Healthwatch Hackney

Supporting user and community engagement in health and social care in Hackney

The Moore Adamson Craig Partnership LLP

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1 INTRODUCTION

1.1 Bringing health and social care together

From April 2013 there will be a number of changes to the way in which health and social care services are provided and commissioned at a local level. The Health and Social Care Act 2012 breaks down the conceptual barriers between the health and care sectors which have caused so many problems in previous years with the intention of creating better integration of services and a more patient and service user focused approach to delivering care.

Central to the success of this new approach in Hackney will be the Health and Wellbeing Board (HWB) which already exists in shadow form. Reflecting this approach, Healthwatch Hackney (HWH) will be a new organisation which will work across the sectors to improve health and wellbeing in Hackney. It will achieve this by reflecting the way the community experiences and uses services and by enabling effective patient, carer and community involvement in local decision-making processes.

Together health and social care can now be termed "care services": the Act says "care services" means— (a) services provided as part of the health service in England; or (b) services provided as part of the social services functions of a local authority. In that sense Healthwatch, despite its name, will have a "carewatch" function.

1.2 This report

As part of the process of drawing up this report, we spoke to 27 key stakeholders in health and social care and in patient and public engagement in Hackney during July and August 2012 in 21 separate structured conversations (Annex 1). Their views, experiences and suggestions are reflected in general terms throughout the report and are summarised in detail in section 9. Further engagement work with the voluntary and community sector will take place during the autumn. All those we spoke to were sent a copy of the recent guidance document "Characteristics of a Local Healthwatch" produced by the Joint Improvement Partnership and NHS London written by Linda Tarpey.[1]

The report also draws on recent advice and guidance from a number of sources.

1.3 A new game in town

The new legislation that will see Healthwatch established as of April 2013 offers an opportunity in the world of patient engagement which is as yet unrecognised in the structures being established and the debate around them. In the past, whatever the form of patient engagement and/or involvement (the vocabulary changes to keep pace with the many and short-lived arrangements to represent the patient interest), the function could be carried on by the NHS in a way that reflects the culture of that behemoth of an organisation – that is largely internalised within that service. Patient representation was the province of the health machine with its own definitions of democracy, representativeness and independence.

This is the game that has changed. The new definitions of terms like 'user', the wider agenda and above all the active involvement of an established system of democracy (the elected councillor) have opened up the process of collecting and representing the views of those

[1] Characteristics of a Local Healthwatch, Linda Tarpey – Joint Improvement Partnership and NHS London, July 2012.

who use health and social care services. How this will all work, we cannot tell given the absence of a reliable gift of prophesy. But we are sure that the way that the interpretation of issues such as ‘independence’ and ‘accountability’ (and their practical application) will change in the new context.

The most important part of that change and opportunity is that patient representation emerges from the NHS to take its place within a broader frame of reference – citizen representation using the services of council and state in a variety of contexts that meet differing and often complex needs. The challenge is not then one about one organisation and its immediate focus on health and social care but how it takes its place in this broader array. This report is offered as a contribution to a work in progress with guidance still awaited on important parts of the legislation from the Department of Health.

We are all living in a Rumsfeld moment – struggling with our known unknowns and wondering what the unknown unknowns are. This is the lens through which we can view – glimpse – the future of this important process whereby the user has their say in the way services are defined and delivered. The London Borough of Hackney is right to make a fresh start. We hope this report in its conclusions, suggestions and recommendations will make a contribution to future success and also the understanding of the uncertainties and risks involved.

2 GUIDING PRINCIPLES FOR HEALTHWATCH HACKNEY (HWH)

Healthwatch Hackney will:

2.1 be an entirely new organisation from 1 April 2013, focussed on both health and social care and on adults, children and young people, which will add value to the work of statutory providers and commissioners, primarily through the Chair's membership of the Health and Wellbeing Board

2.2 provide a well-informed and robust independent user voice within health and social care across Hackney by providing an evidence-based patient and public perspective on health and social care

2.3 develop and maintain credibility and a high profile with local people and key partners

2.4 be clear about its role, with a model of governance which enables it to fulfil that role effectively

2.5 align its work with the Borough's agreed health and wellbeing priorities

2.6 identify issues of concern which are brought to its attention by local people and bring these to the HWB or Healthwatch England and acting as a 'critical' friend where necessary

2.7 promote a new approach to membership which is inclusive of everyone in Hackney

2.8 develop its capacity to engage with and reflect the views and experiences of local people through a range of different means

2.9 have the capacity to carry out its own research and to synthesise data that is already being collected elsewhere in order to inform its contributions to the HWB and the wider debate

2.10 develop the capacity of local people to contribute to its work by enhancing their knowledge, skills and expertise in both gathering views and influencing decision-making

2.11 build strong working relationships with other organisations and with the local community

2.12 be well-managed, efficient and effective in delivering all its work employing low cost and low risk approaches to gathering and analysing views and experiences

3 RECOMMENDATIONS

We recommend the following actions

3.1 Driving the work forward

- Set up a project steering group which will support the establishment of Healthwatch during the interim period from September 2012 to the launch of the new organisation in April 2013
- Set in place the overarching governance arrangements for Healthwatch and set a date for future review
- Draft a person specification and job description for the Chair (and for one or more vice chairs) of Healthwatch Hackney and recommend these to the Shadow Health and Wellbeing Board which will have final responsibility for agreeing the person specifications and other documentation related to these roles.
- Draft a recruitment process for the Chair (and possibly one or more vice chairs), for Healthwatch Hackney who will also Chair the project steering group until the establishment of HWH in April 2013 and recommend this to the Shadow Health and Wellbeing Board which will have final responsibility for appointing the Chair of HWH and any other roles as they see fit.
- Consider options to develop and service the project steering group until the establishment of HWH in April 2013 and make recommendations to the Shadow Health and Wellbeing Board which will have the final responsibility for agreeing the arrangements.

3.2 Statutory functions that will not be delivered by Healthwatch

- Agree that ICAS will initially be commissioned separately from Healthwatch, but subject to the development of the ICAS service, reserving a decision about HWH providing this service in the future
- Agree that PALS will be delivered separately from Healthwatch but, subject to the development of PALS, reserving a decision about HWH providing this service in the future
- Ensure that data from both ICAS and PALS will be readily available to Healthwatch

3.3 Funding

- Agree a level of funding that will allow Healthwatch Hackney to meet its statutory requirements and enable it to deliver its role effectively
- Commit to this agreed level of core funding for a fixed initial period of three years
- Ensure that Hackney Healthwatch will be in a position to be commissioned by the Council or other organisations to deliver specific pieces of work which contribute to the priorities of the Health and Wellbeing Board

3.4 Research and data collection, comprehension and use

- Map the relevant data sources in the health and social care economy with a view to publishing a HWH Dashboard which will show change on established and continuing issues as well as featuring new and emerging concerns.

3.5 A service provider and a home

- Develop a service specification for HWH with a view to running a tendering/ procurement process in due course
- Agree that HWH should have its home in Hackney. Although it will not have a "shop-front" presence, it should in time be able to welcome individual enquirers in person and on phone or electronically and have the "back-office" capacity to carry out its role effectively.
- Investigate the possibility and implications of locating HWH in the new Dalston CLR James Library.

3.6 Winding up the Local Involvement Network

- Manage the process of winding up the Local Involvement Network to give sufficient warning to LINk steering group members about the change of their roles both on the steering group and as representatives on other committees
- Work with the LINk Host organisation (Urban Inclusion) to ensure a smooth hand-over of all reports, information and learning from the LINk
- Consider how to ensure that the exisiting LINk membership are kept on board with the new arrangements

3.7 Role of the project steering group

- Advise the HWB on the development of Healthwatch
- Assist with the appointment of the Chair and Vice Chair
- Contribute to the development of the service specification for HWH. This will include consideration of options for the corporate structure most appropriate for carrying out this work.
- To work with the Council to draft an operating agreement for HWH which will be explicit about the need for it to act for the benefit of the public and for all profits to be reinvested in the core business.
- Develop protocols for relationships with key stakeholders
- Assist with the process of procuring a provider
- Develop and deliver plans for the key strands of work (engagement with voluntary sector; promotion and communication of HWH; use of data, volunteer recruitment and support etc.) during the transition period and into the first year of Healthwatch.

