

# Local Healthwatch outcomes and impact development tool

Version 2 March 2014



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# Local Healthwatch

## Outcomes and Impact Development Tool

### Introduction

This outcome and impact development tool has been designed to promote the development of local Healthwatch as an independent organisation that can effectively and efficiently deliver its functions.

It is intended to assist local Healthwatch identify what outcomes and impacts a 'Good' local Healthwatch could achieve through the delivery of its functions. The tool does not state 'what good looks like' - that is contained in the resource 'Delivering Local Healthwatch'.

'Delivering Effective Local Healthwatch' updates and refreshes the resource. 'Developing Effective Local Healthwatch' published before the official launch of Healthwatch.

So when you are setting your outcomes and impacts for local Healthwatch it is wise to pay attention to the content of 'Delivering Local Healthwatch', as it will help councils to understand better the commissioning of local Healthwatch and review how well their local Healthwatch delivers its roles and responsibilities. It can also help local Healthwatch organisations develop their understanding of what is expected of them and how they can deliver best practice.

'Delivering Local Healthwatch' seeks to support sector-led improvement at a council

level by helping to shape the outcomes councils want to achieve in their local Healthwatch commissioning role. It is important to emphasise that the document does not cover the commissioning process itself, nor does it comment on organisational models for local Healthwatch.

Having a local Healthwatch that understands what is expected of it and how it can deliver best practice, is the first step in being able to demonstrate outcomes and impacts the organisation is achieving.

This tool provides a range of options to help local Healthwatch achieve this. It sets out suggestions for good practice and discusses opportunities, dilemmas and solutions to assist local Healthwatch to navigate the complexities involved in developing a new organisation with a challenging role.

It presents a menu of outcomes and impacts that can be adopted and adapted by local Healthwatch and council commissioners.

The tool is jointly produced by the LGA and Healthwatch England, and has been shaped and tested in a range of local Healthwatch areas. We are grateful to the councils and local Healthwatch organisations that have contributed to the tool and commented on drafts. Thanks also to those who have sent copies of their own protocols, outcomes, performance frameworks and success measures from which we have drawn.

The Tool recognises that:

- local Healthwatch are at different stages of development so need to move at their own pace while always trying to learn from the best
- local, regional and national systems, relationships and concepts are still being developed, and the views of people using the Tool are sought so that it can be further shaped and formed to meet needs.

## How the Tool can be used

This is a flexible Tool which can be adopted and adapted by local Healthwatch and by council commissioners of local Healthwatch and used in a range of different ways dependent on local circumstances, for instance:

- to prompt discussion between commissioners and local Healthwatch
- to inform key stakeholders and partners with local knowledge about what Healthwatch is there to do
- to develop a local outcomes and performance framework
- as a way of assessing progress in comparison with local Healthwatch in other areas and through peer review.

## How the Tool is organised

Local Healthwatch's remit is to engage with people so that their views inform, shape and improve health and care services. The Tool is based on delivering those outcomes and longer term, wider impacts. It aims to assist local Healthwatch and commissioners to move beyond a focus on outputs such as

number of meetings held or attended, to the outcomes that local Healthwatch seeks to achieve - for instance specific improvements to health or care services based on the views of people who use services. In the longer term it suggests ways of assessing the overall impact of local Healthwatch's work on the wider community, stakeholders, health improvement and health inequalities.

As publicly funded bodies, local Healthwatch must be able to demonstrate that they are achieving their objectives and that their organisation is fit for purpose. The Tool offers a systematic way for local Healthwatch, their council commissioners and the people they serve to move from deciding which outcomes will meet their objectives, "What do we want the outcomes to be?", to taking action, "What could we do to achieve them?", to finding ways to assess their progress, "How would we know we have succeeded?"

The tool is presented in six separate loose leaf sections:

- Governance
- Finance
- Operations
- Relationships
- Resources
- Wicked Issues

Although the sections are presented separately there are a number of crosscutting themes.

## The first four sections – the grid

To become organisations that consistently deliver on outcomes and impact, local Healthwatch need to get the fundamentals of governance, finance and relationships right and to develop an effective operational approach as a stable basis for the work they do. Therefore the grid below is divided into four sections each with a number of outcomes:

- Governance
- Finance
- Relationships
- Operations

Each outcome within a section is numbered, eg G1 and G2 are governance outcomes, F1 and F2 are finance outcomes etc. Inevitably, there will be some cross-referencing and overlapping between the sections, as each topic connects with the others and the activities needed to achieve outcomes are interdependent. In cross-referring outcomes in the different sections, it is hoped that a richer picture will emerge of the potential and overall aspirations of local Healthwatch.

The grid should be seen as a guide only, not as a prescriptive list of “must dos”. It is intended to be flexible enough to be adapted to local circumstances and ways of working. A blank grid is presented at the end to suggest that local Healthwatch may wish to use the grid to develop their own outcomes and actions based on local priorities.

Local Healthwatch will need to set short, medium and longer-term objectives and outcomes. They will need to think not only about what they want to achieve in

their first year, but also strategically about their aspirations for the next several years to enable them to become an effective community voice, consumer champion and sustainable business for the future. Each section of the grid is therefore divided accordingly. As local Healthwatch are developing differently across the country, no specific timescales have been given. These are to be determined locally, based on a realistic assessment of what can be achieved with the resources and support available.

## Blank grid for local Healthwatch to add outcomes based on local priorities

This section contains a blank grid for councils and local Healthwatch to record their locally developed outcomes and impacts. To assist councils and local Healthwatch in their further development and implementation we would encourage you to share any local outcomes and impacts with colleagues.

## Resources

This section contains a list of resources that local Healthwatch may find helpful in developing their thinking and planning under the relevant heading. LHW will certainly be able to add to this section themselves.

## Wicked issues

In this section a number of issues are presented that local Healthwatch are likely to face in the course of their development. There are no prescriptive solutions to the dilemmas described – solutions will differ from area to area. Therefore they are posed as questions for each LHW to consider in developing its vision, objectives and working practices. The descriptions of ‘wicked

issues' may also be useful as the starting point for development sessions, board, staff or volunteer seminars. Again, local Healthwatch will be able to add to these as they confront the realities of developing a new organisation.

## Methods

### **Methods to provide evidence of outcomes and impacts**

This section discusses a range of methods that can be used to provide evidence of

agreed outcomes and impacts for a local Healthwatch. Examples are given of the kind of information each type of method might deliver. Local Healthwatch are encouraged to be flexible and creative in the use of them.

## Contacting LGA Healthwatch Implementation Team and Healthwatch England

If you have any queries, comments, or would like to speak with a member of the LGA Healthwatch Implementation Team please email: [healthwatch@local.gov.uk](mailto:healthwatch@local.gov.uk).

Healthwatch England may be contacted at [enquiries@healthwatch.co.uk](mailto:enquiries@healthwatch.co.uk).

# Local Healthwatch

## Outcomes and Impact Development Tool

### Section 1: governance

#### Vision and mission

What do we want the OUTCOMES to be?	What could we do to achieve them?	How would we know we have succeeded?
<b>Short term</b>		
<p><b>G.1: Mission</b>  <b>See also R.1.</b>            Local Healthwatch understands its purpose as the independent consumer champion for health and social care.</p>	<p>Develop a vision/mission statement or equivalent in consultation with a wide range of stakeholders particularly people who use health and care services and local communities.</p>	<p>Staff and board members can explain the vision.</p> <p>Vision clearly available on the local Healthwatch website.</p>
<b>Medium term</b>		
<p>Local Healthwatch understands its purpose and communicates this widely; external stakeholders understand the purpose of local Healthwatch.</p>	<p>Review mission statement with deepened involvement - e.g. stakeholders help develop proposals.</p> <p>Undertake awareness-raising exercise with local communities.</p>	<p>Wider communities can explain the purpose of local Healthwatch and know how to contact it (identified through survey or similar exercise).</p> <p>More people who contact local Healthwatch show understanding of its role.</p>
<b>Longer term IMPACT</b>		
	<b>How could we measure IMPACT?</b>	
<p>Local Healthwatch is trusted by people who use health and social care services and by the public.</p>	<p>I Fundamental review of the vision/mission statement.</p> <p>Consultation on external perception of local Healthwatch amongst communities, users, carers and patients.</p>	<p>Results of consultation show majority trust and value local Healthwatch and believe it operates independently.</p>

What do we want the OUTCOMES to be?	What could we do to achieve them?	How would we know we have succeeded?
<b>Short term</b>		
<p><b>G.2: Outcome-based planning</b>  <b>See also O.4, R.1.</b>  Local Healthwatch knows what outcomes it is trying to achieve over the next three years.</p>	<p>Develop an outcome-based three year strategy/work plan.</p> <p>Consult on the strategy with local communities</p> <p>Develop a framework for measuring whether outcomes and longer term impact are being achieved.</p>	<p>Board considers the results of local consultation and agrees the strategy in light of this.</p> <p>Strategy is on website.</p> <p>Board agrees a framework for measuring outcomes.</p>
<b>Medium term</b>		
<p>Local Healthwatch knows whether it has met its initial outcomes and takes any action necessary to improve its performance.</p>	<p>Board receives regular reports on progress (e.g. quarterly).</p> <p>Undertake an annual review of progress and refresh the strategy with greater community involvement.</p> <p>As far as possible align strategy with priorities identified in JSNA and JHWS.</p>	<p>Annual report meets requirements in Healthwatch Directions, and reflects the issues and priorities raised by local people.</p> <p>Annual report is widely publicised in an accessible format.</p>
<b>Longer term IMPACT</b>		<b>How could we measure IMPACT?</b>
<p>Services change and improve to meet needs identified through JSNA and align with JHWS.</p>	<p>Local Healthwatch volunteers and board members actively engaged in development of commissioning plans and design of services.</p>	<p>Commissioning plans show influence of local Healthwatch.</p>

What do we want the <b>OUTCOMES</b> to be?	What could we do to achieve them?	How would we know we have succeeded?
<b>Short term</b>		
<p><b>G.3: Focus on priorities and clear communication</b></p> <p>Local Healthwatch is focused on achieving its outcomes, but maintains capacity to respond to urgent issues.</p> <p>Local Healthwatch knows who can speak on behalf of the organisation.</p>	<p>Board structures its agenda to focus on outcomes and performance with space for urgent issues.</p> <p>Local Healthwatch develops a communication and media policy.</p>	<p>Agendas, reports and minutes are posted promptly on the website.</p> <p>Relevant policies and procedures are agreed by board and placed on website.</p>
<b>Medium term</b>		
<p>Local Healthwatch knows how it is performing on the above outcomes.</p>	<p>Local Healthwatch reviews any difficult decisions/issues it has faced, identifies whether anything could have been done differently and amends policies.</p>	<p>Refreshed policies indicating where changes are made are placed on the website.</p>
<b>Longer term IMPACT</b>		
<p>Local Healthwatch is seen as a credible and effective organisation by partners in local authorities, the NHS and other statutory and voluntary organisations.</p>	<p>Undertake exercise such as survey or 360 degree feedback to find out how local Healthwatch is viewed by partner organisations.</p> <p>Local Healthwatch is working towards an organisational accreditation such as Investors in People.</p>	<p>Results of exercise are positive.</p> <p>Action is taken to learn from feedback.</p> <p>Accreditation is achieved.</p>

## Accountability and transparency

What do we want the OUTCOMES to be?	What could we do to achieve them?	How would we know we have succeeded?
<b>Short term</b>		
<p><b>G.4: Board skills and knowledge</b> Local Healthwatch board membership profile includes a range of essential knowledge and skills.</p>	<p>Audit make-up of board to ensure membership has appropriate knowledge and skills.</p> <p>Consider co-option to increase skills.</p> <p>Maintain size of board to reflect governance.</p> <p>Identify skills needed on board eg finance, leadership, involvement, local perspective, governance, business development.</p>	<p>Board members reflect the range of necessary knowledge and skills.</p> <p>Arrangements are in place to augment skills and perspectives through, for instance, co-option.</p>
<b>Medium term</b>		
<p>Lay people and volunteers such as people who use services, carers and patients are directly involved in local Healthwatch governance.</p>	<p>Consider dedicated roles for consumers.</p> <p>Help people to develop skills and confidence to take an active role in governance.</p> <p>Identify other measures to increase role of communities in work of board such as advisory group.</p>	<p>Local Healthwatch includes the perspective of people who use services/patients/carers.</p> <p>Diversity of opportunities for involvement has increased while continuing to include the range of necessary skills and a size fit for purpose.</p> <p>Board membership changes over time to reflect local Healthwatch direction and future vision.</p>
<b>Longer term IMPACT</b>	<b>How could we measure IMPACT?</b>	
<p>Local Healthwatch is trusted by people who use health and social care services and by the public.</p>	<p>Consultation on external perception of local Healthwatch amongst communities, users, carers and patients.</p>	<p>Results of consultation show majority trust and value local Healthwatch and believes it operates independently.</p>

What do we want the OUTCOMES to be?	What could we do to achieve them?	How would we know we have succeeded?
<b>Short term</b>		
<p><b>G.5: Decision making</b> Local Healthwatch is able to make robust decisions, including on high-profile issues.</p> <p>Local Healthwatch operates to best practice in relation to:</p> <ul style="list-style-type: none"> <li>• enter and view</li> <li>• use of trademark.</li> </ul>	<p>Local Healthwatch has operating procedures for how decisions are reached in line with Regulations based on principles such as:</p> <ul style="list-style-type: none"> <li>• reflecting the range of views not just the loudest voices</li> <li>• independent decisions based on evidence</li> <li>• reports written to a high standard of clarity, accessibility and methodology.</li> </ul> <p>Consider messages from the Francis Inquiry about maintaining independence and focusing on priorities.</p> <p>Enter and view representatives are trained.</p>	<p>Procedures are consulted on with stakeholders, amended in light of comments, agreed by the board and publicly available on website.</p>
<b>Medium term</b>		
<p>Local Healthwatch demonstrates the highest standards of transparency, involvement and use of evidence in its decision-making.</p>	<p>Local Healthwatch reviews its operating procedures in light of experience and involves communities and partners in the review.</p> <p>Local Healthwatch develops standards for its operating procedures.</p>	<p>Procedures redrafted in light of experience and consumer/partner feedback.</p> <p>Standards agreed and publicly available on website.</p>

Longer term IMPACT	How could we measure IMPACT?	
<p>Local Healthwatch is trusted by people who use health and social care services and by the public.</p> <p>Local Healthwatch is seen as a credible and effective organisation by partners in local authorities, the NHS and other statutory and voluntary organisations.</p>	<p>Consultation on external perception of local Healthwatch amongst communities, users, carers and patients.</p> <p>Undertake exercise such as survey or 360 degree feedback to find out how local Healthwatch is viewed by partner organisations.</p> <p>Local Healthwatch is working towards an organisational accreditation such as Investors in People.</p>	<p>Results of exercise are positive.</p> <p>Action is taken to learn from feedback.</p> <p>Accreditation is achieved.</p>

## Culture, skills and learning

What do we want the OUTCOMES to be?	What could we do to achieve it?	How would we know we have succeeded?
Short term		
<p><b>G.6: Involving local communities</b>  <b>See also O.2, O.3, R.1.</b>  Local Healthwatch demonstrates transparency in all its activity.</p>	<p>All reports, papers, minutes, policies and procedures are publicly available on local Healthwatch website.</p> <p>An individual is responsible for updating website.</p>	<p>Website updated regularly.</p>

Medium term		
Local Healthwatch can demonstrate how local people have influenced decision-making, prioritisation and recommendations.	<p>A local Healthwatch stakeholder advisory group established to advise the board on significant issues.</p> <p>Mechanisms are in place to feed back to people consulted how their views have been taken into account.</p>	<p>Influence of local people recorded in relevant reports.</p> <p>Influence is recorded in newsletter/new media.</p> <p>Local Healthwatch has mechanisms for discussions with the public.</p>
Longer term IMPACT	How could we measure IMPACT?	
Local Healthwatch is trusted by people who use health and social care services and by the public.	Consultation on external perception of local Healthwatch amongst communities, users, carers and patients.	Results of consultation show majority trust and value local Healthwatch and believe it operates independently.

