

Executive Summary and Recommendations

The Development of Local HealthWatch in Kent: Assessing the Readiness for Local HealthWatch

Centre for Public Scrutiny
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Health
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Executive Summary

The full report describes a structured series of interviews, focus groups and workshops in preparation for the development work to design Kent Local HealthWatch (K LHW). Researched and written by the Centre for Public Scrutiny, it provides an independent assessment of the readiness of statutory and community stakeholders from across Kent to co-produce an effective organisation. This shorter version contains the executive summary and recommendations from the full report.

At the centre of the report is a description of the participatory workshop that was held at the end of the process that brought together over 40 stakeholders from across Kent and from across a range of organisations and roles. Titled Every Decision About Me, With Me, the workshop introduced an appreciative approach to the key questions of what a HealthWatch organisation should do and how it should be organised to achieve this.

A series of key messages based on areas of consensus amongst participants are presented by the full report, including:

- Acknowledging the strong interest and enthusiasm for K LHW across Kent and the desire for it to be a successful and strong champion for local people
- Highlighting that all parties believe that an informed and independent organisation will be a powerful driver for effective commissioning and the provision of quality services
- Building on the learning and experience from LINKs
- Recognising that the local aspirations for K LHW and the new roles it will play mean that different organisational forms and processes will need to be considered
- Identifying the new skills and competencies staff and volunteers will need to make K LHW effective
- Placing a commitment to engaging and involving diverse and seldom heard groups from across Kent at the centre of how K LHW is developed and how it works at a practical level.
- Developing public and stakeholder credibility for K LHW by developing clear roles and support for staff and volunteers
- Taking a full system approach to the success of Local K LHW and recognising the role that all partner organisations including commissioners and decision makers will play in this
- Ensuring that K LHW pays significant attention to social care and the integration of services in Kent as well as to healthcare
- The importance of co-producing K LHW in a way that demonstrates and models best practice that will be taken forward by the organisation

A range of suggestions and practical proposals have been collected about the essential local elements for an effective K LHW:

- Ways to work across the scope and diversity of the county
- Tools and creative approaches for working with different stakeholder groups
- Possible organisational models and governance approaches
- Examples of the competencies, skills and knowledge that staff and volunteers in K LHW are going to need and ways to support this by harnessing existing training programmes in Kent
- Insights from seldom heard groups and ways to overcome exclusion
- Building on what is already working well in Kent in terms of engagement activities across health, social care and the community and voluntary sector
- Approaches to communication
- Methods of collecting and aligning data and information about public views with the work and timelines of commissioners and decision makers
- Aligning K LHW with health and social care structures to maximise influence
- Advice on how K LHW can form effective working relationships with statutory bodies such as the Health and Wellbeing Board, Overview and Scrutiny Committees and Clinical Commissioning Groups
- Identifying potential barriers and challenges and the strategies for overcoming them

The report is divided into two parts. Part one describes the aims and methods used by the assessment and then offers a summary of the key findings from the workshops, focus groups and interviews. Recommendations are then provided to guide further development work based on a consensus of views of what needs to happen next.

Part two compiles the data from the contributions of all the participants and provides more detailed information about their thoughts, opinions and perspectives. Contributions are honest and direct but were always offered with the commitment to promote a collaborative approach to K LHW in Kent based on reflection, learning and insight.

Kent is well placed to begin the transition to K LHW and has strong commitment from a wide variety of stakeholders to ensure the process is successful. The participation that has been achieved by the statement of readiness assessment provides the foundations to maintain close relationships during the co-production phase and continue the practical work of turning local peoples' vision into reality.

Part one and two of the full report are available separately.

Recommendations

The following series of recommendations are based on the synthesis of contributions from participants. The key forum for considering and managing these recommendations should be the Local HealthWatch Development Group established in June 2011. Each recommendation is followed by a suggestion for the lead agency to deliver the proposal.