4 Legal status of Local Healthwatch (LHW)

For the purposes of establishing a Local Healthwatch in Hackney, four aspects of the body's legal status need to be understood.

The position of the Department of Health on the organisational form of Healthwatch is set out in a letter from John Wilderspin, National Director, Health and Wellbeing Board Implementation (Annex 2). Although written prior to the passing of the Act, this is helpful in clarifying that the key requirements of local healthwatch. It also emphasises the fact that local authorities have considerable flexibility in determining the exact business model that is adopted.

4.1 A corporate body

Reflecting the Health and Social Care Act 2012, the essential point about the status of Local Healthwatch is that it must be a corporate body capable of carrying out statutory functions. LHW is not a statutory body itself, as is the case with the present LINk. This is a significant change and places the bulk of the responsibility for commissioning an appropriate LHW in the hands of the Local Authority. The functions of LHW are in fact those of the Council itself as the statutory body.

4.2 A social enterprise

The corporate form of LHW is not prescribed in the Act. The requirement to be a "social enterprise" does not stipulate a particular governance form or legal status. For the purposes of the Act, being a "social enterprise" simply means that LHW must be seen and understood as acting for the benefit of the public in England. In effect, that means that any appropriate corporate body structure could be chosen to deliver the work of LHW so long as it was also compliant with any LHW regulations issued by the Secretary of State. This flexibility already exists with LINk Hosts. It is well known, for example, that some local authorities appointed private companies to support LINks in their area because those companies adopted and worked according to principles which benefited the local community.

The priority for Hackney at this stage should be to retain maximum flexibility whilst further thought is given to the most appropriate corporate model. Determining the right form should be an iterative process and the project steering group should lead on this. The simplest option would be to establish HWH as a company limited by guarantee, at least initially. This would be relatively quick and easy to establish and would not inhibit the future adoption of other models. The tendering process for the provision of "infrastructure support" for HWH could include an invitation to tenderers to make proposals as to the future organisational form. The two important aspects of Healthwatch as far as its corporate model are concerned are, as stated above, that it should act for the benefit of the public and be not for profit. Both of these requirements could be straightforwardly reflected through the contract between Hackney Council and Healthwatch Hackney.

4.3 "Not for profit"

So long as it is a corporate body with a legal identity, the most important characteristic of LHW is what the organisation does and delivers on behalf of local people so that it meets its obligations to be effective and efficient.

Whatever its legal form, the Act states that LHW must be "not for profit." However, this does not preclude LHW from making a surplus of earnings over expenditure on its activities. Income generation is desirable in an entrepreneurial organisation, as long as there are provisions agreed between the Council and LHW about reinvesting profits back into the activities of the organisation and about the independence of LHW if or when for example it accepts work commissioned by the Council. The "not for profit" requirement, therefore, should not be seen as a block on LHW from generating income. To support that view, the Department of Health has stated that "at least 50 per cent of a Local Healthwatch organisation's profits should be reinvested to further its social objective."[2]

4.4 Employer and contractor

LHW must be able to employ staff and, if it wishes, sub-contract work to fulfil its statutory functions. At bottom, whatever its form, LHW in Hackney must be equipped to "do business" on its own account and with partners.

[2] *Issues relating to Local Healthwatch Regulations*, 30 July 2012 www.wp.dh.gov.uk/publications/files/2012/07/Summary-Report-Issues-relating-to-local-Healthwatch-regulations.pdf

5 Statutory functions of Local Healthwatch

The 2012 Act passes a mandatory duty on each Local Authority to set up a local Healthwatch in their locality. We are still awaiting guidance on important sections of the legislation but it is clear that Local Healthwatch will retain all the existing functions of the LINk.

5.1 These existing functions include:

- Promoting and supporting the involvement of local people in decisions about health and social care and choice in relation to aspects of those services
- Monitoring and scrutinising provision of local health and care services
- Making the views of local people known e.g. using reports and recommendations
- Conducting "Enter & View" visits to premises while health or social care services are being provided (with certain exemptions)

Note: The 2008 Entry Regulations, broadly speaking, exclude LINks from children's social care premises due to the sensitivities of providing these services and to avoid duplication with agencies responsible for it. Government has expressed a view that this exclusion should be continued for Local Healthwatch, but it has also stressed that the duty to respond to reports and recommendations be extended in relation to children's social care, in order to align with the policy ambition that Healthwatch will be a stronger consumer voice for health and social care, for all (i.e. children and adults). Healthwatch Hackney, therefore, will need to work collaboratively with existing representatives, groups and organisations concerned with children and young people who already gather relevant information from children and young people to adopt their experience of health and social care services locally. This will help to inform the collective local intelligence which Healthwatch Hackney will present through their seat on the statutory Health and Wellbeing board and to Healthwatch England.

5.2 It will also:

- Provide information and advice to the public about accessing health and social care services - reflecting the current PCT PALS service, subject to a decision in principle by the Council
- Provide a representative(s) on the Local Health & Wellbeing Board.

5.3 It may also:

- Provide complaints advocacy (ICAS) – subject to a decision in principle by the Council

6 Statutory functions of local authorities

The 2012 Act places a mandatory duty on each Local Authority to set up a Local Healthwatch in their locality. This must deliver statutory functions:

- Provide information and advice to the public about accessing health and social care services (covered at the moment by PCT PALS)

- Providing a representative(s) on the Local Health and Wellbeing Board

6.1 Options for delivery of other functions (ICAS/PALS/complaints etc)

Section 185 of the Health & Social Care Act 2012 transfers a duty to commission independent advocacy services from the Secretary of State to individual local authorities, effective 1 April 2013.

The Act and the "localism agenda" enable individual LAs to determine the model through which independent NHS complaints advocacy is to be delivered in their areas – for example, through joint-commissioning or as part of a wider local advocacy contract. There is no requirement in the Act for LHW to become directly involved in either complaints handling or complaints advocacy.

The Council may decide to commission services currently provided by both PCT PALS and ICAS in a way that will not directly affect LHW. LHW has an option then to discharge its duty in this regard by simply giving information widely (signposting) about what the Council had decided to do about complaints and advocacy and – most importantly - regularly considering the learning coming out of that system as part of its wider intelligence gathering function.

Further work needs to be done in Hackney to identify the best way in which the current PCT PALS function should be delivered in future but we would recommend that it is not incorporated into Healthwatch at this stage. Similarly, there are some uncertainties about the future of ICAS and we would recommend that no change to current provision be made at this stage.

7 Local and national accountability

7.1 A matrix of accountability

Each Local Healthwatch has a matrix of accountability: to its local authority, to its local community and to Healthwatch England. This is described in broad terms below. The accountability HWH will have to demonstrate is much more than narrow legal compliance. It is part of a rich mix along with responsiveness and credibility that marks out a high quality organisation which is valued and trusted by all who have dealings with it. At bottom accountability is part of the good governance of HWH – its culture of values, behaviours and attitudes

7.1.1 Accountability to the Council

As a corporate body, HWH will be carrying out statutory public functions on behalf of Hackney Council as the primary democratically elected and accountable body in Hackney. That relationship means that HWH must conform to the requirements and standards of bodies appointed and supported by the Council for specific purposes.

As an independent body and as an employer, it will also be subject to other legislation, including the Equality Act, the Freedom of Information Act and the Data Protection legislation.