### Form, systems and management arrangements

What do we want the OUTCOMES to be?	What could we do to achieve it?	How would we know we have succeeded?
Short term		
<p><b>G.7: Role and form</b></p> <p>Local Healthwatch has a form and structure that means it operates effectively.</p> <p>Local Healthwatch understands its duties and powers.</p> <p>Local Healthwatch is clear about the respective roles of board and senior staff.</p>	<p>Building on its vision, local Healthwatch has developed a constitution/operating principles, in consultation with stakeholders and local communities.</p> <p>Local Healthwatch works to the Nolan Principles of standards in public life.</p> <p>Local Healthwatch has a system to allow effective communication between board and staff eg regular supervision.</p>	<p>Board amends draft constitution in light of feedback.</p> <p>Constitution is available on website.</p>

Medium term		
The above outcomes are embedded in the organisation.	Local Healthwatch reviews and learns from any governance problems.  Feedback exercise between board and senior staff.	Refreshed constitution if needed.  Results of staff/board feedback are positive.
Longer term IMPACT	How could we measure IMPACT?	
Local Healthwatch is seen as a credible and effective organisation by partners in local authorities, the NHS, other statutory and the voluntary and community sectors (VCS).	Undertake exercise such as survey or 360 degree feedback to find out how local Healthwatch is viewed by partner organisations.  Local Healthwatch is working towards an organisational accreditation/quality standards such as Investors in People.	Results of exercise are positive.  Action is taken to learn from feedback.  Accreditation is achieved.

What do we want the OUTCOMES to be?	What could we do to achieve it?	How would we know we have succeeded?
Short term		
<b>G.8: Competence</b> Local Healthwatch operates as an effective, competent organisation.	Local Healthwatch develops a set of organisational and governance policies and procedures eg HR, complaints, finance, data - see resource section policies and procedures.	Policies and procedures agreed by board and publicly available on website.
Medium term		
Staff and volunteers are clear about their roles, actions, boundaries and who to go to for help.	Undertake programme of reviews of policies including testing whether staff are implementing these effectively.	Staff and volunteers demonstrate they understand relevant policies and procedures

Longer term IMPACT	How could we measure IMPACT?	
<p>Local Healthwatch is seen as a credible and effective organisation by partners in local authorities, the NHS and other statutory and voluntary organisations.</p> <p>Local Healthwatch is a valued member of the VCS and contributes to raising their reputation and influence.</p>	<p>Undertake exercise such as survey or 360 degree feedback to find out how local Healthwatch is viewed by partner organisations.</p> <p>Local Healthwatch is working towards an organisational accreditation such as Investors in People.</p>	<p>Results of exercise are positive.</p> <p>Action is taken to learn from feedback.</p> <p>Accreditation is achieved.</p> <p>Local Healthwatch takes active role in voluntary/community networks and developments.</p>

## Culture, skills and learning

What do we want the OUTCOMES to be?	What could we do to achieve them?	How would we know we have succeeded?
<b>Short term</b>		
<p><b>G.9: Skills and knowledge</b> Local Healthwatch board, staff and volunteers enable it to operate effectively and competently.</p>	<p>Recruitment and selection of staff includes understanding the diverse needs of local communities and as far as possible includes different groups.</p> <p>A range of skills are present in local Healthwatch including: strategic, influencing, political and report-writing skills. Also IT, communications, engagement, advice and information.</p> <p>Local Healthwatch makes arrangements to fill skills gaps (eg sharing staff/skills with other organisations or subcontracting).</p>	<p>HR policies in place and operating.</p> <p>Local Healthwatch has identified initial skills gaps and training needs for staff, board members and volunteers.</p> <p>HR policies in place and operating.</p> <p>Local Healthwatch has identified initial skills gaps and training needs for staff, board members and volunteers.</p>

	Local Healthwatch has a comprehensive system of supervision and appraisal for staff.	
<b>Medium term</b>		
Local Healthwatch board, staff and volunteers enable it to operate effectively and competently.	<p>Local Healthwatch has a training and development programme for board members, staff and volunteers.</p> <p>Local Healthwatch undertakes group developmental activity eg board awayday.</p>	<p>Annual appraisals have taken place.</p> <p>Staff sickness absence levels are low.</p> <p>Training and development programmes in place and delivering outcomes.</p> <p>Accreditation is underway.</p>
<b>Longer term IMPACT</b>	<b>How could we measure IMPACT?</b>	
Local Healthwatch is trusted by people who use health and social care services and by the public.	<p>Consultation on external perception of local Healthwatch amongst communities, users, carers and patients.</p> <p>Local Healthwatch links with local VCS training and development programmes.</p> <p>Local Healthwatch is working towards accreditation for advice services.</p>	Results of consultation show majority trust and value local Healthwatch and believe it operates independently.

Longer term IMPACT	How could we measure IMPACT?	
Local Healthwatch is trusted by people who use health and social care services and by the public.	Consultation on external perception of local Healthwatch amongst users, carers and patients.	Results of exercise are positive. Action is taken to learn from feedback.
Local Healthwatch is seen as a credible and effective organisation by partners in local authorities, the NHS and other statutory and voluntary organisations.	Undertake exercise such as survey or 360 degree feedback to find out how local Healthwatch is viewed by partner organisations.	Advice accreditation is achieved.

What do we want the OUTCOMES to be?	What could we do to achieve them?	How would we know we have succeeded?
<b>Short term</b>		
<b>G.10: Role of volunteers</b> Volunteers have a clear role in local Healthwatch and are supported by the organisation.	Develop volunteer policy which describes role, induction, expenses/remuneration, oversight and developmental opportunities.  Proactive volunteer recruitment from across local communities.	Volunteer policy in place and on website.  Volunteers start to reflect the diversity of the community and include people who use services, carers and patients.
<b>Medium term</b>		
Volunteers bring a wide range of perspectives and skills to local Healthwatch. Volunteers feel valued by the organisation.	Regular oversight, support and celebration of volunteers takes place.  Volunteers involved in training sessions with staff.	Retention of volunteers  Range of volunteers.  Volunteer satisfaction.

Longer term IMPACT	How could we measure IMPACT?	
Local Healthwatch is trusted by people who use health and social care services and by the public.	Consultation on external perception of local Healthwatch amongst communities, users, carers and patients.	Results of consultation show majority trust and value local Healthwatch and believe it operates independently.

What do we want the OUTCOMES to be?	What could we do to achieve it?	How would we know we have succeeded?
<b>Short term</b>		
<b>G.11: Continuous improvement</b> Local Healthwatch states its commitment to continuous improvement and acting on feedback.	Establish a policy for complaints, comments and compliments about local Healthwatch which describes how learning from these will influence local Healthwatch.	Board agreed policies/procedures.  Documents on website.
<b>Medium term</b>		
Local Healthwatch can demonstrate how it has learnt and improved.	Learning from complaints considered by local Healthwatch board.  Local Healthwatch discusses performance with commissioners.  Local Healthwatch looks into organisational quality assurance standard such as Investors in People or PQASSO (Practical Quality Assurance for Small Organisations).	Local Healthwatch feeds back how it has used complaints and comments to improve performance on its website.  Positive results from council annual monitoring.  Local Healthwatch undertakes a 'you say, we did' collation of comments.

Longer term IMPACT	How could we measure IMPACT?	
<p>Local Healthwatch is trusted by people who use health and social care services and by the public.</p> <p>Local Healthwatch is seen as a credible and effective organisation by partners in local authorities, the NHS and other statutory and voluntary organisations.</p>	<p>Consultation on external perception of local Healthwatch amongst users, carers and patients.</p> <p>Undertake exercise such as survey or 360 degree feedback to find out how local Healthwatch is viewed by partner organisations.</p> <p>Local Healthwatch is working towards an organisational accreditation such as Investors in People.</p>	<p>As above, plus results of consultation show majority trust and value local Healthwatch and believe it operates independently.</p> <p>Results of exercise are positive.</p> <p>Action is taken to learn from feedback.</p> <p>Accreditation is achieved.</p>

# Local Healthwatch

## Outcomes and Impact Development Tool

### Section 2: finance

#### Financial management

What do we want the OUTCOMES to be?	What could we do to achieve them?	How would we know we have succeeded?
<b>Short term</b>		
<p><b>F.1: Responsible financial management</b> Local Healthwatch manages public funds responsibly.</p>	<p>Establish robust financial management policies, procedures and systems that enable local Healthwatch to:</p> <ul style="list-style-type: none"> <li>• set a budget and keep track of it</li> <li>• deal with money coming in and out</li> <li>• keep accurate financial records</li> <li>• forecast and plan future expenditure.</li> </ul> <p>Understand the legal and financial requirements of the form of social enterprise adopted by local Healthwatch.</p> <p>The board includes experience and expertise in financial management.</p> <p>Local Healthwatch has arrangements to reinvest at least 50 percent of distributable profit per year in its local Healthwatch activities and for community benefit.</p>	<p>Board considers and agrees financial policies and procedures that are in line with requirements of the relevant regulator, HW legislation and council contract.</p> <p>Board approves year one budget.</p> <p>Documents are publicly available on the local Healthwatch website.</p>

	Local Healthwatch has arrangements for distribution of assets in the event of the organisation being wound up or dissolved in accordance with the rules of its regulator.	
<b>Medium term</b>		
Local Healthwatch manages public funds responsibly.	<p>Board receives regular financial reports which are open to public scrutiny.</p> <p>Any significant variation, over-spend or under-spend is raised with the board as soon as possible.</p> <p>Local Healthwatch reviews financial allocations to its functions and services to check whether the balance is right (eg is sufficient funding allocated to involving children) and that allocation favours front-line services.</p> <p>Local Healthwatch has robust financial information to demonstrate to commissioners what funding is needed to run an effective local Healthwatch.</p>	<p>End of year accounts show local Healthwatch has a balanced budget. End of year financial activity and closing position are published as part of the annual report.</p> <p>Local Healthwatch meets all financial requirements in its council contract.</p> <p>Local Healthwatch meets all financial requirements of its regulator and in Healthwatch regulations.</p> <p>Following review, adjustments made if necessary to financial allocations in local Healthwatch plans.</p> <p>If in profit, local Healthwatch can demonstrate which of its activities benefit from additional investment.</p>
<b>Longer term IMPACT</b>	<b>How could we measure IMPACT?</b>	
Local Healthwatch is seen as an efficient, competent and open organisation which demonstrates good financial management..	<b>See medium term success factors in F.1. and F.2.</b>	Local Healthwatch achieves F.1 and F.2 success factors year on year.