Involving stakeholders

1. All participants in the statement of readiness process should receive a copy of the report and be invited to offer further comments and reflections. These contributions should be incorporated into the work of the Local HealthWatch Development Group. **Suggested lead: Kent County Council**

2. All participants should form the core of a database of interested parties in the development of K LHW. They should be kept informed of progress and provided with further opportunities to engage in the development of plans. The core database should be expanded to include a wider group of stakeholders, services users and patients and a communication plan developed. **Suggested lead: Kent County Council**

3. A timeline for the development of K LHW should be developed and shared with stakeholders. **Suggested lead: NHS Kent and Medway**

4. The commitment and interest amongst stakeholders highlighted by the statement of readiness process should be used to continue to take a full system approach to the development of K LHW over the next six months. The Local HealthWatch Development Group should consider the use of toolkits from appreciative inquiry and strengths based approaches to inform its work. **Suggested lead: All parties**

5. LINKs and other stakeholders including Patient Participation Groups and CVS organisations should be invited to continue to collect and share stories from patients and service users about their experiences and what K LHW could mean to them. The stories will give further insight data about what an effective K LHW should do and how it would help local people. The stories should be collated and used to inform the co-production of K LHW. **Suggested lead: LINKs**

Healthwatch Development

6. The Local HealthWatch Development Group is well placed to lead the multi-stakeholder development of K LHW in the county. All development activities should be coordinated through this body to ensure consistency of approach and clear communication with the public. The small core group should consider ways to involve a wider group of stakeholders and participants in regular development sessions and themed workshops. **Suggested lead: NHS Kent and Medway**

7. The core group should use the statement of readiness report to review its terms of reference and core membership. Task and finish groups should be considered as a way to deliver the detail of the work plan. **Suggested lead: NHS Kent and Medway**

8. Based on the data in this report, the Local HealthWatch Development Group should develop and share a written vision statement for K LHW. The vision statement could be linked to stories and case studies that could provide examples of how K LHW will work in practice. The vision statement should demonstrate how K LHW will be a credible and effective organisation. **Suggested lead: All parties**

9. The development plan for K LHW should explicitly address ways to promote the vision statement in practice and mitigate the risks and barriers to success identified by participants in this report. The plan will need to include a realistic assessment of available resources and ways to provide appropriate project management. **Suggested lead: Kent County Council**

10. The LINKs transition to HealthWatch plan and Pathfinder work should be aligned with the work of the Local HealthWatch Development Group to ensure that efforts are coordinated and that learning and local knowledge is embedded in the development of K LHW. It is important that LINKs volunteers and host staff continue to participate in the next stages of the transition and are provided with clear information and support. **Suggested lead: LINKs**

11. Learning and experience from LINKs and the Host organisation should continue to inform the development of K LHW. LINKs should be invited to provide a series of case studies of their impact and provide an analysis of the key factors that have underpinned their successes and the challenges and barriers they have faced. Evidence and advice should also be invited from other organisations with specialist skills including PALS and ICAS. **Suggested lead: LINKs**

Organisational models

12. Building on the work of the vision statements and contributions from the statement of readiness assessment, the Local HealthWatch Development Group should create a local outcomes framework to provide a high level overview of what K LHW should aim to achieve and how it will measure this. **Suggested lead: Kent County Council**

13. Members of the Local HealthWatch Development Group should work together to co-produce more detailed models of the three primary options identified for the organisational form of K LHW. These options are the distributed model, the consortia model and the hub and spoke model. The Development Group should recognise the work already completed during the 'Every decision about me, with me' workshop held on 19th September 2011 in particular the development of the distributed model put forward by participants. They should involve a wider group of stakeholders through their networks in this process. The process of co-producing these models will

enable the Development Group to capture the contributions of stakeholders and identify strengths and weaknesses of each model. Support from a procurement specialist will be essential to advise on supply side issues and explore opportunities for pre-tendering exercises. **Suggested lead: Kent County Council**

14. Once the models have been developed the Local HealthWatch Development Group should facilitate a structured review process of the models and explore them in terms of the procurement strategy for K LHW. The models should be assessed on a number of factors identified by participants in the statement of readiness:

- Ability to deliver the local vision of K LHW as set out in the vision statement
- Credibility with the public
- Credibility with commissioners and decision makers
- Ability to work effectively with diverse and seldom heard groups
- Ability to work across the geographical area of Kent
- Ability to effectively collect, collate and promote data on local voice and experience
- Flexibility to align with the changing health and social care environment in Kent
- The potential for clear and transparent governance
- Deliverability within organisational and financial boundaries
- Avoidance of unnecessary replication of existing initiatives and projects

15. In parallel with the development of the organisational models, the governance needs of K LHW should be mapped. Consideration should be given to the Centre for Public Scrutiny finding in wider research about LINKs that a lack of clarity around governance can lead to uncertainty and frequent revisiting of governance issues at the expense of delivering the work programmes. Governance development should cover:

