

# Smoothing the way

Developing local healthwatch through lessons from local involvement networks

## Key messages and summary data





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## The Centre for Public Scrutiny

The Centre for Public Scrutiny is an independent charity that promotes transparent, inclusive and accountable public services and celebrates excellent and effective scrutiny across the public sector. We support individuals, organisations and communities by creating networks and forums and sharing learning through published guidance, consultancy, training and events. Our website [www.cfps.org.uk](http://www.cfps.org.uk) contains the largest online collection of scrutiny reviews and reports as well as other resources that show more about what scrutiny can do for you.

### Acknowledgements

This review was carried out for the Centre for Public Scrutiny by Fiona Campbell and Brenda Cook.

Fiona Campbell is an independent adviser on health improvement and social care, specialising in the role of local government, governance, accountability and scrutiny, health inequalities and patient and service user involvement. She is a member of the Independent Reconfiguration Panel and a member of the NICE public health topic selection panel. She has written a number of publications on public, patient and service user engagement.

Brenda Cook is an independent coach, facilitator and researcher, specialising in user involvement in organisational or service change within the public sector. Brenda is an expert in health and wellbeing overview and scrutiny and has been a member of the Centre for Public Scrutiny Expert Advisory Team since it was established.

72% of LINKs took part in an online survey and we interviewed LINK representatives, Host staff, councillors and council officers in six areas across England. We are grateful to everyone who took part either through our survey or interviews. We are also grateful to the National Association of LINK Members for promoting the survey through their networks and to the Patients Association for sharing the findings from its perception survey about LINKs, which have informed this report.

The review findings are set out in three documents:

- Key messages
- Key messages and summary data (this document)
- Key messages, full data and methodology.

# Introduction

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The White Paper *Equity and Excellence: Liberating the NHS* set out a vision for a new patient and public involvement organisation, Healthwatch. Nationally, Healthwatch England will be an independent committee of the Care Quality Commission and local Healthwatch organisations will take on the activities of Local Involvement Networks (LINks), together with some additional functions. Proposals for the establishment of Healthwatch are being taken forward in the Health and Social Care Bill which remains subject to Parliamentary approval (as at October 2011).

There was anecdotal evidence that LINks varied in their effectiveness. CfPS believes that it is in the best interests of people involved with LINks, local government, the NHS and social care, people who use services and communities to have a clear picture of 'what "good" looks like' in terms of developing a successful local Healthwatch organisation.

The aims of the review were to:

- establish levels of awareness about LINks and what they do
- identify what LINks, councils and Host organisations have learnt from their experience since 2008
- find out whether LINks have fulfilled the objective of becoming community-led, influential networks
- identify success factors and barriers to successful LINks
- share learning to inform the development of Healthwatch.

In addition to talking to LINks, host organisations, councillors and council officers, it would have been valuable to learn from the NHS about its views on the effectiveness and influence of LINks. However, CfPS did not have capacity to widen its scope to NHS bodies.

We believe that the evidence we have gathered provides an extensive and credible picture of the development of LINks and of the lessons from their first three years of existence – these could contribute to the development of local Healthwatch.

**Tim Gilling**  
Deputy Executive Director  
Centre for Public Scrutiny

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## Key messages



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Across a range of criteria designed to help LINKs check their progress, between two thirds to three quarters of LINKs report making ‘more progress’. However, between one third to one quarter report making ‘less progress’ across these criteria.

Understanding what lies behind contrasting levels of progress and learning from the experiences of LINKs will be important in the development of local Healthwatch. Local Healthwatch is more likely to develop successfully if there is a shared commitment to support practice leading to positive experiences and to avoid practice leading to negative experiences. Local Healthwatch Pathfinders provide an opportunity to explore practice further, to test the findings of this review and to demonstrate credible models for the future.

