providing, managing or scrutinising local care services.

The matters referred to in subsection (2) (b) are:

- a) the standard of provision of local care services
- b) whether, and how, local care services could be improved
- c) whether, and how, local care services ought to be improved.

Additional LHW functions:

- provide advice and information about access to local care services and about choices that may be made with respect to aspects of those services
- reach views on the standard of provision of local care services, and whether, and how, local care services could or ought to be improved
- make those views known to the Healthwatch England committee of the Care Quality Commission
- make recommendations to Healthwatch England to advise the CQC about special reviews or investigations to conduct (or, where the circumstances justify doing so, make such recommendations direct to the CQC)
- make recommendations to Healthwatch England that it should publish a report on a particular health or social care matter
- give Healthwatch England such assistance as it may require to enable it to carry out its functions effectively, efficiently and economically.

Definition of 'local people':

s.182(8) ...'local people', in relation to a local authority, means

- a) people who live in the local authority's area,
- b) people to whom care services are being or may be provided in that area,
- c) people from that area to whom care services are being provided in any place, and who are (taken together) representative of the people mentioned in paragraphs (a) to (c);'

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