Local Healthwatch through its role as a partner on the Health and Well Being Board and as a community champion will play an important part in gathering and presenting views from people who use services and the wider community so that the board comes to a shared understanding of people's needs and aspirations.

The role of the Chair of HWH as a member of the HWB will be a primary indicator of how the organisation is discharging its accountability to all its stakeholders, not just the Council.

7.1.2 Accountability to the people of Hackney

What this means is acting always in an open and transparent way in conducting its business and being responsive to local issues and concerns, for example by:

- having an annual meeting, open and accessible to local stakeholders/members
- publishing annual report of the past year and a "look forward" to projected activity
- having audited accounts available for public inspection
- publishing organisational governance structures
- making contact with HWH easy for all
- providing feedback and information about its activities that is easy to access and informative to local people

Good communications are an indicator of local accountability. For example, one way to demonstrate "local accountability" in the annual report should be a matter of being clear and giving examples of what impact the local Healthwatch has had in the area and what it has done with the views it has collected. It should also state what it intends to do in the coming period and give an indication of how it intends to gather information from the community in relation to its objectives.

The annual reports, therefore, need to be more user-friendly, simple, widely disseminated and easily accessible. The Department of Health is issuing guidance in the near future on these points.

7.1.3 Accountability to Healthwatch England

This means accountability for the use of the "Healthwatch brand" and for feeding information about people's views and experiences to Healthwatch England so that the local voice has national influence. Local HealthWatch will also be accountable for using its powers wisely when making referrals to HealthWatch England, which can give advice to the Care Quality Commission, the secretary of state and Monitor.

As a new organisation, HWH will want to adopt a developmental approach to accountability as it matures into its role. The "Accountability Works for You" framework[3] available from the Centre for Public Scrutiny could provide a means of HWH to explore these issues further with the Council and with its stakeholders

7.2 Reflective of the local community

Healthwatch will not be staffed or tasked with the role of an advice or complaint service for individuals calling either at the premises, contacting by phone or by email. Primarily HWH will be about reaching out and listening through pro-active, outbound activities. The budgets and staffing discussed later in the report do not include costings for the staff and facilities needed for a function as a case or call-handling organisation.

HWH will promote its "listening ear" though its arrangements for making contacts with Hackney "communities" and their representatives. Face to face contact would mainly be through these planned events.

We do not recommend the provision of an organisation open to the passing public with a "shop front" although this should not be ruled out for the future. However, locating LHW in a geographically central area and in a space which is seen to be equally accessible and

[3] www.cfps.org.uk/accountability-works-for-you

welcoming to all will send out important messages about its intentions in terms of providing a universal service. One suggestion made to us was to put it in the new CLR James library.

7.3 Reflecting the diversity of experience in Hackney

Throughout its work, LHW can reflect the diversity of its local community in a number of ways which support the Council's role as the primary democratically elected and accountable body in Hackney. LHW can do this by seeking out, marshalling and focusing appropriate intelligence related to specific objectives. Hackney has many existing organisations which are representative of their communities. LHW should tap into their knowledge and expertise and thus share in their existing representativeness.

HWH should rapidly become an organisation that encourages strong networks with existing voluntary sector organisations. Most of these networks already exist, they just need to be tapped into. Doing this will enable HWH to create a "hub of key people" who can represent HWH at the various decision making groups it is required or requested to sit on. More importantly, doing this will give HWH immediate access to individuals who are already trained and have the knowledge, skills and expertise at interacting at various committees/ user representative groups until more lay people get involved in the organisation. In this way HWH will build on what already exists in Hackney and add value by doing so.

The most important requirement is for LHW to define what information it is seeking and where that information can be found. This will be an early priority for the researcher/policy officer whose appointment is recommended in 12.4. It means working with specialist community and voluntary sector groups and networks in Hackney and with the Council and the local NHS and understanding the different strategies needed to engage with different groups.

7.4 Using a mix of communication methods to reach the public including:

- Face to face (e.g. in focus groups)
- Workshops
- Telephone
- Traditional mass media
- Web based communication
- Social media
- Using existing connections which draw in local people, such as the Hackney Service Centre
- Non-traditional methods of interacting with residents such as "supermarket surgeries"
- "Piggy-backing" on other organisations and events such as school parent council meetings, park user group meetings, residents' meetings etc

Detailed guidance has now been produced as to the branding requirements of Healthwatch both locally and nationally[4].

7.5 A clear focus to its work

The priorities and work plan of the organisation would be agreed by the Chair and governing body but would be expected to include some of the following:

- Quality of services
- Co-design and co-production of services
- Monitoring and evaluation of services
- Service commissioning
- Accessibility of services
- Risk and patient safety

[4] http://www.healthwatch.co.uk/sites/default/files/Local_Healthwatch_Guidelines_Final_0.pdf

7.6 Collecting, analysing and sharing information

This will be done:

- Using data from the Joint Strategic Needs Assessment and other sources
- Triangulating this data with insight from other local community and voluntary organisations
- Gathering individuals' stories and experiences
- Knowing where hard to reach groups are located and knowing how to talk to them
- Making links between health inequality and equality and diversity data

7.7 A new approach to ownership and involvement

LHW should move away from the Local Involvement Network model of a limited membership of people. In effect the membership of the LINk consists of a mailing list and a subgroup of active people who play a number of different roles in the organisation. Whilst it is important that ways are found to attract and involve as many people as possible, a traditional membership model such as this suggests a degree of exclusivity which may confuse and deter the generality of Hackney residents. At its worst this approach can "exhaust the few while excluding the many". There is a better way for HWH to approach involvement.

People do not have to engage on a permanent basis and this should not be the expectation. Individuals or organisations may wish to be closely involved in a specific project or strand of work for a limited time or to be added to a mailing list looking at specific issues. They may want to volunteer to contribute to the work of the organisation by helping to form links with other individuals or groups or to act as representatives of HWH– to carry out Enter and View for example. Or they may simply want to be kept informed of what the organisation is doing. All these roles "count" as far as involvement is concerned. They will all be important and useful to the organisation but none of them requires a "membership model" to be in place.

Partnership working with other overarching representative and participative bodies and tapping into existing public engagement mechanisms in the NHS, social care and the wider community will help to ensure that HWH obtains a broad understanding of the needs and interests of the wider community. It does not need to create these for itself, as this would not only waste time and resources but effectively exclude people who are already representing and networking in their parts of the community.

In particular LHW will need to develop strong mechanisms for linking with the City and Hackney Clinical Commissioning Group (CCG) and the major healthcare providers: Homerton Foundation Trust, and East London Foundation Trust (mental health and community health services) which both have extensive patient and public engagement and participation mechanisms through their Members and Governors. Doing this early on will help to build HWH's profile and wider communication with the public and not just the people interested in health and social care.

7.8 Developing local people

There will be an important role for local people working in a voluntary capacity to support the organisation through networking in their communities, working with commissioners and providers and representing the organisation. Recognition should be given to the need for individuals to develop the knowledge, skills and behaviours required to fulfil such roles and a framework for recruitment, training, development, rewards and incentives should be put in place. This might include small incentives such as lunches or similar incentives or more complex rewards systems such as credits towards training. A good model here would be the Hackney Drug and Alcohol Action Team (DAAT) which has a sophisticated system of awarding credits to its volunteers which can ultimately be translated into a wide range of training courses. Ideally this should be integrated with other similar work happening elsewhere in the borough. Volunteers must be managed and be accountable and the organisation should seek advice on the National Occupational Standards for this.

Healthwatch will provide a hub for local people who are involved as patients, carers, service users and lay people in the provision of local care services and become the first port of call for those seeking the views of users or looking for qualified lay people to work with. As such it will support these individuals and help to prevent the sense of isolation that some people can feel in these roles. Lay and patient leadership development and support should be a theme of HWH's programme.