## Accounting and reporting

What do we want the OUTCOMES to be?	What could we do to achieve it?	How would we know we have succeeded?
<b>Short term</b>		
<p><b>F.2: Transparency and honesty</b> Local Healthwatch puts arrangements in place to show that it has an accountable, open and transparent approach to the use of public funds.</p>	<p>Build a commitment to achieving value for money into relevant documentation eg constitution, articles of association.</p>	<p>Relevant documentation is agreed by the board and available on the website.</p>
<b>Medium term</b>		
<p>Local Healthwatch financial information is accessible to the public and other interested parties.</p>	<p>A board member or senior officer is responsible for accounting for local Healthwatch finances, reporting to local Healthwatch board.</p> <p>Board papers relating to finance are publicly available.</p>	<p>Annual accounts are approved in line with regulations covering the local Healthwatch organisation.</p> <p>Annual accounts are publicly available on the website when approved by the board.</p> <p>The local Healthwatch annual report includes information about the amounts spent by the organisation in its local Healthwatch capacity and what these were spent on; applies also to any local Healthwatch subcontractor.</p>
<b>Longer term IMPACT</b>		<b>How could we measure IMPACT?</b>
<p>Local Healthwatch is seen as an efficient, competent and open organisation which demonstrates good financial management.</p>	<p><b>See medium term success factors in F.1 and F.2.</b></p>	<p>Local Healthwatch achieves F.1 and F.2. success factors each year.</p> <p>Independent or peer review confirms that local Healthwatch is an efficient, competent and open organisation which demonstrates value for money.</p>

## Effective use of resources

What do we want the OUTCOMES to be?	What could we do to achieve it?	How would we know we have succeeded?
<b>Short term</b>		
<p><b>F.3: Value for money</b> Local Healthwatch understands what constitutes value for money in the context of its work.</p>	<p>In collaboration with stakeholders develop a definition of value for money in the context of the work of local Healthwatch.</p> <p>Build a commitment to achieving value for money into relevant documentation eg constitution, articles of association.</p>	<p>Relevant documentation is agreed by the board and available on the website.</p> <p>Board members and staff can explain how they are seeking to achieve value for money in local Healthwatch.</p>
<b>Medium term</b>		
<p>Local Healthwatch makes efficiency savings to reinvest in frontline services where possible.</p>	<p>Undertake programme of reviews of activity and expenditure to identify potential efficiency savings.</p> <p>Consider mechanisms that may produce efficiencies and greater value for money such as:</p> <ul style="list-style-type: none"> <li>• sharing back-office functions</li> <li>• sub-contracting functions</li> <li>• local, regional or sub-regional partnerships eg local Healthwatch observatory.</li> </ul>	<p>Amount gained from efficiency savings/better organisation and how it is reinvested.</p> <p>Examples of effective use of resources such as subcontracting with the local VCS for activities such as research or engagement.</p>

Longer term IMPACT	How could we measure IMPACT?	
Commissioners and the local population understand/feel that local Healthwatch is a value for money organisation	<b>See medium term success factors in F.1, F.2 and F.3.</b>	<p>Organisation is re-commissioned to local Healthwatch at future tendering.</p> <p>Possibly new services commissioned from organisation.</p> <p>Independent or peer review confirms that local Healthwatch is an efficient, competent and open organisation which demonstrates value for money.</p>

### Financial sustainability

What do we want the OUTCOMES to be?	What could we do to achieve it?	How would we know we have succeeded?
<b>Short term</b>		
<p><b>F.4: Income generation</b> Local Healthwatch agrees to consider its potential for income generation at a time when it is operating effectively in all its activities (as demonstrated by meeting outcomes in governance, finance, operations and relationship grids).</p>	Build the potential for extending activity into relevant documentation eg constitution, articles of association.	Relevant documentation is agreed by the board and available on the website.

Medium term		
Local Healthwatch is operating successfully in the above areas and can consider widening its activity.	<ul style="list-style-type: none"> <li>• If charity, develop fund-raising potential.</li> <li>• Consider viability of, and options for, providing additional services.</li> <li>• Discuss extended range of services with council commissioner - would this benefit local Healthwatch users and local service provision? Discuss with CCGs - eg potential for supporting patient participation groups.</li> <li>• Discuss with council eg potential for taking on other public engagement activity.</li> <li>• Investigate the potential for providing customer insight/ engagement activities in the wider wellbeing community e.g. housing, community safety organisations, universities.</li> </ul>	<p>Income generated through funding and how this has been invested in front-line services.</p> <p>Tenders/applications to provide a wider range of services.</p> <p>Tenders/applications successful eg commissioned to carry out service evaluation focused on service user experience.</p> <p>Income generated through funding and how this has been invested in front-line services.</p> <p>Tenders/applications to provide a wider range of services.</p> <p>Tenders/applications successful eg commissioned to carry out service evaluation focused on service user experience.</p>
Longer term IMPACT	How could we measure impact?	
Local Healthwatch is operating successfully in the above areas and can consider widening its activity.	Local Healthwatch has developed and implemented a sustainable income strategy.	<p>Local Healthwatch has reserves that would allow it to operate for a year.</p> <p>Local Healthwatch has a projected secure income over a three-year period.</p>

# Local Healthwatch

## Outcomes and Impact Development Tool

### Section 3: operations

#### Accessibility

What do we want the OUTCOMES to be?	What could we do to achieve them?	How would we know we have succeeded?
<b>Short term</b>		
<p><b>O.1: Ease of access</b>  <b>See also R.1.</b>            Anyone who wishes can contact local Healthwatch for help and support.</p>	<p>Accessible website and phone line up and running.</p> <p>System for monitoring and recording contacts and inquiries on website and phone.</p> <p>Agreement with relevant public sector and voluntary sector bodies for mutual links on websites.</p> <p>Ensure relevant documents are available in accessible formats and languages.</p>	<p>Record of website contacts and queries.</p> <p>Record of phonecalls and queries.</p> <p>Qualitative analysis of follow-up to queries and resulting outcomes.</p>
<b>Medium term</b>		
<p>Local Healthwatch understands its purpose and communicates this widely; external stakeholders understand the purpose of local Healthwatch.</p>	<p>Develop outreach programme in collaboration with VCS.</p> <p>Supplement website, phone line and shop front with sessions in accessible community venues (eg schools, GP surgeries, day centres, churches/temples/mosques, libraries, pharmacies, supermarkets).</p>	<p>Record and evaluation of contacts in community venues.</p> <p>Survey to establish community knowledge of local Healthwatch, how it can be contacted and how accessible and welcoming it is.</p> <p>Survey of venues' perception of accessibility.</p>

Longer term IMPACT	How could we measure IMPACT?	
<p>Even the most isolated and seldom heard individuals know about and are able to contact local Healthwatch for assistance and information.</p>	<p>Local Healthwatch has a case-finding and referral system and agreed protocols with CCG(s), council, VCS and other partner organisations about how and when to refer and how to record local Healthwatch referrals.</p>	<p>Able to show a wide range of routes through which individuals and groups can contact local Healthwatch and be referred to sources of advice and support. Record of new contacts and referrals to key commissioners and providers. Case studies illustrating contact with isolated individuals and carers and information and support they have received. Evidence from health and social care service providers that different groups and new individuals are using services because of contact with local Healthwatch.</p>

What do we want the OUTCOMES to be?	What could we do to achieve them?	How would we know we have succeeded?
<b>Short term</b>		
<p><b>O.2: Understanding the community</b>  <b>See also G.6.</b>            Local Healthwatch has an understanding of the communities it serves and how to include all elements in its work.</p>	<p>Develop an outreach and communications strategy with explicit reference to reaching out to all parts of the community and a monitoring system and contacts database to record and disaggregate contacts  <b>(see O.1 above)</b></p>	<p>Information from contacts database and contacts monitoring shows contacts in all communities.</p>
<b>Medium term</b>		
<p>Local Healthwatch includes those whose voices are seldom heard through proactive engagement.</p>	<p>Ensure work programme includes activities and strategy to involve members of seldom heard groups which take place in familiar and easy-to-reach locations.</p>	<p>Annual report lists a wide range of locations for local Healthwatch activity with statistics and case studies about involvement of seldom heard voices.</p>

Longer term IMPACT	How could we measure IMPACT?	
<p>Local Healthwatch is accessible and inclusive in all it does. It understands the different techniques for gathering views and involving people in the design and delivery of services and chooses the most appropriate method, including understanding how qualitative information can be a rich source of evidence about the lived experience of service users and the quality of services.</p>	<p>Satisfaction surveys of stakeholders including community groups and individual members of seldom heard groups.</p> <p>Involvement of wide range of groups and individuals in service design facilitated by local Healthwatch.</p> <p>Develop methodology for gathering and presenting qualitative as well as quantitative information.</p> <p>Develop case studies and individual stories in collaboration with service users and carers.</p>	<p>Positive results of satisfaction surveys</p> <p>Examples of service design and re-design that address needs identified by different community groups (in JSNA, JHWS and individual commissioning plans).</p> <p>And see 'influencing' table below.</p>

## Influencing

What do we want the OUTCOMES to be?	What could we do to achieve them?	How would we know we have succeeded?
<b>Short term</b>		
<p><b>O.3: Collecting views</b>  <b>See also G.6, R.1.</b>            Local Healthwatch has a plan for systematically collecting the views of a diverse range of service users, those not yet using services and the general public.</p>	<p>Decide which techniques (eg focus groups, online surveys, work with VCOs) to use to collect views from different community groups and individuals and to feed back on how their views are being heard.</p>	<p>This perspective and voice begins to appear in JSNA and JHWS documents.</p> <p>The health and wellbeing board, individual commissioners and providers begin to find space at strategic meetings to listen and respond to community voices.</p>

	<p>Local Healthwatch works with VCOs to support groups in putting forward their own views, (eg at HWB meetings, NHS.</p> <p>Foundation Trust meetings with public governors).</p>	
<b>Medium term</b>		
<p>Lay people and volunteers such as people who use services, carers and patients are directly involved in local Healthwatch governance.</p>	<p>Consider dedicated roles for consumers.</p> <p>Help people to develop skills and confidence to take an active role in governance.</p> <p>Identify other measures to increase role of communities in work of board such as advisory group.</p>	<p>Local Healthwatch includes the perspective of people who use services/patients/carers.</p> <p>Diversity of opportunities for involvement has increased while continuing to include the range of necessary skills and a size fit for purpose.</p> <p>Board membership changes over time to reflect local Healthwatch direction and future vision.</p>
<b>Longer term IMPACT</b>	<b>How could we measure IMPACT?</b>	
<p>A wide range of health and social care forums (both commissioners and providers) regularly make space to hear the views of and feed back to service users and the public.</p> <p>Services describe themselves in the language and from the perspective of service-users (see the Making it Real 'I statements' as an example, referenced below) and are different because of this.</p>	<p>Develop a method to record and publicise how different health and social care providers are engaging with consumers.</p> <p>Compare and contrast the way in which health and care services describe themselves before and after the work of local Healthwatch.</p>	<p>Evidence of greater and more varied public and service-user engagement by commissioners and providers.</p> <p>A demonstrable shift towards the language and perspective of service users and patients in HWB, commissioners' and providers' strategic documents and evidence that services have changed as a result.</p>

What do we want the OUTCOMES to be?	What could we do to achieve them?	How would we know we have succeeded?
<b>Short term</b>		
<p><b>O.4: Influencing health and wellbeing board</b>  <b>See also G.2, R.5.</b>  Local Healthwatch is a respected voice on HWB and HWB members have a greater understanding of consumers'/service users' experiences of local health and social care services.</p>	<p>Develop clear procedures for feeding into and back from the HWB and meetings with health and social care commissioners.</p> <p>Begin to collect, record, analyse and present robust data about users' experiences of health and social care, identifying gaps in intelligence and influencing the system to fill them.</p>	<p>Increased patient, service-user and public involvement in work of HWB, advised and supported by local Healthwatch. HWB has an engagement strategy involving local Healthwatch representatives.</p> <p>Local Healthwatch service user analyses routinely discussed and drawn on in HWB deliberations. Evidence of raised awareness among HWB members about the importance of engaging with communities and the expertise and value that VCOs can bring to discussion and decision making.</p>
<b>Medium term</b>		
<p>JSNA and JHWS developed in collaboration with and strongly influenced by community views and priorities.</p> <p>Local people are enabled to monitor and review the quality of services and feed back their findings to commissioners and providers.</p>	<p>Propose new ways to develop JSNA and JHWS with greater involvement of community voice.</p> <p>Make local Healthwatch data, analysis and reports available on website and other media.</p>	<p>Local Healthwatch leads on JSNA and JHWS working groups with a community input.</p> <p>JSNA and JHWS reflect greater evidence of community voice.</p> <p>VCOs draw on local Healthwatch's information, analysis and evidence about needs and services to make their case for improved services.</p>

		Health and social care commissioners invite local Healthwatch input into their individual commissioning plans.
<b>Longer term IMPACT</b>	<b>How could we measure IMPACT?</b>	
Services change and improve to meet needs identified through JSNA and align with JHWS.	Local Healthwatch volunteers and board members actively engaged in development of commissioning plans and design of services.	<p>Minutes of HWB meetings.</p> <p>Minutes of CCG and social services commissioning groups.</p> <p>Patient and service user satisfaction surveys.</p> <p>Case studies and stories showing evidence of local Healthwatch influence improving the consumer experience of service delivery.</p>

### Information and signposting

<b>What do we want the OUTCOMES to be?</b>	<b>What could we do to achieve them?</b>	<b>How would we know we have succeeded?</b>
<b>Short term</b>		
<p><b>O.5: Information and signposting service</b>  <b>See also G.6, R.1.</b>            Basic information about local health and care services collected and systematised by local Healthwatch and/or information and signposting consortium partners.</p>	<p>Recruitment of information and IT professionals to local Healthwatch or subcontracting IT capacity to specialist.</p> <p>Staff training and regular updating on relevant local services.</p> <p>Establish links with other information and advice providers.</p>	<p>Up to date information databases on website and in community venues.</p> <p>Contacts from health and care professionals asking for information on local services.</p>

## Medium term

A fit-for-purpose comprehensive local information and signposting system on health and social care services that gives people the information they need at first contact.

Work with commissioners, providers and established voluntary and third sector

organisations that already perform advice and information signposting

functions to share information databases and systems. Work with other stakeholders to support area-wide development of user friendly IT systems, incorporating feedback from users.

Joint training with other information providers, eg CAB.

Local Healthwatch staff or consortium partner staff accredited with qualification in information and signposting. They have the necessary skills to synthesise, interpret and understand different kinds of information and use information appropriately to provide the evidence base for reports and recommendations to commissioners and providers and HWB.

Satisfaction surveys of service users and carers, health and social care providers.

Benchmarking with other local Healthwatch and information providers.