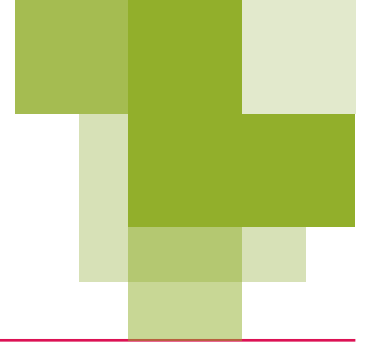
The picture of LINKs that emerges from this review is one of considerable variation across the country. Some LINKs have been proactive and creative, achieving a great deal in terms of outreach and impact. Others appear to have been stifled by relational and procedural issues, achieving very little. In between, there are stories of engagement with communities, people who are ‘seldom heard’, fruitful and less fruitful relationships with the NHS and local government, individual triumphs and challenges. Much of the evidence emphasises the contribution of individuals and small groups who have made a real difference to success.

This document summarises the key messages we have drawn from the findings of the review. In summarising these key messages we have been guided by our principles that public services should be transparent, inclusive and accountable and also the current policy and economic context (for example less prescriptive guidance and the need to demonstrate value).

Some people told us that they would welcome guidance from government about local Healthwatch – for example the kind of organisation it should be and how it should carry out its work. They felt that LINKs suffered from a lack of direction and support which made it difficult for some LINKs to be effective. All the indications are that government is unlikely to issue prescriptive guidance about the ‘what and how’ of local Healthwatch, so we do not refer to guidance in our key messages. Instead we call for a comprehensive programme of information and support to help local Healthwatch develop credibility, integrity, skills and capacity. For clarity, information should include advice about ‘what works’; support should include practical help and financial resources.

We think that a co-ordinated programme of information and support for local Healthwatch would be effective if it brought people together around a shared commitment to local Healthwatch over the next 3 to 4 years. Government should consider, together with local government, healthcare and voluntary sector stakeholders, how such a programme could be developed and funded.

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1. Considerable time spent discussing procedural arrangements can sometimes mean a slow start to activities. An indicative timeline showing different stages of setting up local Healthwatch, backed up with comprehensive information and support about credible organisational models, could help local Healthwatch get going as soon as possible.
  2. Ineffective branding can sometimes hold back engagement and accountability. Comprehensive information and support about reputation and branding could help local Healthwatch establish credibility with people who use services, the voluntary sector and the public early on, in particular through clear communication about values and outcomes.
  3. Geography and demography can sometimes be challenging. It can be difficult to develop relationships with diverse communities in rural areas and transient populations in urban areas. Comprehensive information and support about different ways of working could help local Healthwatch become both diverse and inclusive, balancing a range of interests.
  4. Gathering a range of evidence to influence improvement is important. Comprehensive information and support about credible ways to use existing and new channels of engagement across health and social care could help local Healthwatch present existing and 'seldom heard' voices to commissioners and providers.
  5. Concentrating on health services risks missing opportunities to develop integrated care pathways. Comprehensive information and support about using outcomes for people who use healthcare and social care services as the basis for planning activities, gathering and presenting views could help local Healthwatch demonstrate value and impact.
  6. Concentrating on existing services risks missing opportunities to tackle inequalities. Comprehensive information and support about prevention, early intervention and the wider determinants of health could help local Healthwatch promote community development, identify solutions to poor health and influence strategic commissioning.



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7. Perceptions about independence can sometimes influence working relationships. An indicative timeline showing different stages for commissioning local Healthwatch arrangements, backed up by comprehensive information and support could help local Healthwatch make a shared commitment with councils to overcome conflicts.
  8. 'Enter and view' powers can be an important tool to improve care standards, especially for vulnerable people. Comprehensive information and support about using 'enter and view' as part of a balanced work programme could help local Healthwatch work with overview and scrutiny committees and CQC to tackle early signs of service failure.
  9. Using lessons from complaints can be a valuable way to influence improvement. Comprehensive information and support about the knowledge and skills needed for effective advocacy and mediation could help local Healthwatch overcome the capacity issues inherent with volunteer-led organisations.
  10. Ineffective developmental support risks inconsistent performance, poor value for money and poor outcomes for people who use services and communities. Comprehensive information and support about how best to develop knowledge and skills could help local Healthwatch achieve consistent ways of working, credibility and influence.