8 What has to be in place by 1 April 2013

In the preceding section we have looked at the range of possible directions and policies that HWH might pursue. In this section we consider in more detail what has to be done by April 2013. This is when the local authority must put in place a Framework to meet statutory duties and a developmental pathway agreed between LHW leaders and the Council and milestones for next stages.

As a new organisation which will be largely dependent on the quality of the relationships it is able to build, it will take some time for Healthwatch Hackney to become well established in the borough. Over time, if it is able to gain credibility and a reputation for making a difference, it may have the opportunity to grow through being commissioned to deliver additional strands of work over and above its statutory functions.

However, if this is to happen it is essential that it starts off as an organisation with:

- a clear sense of its role and the roles of other local and national bodies
- a close focus on key health and social care priorities
- robust governance structures in place
- strong leadership
- respectful and trusting relationships with the HWB and other key players
- self-awareness and the ability to self-evaluate
- an emphasis on delivery

With this in place Healthwatch Hackney can then start to raise its profile and broaden its influence by finding new ways of involving people and other organisations. We would expect this to take two to three years to establish and it is therefore important that funding is secured for this extended period (with break clauses as required for misconduct or failure to deliver).

9 Stakeholder views on Healthwatch in Hackney

We conducted 21 interviews with individuals and groups drawn from across Hackney during a three week period in July/August 2012, speaking to 27 individuals in order to build a picture of what is happening in terms of patient and public involvement in the delivery of health and social care at present. At this stage our focus was on talking to people from Hackney Council (officers and elected members), the NHS in Hackney and on people involved in the Local Involvement Network (staff and members) and some representatives from the local voluntary sector. We plan to interview further representatives of this sector in September in order to begin the process of bringing them on board at an early stage in the development of the new organisation.

Here we outline some of the key themes and issues discussed and some commentary on how these issues might be addressed.

9.1 Support for engagement

There was a universal desire to ensure that the voice of patients, carers, service users and the public was heard at all levels within service commissioning and delivery and the commitment of local people (such as the members of the LINk steering group) was both recognised and valued. It was however acknowledged that for a number of different reasons, the current LINk model had not been as successful as many would have wished in terms of influencing health and care outcomes in Hackney.

9.2 Need for a new start

The overwhelming view was that there is a need to make a fresh start and a strong majority welcomed the opportunity that Healthwatch presents. The new Health and Wellbeing Boards offer a chance to bring together health and social care in one place and to improve the focus on a seamless, patient (or user) focussed journey. The transition from Primary Care Trusts to Clinical Commissioning Groups, accompanied by the refocusing of Public Health within the local authority and, above all, the creation of a partnership Health and Wellbeing Board all mean that HWH will have to appreciate the new relationships and position itself carefully if it is to have maximum impact.

There are still many unknowns in the new structures and in this context HWH will need to have a very clear focus on what it is there to do and how it can best deliver its objectives and work with all its partners.

9.3 Making success possible

There was a strong sense that Healthwatch needs to succeed. This new model ties Healthwatch much more closely to the Council than the old LINk model did. The Council has a number of statutory duties to deliver in the area of public involvement and Healthwatch is a key part of this. However, resources are now very limited and Healthwatch is likely to be funded at a level where it will need to be highly strategic in its work.

The Council must recognise that this is the case and tailor its expectations of Healthwatch to match the level of resources it is prepared to commit. The Council cannot simply assume that it can refer any question it has about user views to Healthwatch. Heathwatch should be seen as one of several ways in which the Council seeks views from and engages with local people.

There is some scepticism in the Council as to the real value of patient and public engagement at present in the borough and it is therefore important that the new organisation is able to prove itself in its first year. Healthwatch will have to confront this scepticism and find ways to demonstrate the value of its work quickly.

Success will depend not only on the new organisation but also on commissioners and providers and the HWB being prepared to take it seriously and, indeed, take the whole concept of patient and public engagement seriously. This means involving Healthwatch in the right way at the right time, listening and acting upon feedback and letting people know what has been done differently as a result of their input.

9.4 Creating strong leadership and being strategic

The Chair, members of the governing body and staff must all be appointed (not elected) on the basis of merit and ability against agreed criteria. The governing body should be small and strategic with people appointed against agreed specifications in terms of skills and expertise with a recognition of the need to ensure equality and diversity. Consideration should be given to remunerating the Chair in line with the remuneration offered to the Lay Members of the CCG and the Chairs of the Council's Safeguarding Boards.

9.5 Working with the Health and Wellbeing Board

The Chair of Healthwatch will sit on the Health and Wellbeing Board as a full member. This is a senior, highly visible and important role and this individual needs to have the skills, credibility, knowledge and aptitude to fulfil this role. He or she must have a body of evidence behind them derived from systematically gathering and making sense of the views of local people. It may not always be about presenting one particular point of view if it is clear that there are many different views or experiences, but more about bringing the wider patient/user perspective to the table.

This individual will need to be able to be part of the decision-making process and whilst maintaining the right to challenge any view or decision, must be a full member of the HWB in its capacity as a decision-making body.

Healthwatch needs to be a critical friend to the Council and the HWB. It cannot see itself or be seen by others as first and foremost an oppositional organisation. Neither must it be seen as the "research arm" of the HWB. It needs to have a high profile amongst key stakeholders initially and amongst a wider public as well as being seen to be independent of the Council. This is not an easy balance to strike and will need to be worked out over time. A strong evidence base, wide involvement of the local community and being seen to make a difference will all be important in enhancing its status. Independence will be an applied discipline based on going where the data takes HWH and speaking truth unto power. This acknowledges the structural reality of the new set-up.

9.6 Working to shared local priorities

Local Healthwatch must be part of the process of agreeing the health and social care priorities for the borough and then channelling the views and experiences of local people about their implementation. This means being part of the framework for NHS and local government to work together to undertake joint strategic needs assessments (JSNA) and joint health and wellbeing strategies (JHWS) and helping to explain what this all means to local people so they can respond to it in useful ways.

Once these priorities are agreed HWH would be expected to make these the focus of its work by contributing its unique perspective to helping to address the challenges these present. This focus on shared priorities must not preclude HWH's ability and right to bring other issues of concern to the table, for instance issues identified through Enter and View, if there is a reason to do so.

9.7 No need for a seat at every table

The current model of having a "lay" or "patient" seat at every decision-making table may need to be reviewed. Is this always the best way to seek the views of users? What is expected of the person at the table? Too often this is seen as tokenism by both the professionals around the table and by the individual who is placed in what is often a very difficult position.

Many individuals who take up roles of this sort do so because they have a passionate personal commitment to an issue but although this can sometimes have huge value in the right context it is often not what is wanted or needed. Whilst it should be part of Healthwatch's role to identify, recruit and develop individuals who are capable of taking up such roles – and equip them with data, knowledge and the skills and behaviours to be taken seriously – thought must still be given as to why they are there and what their role is in the group. The same emotional energy that brought them to the table may limit their contribution on other, more general issues.

9.8 The importance of Enter and View

Healthwatch's role in Enter and View is considered to be very important, providing an "outsider's eye and ear". It is vital that those who take part in Enter and View are trained and appropriately supported and that there are strong protocols in place to inform the work. Enter and View has a role both in bringing new issues to the attention of providers and commissioners and in helping to find out more where concerns are already being expressed.

9.9 Bringing data together

Healthwatch will need to be capable of gathering data from research collected elsewhere and synthesising it to make it into something which is meaningful to the Healthwatch governing body, the staff and local people. Where gaps are identified and more information is needed, Healthwatch could carry out this work itself or commission it to be done (although its capacity to do this will depend on the budget to be agreed) or seek to be commissioned by others to carry out such work.