	Local Healthwatch has a network of “community signposters” from diverse backgrounds, ie trained volunteers working in community venues to supplement online services and reach out to seldom heard, resulting in increasing numbers from diverse groups accessing services.	
<b>Longer term IMPACT</b>	<b>How could we measure IMPACT?</b>	
<p>Local people are enabled easily to access information about the standard of provision of local care services.</p> <p>There is an area-wide single entry “go to” virtual location for service users and the public. Entry through the local Healthwatch virtual ‘front door’ is part of an area-wide information system a range of local services and benefits. A system-wide ‘no wrong door’ policy means that there are numerous routes and formats for people to find the consistent, up-to-date information they need to access and influence services.</p> <p>Health and social care commissioners and providers contribute to funding of local Healthwatch information and signposting service because high quality service has reduced information inquiries to commissioners and increased ease of access to information for providers.</p>	<p>Local Healthwatch is part of a consortium or other collaborative effort to provide the area’s single entry location for information on support and services.</p> <p>Extensive partnership between health and social care commissioners and providers systematically feeding into local Healthwatch information and signposting portal.</p> <p>Increasing cross-referral between services as frontline staff (eg GPs, health visitors, homecare assistants) more familiar with and have easier access to info on the full range of services.</p>	<p>Additional funding from commissioners and providers to run info and signposting portal.</p> <p>Satisfaction surveys of users of self-directed health and care services.</p> <p>Case studies of info and signposting services bringing people (commissioners, providers as well as service users and carers) into contact with services they previously did not know about.</p> <p>Graphic representation of the area’s public information and signposting services, showing ‘no wrong door’ routes to information.</p>

## Being a community voice and consumer champion

What do we want the OUTCOMES to be?	What could we do to achieve them?	How would we know we have succeeded?
<b>Short term</b>		
<p><b>O.6: Consumer rights</b> People understand that as citizens and users/consumers of health and care services, they have certain rights in terms of quality and access to services.</p>	<p>Promote the NHS Constitution, the Mandate to the NHS, the Making it Real framework for social care and other relevant documents through local Healthwatch's communications channels and through partners.</p>	<p>Evidence that people are increasingly inquiring about their entitlements to services.</p>
<b>Medium term</b>		
<p>People understand the options that are available to them and their right to make choices, if they want to, about how they receive care and support.</p>	<p>Produce easy-to-understand documents explaining options (and constraints on them) and how to exercise choices.</p> <p>Support or signpost individuals to support in understanding options and making choices.</p> <p>Links on website to qualitative information about providers of health and social care services (eg to CQC reports, surveys and reviews).</p>	<p>Increasing evidence (eg from GPs/social services) that people are exercising their rights to access and choose between service providers and that they are using signposting and support services to help them make informed choices.</p> <p>Monitor inquiries and advice on access and choice to ensure the most disadvantaged are receiving information to make informed choices.</p>

Medium term	How could we measure IMPACT	
Patterns of service provision begin to align more closely with the priorities of service users and patients as reflected in the choices they have made.	The Health and Wellbeing Board and health and social care commissioners develop commissioning strategies and plans based on patient and service-user choices, following presentations and promotion of options by local Healthwatch. Providers show they are developing services in response to choices made by patients and service users.	<p>Analysis of information and signposting service providing information about options to service users and public.</p> <p>Informed by local Healthwatch feedback, references to the exercise of choice and its influence within commissioning strategies and plans and in the development of services by providers.</p> <p>Surveys of consumers/service users asking about their exercise of choice and how they became aware of options.</p>

What do we want the OUTCOMES to be?	What could we do to achieve them?	How would we know we have succeeded?
<b>Short term</b>		
<p><b>O.7: Representation</b></p> <p>Local Healthwatch is positioned to gather, understand and represent the views of local individuals and communities.</p>	<p>Establish good relations with local VCOs, especially those that work with communities and individuals that don't access traditional services.</p> <p>Establish good relations with other community groups (eg faith groups).</p> <p>Promote local Healthwatch, its remit and vision in community settings.</p>	<p>VCOs express interest in working with local Healthwatch.</p> <p>Local Healthwatch receives invitations to present its work in community locations.</p> <p>Individuals express interest in volunteering.</p>

Medium term		
<p>Local Healthwatch has a work programme for systematically seeking views of diverse communities and individuals on key health and social care issues and services and presenting these to commissioners and service providers to influence their approach.</p> <p>Local Healthwatch shows people that it values their views and feeds back on how it uses the information they provide and what impact it has had.</p>	<p>Work with VCOs to produce effective and robust community-based and action research.</p> <p>Develop methodology for “virtuous circle” of gathering views, presenting them in forums where they will have most influence and feeding back to consumers and communities on their impact.</p>	<p>HWB and commissioners respond to views presented by local Healthwatch in developing JSNA, JHWS and commissioning plans.</p> <p>HWB and commissioners seek advice of local Healthwatch and VCS partners on improving their own community engagement.</p>
Longer term IMPACT	How could we measure IMPACT	
<p>Consumer and community views are evident in commissioning decisions and direction of services.</p> <p>Specific services developed to respond to gaps and inequalities identified through community engagement.</p>	<p>Reports of commissioners and providers, options for service reconfigurations and health and social care governance point to the influence of consumers’ and communities’ views as presented by local Healthwatch.</p> <p>VCOs commit to long-term working relationships with local Healthwatch.</p>	<p>Minutes of HWB and commissioning boards. Annual reports of commissioners, NHS trusts and other social care and health providers.</p> <p>Joint projects with VCOs and community groups.</p>

What do we want the OUTCOMES to be?	What could we do to achieve them?	How would we know we have succeeded?
<b>Short term</b>		
<p><b>O.8: Research, intelligence gathering and information feedback</b> Commissioners and providers respond positively to local Healthwatch evidence-based assessments, intelligence and research based on user experiences of service quality including reports of enter and view visits.</p>	<p>Plan information and intelligence-gathering and engagement strategies and selection and authorisation of Enter and View authorised representatives and develop templates to produce timely, evidence-based reports.</p> <p>Decide whether and how to input into NHS Quality Accounts.</p> <p>Report to commissioners, providers, health (and social care) scrutiny, Healthwatch England/CQC as appropriate.</p> <p>Make recommendations to Healthwatch England to undertake special reviews or investigations and publish report on particular matters arising from local Healthwatch findings.</p>	<p>Minor changes made in response to local Healthwatch reports and recommendations on service users' experiences.</p>

Medium term		
Commissioners and providers transfer learning to different service areas from local Healthwatch reports on engagement activities and service users' experience.	<p>Make recommendations that are specific, measurable, achievable, realistic and timely (SMART) and transferable to other services.</p> <p>Refer issues to health (and social care) scrutiny for in-depth investigation.</p> <p>Make recommendations to Healthwatch England/CQC about special reviews or investigations to conduct.</p> <p>Assist Healthwatch England in its work as appropriate.</p>	Major changes made in response to local Healthwatch reports and evidence-based recommendations and associated scrutiny reviews.
Longer term IMPACT	How could we measure IMPACT	
The quality of care improves over all and issues of dignity and respect are prioritised in response to highlighting and evidence from local Healthwatch.	<p>Satisfaction surveys</p> <p>CQC and Healthwatch England reports.</p>	<p>More positive results from surveys and CQC assessments.</p> <p>Findings of improvements by dignity champions, young people's champions.</p> <p>Surveys of VCOs representing particular groups and conditions, asking whether consumers'/service users' views have been respected and dignity addressed.</p>

What do we want the <b>OUTCOMES</b> to be?	What could we do to achieve them?	How would we know we have succeeded?
<b>Short term</b>		
<b>O.9: Concerns and complaints</b> People know how to raise concerns and make complaints about services.	Clear signposting to information on local complaints advocacy service(s) for health and social care.	Monitor and analyse inquiries about concerns and complaints and signposting to complaints advocacy service.
<b>Medium term</b>		
People are supported in raising concerns and making complaints.	Agree an (anonymised) information-sharing protocol with complaints advocacy service(s). Work with complaints advocacy service(s) to analyse patterns of complaints and raise complaints and concerns appropriately (eg with HWB, CQC, Quality Surveillance Groups, local safeguarding boards, health scrutiny).  Staff training on the local complaints advocacy and safeguarding systems.	Feedback from complaints advocacy service.  Positive responses by HWB, CQC etc. Issues taken up by health scrutiny.
<b>Longer term IMPACT</b>		
Patterns of complaints and issues raised by individuals influence services for the better.	Analyse the use made of statistics collected by local Healthwatch and complaints advocacy service.	Services de-commissioned/recommissioned in response to concerns/complaints, health scrutiny reviews arising from local Healthwatch referrals, action taken by CQC.

# Local Healthwatch

## Outcomes and Impact Development Tool

### Section 4: relationships

#### Relationships with community and consumers

What do we want the OUTCOMES to be?	What could we do to achieve them?	How would we know we have succeeded?
<b>Short term</b>		
<p><b>R.1: Consumers and community</b>  <b>See also G.1, G.2, G.4, G.10, O.1.</b></p> <p>Local Healthwatch is known to be open for business and open and receptive to input from consumers and the community.</p> <p>Local Healthwatch understands the key groups with which it needs to engage in terms of local communities and consumers.</p> <p>Local Healthwatch is systematically networked with all sections of the community.</p>	<p>Undertake audit of key groups in local communities in terms of characteristics/ geography etc - tapping into JSNAs where relevant.</p> <p>Identify different ways of best involving and communicating with key groups, particularly those whose voices are less heard in relation to health and social care or who are major users of services such as children and young people and older people.</p> <p>Develop an engagement strategy that includes engagement with significant local communities of identity and interest.</p> <p>Involve VCOs, key groups and individuals in developing engagement strategy.</p>	<p>Website designed with input from key groups.</p> <p>Range of people beginning to use phonenumber and website contact.</p> <p>Engagement and communication strategy produced with the involvement of key groups.</p> <p>Volunteers beginning to be recruited, inducted and trained from range of communities for appropriate local Healthwatch activities.</p>

## Medium term

People who use health and care services know the purpose of local Healthwatch, are engaged with it and use it as a source of information and support.

Local Healthwatch is known to be an independent voice speaking on behalf of users of health and social care services.

Review the engagement and communication strategy to ensure that it dovetails with those of other key partners in the statutory and VCS to avoid duplication.

Work with the council commissioner of local Healthwatch and the health scrutiny committee to address the problems identified by the Francis inquiry such as undue deference towards powerful NHS trusts.

People from a range of backgrounds are involved in local Healthwatch engagement activities, involved in drafting reports and recommendations and authorised for Enter and View visits.

Specific projects on different services involve a range of volunteers from across the community.

Volunteers involved in outreach and signposting work of local Healthwatch.

Local Healthwatch has well developed web site and proactively uses social media to advise, inform, engage and consult with consumers.

Input of volunteers is recognised and rewarded appropriately.

Information about local Healthwatch reaches people from a range of channels such as from the local VCS.

Diverse profile of volunteers involved in local Healthwatch engagement and reporting activities, including outreach to seldom heard groups.

Diverse profile of volunteers involved in local Healthwatch engagement and reporting activities, including outreach to seldom heard groups.

Evidence that signposting and information service is supported and used by diverse range of users.

Evidence from use of website and social media by consumers/service users.

Longer term IMPACT	How could we measure IMPACT?	
<p>Local Healthwatch is fully embedded in the community, is recognised as a key element in the voluntary and community sector infrastructure and is trusted by and engaged with a diverse range of people.</p> <p>The public and VCS use local Healthwatch as a means to put forward their experiences, views, concerns and ideas in relation to improving health and wellbeing in the local community.</p>	<p>Diverse groups involved at different levels of engagement in work of local Healthwatch across the full range of its activities.</p> <p>Priorities and work programme driven by input from service users and communities.</p> <p>Local Healthwatch input to development of JSNA, JHWS, commissioning and delivery of services.</p>	<p>As above.</p> <p>Annual report shows a wide range of engagement across all user groups.</p> <p>Stories from individuals and groups about how they have made a difference through engagement with local Healthwatch.</p> <p>Analyse changes in JSNA, JHWS, commissioning and delivery and able to point to specific examples where local Healthwatch has made a difference through gathering and presenting service users' experiences and community views.</p>

What do we want the OUTCOMES to be?	What could we do to achieve them?	How would we know we have succeeded?
<b>Short term</b>		
<p><b>R.2: Children and young people</b>  <b>See also R.6.</b>            Children and young people are actively involved in the development of local Healthwatch priorities and vision.</p>	<p>Ensure local Healthwatch skills and experience enable it to understand the priorities of children and young people and to engage with local organisations already engaged with children and young people.</p> <p>Form working partnerships with VCOs working with children and young people.</p>	<p>Able to point to influence of children and young people on vision, priorities and work plan.</p> <p>Profile of volunteers includes children and young people.</p>

	<p>Set up a sub-group of Board, working group or task group of children and young people to advise Board on priorities.</p> <p>Recruit, induct and train children and young people as volunteers (eg to develop use of social media, signposting).</p>	
<b>Medium term</b>		
<p>Local Healthwatch has channels of communication with commissioners and service providers of children's and young people's services and is supporting increased engagement of young people in commissioning and design of services.</p>	<p>Innovative use of social media and signposting for two-way communication with children and young people.</p> <p>Support communication between VCOs representing and engaging with children and young people and health and care services and commissioners.</p> <p>Core group of children and young people developing local Healthwatch projects to improve health and social care services for children and young people.</p>	<p>Increasing numbers of VCOs working with children and young people in contact with/ engagement with local Healthwatch.</p> <p>Specific projects with VCOs engaging children and young people.</p> <p>Demonstrate influence of core group and wider engagement of children and young people in local Healthwatch work programme.</p>
<b>Longer term IMPACT</b>		
	<b>How could we measure IMPACT?</b>	
<p>Local health and social care services more responsive to the needs and wishes of children and young people because of local Healthwatch's involvement.</p>	<p>Demonstrate the influence on services of local Healthwatch's engagement with VCOs working with children and young people.</p>	<p>Surveys of children and young people and their parents about their perception of local Healthwatch.</p>

<p>Smoother transition from children's to adults' services because of local Healthwatch's involvement.</p> <p>Greater integration across health, care and other services (eg education, leisure) for children and young people because of local Healthwatch's involvement.</p>	<p>Greater awareness of commissioners and providers of needs and wishes of children and young people arising from local Healthwatch collaboration with VCO projects.</p>	<p>Surveys of children and young people and their parents about their perception of local Healthwatch.</p> <p>Surveys of commissioners and providers showing increased understanding of experiences, needs and wishes of children and young people using services, through representation by local Healthwatch.</p> <p>Case studies of changes in services influenced by input of local Healthwatch.</p> <p>Individual stories told by children and young people about their engagement through local Healthwatch in changing services for the better.</p>
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What do we want the OUTCOMES to be?	What could we do to achieve them?	How would we know we have succeeded?
<b>Short term</b>		
<p><b>R.3: Older people</b>  <b>See also R.6.</b>            Older people are actively involved in the development of local Healthwatch priorities and vision. Dignity and respect are key components of the vision.</p>	<p>Ensure local Healthwatch has the skills and experience for effective engagement with older people and capacity to represent their views and to engage with local organisations already engaged with older people.</p> <p>Forge links with dignity champions among key partners and stakeholders.</p>	<p>Able to point to influence of older people on vision, priorities and work plan.</p> <p>Profile of volunteers includes older people.</p> <p>Dignity champions' network or local dignity working group set up or joined.</p>
	<p>Depending on existing provision, consider developing or joining a dignity champions network or local dignity working group.</p> <p>Form working partnerships with VCOs working with older people, especially those who are more isolated and seldom heard.</p> <p>Recruit, induct and train older people as volunteers (eg for engagement activities including Enter and View visits).</p>	