# Summary of findings

This report is based on an online survey of LINKs (to which 111 out of 155 – just under 72% – responded); a series of interviews in six areas across England with representatives of LINKs, Host organisations, councillors and council officers and a perception survey by the Patients Association of its members about their awareness of LINKs.

Evidence was collected under a number of themes derived from criteria designed to help LINKs check their progress that were originally set out in national implementation guidance for LINKs. Under each heading, overall progress is assessed based on LINKs self-assessments and lessons for local Healthwatch are suggested – these have been summarised in to 10 key messages at the beginning of this document.

## 1. Getting governance and accountability right

Progress identified in response to the statement<sup>1</sup>:

*LINKs agree how to govern their work and how to be accountable to communities for the money they spend*

Less progress	More progress
24%	76%

### Lessons for local Healthwatch

- proper procedures for running local Healthwatch need to be in place from the start but governance arrangements need to be established quickly to avoid getting “stuck” on structures and process, unable to begin to undertake activities
- comprehensive information and support about credible governance models are vital for setting up local Healthwatch – for example, should it be a membership organisation.
- on-going support, for example a helpline, could help to provide information and advice during transition.
- roles and responsibilities of paid support staff, council officers and volunteers should be clarified in relation to the activities of local Healthwatch.
- local Healthwatch should aim to bring together a range of people who have skills for undertaking governance functions.
- comprehensive information and support about how local Healthwatch could be organised geographically, for example in relation to neighbourhoods or communities of interest, could help local Healthwatch engage with, and be accountable to, a diverse range of people.

<sup>1</sup> LINKs assessed progress on a scale from 1 to 6 where 1 = less progress and 6 = more progress. ‘Less progress’ is defined as ratings 1 to 3 and ‘more progress’ as ratings 4 to 6.



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## 2. Creating an inclusive and effective local network

Progress identified in response to the statement:

*LINKs understand local communities and their health and social care needs.*

Less progress	More progress
26%	74%

Progress identified in response to the statement:

*LINKs work in ways that make it easy for people and groups to be involved in their activities and to have their contribution recognised.*

Less progress	More progress
27%	73%

Progress identified in response to the statement:

*LINKs communicate widely about their work and seek views in ways that people and groups say are best for them.*

Less progress	More progress
30%	70%



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## Lessons for local Healthwatch

- comprehensive information and support about branding and communications could help reduce the time local Healthwatch takes to establish an identity with local people.
- local Healthwatch should aim to communicate with people and groups about values and outcomes and the benefits of taking part in specific activities to achieve those outcomes.
- to build effective networks, local Healthwatch structures and processes should be built around desired outcomes and not vice versa.
- fulfilling community development aspirations for local Healthwatch will require volunteers and paid staff to work together effectively and efficiently.
- comprehensive information and support is required for existing LINK members to help develop understanding about new roles and responsibilities for local Healthwatch.
- support arrangements for local Healthwatch need to be fit for purpose and local Healthwatch should decide what support is required.
- voluntary and community sector groups and user-led organisations should be kept informed and involved in the development of local Healthwatch.

### 3. Agreeing priorities and developing work programmes

Progress identified in response to the statement:

*LINks research, map and identify priorities of local people and communities and communicate about impact.*

Less progress	More progress
30%	70%

#### Lessons for local Healthwatch

- platforms should be available for LINks to share tools and lessons with local Healthwatch about the experience they have gained in identifying priorities of local people.
- comprehensive information and support about developing work programmes that reflect the priorities of communities could help local Healthwatch develop credibility and influence.
- local Healthwatch and support staff need to have the skills required to develop programmes and action plans that are directed towards achieving defined outcomes.
- local Healthwatch needs to be selective in its activities so that it has capacity to be proactive as well as reactive.