9.10 Partnership working with the voluntary sector

Healthwatch will need to form strong relationships with a range of key organisations in the voluntary sector. Work on building these relationships will need to begin as soon as possible. Further work may be needed to help Healthwatch and voluntary sector bodies be clear about when they are speaking as service providers and when they are fulfilling a representative role, speaking on behalf of particular groups of people. Recognition should be given to the fact that the voluntary sector cannot be seen as the only way of finding out the views of all individuals within the groups they seek to represent. Targeted independent research may be required in some cases.

9.11 Making the most of what is already in place

There are many activities already taking place within the Council which may overlap with the acitivities of Healthwatch and thought needs to be given as to how to maximise the benefits of such synergies and avoid duplication. For example, the Council already has a number of mechanisms in place to survey the views of the local population, the Service Centre and Council website already provide considerable amounts of signposting, complaints procedures already exist for social care. Making this work well is important not only in order to make the best use of resources but in order to clarify and simplify processes for local people and to avoid over-surveying people and the resultant "consultation fatigue".

Whatever decisions are made about the future provision of complaints handling, ICAS and PALS, it will be vital for Healthwatch to be able to access all the data from these services to inform its work.

9.12 Learning from the Local Involvement Network

In recent years the LINk has at times struggled to deliver but nevertheless it has done some good work and this must not be lost. There is a mailing list of around 500 people who are likely to have some interest in Healthwatch and a small group of active individuals who, whilst recognising the changes that Healthwatch will bring, still wish to contribute.

Although the new model is significantly different both structurally and in terms of its role, it covers some of the same ground and it is important that time is not spent "re-inventing the wheel" and that momentum is not lost on those things that are currently being done well and should be sustained. More work would need to be done to identify exactly what should be carried across to the new organisation and how and what should cease.

The opportunity for training and support for individuals is very highly valued and there is a need for Healthwatch to provide a "home" for active patients, carers and lay people where they can learn more about the context in which they are working, receiving training and have a sense of belonging to a group with a common interest.

People will want to get involved in different ways and to differing extents and the organisation must recognise this and provide different ways for people to contribute.

The diversity of backgrounds of the individuals involved and the complexity of the environment in which they are engaged means that there is a real need for clarity around roles and boundaries, rights and responsibilities and working relationships. Active individuals will be an important asset for Healthwatch and the wider community but only if they are be well supported and the organisation as a whole is well managed.

10 The Hackney picture

Hackney is not the same place it was even 10 years ago and preconceptions about the Hackney community have to be moved aside. This may be difficult for some, but the top line findings from the 2012 census bear this out. Hackney's census population of 246,300 (and 86% response rate) is 8,654 higher than the independent Local Population Study Mayhew count study and 14% higher than ONS projections. This significant growth will be reflected in an even more diverse community's demands on the care services system in a time of resources constraint from national government.

The census also shows that Hackney is a very young borough and it is important that HWH take account of this since it, unlike the LINk, will include services for children and young people in its remit. There are 19,200 children under the age of four, 29,300 aged 5-14, 180,500 aged 15-64 and 17,300 over 65. Just 7% of Hackney residents are of retirement age, as against and England-wide average of 16.3%.

LHW therefore must be able to understand the needs of Hackney's people today and flexible enough to adapt to the changing needs of Hackney communities in the coming years. As more census results become available in 2013 and a new Hackney profile emerges, this will be incorporated into LHW's own thinking and work planning so that its efforts with the Council and the local NHS can be as effective and efficient as possible.

The diversity of the Hackney population, and its youth, also mean that Healthwatch will need to be radical in its thinking about how best to engage with children, young people and younger adults. There are a number of strong mechanisms already in place in the borough but there is still a lot of room for more imaginative and effective ways of seeking their views and involving them in decision-making.

11 What will Healthwatch Hackney do and how will it be seen?

The most important principle behind the establishment of Healthwatch in Hackney is that form must follow function. We will look first at what Healthwatch Hackney as an organisation needs to achieve.

Healthwatch will

- Make a difference to health and social care in Hackney
- Make sure the voices of users, carers and the community are heard in decision-making
- Provide well-informed and constructive challenge to commissioners and providers
- Make recommendations to HWE to advise CQC to carry out reviews or investigations (and recommendations to Council Scrutiny)
- Aspire to persuade commissioners and providers of the value of active collaboration with HWH so that it is naturally included in contracts.

11.1 How Healthwatch needs to be seen by others

Healthwatch needs to be seen the authentic voice of the users of health and social care and the population of Hackney as a whole. It must be influential and independent with sufficient credibility with providers and commissioners to ensure that it is taken seriously and has influence.

The sort of independence that matters for local people, community organisations and statutory partners is the perceived independence of LHW. This is a reputation it will earn and maintain through its effective and efficient work. The public appointment of a leader from Hackney to the chair and the subsequent public recruitment of local leaders as members of the governing body followed by the open selection of the chief officer will demonstrate independence of governance.

The community will experience Healthwatch as a well-informed and constructive challenger on its behalf as required. This is a “critical friends” approach, not a confrontational one. The chair, governing body, staff and volunteers will all understand the delicate balancing act that is required of Local Healthwatch in terms of influencing statutory stakeholders and maintaining credibility with the grassroots. Its reputation for independence will be actively managed and assessed periodically.

12 How might it be done?

Healthwatch Hackney will have limited resources and there will be very high expectations of what it will be able to achieve. It will have to hold the reins between being the independent voice of users and the public on the “outside” and being sufficiently “inside” to have a real influence in the places where it matters. It is therefore important that there is a strong governing body in place with effective leadership and a very clear understanding of governance and accountability.

The main governance principles and organisational requirement should be agreed in advance by the Council and included in the contract with the provider organisation.

12.1 The Chair

The starting point should be to appoint a Chair with the relevant skills and experience. We would recommend that this person be remunerated in line with other similar roles in the community (such as non-executive directors of the PCT; the lay member on the board of the CCG or the Chairs of the Council's Safeguarding Committees (in the region of £12k-£15k). A job description and person specification should be drawn up and the post should be publicly advertised. The Chair should live and/or work in Hackney. We would suggest that this should be done as quickly as possible in order to ensure that the Chair is fully involved in the development stage of the project to establish Healthwatch. The Chair should be required to make a commitment of approximately six days a month.

12.2 The governing body

The governing body should be made up of 6 to 8 individuals, including the Chair, who are appointed by the Council with the advice of the Chair based on the candidates' relevant expertise, understanding of the role and commitment to good governance.

The Chair and Council should agree the membership of the governing body with a focus on the skills and expertise HWH will need, so that the governing body has a balance of required competencies and is seen to be credible to stakeholders. Achieving this from the outset is much more important than striving for "representativeness" on the governing body.

Consideration should be given as to whether there should be any places on the governing body reserved for representatives of other organisations, but it will be important for the number of such posts, if any are agreed, not to outweigh the number of people on the governing body who are appointed for their personal skills and expertise. This will ensure good governance. "Representativeness" is something which the organisation will achieve in other ways through its practical activities.

12.3 Developing a programme of work

The governing body should develop a programme of work for the funded period. This should be developed by agreement with the Health and Wellbeing Board and reflect the role and functions of Healthwatch taking account of the priorities of the HWB. There should be some capacity within it for activities that are responsive to issues arising from work being carried out through networking, analysis of complaints and Enter and View. The work plan should include resource allocations, targets and timescales and deliverables against which performance and success can be measured. The governing body should oversee the delivery of this work but responsibility for its delivery will lie with the senior staff officer.

12.4 The staff

The person in senior staff post at Healthwatch will have an important role to play in ensuring its success. Working with the Chair, this person will be part of the leadership team. The delivery of the work of Healthwatch will be the responsibility of this person and they will be the first contact point between key partner organisations and Healthwatch. This person will need to have a good understanding of the role of Healthwatch and their own role within the organisation. They will need to be able to work effectively and maintain good relationships with the Chair, the governing body, other staff and volunteers. We would also recommend that the person appointed to this post should have a track record of success in creating change by the creative commissioning and use of data from a wide variety of sources and types of research studies.