Medium term		
<p>Local Healthwatch has channels of communication with commissioners and service providers of older people's services and is supporting increased engagement of older people (including older carers) in commissioning and design of services, including age proofing of universal services and issues of dignity and respect.</p>	<p>Strong involvement of older people in Enter and View and other forms of local Healthwatch volunteering, including development of specific work projects, task groups etc.</p> <p>Act as channel of communication between VCOs representing and engaging with older people and health and care services and commissioners.</p> <p>Support dignity champions network and help develop its work programme.</p>	<p>Increasing numbers of older people in contact with/engagement with local Healthwatch.</p> <p>Dignity champions are working on a common agenda.</p> <p>Specific projects with VCOs engaging older people.</p> <p>Demonstrate influence of engagement with older on local Healthwatch work programme.</p>
Longer term IMPACT	How could we measure IMPACT?	
<p>Local health and social care services more responsive to the needs and wishes of older people because of local Healthwatch's involvement.</p> <p>Greater integration across health, care and other services (eg education, leisure) for older people because of local Healthwatch's involvement.</p>	<p>Demonstrate the influence of local Healthwatch's engagement with older people on services.</p> <p>Greater awareness among commissioners and providers of experiences, needs and wishes of older people.</p>	<p>Surveys of older service users/consumers and older carers about their perception of local Healthwatch.</p> <p>Surveys of commissioners and providers about their understanding of needs and wishes of older people, issues of dignity and respect and the role local Healthwatch has played.</p>

<p>More age proofing of universal services and specialist services not targeted specifically at older people because of local Healthwatch's involvement.</p> <p>More support for older carers and co-carers because of local Healthwatch's involvement.</p>	<p>Involvement of local Healthwatch older volunteers in cross-sectoral age proofing projects and dignity champions network.</p> <p>Local Healthwatch involvement in work around older carers and co-carers.</p> <p>Cross sectoral prioritisation of dignity and respect.</p>	<p>Case studies of changes in services influenced by input of local Healthwatch.</p> <p>Individual stories gathered from and presented by older people about their engagement in changing services for the better through their involvement with local Healthwatch.</p> <p>Outcomes from dignity champions' network or working group.</p>
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What do we want the <b>OUTCOMES</b> to be?	What could we do to achieve them?	How would we know we have succeeded?
<b>Short term</b>		
<p><b>R.4: Adults of working age</b></p> <p>Local Healthwatch understands the main groups that fall under the category of adults of working age and what their needs are e.g.</p> <ul style="list-style-type: none"> <li>• working people who want flexible access to health and care services (may be 'time-poor')</li> <li>• adults with long-term conditions</li> <li>• adults with short/medium-term health conditions</li> <li>• adults at risk of health inequalities</li> <li>• adults who are carers.</li> </ul>	<p>Be familiar with the profile of the area relating to adults of working age as identified in JSNA and the JHWS.</p>	<p>The outreach and communications strategy includes these groups, and contacts are monitored.</p>
<b>Medium term</b>		
<p>Local Healthwatch gathers, understands and represents the views of adults of working age.</p> <p>Adults of working age are involved across all the functions of local Healthwatch.</p>	<p>Identify a range ways of involving adults of working age and use the most appropriate method:</p> <ul style="list-style-type: none"> <li>• with VCOs and peer-led groups for long term conditions</li> <li>• with groups representing people with short/medium-term illness e.g. cancer survivors</li> </ul>	<p>Able to point to the influence of adults of working age on local Healthwatch vision, priorities and workplan.</p> <p>People aged 18-65 including those in work are involved in local Healthwatch governance.</p>

	<ul style="list-style-type: none"> <li>• through local media and social media</li> <li>• through developing relationships with major local employers and trade associations.</li> </ul> <p>Utilise Healthwatch England guidance on engagement; e.g. forthcoming information on involving people with learning disabilities.</p> <p>Make services and engagement activity accessible to people who work during the day e.g. some evening and weekend availability.</p>	<p>Profile of volunteers includes people aged 18 to 65.</p> <p>The needs and priorities of adults of working age are included in JSNA, JHWS and any local community development plans.</p>
<b>Long term IMPACT</b>		
<p>Health and social care commissioners and services are more responsive to the wishes of adults of working age because of local Healthwatch involvement.</p>	<p>Review work programme to ensure that the priorities of adults of working age are included.</p>	<p>Satisfaction surveys show positive feedback from people of working age.</p> <p>Local Healthwatch activities show involvement of major local employers.</p> <p>Health and social care annual reports show improvements in provision because of the input of local Healthwatch.</p>

What do we want the <b>OUTCOMES</b> to be?	What could we do to achieve them?	How would we know we have succeeded?
<b>Short term</b>		
<p><b>R.5: People with characteristics protected by the Equality Act</b></p> <p>Local Healthwatch understands how equality law applies to:</p> <ul style="list-style-type: none"> <li>• itself as an organisation</li> <li>• health and social care services.</li> </ul> <p>Local Healthwatch has a good understanding of the diversity and make-up of the population in its area and the needs of different groups, including those with protected characteristics.</p>	<p>Produce an equality policy and monitor this through the comments and complaints procedure.</p> <p>Provide equality training for all staff, volunteers and board members.</p> <p>Be familiar with the equality policies and training of local health and care commissioners and providers</p> <p>Develop early working relationships with diverse community and voluntary sector groups as well as health and social care staff working on equalities issues.</p> <p>Develop local Healthwatch’s own profile of the diverse communities it is trying to reach and what their needs are in relation its activities.</p>	<p>Data about equality issues in local Healthwatch are collected and monitored.</p> <p>Complaints relating to equality and discrimination are monitored.</p> <p>Feedback from community and voluntary sector groups; invitations to speak at and participate in community events. Links to local Healthwatch begin to appear on community websites.</p>
<b>Medium term</b>		
<p>Promoting equality for people with protected characteristics (disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation) is central to the work of local Healthwatch.</p>	<p>Review local Healthwatch physical environment and how it communicates with the public so that all reasonable adjustments for people with a disability can be made e.g. website suitable for people who use text to speech software.</p>	<p>Number of complaints to local Healthwatch about how it implements the Equality Act are low.</p> <p>Comments and complaints result in measurable improvements.</p>

	<p>Involve people described by protected characteristics across the range of local Healthwatch activities e.g. as volunteers.</p> <p>People with protected characteristics actively seek to become involved in local Healthwatch.</p> <p>If necessary influence JSNA to include information (wherever possible) on populations with protected characteristics.</p> <p>Understand the common ways in which people with protected characteristics may be discriminated against in health and social care (e.g. people with learning disabilities finding difficulties accessing health care) and identify whether these are happening locally.</p> <p>Provide public information about people's equality rights in health and social care and provide advice and/or support to people who say they have been discriminated against. Collect anonymised data which allows trends to be identified.</p> <p>Look out for any trends relating to discrimination in local services arising from contacts with local Healthwatch and raise with commissioners and providers.</p>	<p>Profile of volunteers is monitored and includes people with protected characteristics.</p> <p>JSNA includes local profiles of groups with protected characteristics wherever possible.</p> <p>JHWS includes action to address specific needs of these populations.</p> <p>Make available data on any trends relating to equality issues in local commissioners and providers.</p> <p>Commissioners and providers make improvements on information received.</p>
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## Long term IMPACT

People using health and social care services have an increased awareness of their equality rights.

Health and social care commissioners and services show increased sensitivity to the health and social care needs of different groups.

Undertake work that promotes equality and tackles discrimination in health and social care (dependent on local priorities).

Specific projects on supporting particular groups in having their voice heard and needs identified in relation to health and social care.

Complaints relating to equality law against local health and care commissioners and providers have reduced.

Specific improvements have been made in relation to people with protected characteristics following local Healthwatch interventions, and are recorded at the Health and Wellbeing board.

## Relationships with key local partners

What do we want the OUTCOMES to be?	What could we do to achieve them?	How would we know we have succeeded?
<b>Short term</b>		
<p><b>R.6: Safeguarding</b>  <b>See also R.2. and R.3.</b>            The local Healthwatch board, staff and volunteers understand safeguarding issues, both for children and young people and for older ‘vulnerable’ adults and are aware of local arrangements and how to report concerns.</p> <p>Local Children’s and Adult Safeguarding Boards understand the role and remit of local Healthwatch and how it can contribute to safeguarding.</p>	<p>Collaborate with local Children’s and Adult Safeguarding Boards, and Quality Surveillance Groups in providing training, including how to report concerns and the roles of the council, the police, the local safeguarding board boards, Ofsted, CQC and VCOs.</p> <p>Understanding of safeguarding issues and procedures written into the appraisal process.</p>	<p>Local Healthwatch volunteers and staff begin to raise and report safeguarding issues to appropriate partner organisations.</p> <p>Local Healthwatch asked to assist in consultation/engagement exercises on safeguarding issues.</p>
<b>Medium term</b>		
<p>Understanding of safeguarding issues influences local Healthwatch’s work programme and individual projects. Safeguarding Boards and other relevant stakeholders are partners in aspects of local Healthwatch’s work programme that relate to safeguarding.</p> <p>Referrals with a safeguarding component are made in an appropriate and timely way to relevant organisations, including complaints advocacy services.</p>	<p>Ensure learning from induction training is carried into work programme and project development.</p> <p>Develop good relations with key partners involved in safeguarding activity, including local Safeguarding Boards and Quality Surveillance Groups.</p>	<p>Local Healthwatch work programme is aligned with priorities of safeguarding boards and Quality Surveillance Groups and safeguarding aspects of other partners’ work programmes.</p> <p>Local Healthwatch makes presentations about its safeguarding work to Safeguarding Boards, HWB, Quality Surveillance Groups and other relevant partners and vice versa.</p>

Longer term IMPACT	How could we measure IMPACT?	
<p>Local Healthwatch is seen as key champion and community voice on safeguarding issues. local Healthwatch's assistance is sought by partners in engaging with different groups within the community on safeguarding issues. Dignity and respect are seen as key components of safeguarding and of engagement.</p>	<p>With relevant partners, follow up local Healthwatch enter and view visits, reports and recommendations with a safeguarding component.</p> <p>Assess impact of local Healthwatch referrals with a safeguarding component.</p> <p>Overall local prioritisation of dignity and respect.</p>	<p>Analysis of local Healthwatch reports and recommendations shows they have influenced partners to make improvements in relation to safeguarding issues.</p> <p>Analysis of referrals shows they have drawn attention of partners to issues and cases they might otherwise have missed.</p> <p>Increasing dignity and respect by engaging and empowering service users increasingly recognised in partners' vision statements and work programmes.</p>

What do we want the OUTCOMES to be?	What could we do to achieve it?	How would we know we have succeeded?
<b>Short term</b>		
<p><b>R.7: Health and wellbeing board</b>  <b>See also O.4.</b>  Local Healthwatch is treated as an equal partner on the health and wellbeing board.</p>	<p>Presentations to Health and Wellbeing Board (HWB) on vision, purpose and remit of local Healthwatch and how it is developing its priorities and work programme.</p> <p>Develop briefing papers on how local Healthwatch could collaborate with HWB on issues of engagement in relation to Joint Strategic Needs Assessment (JSNA), and Joint Health and Wellbeing Strategy (JHWS), to the mutual benefit of each.</p>	<p>Local Healthwatch is supported by HWB members in playing key role in development of JSNA and JHWS.</p> <p>Structure and content of HWB meetings reflect priority given to consumer and community engagement.</p>

Medium term		
<p>Local Healthwatch is central to developing the community engagement strategy of the HWB and advises the HWB on innovative forms of engagement in its work.</p>	<p>Work with HWB colleagues to develop community engagement strategy.</p> <p>Make evidence-based presentations to HWB on needs and wishes of consumers/communities and SMART recommendations about how they can be met.</p> <p>Contribute to development of JSNA and JHWS.</p> <p>Make proposals on innovative forms of engagement.</p>	<p>Community engagement strategy is welcomed by the wider public and service users and results in active engagement among diverse groups.</p> <p>Surveys of HWB members and/or 360 degree appraisal process indicate high opinion of local Healthwatch contributions.</p>
Longer term IMPACT	How could we measure IMPACT?	
<p>LHWB sees local Healthwatch as an effective, authoritative, credible and influential voice for service users, the general public and the community and voluntary sector.</p> <p>Local Healthwatch's advice is sought by HWB on public engagement and HWB meetings allow for consumer/service user views and concerns to be expressed through local Healthwatch and directly. Positive action is taken in response to these views and concerns. The HWB and local Healthwatch feed back through a variety of routes to consumers, VCOs and communities about HWB activities.</p>	<p>Evolution of the JSNA, JHWS and commissioning strategies towards a community and consumer perspective, more personalised services and more community-led initiatives.</p>	<p>Evidence of influence of changing perspective on types of services commissioned, locations and service providers.</p> <p>Evidence of local Healthwatch influence on closer integration of services.</p> <p>Evidence of increased support for community-led initiatives.</p>

What do we want the OUTCOMES to be?	What could we do to achieve them?	How would we know we have succeeded?
<b>Short term</b>		
<p><b>R.8: Council – different roles</b></p> <p><b>Local Healthwatch has a good mutual understanding with its council about the different roles in which they relate.</b></p>	<p>See below under different roles.</p>	<p>See below under different roles.</p>
<p>Council as <b>commissioner of local Healthwatch</b></p>	<p>Local Healthwatch works to specification drawn up by council, reports regularly on progress.</p> <p>Local Healthwatch receives improvement and development support from council.</p>	<p>Council satisfied with local Healthwatch progress.</p> <p>Local Healthwatch satisfied with support from Council.</p> <p>Council staff and councillors happy to engage with local Healthwatch training and discuss mutual benefits of working together.</p>
<p>Council as <b>commissioner of public health and social care services</b></p>	<p>Make presentations to council Executive and other meetings.</p> <p>Local Healthwatch demonstrates it can contribute to improving council’s own objective of meaningful engagement with service users, carers and communities.</p> <p>Council social care representatives involved in local Healthwatch training for board, staff and volunteers.</p>	<p>Council social services and other departments ask for local Healthwatch assistance in developing and deepening their public engagement activities.</p>

Council as <b>health scrutiny body</b>	Draw up a protocol or memorandum of understanding on co-operation with health scrutiny.	Successful protocol drawn up and agreed.
Council as <b>community leader</b>	Local Healthwatch develops relationships with ward councillors for disadvantaged areas and areas in which local Healthwatch wants to make contact with specific groups.	Ward councillors assist in making contact with local VCOs and community groups.
<b>Medium term</b>		
<b>Local Healthwatch works collaboratively on projects with council.</b>	See below under different roles.	See below under different roles.
Council as <b>commissioner of local Healthwatch</b>	Local Healthwatch continues to fulfil contract/grant conditions with support from council.	Council renews contract/grant.
Council as <b>commissioner of public health and social care services</b>	Local Healthwatch carries out some engagement work around specific social care/public health services and begins programme of research, intelligence-gathering about service-user experiences including Enter and View visits to social care services.	Council seeks local Healthwatch assistance in engaging with new service users, seldom heard groups and ongoing user groups.  Council responds positively in terms of service design to local Healthwatch reports of user experience.
Council as <b>health scrutiny body</b>	Local Healthwatch refers several issues to health scrutiny committee.	Health scrutiny carries out reviews of one or more issues referred by local Healthwatch.
Council as <b>community leader</b>	Local Healthwatch provides training for ward councillors in using information and signposting system on behalf of residents and for their own research.	Increasing use of information and signposting system by ward councillors on behalf of residents.