- Legal accountabilities
- Accountability to the Kent public
- Accountability to the commissioner of K LHW
- Internal roles and accountabilities
- Decision making and prioritisation systems
- Participation of diverse groups in governance
- Means of assurance
- Transparency and efficiency
- Responsibilities to the membership
- Code of conduct
- Conflict resolution

Suggested lead: Kent County Council

16. The development of the information and signposting functions should involve individuals and organisations who already have expertise of this role in Kent. It will be important to understand the nature and frequency of existing requests for these services. It is also important to identify best practice and

potential barriers to overcome in designing a successful service. **Suggested lead: NHS Kent and Medway**

Setting up

17. A clear set of summaries of the competencies, roles, skills and knowledge for K LHW staff and volunteers should be developed and shared. These should be based on the issues identified by participants in the statement of readiness process and captured in part two of the report. **Suggested lead: NHS Kent and Medway**

18. The development of K LHW should be based on a clear mapping exercise of the key partners and organisations it will need to work with to be effective. This mapping exercise should inform the development of the organisational form of K LHW based on the functions it needs to fulfil. As a minimum the mapping should address:

- Patient and service user groups
- Carers groups
- Community groups
- Commissioners in health and social care
- GP led Clinical Commissioning Groups
- The shadow Health and Wellbeing Board
- The Overview and Scrutiny Committees for health and for social care
- Providers
- Public health services
- Locality and district partnerships
- Community and voluntary sector groups
- Community champions
- PALS, complaints and other information and signposting professionals

Suggested lead: Kent County Council

19. The design of K LHW should be based on an appreciation of the existing engagement work that is already taking place across Kent to engage and support patients and service users. The development of K LHW should seek to avoid duplication and address any concerns or tensions that existing organisations, networks and projects may have about its development.

Suggested lead: NHS Kent and Medway

20. An assessment should be made of the opportunities and possibilities to embed K LHW functions in key local areas of delivery identified by participants. There is an emerging list of opportunities described in more detail in the report. Consideration should include:

- Children's Centres
- Kent County Council Information Gateways
- Patient Participation Group networks
- Pan-Kent patient and service user networks
- Community and voluntary sector organisations working with seldom heard groups
- Gypsy and Traveller support services

- Colleges and Universities
- Existing advocacy services in Kent

Suggested lead: Kent County Council

21. It is important to recognise the scale and complexity of Kent. K LHW will need to learn from the work of LINKs and other participation initiatives to engage people at the local, district, county levels as well as in terms of their crosscutting health and social care needs.

Suggested lead: Kent County Council

Induction, training and development

22. A multi-organisational induction programme should be mapped for K LHW based on the opportunities and offers made by participants in the statement of readiness work. This induction programme should have three aims:

1. To enable K LHW to understand the roles and functions of the different agencies and bodies in the wider health and social care environment in Kent
2. To build relationships between K LHW and key leaders in commissioning, decision-making, provider and scrutiny organisations.
3. To raise awareness of K LHW
4. To enable K LHW to 'hit the ground running' once it is formed and quickly build strong and effective collaborations

Suggested lead: NHS Kent and Medway

23. A more in-depth training and development programme should be developed for K LHW staff and volunteers to compliment the induction process. The programme should cover the range of issues and needs identified by participants in the statement of readiness. It should avoid replication of development efforts by drawing on the existing training available in house through Kent health and social care organisations and others which have been offered to K LHW by participants in the statement of readiness process. The training and development programme should be tailored to the needs and learning styles of participants and recognition given to making the programme accessible to seldom heard groups.

Suggested lead: NHS Kent and Medway

Working across the new landscape

24. Development work should be supported between the shadow Health and Wellbeing Board and K LHW to develop a shared vision for their partnership and the terms of engagement. Consideration should be given to running a simulation or role play exercise for members of both shadow groups to explore ways to work together effectively and to identify strategies to overcome any potential barriers or challenges. **Suggested lead: Kent County Council**

25. Similar work should be explored with the Overview and Scrutiny Committees for health and for social care. **Suggested lead: Kent County Council**

26. The Local HealthWatch Development Group should seek to work with Dover District shadow Health and Wellbeing Board to promote their participation in the development of K LHW and identify any specific issues for how the two bodies will work together. Of particular interest will be the management of health and social care issues that crosscut the district and county levels. **Suggested lead: Kent County Council**