Other staff will include at least a researcher/analyst/policy officer who is capable of understanding a wide variety of different sorts of research and, importantly, of synthesising data in such a way as to make it useful in influencing change.

Equally important would be someone who has skills and experience in community engagement and outreach. Although we would expect much of this work to be done by volunteers this work will need to be well-managed and co-ordinated and volunteers and patient leaders will need to be supported.

Depending on the budget available and the amount of work being delivered there might also been a need for an administrative assistant perhaps on a part-time basis.

Other tasks such as website maintenance, newsletter production and dissemination, training and development etc. could be outsourced to other providers.

12.5 Using local people to drive change – developing patient and public leaders

Heathwatch needs to be an organisation of and for the people of Hackney. For some it will be a one-off source of information or signposting. For others it will provide the opportunity to get involved in making a difference to their lives or the lives of their friends, family and community.

Healthwatch will enable people to contribute to health and social care services through contributing their views to research, reaching out to specific groups or communities or working directly with commissioners and providers. In this way Healthwatch will provide a channel of influence for people living and working in Hackney.

The use of local people in a range of different roles will add to the organisation's capacity to deliver but it will be important to ensure that all volunteers are well-managed and well-supported. The aim will be to create a team of patient leaders and lay leaders from the wider community who can help to drive forward change. There are a number of different roles that such people might take on. Some might sit as lay members and patient/service user representatives on local committees. Others may be people who are keen to lead and improve health in their communities. These include health champions, community researchers or peer-to-peer support workers. So there may be two sorts of patient and lay leaders: Transformers – system facing leaders wanting to improve the health and social care system (representatives and advisers) and Enablers – community-facing leaders wanting to improve health and wellbeing in their community[5]. Initially these people will be drawn from other organisations where lay and patient involvement is already happening, but in due course Healthwatch might want to identify and develop new people to join this group of leaders.

A programme of identification, support and training will be needed, ideally supported by a framework for personal development in these roles. Initially a mapping exercise to identify all such people and bring them on board could be useful – this might include lay reps on existing committees, members of GP patient participation groups, Foundation Trust governors as well as people involved in other areas which have a direct impact on health and wellbeing – school governors, members of park user groups, members of local ward forums and members of residents' associations.

12.6 Using data to drive change

In order to have influence and to be perceived as independent HWH will need to have a strong body of evidence behind it to support any case for change that it makes or contributes to. Gathering and making sense of data (whether its own or derived from other sources) will be the main tasks of the organisation.

[5] A further examination of the role of patient and public engagement in the commissioning can be found in the Smart Guides to Engagement edited by Andrew Craig and David Gilbert and produced with the support of the Department of Health. http://www.networks.nhs.uk/nhs-networks/smart-guides

The reason why HWH will gather information about health will be to prompt action. The principal and the policy driver behind all data collection is actionability. The world of health and social care is awash with data – the *City and Hackney Health and Wellbeing Profile 2011/12* is 298 pages long. The first challenge to Healthwatch will be to put it to work and to take advantage of the more user-friendly approach of the *Handy Guide* which puts flesh on the bones of the Profile in an accessible way.

The task of HWH will be to process the abundance of facts and figures that will be available to it into a focused and persuasive narrative that changes things for the better. We can call this 'commissioning intelligence' that addresses health inequalities and helps achieve quality, innovation, productivity and prevention (QIPP) changes.

The process of changing information into intelligence on which to base action will need the assistance of partners and in particular the Health and Wellbeing Board. Others will make a strong contribution – information from the Patient Advice and Liaison Services (PALS), complaint handlers in the service providers and ICAS, patient participation groups in GP surgeries as well as from third sector organisations will all contribute to what we will call the "Hackney Health Dashboard".

12.7 The Hackney Health Dashboard

The building blocks of this summary of health and social care will be created from a mix of general statistical information such as that collected in the Health and Wellbeing Profile and user experience based data that will add the yeast of humanity to the dry flour of statistics. We can also assume that Healthwatch will not be in the market to commission the sort of research featured in the JNSA report or the Department of Health Health Profile 2012. The Healthwatch approach will shape its work around the conclusions of these materials. For example the last sentence of the section 'Hackney at a Glance' in the 2012 Health Profile states 'Priorities in Hackney include childhood immunisation, childhood obesity and mental health'.

The role we see then of Healthwatch is to illuminate these data with the human narrative of Hackney and here we would anticipate that Healthwatch is funded to commission or carry out its own research to find out how these general epidemiological studies can be transformed into initiatives for change. These studies will enquire about the individual's experience of say immunisation by researching attitudes amongst the communities most affected, if no one has done that already. Even where studies have been done, Healthwatch may innovate. For example, the stories of children with obesity and how that plays out in their lives may be recorded by the children themselves – turning the obese child from an object of enquiry into the creator of knowledge by collecting and telling their own stories.

Healthwatch will start with the commitment to change and design its research priorities and methodologies accordingly. We recommend that Healthwatch invest in software that can present statistics in a compelling and comprehensible way – see Hans Rosling and his TED talks: http://www.ted.com/talks/lang/en/hans_rosling_the_good_news_of_the_decade.html

12.8 Partnership working with the voluntary sector

Healthwatch will need to develop strong relationships with the voluntary sector. This will not be straightforward bearing in mind the complexity of this sector and the many different players within it. The focus must therefore be on making "partnerships for change" where Healthwatch will work with those organisations with whom it shares a common interest and who are able to enhance the work of Healthwatch through providing useful insights or opportunities to gain them.

Healthwatch will not have the resources to involve or consult everyone in the voluntary sector on every issue it is involved in and will therefore have to work strategically with key organisations and people.

We would suggest that Healthwatch host an annual event focused on a particular theme with the aim of bringing together all key players in the borough to share and learn. Such an event would provide Healthwatch with an opportunity to report on its activities to wider stakeholders.

12.9 Enter and View

Enter and View powers do not exist in isolation and should not be seen as a form of policing. In many cases where there are good relationships with providers, the statutory powers may not even be needed by LHW to gain the information it is seeking. Where they are used, enter and view forms an excellent platform for collaborative, complementary and coordinated action with other inspection regimes – CQC in particular. Furthermore, undertaking the role of "authorised representatives" is a significant part of the volunteering opportunity linked with specific training for individuals to undertake specialist roles under the LHW umbrella.

Local feedback is that Enter and View is valued in Hackney and can make a difference when triangulated with other data from other bodies. It is anticipated that Healthwatch England and CQC will be producing guidance for LHW about how to maximise the opportunities around Enter and View.

12.10 Working with other Healthwatch bodies

Healthwatch Hackney will benefit from close working with other Healthwatch organisations nearby and more widely. In particular it will need to develop close working with the Healthwatch organisation in the City. The two organisations and their respective partners in health and social care should consider how they can most efficiently contribute to debates and decision-making that involves both boroughs such as considering the priorities of their JSNAs and the commissioning priorities of the Clinical Commissioning Group.

12.11 Evaluation and monitoring – a learning organisation

It is important for the reputation of Healthwatch as a competent body that it follows through on recommendations made to any party to see what happens. Such representations cannot be made on a 'fire and forget' basis. A small and busy organisation has to manage its agenda so as not to disappear under a pile of the issues that will not go away. Healthwatch must also feedback on the outcome to its stakeholders. Therefore on the website and any other channels of communication established, there must be a list of results and outcomes. Where there are setbacks and Healthwatch's arguments are not accepted, these must be reported as openly as the successes.