Longer term IMPACT	How could we measure IMPACT?	
<b>Local Healthwatch and the council in all its roles have supported each other in developing an integrated and inclusive approach to citizen engagement across all services.</b>	All of the above and mutual trust between local Healthwatch and council.	360 degree review of local Healthwatch/LA relationship.
Council as <b>commissioner of local Healthwatch</b>	<p>The council is satisfied that its specification for local Healthwatch has been fulfilled.</p> <p>Local Healthwatch has developed capacity and extended its skills, services and engagement activities with support from the council.</p>	Council/local Healthwatch continued contract/grant renewal.
Council as <b>commissioner of public health and social care services</b>	The council has extensively reviewed its engagement activities and formulated a more comprehensive engagement strategy with support from local Healthwatch.	There is an established agreed methodology for the council to respond to feedback from local Healthwatch on user experience. There is evidence of users' experiences influencing the shape of services.
Council as <b>health scrutiny body</b>	There is a close ongoing, mutually supportive working relationship between health and social care scrutiny and local Healthwatch.	<p>Issues referred by local Healthwatch and taken up by scrutiny resulting in improvements to services.</p> <p>Requests by scrutiny to local Healthwatch for intelligence about user experience – this intelligence is drawn on in scrutiny reports to provide evidence for scrutiny recommendations to improve services.</p>

Council as <b>community leader</b>	Ward councillors are very familiar with the work of local Healthwatch in their area and make proactive proposals for local Healthwatch engagement with particular groups. Councillors draw on local Healthwatch intelligence to make the case for improved services in their area.	Ongoing involvement of local Healthwatch in ward/neighbourhood/area-based structures.  Involvement of ward councillors in local Healthwatch engagement activities.
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What do we want the <b>OUTCOMES</b> to be?	What could we do to achieve them?	How would we know we have succeeded?
<b>Short term</b>		
<b>R.9: Clinical Commissioning Groups</b> Local Healthwatch has good mutual understanding with CCG(s)	<p>Make presentations at CCG Board and other meetings.</p> <p>Demonstrate that local Healthwatch can contribute to improving CCG’s own objective of meaningful engagement with patients, carers and communities.</p> <p>Involve CCG representatives in local Healthwatch training for Board, staff and volunteers.</p> <p>Develop supportive relationships with GP patient participation groups.</p>	CCG asks for local Healthwatch assistance in developing and deepening its public engagement activities.

Medium term		
CCG(s)' public and patient engagement strategy is developed and implemented.	<p>Assist CCG(s) to develop public engagement strategy.</p> <p>Work with CCG(s) to develop innovative forms of engagement.</p>	Local Healthwatch invited to participate in development of CCG commissioning strategies.
Longer term IMPACT	How could we measure IMPACT?	
There is a noticeable difference in the way CCG(s) set about developing their commissioning strategies, with earlier and more extensive patient and public engagement.	<p>CCG commissioning plan reflects experiences of consumers through local Healthwatch engagement.</p> <p>Collect individual stories and case studies of engagement and how it can result in improved commissioning and ultimately, better services.</p>	Evidence of increasing engagement, case studies and personal stories demonstrate the involvement of local Healthwatch.

What do we want the OUTCOMES to be?	What could we do to achieve them?	How would we know we have succeeded?
Short term		
<p><b>R.10: Voluntary and community sector</b> Local Healthwatch is seen as a partner and potential source of support by voluntary and community sector organisations.</p>	<p>Talk to VCOs about support local Healthwatch could give.</p> <p>Show willingness to listen and take on board VCOs' ideas and experiences of engagement.</p> <p>Support VCO on HWB.</p>	<p>Local Healthwatch involved in VCO networks and make presentations on its work.</p> <p>Mutual links on relevant websites.</p>

Medium term		
<p>Local Healthwatch is recognised as a key element in the voluntary and community sector infrastructure.</p> <p>Local Healthwatch effectively utilises VCS resources to obtain the views of the community, especially hard to reach groups; and influences local services to be inclusive of these groups.</p>	<p>Demonstrate best practice in the promotion, development and celebration of volunteering.</p> <p>Develop local Healthwatch role as two-way conduit between VCS and health and social care commissioners and services.</p>	<p>Local Healthwatch advice sought by VCOs on how to bring about greater engagement of service users in health and social care.</p> <p>Invitations to speak at VCO meetings and VCO to speak at local Healthwatch.</p>
Longer term IMPACT	How could we measure IMPACT?	
<p>Local Healthwatch is working with partners in other organisations to build the capability of existing service users, volunteers and paid staff to help them champion high quality health and social care services – understanding their responsibility and how they can bring influence and challenge to bear in an appropriate way.</p>	<p>Cumulative evidence of effective voluntary sector activity on health and social care. Increasing collaboration across the sector, eg in information and signposting services and mutual referrals.</p>	<p>Evidence shows health and care services have improved as a result of voluntary sector intervention, actively supported by local Healthwatch.</p> <p>The VCS as a whole, including local Healthwatch, is working collaboratively resulting in greater value for money and cost effectiveness.</p>

What do we want the <b>OUTCOMES</b> to be?	What could we do to achieve them?	How would we know we have succeeded?
<b>Short term</b>		
<p><b>R.11: Advocacy and complaints services</b></p> <p>Local Healthwatch has a good knowledge of local advocacy and complaints services and how people can access them.</p>	<p>Co-training with complaints advocacy staff.</p> <p>Develop a system for feeding back to complainants on progress of their issues.</p>	<p>Successful first-time referral and useful analysis of complaints referrals.</p>
<b>Medium term</b>		
<p>Commissioners and providers receive comprehensive reports of complaints and concerns and act to make change where complaints and concerns show system and management problems.</p>	<p>Local Healthwatch works with complaints advocacy service to develop systematic analysis and statistical presentation of complaints and concerns.</p>	<p>Reports of improvement in system as a result of complaints and concerns reporting.</p>
<b>Longer term IMPACT</b>		
<p>Commissioners and providers learn from complaints reporting and are able to design out some of the initial causes of complaints.</p> <p>The need for serious case reviews and the number of serious untoward incidents is reduced, as complaints are resolved at an earlier stage.</p>	<p>Benchmarking with other local Healthwatch and complaints advocacy systems.</p> <p>Improved CQC and local Healthwatch inspection and visit reports.</p>	<p>Benchmarking shows positive results.</p> <p>Enter and View reports increasingly positive.</p>

What do we want the OUTCOMES to be?	What could we do to achieve it?	How would we know we have succeeded?
<b>Short term</b>		
<p><b>R.12: Healthwatch England and Care Quality Commission</b></p> <p>Local Healthwatch has a clear understanding of HWE and CQC’s role nationally and locally.</p>	<p>Local Healthwatch and CQC local representatives share information about health and social care services and their respective work programmes.</p> <p>Local Healthwatch share their information with Healthwatch England through the Healthwatch Information Hub.</p> <p>CQC representatives participate in training for local Healthwatch volunteers on Enter and View visits.</p>	<p>Successful sharing of information.</p> <p>Information successfully uploaded on Healthwatch Information Hub.</p> <p>Successful training accomplished.</p>
<b>Medium term</b>		
<p>There is mutual trust between local Healthwatch and CQC representatives.</p> <p>Through information brought together on the Healthwatch Information Hub, local Healthwatch are enabled to network together, sharing each others information.</p>	<p>Local Healthwatch and CQC work collaboratively on their respective activities.</p> <p>Develop working relationship with neighbouring local Healthwatch to aggregate and share information.</p> <p>Ensure information is regularly uploaded to Healthwatch Information Hub.</p>	<p>CQC’s willingness to work collaboratively.</p> <p>Effective, evidence-based reports with evident contribution from local Healthwatch.</p>

Longer term IMPACT	How could we measure IMPACT?	
<p>Working together and apart, CQC and local Healthwatch bring added value to each other's roles.</p> <p>By providing good quality information to Healthwatch England through the Healthwatch Hub local Healthwatch enable Healthwatch England to be influential on the national stage.</p>	<p>Changes resulting from CQC and local Healthwatch collaboration.</p> <p>Annual reports of Healthwatch England.</p>	<p>CQC inspection and Enter and View follow-up reports result in action.</p> <p>HWE annual reports describe examples of influence based on collaboration with local Healthwatch.</p>

### Relationships with providers

What do we want the OUTCOMES to be?	What could we do to achieve it?	How would we know we have succeeded?
<b>Short term</b>		
<p><b>R.13: Health and social care providers.</b></p> <p>Local providers of NHS and social care services understand the remit and role of local Healthwatch and express willingness to co-operate with its work.</p>	<p>Presentations to NHS Trust and Foundation Trust Boards, meetings of FT public governors etc.</p> <p>Presentations on local Healthwatch to other key providers of local NHS and social care services.</p> <p>Draw up a protocol or memorandum of understanding on co-operation with key providers.</p>	<p>Invitations to speak at providers' forums.</p> <p>Requests to attend NHS board meetings.</p> <p>Protocol or memorandum of understanding signed.</p>

Medium term		
Concerns about services highlighted through engagement activities, intelligence on users' experiences, Enter and View visits and local Healthwatch service monitoring are addressed by providers.	Well-planned, evidence-based engagement activities, intelligence gathering, Enter and View visits, reports and recommendations on services users' experiences by suitably trained and skilled local Healthwatch representatives and volunteers.	Timely and positive response by providers to reports and implementation of a significant number of local Healthwatch recommendations.
Longer term IMPACT	How could we measure IMPACT?	
Learning from earlier reports on providers' services is shared across services. Providers proactively initiate greater patient, service user and public engagement at an earlier stage in developing services.	Effective systems to analyse responses by providers to local Healthwatch reports and recommendations.	Providers implement a significant number of local Healthwatch recommendations. Providers seek advice from local Healthwatch for proactive engagement activities.

What do we want the OUTCOMES to be?	What could we do to achieve it?	How would we know we have succeeded?
Short term		
<b>R.14: Carer, patient and service-user representatives and advocates</b>  Local Healthwatch understands how to communicate with local representatives of carers, patients and service users and those advocating for patients and service users.	Compile contact information through VCS, commissioners and providers.	Comprehensive, up-to-date contact database.

<b>Medium term</b>		
Local Healthwatch is part of a network of carer, patient and service user representatives and advocates with regular communication.	Develop online two-way communications, chat rooms, webinars etc. Involve these groups and VCOs bringing them together, in development of workplan and enlist their support for wider engagement activities.	Evidence of good two-way communications.
<b>Longer term IMPACT</b>	<b>How could we measure IMPACT?</b>	
Local Healthwatch has facilitated two-way communication between commissioners and providers of services, and carer, patient and service-user representatives and advocates.	<p>Reports of these groups (eg meeting minutes, annual reports) and relevant VCOs.</p> <p>Minutes of HWB, CCG and council meetings, including scrutiny meetings.</p>	Reports, minutes etc show active engagement of service commissioners and providers with carer, patient and service-user representatives and advocates, and evidence this has been facilitated by local Healthwatch.

# Local Healthwatch

## Outcomes and Impact Development Tool

Blank grid for local Healthwatch to add outcomes based on local priorities

What do we want the OUTCOMES to be?	What could we do to achieve it?	How would we know we have succeeded?
Short term		
Medium term		
Longer term IMPACT	How could we measure IMPACT?	

# Local Healthwatch

## – resources to support outcomes and impact development Tool

### Resources for good governance

#### Policies and procedures

Local Healthwatch will need a full range of policies and procedures relevant to the form and size of the organisation. These include:

- HR policies (Model HR policies available on NCVO website)
- Finance policies (see section on Finance)
- Volunteer policies
- Health and safety
- Equal opportunities
- Safeguarding children and vulnerable adults
- Complaints
- Whistleblowing
- Data protection
- IT
- Governance policies such as board member role descriptions, expenses/ remuneration, code of conduct, and conflict of interest.

Local Healthwatch will also require policies and procedures relating to local Healthwatch activities that meet local Healthwatch Regulations:

- Campaigning procedures
- Media and communications

- Operational procedures
- Sub-contracting

The NHS Bodies and Local Authorities (Partnership Arrangements, Care Trusts, Public Health and Local Healthwatch) Regulations 2012

### Sources of information and support

#### The Charity Commission

Provides a range of useful advice and resources including ‘starting a charity’ ‘trustees, staff and volunteers’ and ‘running a charity’.

Your local/regional voluntary and community organisation umbrella group/network/CVS

Will provide local opportunities for advice, support, training and development and networking.

#### NCVO – National Council for Voluntary Organisations

NCVO has over 10,000 members from the voluntary sector ranging from the largest charities to the smallest community organisations. It champions and supports the sector and promotes civil society at the national level. Its website has a wide range of advice and support topics with popular topics being: funding and finance, governance and leadership and people, and HR and employment. It provides information on

quality standards in the voluntary/community sector. It also runs an online advice line.