27. Commissioners, the shadow Health and Wellbeing Board and other decision makers should be invited and supported to identify a set of K LHW friendly processes and behaviours to enable them to contribute to the environment in which K LHW can flourish. **Suggested lead: NHS Kent and Medway**

28. The social care role of K LHW should be given as much priority as the health role in the development of K LHW structures, training and plans. Social care issues need to be embedded in K LHW from the start and training provided to both K LHW and social care commissioners to raise awareness of this purpose of the organisation. **Suggested lead: Kent County Council**

29. K LHW should reflect on potential opportunities to champion the integration of health and social care services in Kent. The development and induction of K LHW should assess opportunities to promote integration. K LHW's own internal processes should avoid replicating health and social care silos and provide internal challenge to support an integrated vision. **Suggested lead: Kent County Council**

Inclusion

30. A written strategy for engaging diverse groups across Kent should be developed. Identification of groups should be based on the collation of existing community mapping exercises and county level data such as the Joint Strategic Needs Assessment. It will also be important to identify groups that have not already been included in this work. Evidence based engagement strategies should be developed to meet the specific needs of different groups with a clear appreciation of the barriers and challenges they face. K LHW should work in partnership with the local groups and networks who support these communities already. The contributions of participants to the statement of readiness should be used as a starting point for the identification of seldom heard groups. **Suggested lead: NHS Kent and Medway**

31. Where possible K LHW should seek direct access to the knowledge and expertise of members of diverse and seldom heard groups and their organisations to inform K LHW strategy and practical work. These groups should be directly included in the co-design of plans. For example, Kent citizens living in residential and nursing homes are one group identified by the report. **Suggested lead: NHS Kent and Medway**

NHS Complaints Advocacy

32. It is essential to clearly distinguish between NHS complaints advocacy and the wider complaints functions that will remain embedded within commissioners and providers. A clear definition of complaints advocacy needs to be agreed by local stakeholders and used as the basis for the development of these advocacy activities. **Suggested lead: Kent County Council**

HealthWatch Observatory

33. Explore the possibility of a sub-regional HealthWatch Observatory to coordinate information and data on patient and service user choice to support the local information and signposting role for local HealthWatch organisations. This role was proposed at the 'Every decision about me, with me' workshops. The purpose of the Observatory would be to provide a locus for expert skills in the collation, analysis and presentation of patient and service user data to support K LHW staff. It would also apply these skills to analysing and giving insight to data and information produced by commissioners and providers. By sharing the resource between a number of Local HealthWatch's across a sub-region it will be possible to pool expertise in an efficient and informed way and recruit the appropriately skilled staff for this specialised role. Other options should also be explored for the delivery of this function. **Suggested lead: NHS Kent and Medway**

34. To enable K LHW to be able to collate and present its findings and the consumer voice effectively to commissioners and decision makers some initial work should be commenced to explore the format and reporting tools that it could use. Stakeholders from public health, the shadow Health and Wellbeing Board, commissioner organisations, overview and scrutiny and GPs should be invited to co-design an outline methodology and format with the Local HealthWatch Development Group. It is also important to identify the reporting expectations of HWE and the Care Quality Commission in this work. **Suggested lead: NHS Kent and Medway**

Using this report

35. The statement of readiness report should be used as a tool to engage and begin an informed discussion with provider organisations in Kent about the role and functions of K LHW. **Suggested lead: Kent County Council**

36. The Assessment Format for HealthWatch developed as part of the statement of readiness project and included as an appendix to part two of this report should continue to be used to inform the development process. It is important to recognise that the Assessment Format is not a static document and new questions and areas should be added to it as the work progresses. The Assessment Format could also be used to review progress on the development of K LHW in six months time. **Suggested lead: Kent County Council**

37. The report and methodology is intended to provide a 'live' case study for the Department of Health. It is anticipated that the issues raised in this report can inform and support LHW development in other areas. Tools developed for this process can be accessed via the Department of Health and Care Quality Commission channels for broader use. All partners in Kent, and in particular the Local HealthWatch Development Group, should be encouraged to share their learning with the wider development of HealthWatch across England.

Suggested lead: NHS Kent and Medway

38. Ensure the video of the 'Every Decision About Me, With Me' workshop is shared widely with stakeholders in Kent and those with a HealthWatch development role elsewhere in England. The video is designed to be a learning and development tool. Host the video on appropriate websites to ensure it is accessible. **Suggested lead: NHS Kent and Medway**