The questions that Healthwatch might ask itself with as part of its self-evaluation might be:

- Do we have the data we need to make intelligent recommendations to the Health and Wellbeing Board?
- Do we understand what the data is telling us?
- Does the data adequately reflect the users' experiences?
- What change are we seeking using this data?
- What is the best way to evaluate the impact of this data?
- Are we presenting and using the data in the most effective ways?
- What have we learned from this initiative/ representation/ campaign?
- What do Healthwatch's primary partners and collaborators say about how we work with them and address our objectives?
- Finally, what do Hackney citizens say about what Healthwatch is achieving on their behalf?

12.12 Taking time to develop an organisation that works

Healthwatch Hackney does not have to all be in place from the start, provided the framework exists to meet minimum compliance and governance requirements and there is a developmental pathway agreed between HWH leaders and the Council and milestones for achieving the next stages.

Early wins will be important in terms of demonstrating that Healthwatch means business and can make a difference. For example an early focus could be on working with the Council and the community on addressing NICE's public health briefings to local government particularly Hackney local health improvement priorities of smoking and obesity.

Wider public profile-raising will take time and its success will depend not simply on an advertising programme but on Healthwatch becoming known for the quality of its work and the power of its influence.

12.13 Funding

Healthwatch will need sufficient funding its first two to three years to enable it to

- Appoint a Chair
- Appoint sufficient staff to deliver its statutory requirements
- Run the office
- Set up and maintain a website and contact lists
- Support and reward volunteers
- Provide training
- Host an annual Heath Conference

Decisions about funding will require further information about pay comparators for the staff posts. The level of funding required will also depend on whether or not, for example, the Council is able to provide an office space in kind. We would expect the budget for the first year to be in the region of £150,000 but further financial modelling will be needed.

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September 2012

13 ANNEX 1: INTERVIEWS HELD 27 JULY TO 9 AUGUST 2012

13.1 HACKNEY COUNCIL OFFICERS AND MEMBERS:

Ian Lewis	Director, Partnerships and Project Sponsor
James Probett	Project Manager, Performance, Policy and Delivery Chief Executive's Directorate
Cllr Jonathan McShane	Cabinet Member, Lead for Health, Social Care and Culture
Cllr Luke Akehurst	Chair of Health in Hackney Scrutiny Commission
Alan Wood	Corporate Director, Children's Services
Amy Wilkinson	Children's Health and Wellbeing Manager
Kim Wright	Corporate Director Health and Community Services
David Woodhead	Assistant Director Health and Wellbeing

13.2 NHS IN HACKNEY

Ian McDowell and Marie Price	Head of Community Ownership and Engagement NHS ELC Director of Communications and Engagement NHS NELC
Honor Rhodes	Associate Non-executive Director, NHS North London and board member of the City and Hackney Clinical Commissioning Group
John Wilkins, Dean Henderson Paul Sherman	Acting Chief Executive Borough Director, Hackney PPE lead East London Foundation Trust
Marvin Nyadzayo	Programme Director, Patient and Public Engagement, City and Hackney CCG.
Claire Highton Paul Haigh	Chair Chief Operating Officer City and Hackney CCG
Charlie Sheldon	Chief Nurse, Homerton University Hospital Foundation Trust

13.3 HACKNEY LOCAL INVOLVEMENT NETWORK (LINk)

Malcolm Alexander	Chair of the Steering Group of the National Association of LINk Members and previous Chair of Hackney LINk
Nicola Benjamin	Hackney LINk Chair
Steering group	Nicola Benjamin Shirley Murgraff Simin Azimi Andrea Rawlings Michael Vidal
Liz Hughes	Public Involvement in Commissioning Manager
Dianne Barham	Urban Inclusion, Hackney LINk host
Andrea Rawlings	LINk Steering Group member (individual conversation)

13.4 VOLUNTARY SECTOR

Mary Cannon	Chair, Hackney Community Empowerment Network Chair, City and Hackney Health and Social Care Forum and member of the Shadow Health and Wellbeing Board.

Further meetings with voluntary sector and community organisations and other stakeholders are planned for September 2012.

14 ANNEX 2: TEXT OF DEPARTMENT OF HEALTH LETTER ON ORGANISATIONAL FORM FOR HEALTHWATCH

Department of Health

Wellington House

133-155 Waterloo Road

London

2 March 2012

Dear Colleague,

Government Amendment to the Health and Social Care Bill on local Healthwatch (organisational form)

We are all aware that the Healthwatch programme is reaching a crucial stage, and I wanted to take this opportunity to thank everyone involved with the Programme Board and the Advisory Group for all you have contributed so far.

The Government tabled its amendment about the organisational form of local Healthwatch yesterday. It was clear from the discussions we had at the Board meeting on Wednesday that there is still some confusion about what the amendment will mean in practice – if not among Board members, then certainly with some of their peer groups and our wider stakeholders. I thought it would be helpful, therefore, if I reiterated some of the key messages.

I hope you will also find the local Healthwatch narrative and David Behan's "Dear colleague" letter helpful, too. They are being published today and can be accessed at the following link

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

Why the amendment?

As we have said at both the Programme Board and Advisory Group meetings, the amendment about local Healthwatch is being tabled to fulfil the government's original intention for local Healthwatch. It makes clear that local authorities will have flexibility and choice over the organisational form for local Healthwatch so they can determine the most appropriate way to meet the needs of their communities.

The key requirements are:

- local Healthwatch organisations must be corporate bodies carrying out statutory functions
- they must be not-for-profit organisations
- local Healthwatch must be able to employ staff and (if they choose) be able to sub-contract statutory functions.

Local Healthwatch will need to be inclusive so that it operates for the benefit of all parts of its local community and we would expect Healthwatch England to issue guidance to local Healthwatch on best practice in a number of areas, including leadership and governance.

As currently drafted, the Bill will create a statutory corporate body i.e. a body directly created (incorporated) by an Act of Parliament – the 2007 Act as amended by the Bill. The government amendment is designed to ensure that local Healthwatch will be a body corporate but not one that is created by the Bill. Instead it will be a "social enterprise" that is incorporated by registration under an Act of Parliament such as the Companies Act. It should be noted that 'social enterprise' is a broad definition which includes a charity or community interest company.

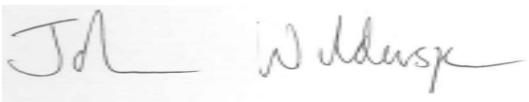
Under the proposed amendments, there would be flexibilities to build on existing credible corporate bodies which are social enterprises e.g. 'not-for-profit' organisations, which would not be possible with a statutory body corporate because it would have a prescribed membership.

I would like to remind colleagues that, if the government amendment was adopted, local authorities in deciding how to commission and fund local Healthwatch, can consider the range of options including grant in aid funding. There is no automatic requirement to use the EU tender process but each case should be considered on the merits. We have, of course, always made clear that, while the final decision about what each local Healthwatch would look like was for the local authority, this decision should be made following engagement with all the key stakeholders in the local community, including the existing LINk.

A short summary definition of a "corporate body" is in the annex to this letter.

With my best wishes

Yours sincerely



John Wilderspin

National Director, Health and Wellbeing Board Implementation

ANNEX

“Corporate Body” – A Definition

A corporate body can be described as a **group of people acting together** which has a **separate legal identity from** the individual members’ identity.

The significance of being a corporate body is that the body has **legal personality** separate from its members, and is therefore **able to contract, employ staff, acquire rights and incur liabilities in its own right.** Otherwise, the body would be unincorporated and it would be its members who would enter contracts, incur liabilities etc. Unincorporated associations do not have legal personality, may not sue or be sued in their own name nor (unless their purposes are charitable) may property be held for their purposes otherwise than by virtue of a contract between the members for the time being.

Put another way, a corporate body is a **body of persons that has been incorporated (i.e. has its own legal personality)** – this may be incorporation under the Companies Act (in the case of a company), under a Royal Charter, or, **as in the case of statutory bodies, under a specific Act of Parliament**.