### **NAVCA – National Association for Voluntary and Community Action**

A national charity that champions and strengthens voluntary and community action by supporting its members in their work with over 160,000 local charities and community groups. Provides its members with networking opportunities, specialist advice, support, policy information and training. NAVCA is a bridge between local groups and national government.

### **Civil Society Media**

An independent company focused entirely on supporting charities and civil society organisations to delivery sustainable public benefit. It produces events and magazines relating to: governance, finance and fund raising.

### **Social Enterprise UK**

The national body for social enterprise represents its members to support and help grow the social enterprise movement. SEUK campaigns, carries out research, builds networks and raises the profile of the sector. It runs events and a consultancy service.

### **LGA & HWE**

The LGA and partners have put together a number of briefings covering the development of local Healthwatch; a full list of publications is available at Healthwatch: Briefings - Local Government Association.

Publications relating to governance include:

The Tool recognises that:

- Establishing local Healthwatch: governance
- Local Healthwatch Regulations Explained

– lay and volunteer involvement and restrictions on activities of a political nature

- Local Healthwatch: Governance and involvement of councillors
- Knowledge, skills and competencies for an effective local Healthwatch
- Establishing Local Healthwatch – Dignity, quality and safeguarding adults
- Involving Local Healthwatch – The role of chairs and members of health and wellbeing
- Local Healthwatch and community leadership – The role of non-executive elected members
- LINK legacy

### **LGA Healthwatch Implementation Team**

If you have any queries, comments, or would like to speak with a member of the LGA Healthwatch Implementation Team please email: [healthwatch@local.gov.uk](mailto:healthwatch@local.gov.uk).

## **‘Wicked’ issues in finance – questions to consider**

### **Extending the services offered by the local Healthwatch organisation**

As social enterprises, local Healthwatch have the option of generating additional income through providing other funded services in addition to statutory local Healthwatch functions. It is likely that a range of types of local Healthwatch will emerge: some will focus on local Healthwatch services; some will provide a large range of additional services - for instance the local hub for advice and information and for involving communities; some will undertake a more limited range of additional activity. The form local Healthwatch takes over time will

depend on a number of local factors such as how it was initially set up, existing provision of relevant services by other providers, gaps in the local market, and the aspirations of those involved in local Healthwatch. Local authority commissioners will wish to be assured that statutory local Healthwatch functions will not be negatively affected by any extension of activity; local Healthwatch will wish to be assured that local authority commissioners will continue to support it financially through central government funding. The benefits of widening activity are that the organisation will have more certainty over a several income streams, therefore a more sustainable future.

Question to consider: Does the local Healthwatch have a view on whether it will seek to extend its range of services? What factors would need to be taken into account when making that decision?

## Resources for good management of finance

### Regulatory bodies

Different financial rules apply to different forms and sizes of organisation; regulators provide good information about their specific requirements.

For local Healthwatch with charitable status

The Charity Commission  
[www.charitycommission.gov.uk/running-a-charity/money-and-accounts/handling-money-safely/](http://www.charitycommission.gov.uk/running-a-charity/money-and-accounts/handling-money-safely/)

For local Healthwatch that are companies e.g. limited by guarantee

Companies House  
[www.companieshouse.gov.uk](http://www.companieshouse.gov.uk)

For local Healthwatch that are community interest companies

Community Interest Companies Regulator  
<https://www.gov.uk/government/organisations/office-of-the-regulator-of-community-interest-companies>

For local Healthwatch that are industrial and provident societies

The Financial Conduct Authority  
<http://fca.org.uk>

### Local Healthwatch legislation with information about finance

The Local Government and Public Involvement in Health Act 2007  
<http://www.legislation.gov.uk/ukpga/2012/7/section/187/enacted>

14:227 (3) on annual reports as amended by Health and Social Care Act 2012 5:2:187  
[www.legislation.gov.uk/ukpga/2012/7/contents/enacted](http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted)

The NHS Bodies and Local Authorities (Partnership Arrangements, Care Trusts, Public Health and Local Healthwatch) Regulations 2012  
<http://www.legislation.gov.uk/uksi/2012/3094/regulation/41/made>

### Information, advice and support on managing finance

The Charity Commission has extensive advice on financial management including annual returns, accounts, handling money safely, investing, financial resources, fundraising. It also has an interactive guide to find out what applies to different forms of charity.  
<http://www.charitycommission.gov.uk/running-a-charity/money-and-accounts/handling-money-safely/>

NCVO provides a range of advice on funding and finance including financial management, income sources, planning and sustainable funding. It runs an online members' helpdesk and a consultancy service.

<http://www.ncvo.org.uk/practical-support/>

Companies House publishes The life of a company: annual requirements – guide to meeting requirements of the Companies Act 2006.

[www.companieshouse.gov.uk/about/pdf/gp2.pdf](http://www.companieshouse.gov.uk/about/pdf/gp2.pdf)

Audit, accounting and reporting: guide for UK companies - helpful guide from the Department for Business, Innovation and Skills.

[www.gov.uk/audit-accounting-and-reporting-guidance-for-uk-companies](http://www.gov.uk/audit-accounting-and-reporting-guidance-for-uk-companies)

### **LGA Healthwatch Implementation Team**

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## Resources to support operations

### **Legislation and policy**

Healthwatch England, Understanding the Legislation: An overview of the legal requirements for local Healthwatch:

[http://www.healthwatch.co.uk/sites/default/files/20130822\\_a\\_guide\\_to\\_the\\_legislation\\_affecting\\_local\\_healthwatch\\_final.pdf](http://www.healthwatch.co.uk/sites/default/files/20130822_a_guide_to_the_legislation_affecting_local_healthwatch_final.pdf)

LGA and DH, Local Healthwatch Regulations Explained – lay and volunteer involvement and restrictions on activities of a political nature:

[www.local.gov.uk/c/document\\_library/getfile?uuid=0a4e69a3-2d07-41d2-896d0477fde029dc&groupId=10180](http://www.local.gov.uk/c/document_library/getfile?uuid=0a4e69a3-2d07-41d2-896d0477fde029dc&groupId=10180)

Department of Health (2013), The NHS Constitution: the NHS belong to us all: <http://www.england.nhs.uk/2013/03/26/nhs-constitution/>

Department of Health (2012), The Mandate: A mandate from the Government to the NHS Commissioning Board: April 2013 to March 2015: [www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/213131/mandate.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213131/mandate.pdf)

DH, LGA and many VCOs (2012), Making it Real: Marking progress towards personalised, community based support: [www.thinklocalactpersonal.org.uk/\\_library/Resources/Personalisation/TLAP\\_MakingItReal.pdf](http://www.thinklocalactpersonal.org.uk/_library/Resources/Personalisation/TLAP_MakingItReal.pdf) – a framework developed by over 30 national adult social care organisations, developed from a 'citizen-focused agenda' and based around 'I' statements expressing what service users and carers want to experience from services.

## Other useful reading

LGA (2013), LINK Legacy: How do we make sure the organisational memory of LINKs is carried forward?:

[www.local.gov.uk/web/guest/publications/-/journal\\_content/56/10171/3846724/PUBLICATION-TEMPLATE](http://www.local.gov.uk/web/guest/publications/-/journal_content/56/10171/3846724/PUBLICATION-TEMPLATE)

LGA (2013), Knowledge and skills and competencies for an effective local Healthwatch:

[www.local.gov.uk/web/guest/publications/-/journal\\_content/56/10171/3845882/PUBLICATION-TEMPLATE](http://www.local.gov.uk/web/guest/publications/-/journal_content/56/10171/3845882/PUBLICATION-TEMPLATE)

LGA (2012), Making an impact with Healthwatch:

[www.local.gov.uk/web/guest/publications/-/journal\\_content/56/10171/3734142/PUBLICATION-TEMPLATE](http://www.local.gov.uk/web/guest/publications/-/journal_content/56/10171/3734142/PUBLICATION-TEMPLATE)

LGA (2012), Establishing local Healthwatch: advice, information and signposting:

[www.local.gov.uk/web/guest/publications/-/journal\\_content/56/10171/3738712/PUBLICATION-TEMPLATE](http://www.local.gov.uk/web/guest/publications/-/journal_content/56/10171/3738712/PUBLICATION-TEMPLATE)

## Resources to support relationships

Department of Health et al (2013, 'How to Establish a Quality Surveillance Group – Guidance to the new health system':

[www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/216996/Establishing-Quality-Surveillance-Groups.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216996/Establishing-Quality-Surveillance-Groups.pdf)

Healthwatch England (2013), Healthwatch Children Toolkit and Resources Guide:

[www.healthwatch.co.uk/resource/healthwatch-children-toolkit-and-resources-guide](http://www.healthwatch.co.uk/resource/healthwatch-children-toolkit-and-resources-guide)

LGA (2012), Establishing Local Healthwatch: engaging with the widest range of local people:

[www.local.gov.uk/web/guest/publications/-/journal\\_content/56/10171/3776878/PUBLICATION-TEMPLATE](http://www.local.gov.uk/web/guest/publications/-/journal_content/56/10171/3776878/PUBLICATION-TEMPLATE)

Healthwatch England (2013), Healthwatch Children Toolkit and Resources Guide:

[www.healthwatch.co.uk/resource/healthwatch-children-toolkit-and-resources-guide](http://www.healthwatch.co.uk/resource/healthwatch-children-toolkit-and-resources-guide)

LGA (2012), Establishing local Healthwatch: working with clinical commissioning groups and GP practices:

[www.local.gov.uk/web/guest/publications/-/journal\\_content/56/10171/3776652/PUBLICATION-TEMPLATE](http://www.local.gov.uk/web/guest/publications/-/journal_content/56/10171/3776652/PUBLICATION-TEMPLATE)

LGA (2012), Establishing Local Healthwatch – Dignity, quality and safeguarding adults:

[www.local.gov.uk/web/guest/publications/-/journal\\_content/56/10171/3818090/PUBLICATION-TEMPLATE](http://www.local.gov.uk/web/guest/publications/-/journal_content/56/10171/3818090/PUBLICATION-TEMPLATE)

Healthwatch England (2013), Healthwatch escalation policy:

[www.healthwatch.co.uk/resource/healthwatch-engalnd-escalation-policy](http://www.healthwatch.co.uk/resource/healthwatch-engalnd-escalation-policy) – sets out how the Healthwatch network is expected to work together with the CQC to ensure that a comprehensive picture of the state of care can be developed.

LGA (2012), Engaging service users and the public: the role of council executive members:

[www.local.gov.uk/web/guest/publications/-/journal\\_content/56/10171/3818079/PUBLICATION-TEMPLATE](http://www.local.gov.uk/web/guest/publications/-/journal_content/56/10171/3818079/PUBLICATION-TEMPLATE)

Centre for Public Scrutiny (2012): Local Healthwatch, health and wellbeing boards and health scrutiny: roles, relationships and adding value: [http://cfps.org.uk/domains/cfps.org.uk/local/media/downloads/L12\\_693\\_CFPS\\_Healthwatch\\_and\\_Scrutiny\\_final\\_for\\_web.pdf](http://cfps.org.uk/domains/cfps.org.uk/local/media/downloads/L12_693_CFPS_Healthwatch_and_Scrutiny_final_for_web.pdf)

Regional Voices and LGA, The Voluntary Sector: a key partner in local Healthwatch: [http://www.regionalvoices.org/sites/default/files/library/VCSapartnerinlocalHW\\_0.pdf](http://www.regionalvoices.org/sites/default/files/library/VCSapartnerinlocalHW_0.pdf)

# Wicked issues

The 'questions to consider' below are based on 'wicked issues' – problems that are hard to solve, partly because there is no clear right or wrong answer, partly because the issue may be complex and many-sided, partly because it may just be really difficult to find a solution. Issues like this do not fit readily into a template or grid. Nevertheless, they may raise questions that local Healthwatch will want or need to think about in developing their vision and approach to their core activities. Two heads are better than one (and three are better than two) when it comes to thrashing out solutions to wicked issues. The brief explanations and questions below may provide a useful starting point for Board, staff or volunteer seminars or training and development sessions.

## 1. Being representative

Local Healthwatch has the potential to be representative in two ways.

- By reflecting the profile of the local community, for example its age range, its ethnic and faith diversity, the type of long-term conditions experienced in the community – this type of representativeness can be an indication that an organisation is well embedded in a community and give it credibility among community members
- By speaking up effectively on behalf of the community, reflecting its views and

acting as its voice (for example on the health and wellbeing board) – this type of representativeness may depend on a level of professional expertise and experience, for example about methods of community engagement, and knowledge, for example about the local health and care landscape.

The first element is important so that Local Healthwatch brings a variety of perspectives to its governance and operations, however individuals do not represent the views of their communities (without some form of selection/ election process); the second element is essential for the work of local Healthwatch as it seeks to accurately measure and reflect the range of views of local people.

**Question to consider:** How will you ensure that your local Healthwatch is representative both in a way that gives it credibility within the community and in a way that gives it an authoritative and knowledgeable voice among professionals and experts?

## 2. Getting engagement right

In engaging with the communities it represents, local Healthwatch will need to make provision, on the one hand, for supporting and listening to a relatively small number of volunteers who want to be actively engaged long-term in its work and, on the other hand, for reaching out to those who may want to be involved in a particular issue and those whose voices are seldom heard at the seat of power.

**Question to consider:** How will you maintain a balance in developing your engagement strategies between these two forms of engagement?

### 3. Learning from the Francis inquiry

The **Francis Inquiry** into Mid Staffordshire Foundation NHS Trust was critical of most elements in the system for oversight of health and social care including formal patient and public involvement mechanisms. Poor practice identified in the Patient and Public Involvement Forum included 'mutual acrimony' between members, and between members and the host, a preoccupation with constitutional and procedural matters and a 'degree of diffidence towards the Trust'. The Local Involvement Network was described as 'an even greater failure'. 'The albeit unrealised potential for consistency represented by the Commission for Patient and Public Involvement was removed, leaving each council to devise its own working arrangements. Not surprisingly, in Stafford the squabbling that had been such a feature of the previous system continued and no constructive work was achieved at all' (Executive Summary 1.22).