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## 4. LINK activities and use of “enter and view” powers

Progress identified in response to the statement:

*LINKs recognise that ‘enter and view’ visits should take place as a result of feedback from local communities and are clear about the purpose of any agreed visits.*

Less progress	More progress
25%	75%

### Lessons for local Healthwatch

- the ‘enter and view’ power has been a useful tool for LINKs in some areas. If local Healthwatch does not use the power there is a risk that the experience of people who use services will be missed.
- local Healthwatch should have a role in promoting services that are available to communities.
- if local Healthwatch is to deliver complaints advocacy services, comprehensive information and support will be required to enhance skills and capacity.

## 5. Developing relationships

Progress towards establishing constructive relationships<sup>2</sup>:

### LINK and local authority

Weaker relationship	Stronger relationship
39%	61%

### LINK and Host organisation


Weaker relationship	Stronger relationship
39%	61%

<sup>2</sup> LINKs assessed strength of relationships on a scale of 1 to 6 where 1 = weaker relationships and 6 = stronger relationships. ‘Weaker’ is defined as ratings 1 to 3 and ‘stronger’ is defined as ratings 4 to 6



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## Lessons for local Healthwatch

- comprehensive information and support about respective roles is important if the quality and impact of local Healthwatch activities is not to be affected.
  - risks of conflicts of interest about roles, particularly in relation to the commissioning role of councils and their social services role, need to be mitigated. If councils are to commission local Healthwatch, particular attention needs to be paid to ways in which council roles are separated.
  - to maximise effectiveness and influence, local Healthwatch needs to work with overview and scrutiny committees and with executive members.
  - clarity is needed about the respective roles of volunteers and paid staff involved with local Healthwatch. Role descriptions and criteria for knowledge and skills might be helpful.
  - volunteers and key local stakeholders should work together to develop the local model from the beginning. Strategic relationships built in the last few years should not be lost.
  - stronger communication is required between local Healthwatch and bodies that have regulatory and scrutiny powers (for example, CQC and health overview and scrutiny committees).
  - comprehensive information and support for health and social care staff could help them to appreciate the role of local Healthwatch, the involvement of volunteers and capacity to cover every facet of health and social care.
  - local Healthwatch must make particular efforts to communicate with and include third sector and user-led organisations
  - comprehensive information and support about the respective roles of local Healthwatch and Healthwatch England in relation to other bodies such as CQC and local government may be helpful.
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## 6. Making an impact on commissioning and services

Progress identified on impact on service improvement through relationships with commissioners, providers, scrutineers and, where services overlap boundaries, other LINKs<sup>3</sup>:

	Less impact	More impact
Healthcare commissioners (eg PCTs)	21%	79%
Healthcare providers (eg GPs, hospitals)	27%	73%
Social care commissioners (eg local authorities)	32%	68%
Providers of social care (eg care homes)	52%	48%
Overview and scrutiny committees	27%	73%
Other LINKs	23%	77%

<sup>3</sup> LINKs assessed their impact on a scale from 1 to 6 where 1 = less impact and 6 = more impact. 'Less impact' is defined as ratings 1 to 3 and 'more impact' is defined as ratings 4 to 6.



### Lessons for local Healthwatch

- local Healthwatch needs to be clear that impacting on commissioning and services are its primary role and that outreach and community engagement are tools to this end.
- comprehensive information and support about commissioning and how influencing it can have a significant impact on services may help local Healthwatch quickly become effective.
- local Healthwatch will need to balance influencing strategic commissioning at the planning stage and monitoring quality of services at the delivery stage.
- local Healthwatch should regard a key outcome of its work as influencing commissioning of joint, integrated and “seamless” services across health and social care pathways.
- the vision for local Healthwatch should be expressed in terms of health and wellbeing outcomes for populations, rather than in terms of structures and processes for local Healthwatch.

### 7. Developing skills and knowledge

Progress identified in response to the statement:

*LINks identify ways to develop skills and knowledge of people and groups so that they have useful information that helps them contribute their views in relevant ways.*



Less progress	More progress
31%	69%

### Lessons for local Healthwatch

- comprehensive information and support for training and development will help local Healthwatch develop a common understanding and approach – for example, health and social care policy and structures; public involvement and community development; effective gathering and presentation of views; use of ‘enter and view’ powers.