The findings of the Francis Inquiry have been a salutary lesson for both local Healthwatch and council commissioners; working through the local Healthwatch outcomes and impact development Tool should enable organisations to avoid these pitfalls and swiftly address any early problems.

**Question to consider:** What measures is the local Healthwatch taking to avoid problems identified in the Francis Inquiry?

How is local Healthwatch working with the council commissioner on this?

### 4. Extending the services offered by the local Healthwatch organisation

As social enterprises, local Healthwatch have the option of generating additional income through providing other funded services in addition to statutory local Healthwatch functions. It is likely that a range of types of local Healthwatch will emerge: some will focus on local Healthwatch services; some will provide a large range of additional services - for instance the local hub for advice and information and for involving communities; some will undertake a more limited range of additional activity. The form local Healthwatch takes over time will depend on a number of local factors such as how it was initially set up, existing provision of relevant services by other providers, gaps in the local market, and the aspirations of those involved in local Healthwatch. Local authority commissioners will wish to be assured that statutory local Healthwatch functions will not be negatively affected by any extension of activity; local Healthwatch will wish to be assured that council commissioners will continue to support it financially through central government funding. The benefits of widening activity are that the organisation will have more certainty over a several income streams, therefore a more sustainable future.

**Question to consider:** Does the local Healthwatch have a view on whether it will seek to extend its range of services? What factors would need to be taken into account when making that decision?

## 5. Clear communications

Local Healthwatch has a number of different roles to perform in relation to communication: as a community voice, a consumer champion, a representative in strategic forums and as a provider of information and signposter. Some of these communications roles are community-facing, some face towards partners and other stakeholders, some may be critical of commissioners and providers. There is a danger of imbalance and of confusion between the different roles.

**Question to consider:** How will you ensure you fulfil all the communications roles required of local Healthwatch and that you are clear about which role you are undertaking in different forums and with different audiences? How will you ensure that your locality partners understand your diverse roles?

## 6. Championing issues

Many public, private and voluntary sector organisations have appointed or invited volunteers as ‘champions’ for particular groups or issues – people whose remit is to take a particular interest and speak up for members of a group. For example, many councils have older people’s champions and health and social care organisations have dignity champions. Appointing champions to advocate for a certain group or issue ensures that they will not be forgotten and will get special attention for particular needs. Sometimes, also, advocates or champions have some expertise or relevant experience they can bring to their remit. On the other hand, there is a danger that all those who are not champions for that group will see it as ‘someone else’s business’ to advocate

for the group and will not develop their knowledge or understanding of the group’s perspective. local Healthwatch will need to decide whether to go down the route of having advocates or champions for certain consumer groups/identities of interest/issues.

**Question to consider:** How will you champion or advocate for particular groups or issues

- (a) on the Board?
- (b) amongst staff?
- (c) amongst volunteers?

Regional Voices and LGA, The Voluntary Sector: a key partner in local Healthwatch: [www.regionalvoices.org/sites/default/files/library/VCSapartnerinlocallocalHealthwatch\\_0.pdf](http://www.regionalvoices.org/sites/default/files/library/VCSapartnerinlocallocalHealthwatch_0.pdf)

# Methods

## Methods to provide evidence of outcomes and impacts

### Introduction

This appendix discusses a range of methods that can be used to provide evidence of agreed outcomes and impacts for a local Healthwatch. Examples are given of the kind of information each type of method might deliver. Some methods overlap these three categories and local Healthwatch are encouraged to be flexible and creative in the use of them.

## Section 1: Checklist for deciding method(s)

The checklist below summarises the factors that may be helpful in deciding in a systematic way, which method(s) to use in gathering evidence of outcomes.

FACTORS INFLUENCING METHOD	DETAILS OF SPECIFIC CASE
Which outcome(s) do we want to evaluate?	
<p>Who is the intended audience for the evidence? For example;</p> <ul style="list-style-type: none"><li>• community feedback</li><li>• council (local Healthwatch commissioner)</li><li>• Health and Wellbeing Board</li><li>• CCG</li><li>• NHS England</li><li>• service provider(s)</li><li>• other?</li></ul> <p>(There may be more than one potential audience and each should be considered in the next column.)</p>	

<p>What information will count as good evidence of the relevant outcome(s)? For example:</p> <ul style="list-style-type: none"> <li>• quantitative/statistical information</li> <li>• personal stories/qualitative information</li> <li>• both</li> </ul>	
<p>Who are the target respondents? What factors need to be taken into account in deciding method(s)?</p> <ul style="list-style-type: none"> <li>• age</li> <li>• special needs (eg learning disabilities)</li> <li>• access (eg physical disabilities)</li> <li>• language/cultural issues</li> <li>• any other(s)</li> </ul>	
<p>How can we involve service users and others in deciding on method(s)?</p>	
<p>Will the method(s) we have in mind really test outcomes (rather than inputs or outputs)? (Relate this back to the first question in the checklist.)</p>	

## Section 2: Issues to consider

Different factors can help in deciding which method(s) to choose for a particular outcome. This section discusses these in more detail. Local Healthwatch may wish to use the checklist above, based on the discussion below, in helping decide which methodology to use to evaluate a particular impact or outcome.

### **1. Test outcomes not inputs or outputs where possible, eg:**

- how many people have received the advice they were seeking, rather than how many sought advice
- did people feel their views were listened to at a meeting, rather than how many attended
- how have issues raised by service users impacted on commissioning decisions and quality of services, rather than number of complaints received or reports written by local Healthwatch.

### **2. Where it is not possible to test outcomes directly, try to find a proxy, eg:**

- having a strategy is not an outcome in terms of local Healthwatch's impact, but if a local Healthwatch has a strategy it is more likely to make an impact, so having a strategy may be a partial proxy for impact and could be referred to as evidence
- the ultimate aim may be to improve health, but outcomes in terms of health may not be known for many years, so evidence that services are evidence-based can be a proxy for health improvement.

### **3. Be clear about the type of evidence required**

- the three categories of Face to Face, Online/Electronic and Existing Sources discussed in section 3 below could each deliver either quantitative or qualitative evidence
- within each category certain methods will be more suited to quantitative evidence and others to qualitative evidence
- qualitative evidence will be more useful for purposes, quantitative evidence for others and a mix of the two may be useful for other purposes.

Types of evidence	Qualitative evidence	Quantitative evidence
<b>Purpose</b>	<p>To understand the context of the situation and the processes behind:</p> <ul style="list-style-type: none"> <li>• behaviour</li> <li>• emotions</li> <li>• responses to situations</li> </ul> <p>More likely to delve deep into experiences of fewer people.</p>	<p>To gather and understand:</p> <ul style="list-style-type: none"> <li>• numbers (of people, events, incidents, complaints etc)</li> <li>• data that can be converted into numbers</li> <li>• size and amount</li> </ul> <p>More likely to reach larger numbers.</p>
<b>Type of question it answers</b>	<ul style="list-style-type: none"> <li>• how?</li> <li>• why?</li> <li>• what is it like?</li> <li>• how could it be different?</li> </ul>	<ul style="list-style-type: none"> <li>• how many?</li> <li>• how much?</li> <li>• how often?</li> <li>• to what extent?</li> </ul>
<b>Basis and final form</b>	<p>Based on non-numerical data.</p> <p>Delivers stories, narrative, text, videos etc.</p>	<p>Based on numerical data.</p> <p>Delivers statistics, graphs, pie charts etc.</p>
<b>Example of possible use by local Healthwatch</b>	<p>A focus group discussing LOCAL HEALTHWATCH's services</p> <ul style="list-style-type: none"> <li>• how were they treated?</li> <li>• what was communication like?</li> <li>• what could have been better?</li> </ul>	<p>A tickbox survey of service users asking:</p> <ul style="list-style-type: none"> <li>• how many have heard of LOCAL HEALTHWATCH?</li> <li>• how many have sought info from LOCAL HEALTHWATCH?</li> <li>• how helpful was info on a scale of 1 to 10?</li> </ul>

<b>Example of use from elsewhere</b>	Patient Voices digital stories about living with arthritis collected and published by Leeds University with help from Arthritis Care: <a href="http://www.patientvoices.org.uk/wr.htm">http://www.patientvoices.org.uk/wr.htm</a>	Nuffield Trust randomised controlled trial to assess the impact of telehealth and telecare assistive technologies on large numbers of people: <a href="http://www.nuffieldtrust.org.uk/our-work/projects/impact-telehealth-and-telecare-evaluation-whole-system-demonstrator-project">http://www.nuffieldtrust.org.uk/our-work/projects/impact-telehealth-and-telecare-evaluation-whole-system-demonstrator-project</a>
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#### 4. Think about how else evidence might be used

- evidence may be helpful for other purposes in addition to local Healthwatch self assessment eg:
  - evaluations for council local Healthwatch commissioners
  - evidence for health and social care commissioners that local Healthwatch is genuinely representative and can reach communities and groups
  - evidence of service user experience or access to services for health scrutiny committees
- different methods may produce more or less good evidence for other purposes.

#### 5. Target method to respondents you are trying to reach

- will they respond more readily by talking or in writing?
- are they more likely to respond in a small group or in a 1:1 conversation?
- will they see your survey request in a doctor's surgery or on Facebook?
- which method is more likely to engage people longer term and is this more important than reaching large numbers?

## Section 3: Types of method and examples of evidence

Examples are given below of how each method might be used, but these are only suggestions and there are many ways they could be implemented which will work best in different ways for individual local Healthwatch. The method(s) can be applied to any number of outcomes and impacts listed in the local Healthwatch outcomes and impacts development tool. The ticks indicate whether a method can be used 1:1, with a group or with a whole community.

### Face to Face

METHOD	EXAMPLES OF POSSIBLE USE	1:1	Group	Community-wide
<b>Semi-structured interviews</b>	To find out whether staff/volunteers feel clear about their roles boundaries know who they can go to for help etc.	✓	✓	✓
<b>Surveys</b>	To establish whether people in contact with local Healthwatch understand its role and purpose.	✓	✓	✓
<b>Focus groups</b>	To establish whether volunteers feel they have a clear role in local Healthwatch and are supported by the organisation.	✓	✓	✓
<b>Consultation</b>	To assess whether local Healthwatch is trusted and valued by communities, local Healthwatch users, carers, patients, local Healthwatch commissioners, Healthwatch England	✓	✓	✓

<b>Feedback exercise</b>	<p>Between local Healthwatch board and senior members to evaluate whether certain outcomes are embedded within the organisation eg that local Healthwatch understands its duties and powers and is clear about the respective roles of board and senior staff.</p> <p>To speak with people who have been in contact with local Healthwatch for help or support to assess the resulting outcomes and to get direct feedback of the support received.</p>	✓	✓	
<b>Case studies/ case study investigations</b>	To assess contact between local Healthwatch and isolated individuals and carers and the information and support they have received.	✓	✓	
<b>Individual stories</b>	From older people/children to find out about their engagement with local Healthwatch and how they may have helped to change services for the better through their involvement.	✓		
<b>Observation of meetings</b>	To evaluate whether consumer/service user views and concerns are expressed through local Healthwatch at HWB meetings.		✓	

<b>Peer mentoring/ Peer review</b>	With neighbouring local Healthwatch to gather views of peers on effectiveness of particular initiatives or services	✓	✓	✓
<b>Participatory engagement methods and tools eg flip charting, organising ideas.</b>	Participatory engagement methods and tools eg flip charting, organising ideas. To seek views of volunteers on how well they have been supported in using their skills/abilities/knowledge.	✓	✓	
<b>Market place and open space methods</b>	To provide information on a service/ activity		✓	
<b>‘Helicopter pad’ Tool for collecting comments</b>	To identify positive negative and neutral views towards a specific question or topic.	✓	✓	

## Online/Electronic

METHOD	EXAMPLES OF POSSIBLE USE	1:1	Group	Community-wide
<b>Assessing information found on local Healthwatch websites</b>	<p>To check whether local Healthwatch financial information is accessible to the public and other interested parties.</p> <p>To check that the vision of local Healthwatch as the independent consumer champion for health and social care is understood and communicated.</p>		✓	✓
<b>Surveys/Polls</b>	<p>To help establish whether local Healthwatch is viewed as accessible including feedback on venue accessibility.</p>		✓	✓
<b>Social Media (Facebook/ Twitter)</b>	<p>To ask what young people thought of an event they've just attended</p> <p>To seek their views on sexual health services.</p>		✓	✓
<b>Mobile phone 'text' a comment</b>	<p>To receive feedback regarding how local Healthwatch is viewed by the wider community.</p>		✓	✓

## Using existing sources

<b>Videos/ video diaries/ comment booths</b>	To document people's (wider community volunteers local Healthwatch staff) experiences of local Healthwatch and health and social care services illustrating changes over time.	✓	✓	✓
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<b>METHOD</b>	<b>EXAMPLES OF POSSIBLE USE</b>	<b>1:1</b>	<b>Group</b>	<b>Community-wide</b>
<b>Surveys/ questionnaires</b>	To get an idea of community knowledge of local Healthwatch whether they feel it is accessible and if they know how to make contact.		✓	✓
<b>Assessment of documents</b>	To check that the Annual Report meets requirements in Healthwatch Directions and reflects the issues and priorities raised by local people.			
<b>360 degree feedback</b>	To check that local Healthwatch and the Health and Wellbeing Board are working well together – all partners give feedback on each other.	✓	✓	✓
<b>Audit</b>	Evaluating the make-up of local Healthwatch board members to ensure an appropriate range of knowledge and skills are represented.		✓	✓

<b>Audit</b>	Evaluating the make-up of local Healthwatch board members to ensure an appropriate range of knowledge and skills are represented.		✓	✓
<b>Reviews</b>	For example, to identify whether members of the wider community are involved in local Healthwatch Governance eg as part of advisory groups as volunteers.		✓	✓
<b>Comparison Studies</b>	To compare and contrast the way in which health care services describe themselves before and after the work of local Healthwatch.			
<b>Revisiting Facilitated Simulation</b>	To understand whether people's view of how a previously simulated event would unfold has changed following work by local Healthwatch.		✓	
<b>Contacts monitoring</b>	To check that local Healthwatch has contacts in all communities to ensure all these areas are represented.		✓	✓









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