Many corporate bodies are **expressly established by individual statutes** – these are collectively referred to as statutory bodies: that is, a body established by statute to carry out a specific purpose and whose duties and powers are both conferred (and limited) by that statute.

15 ANNEX3: SUMMARY REPORT OF FEEDBACK FROM INTERVIEWS HELD WITH KEY STAKEHOLDERS IN THE VOLUNTARY AND COMMUNITY SECTOR SEPTEMBER 2012

Our second round of interviews with stakeholders, aimed at establishing the views of key players in the voluntary and community sector, took place mostly in September 2012 after the submission of this report to Hackney Council. Apart from the interview with the Chair of the City and Hackney Health and Social Care Forum (which took place in August and is therefore reflected in the main report) therefore, these interviews are not reflected in the body of the report. They are however incorporated here for ease of reference.

We identified a number of different organisations working in the voluntary and community sector in the borough. Some of the people we spoke to suggested other possible interviewees and, where possible, we followed up on these contacts. The organisations represented in our interviews are listed below but most of the people we spoke to were also involved in other networks and organisations across Hackney. We also met with the Head of Joint Commissioning and her colleagues at Hackney Council.

Hackney CVS
Family Action
Derman
Black and Ethnic Minority Working Group (BEMWG)
Hackney Drug and Alcohol Action Team
Hackney Older People's Reference Group
Disability Backup
Health and Social Care Forum

There were unfortunately a number of people/organisations we were unable to talk to at this stage but who have expressed an interest in being involved as the project progresses. These included Interlink, PohWer, the lay member of the Clinical Commissioning Group Board and the Hackney Youth Parliament.

There was a strong degree of consistency in the messages that we received from those we spoke to and, despite an inevitable difference of emphasis and perspective, in most respects the messages were very similar to those we had heard from the people and organisations we spoke to in phase one. **We report their views here without interpretation or comment.**

Whilst there was respect for the commitment and skill of many of the people who had been involved in previous and current models of patient engagement such as the LINk and the Patient Involvement Forums, there was a widely held view that these bodies had failed to deliver in some significant respects. There was a range of views about why this was the case leading to a keen desire to help to support the creation of something new which would be set up in a *way* which it is hoped would help to avoid the pitfalls of the past.

We would like to thank everyone who gave up their time to contribute to this exercise for their frankness, their thoughtfulness and their time.

15.1 Relationship between Healthwatch and the Health and Wellbeing Board

Engagement and involvement of users, patients and the public should be at the heart of everything that the HWB does. Healthwatch should support this work by co-ordinating user, patient and public engagement in the borough but it must not be regarded simply as the "consultation arm" of the HWB.

Healthwatch should be seen as a part of a wider strategy and framework for engagement, involvement and consultation across the whole borough with the Council holding data and expertise centrally to avoid duplication and maximise impact. It will not provide all the answers around engagement and involvement – cultural change will be needed in both commissioning and service provision to ensure engagement happens and works well at every level.

Healthwatch must be seen by the Health and Wellbeing board as a critical friend with an independent voice but its default position cannot be oppositional.

Expectations need to be carefully managed. There is scepticism, if not outright cynicism, about whether the Healthwatch model has any better chance of success than its predecessors. Systems are important but the culture needs to change too.

There need to be strong protocols for working that ensure that Heathwatch can retain its independence and focus on bottom-up input and concerns as well as the agenda of the HWB.

It will take time for Healthwatch to establish itself and it will need to earn respect and trust from all players. Without this it will not be able to deliver its role.

15.2 Resources and capacity

Healthwatch requires sufficient funding to allow it to deliver its role effectively and must not be "set up to fail".

Healthwatch risks being inundated with requests for "engagement" input whether in the form of providing data, running events or putting forward individuals to sit on boards or committees. It will need to be clear from the start about what it can and cannot do and what it is resourced to do.

If input is required that goes above and beyond its core role then the expectation should be that Healthwatch will charge for this work or receive additional funding.

Thought must be given to how such work is commissioned in order to ensure that Healthwatch is able to maintain a reasonable degree of independence of thought and expression. There was a range of views about how Healthwatch should decide what areas

to focus on. Further work is needed to establish how this would work. Thought will be needed to clarify how to strike the right balance between issues raised through JSNA and other borough-wide processes and issues brought to the attention of Healthwatch through its own internal mechanisms.

15.3 Healthwatch and the voluntary sector

The voluntary sector in Hackney has broad and deep reach into the community. Healthwatch must therefore find an effective and efficient way of tapping into the sector as its main way of engaging with the widest possible range of local people.

The importance of word of mouth in getting messages over should not be overlooked and local networks can make it happen. This is particularly important in reaching people where there are issues of language or literacy or both.

A strong working relationship between the voluntary sector and Healthwatch will give the Health and Wellbeing Board access to disadvantaged communities and those whose voices are less often heard and understood in health and social care. If however no appropriate group or network can be found to contribute in this way, Healthwatch may want to carry out work in its own right or commission someone else to do so.

Healthwatch should be able to commission other local organisations to carry out discrete pieces of work which they are best placed to deliver or look for help from outside the borough if appropriate but there must be recognition of the costs of such work.

15.4 Accountability and governance

Healthwatch must be properly accountable to the local community. It must explain what it is doing and why and, if necessary what it is not doing and why. This means having clear governance in place and a focus on issues and on delivering change.

The governing body needs to be small and focused. Its focus at all times must be on issues and not on personalities. It should be skills-based but also grounded in the local community and seen to be so. Strong and experienced chairing and excellent management will be essential. There must be a shared understanding of the organisation's remit within the governing body, within the organisation more widely and within all the bodies it deals with.

Healthwatch must be clear at all times about its role, its focus and its success measures.

The diversity of views and experiences of people in Hackney need to be clearly reflected in the work of Healthwatch.

15.5 How Healthwatch will work

Healthwatch needs to take an imaginative and evidence-based approach to communicating with and involving local people and organisations. There are many examples of good practice in the borough and beyond and Healthwatch should help to spread this good practice and reflect it in its own work. New media should be used but not relied upon as the only means of communication, bearing in mind lower levels of "digital inclusion" amongst certain groups.

Healthwatch should be based in a central location, probably around Dalston.

Healthwatch needs to look holistically at people and their lives and evolve a work with its partners to help develop a model of "integrated engagement".

There needs to be a special focus on working with children and young people and how best to engage and involve them.

It will be important to involve existing user groups, particularly user groups who might sit outside the mainstream. For example people who have problems with alcoholism experience GP services differently and may be treated differently and so they may sometimes need to be identified and engaged with as a specific group in any consultation and involvement work.

Healthwatch has an important remit in involving those whose voices are less likely to be heard. A good understanding of the needs of these groups both generally and in terms of how best to engage with them and involve them will be essential.

Healthwatch needs to build on existing data about user engagement and existing memberships such as the Homerton and East London Foundation Trusts.

If Healthwatch is too small it will not be able to deliver and it will fail. It would make sense for it to be embedded, at least in terms of its "back-office" functions, within another organisation that can provide office support.

Healthwatch needs to ensure it does not lose the expertise and good work of the LINk staff and steering group.

Healthwatch should hold (at least annually) a health and social care "conference" or event bringing together patients, services users and the public with providers and commissioners and other key players.

Healthwatch's role should include supporting and training individuals in order to develop their skills and confidence as advocates for the community as well as policies for reward and recognition and adequate funding to enable participation (e.g. transport for people with disabilities to enable them to attend meetings etc). It should also have a role in training professionals to communicate and engage effectively with lay people.

Healthwatch must send out positive messages about its work and ensure that people know about and celebrate change, improvement and success.

15.6 Risks and concerns

Is good partnership working going to get lost in the restructuring? It cannot be assumed that Healthwatch will simply replace what currently exists in terms of Partnership Boards and reference groups etc. That is not its role. What benefits did the previous arrangements bring and how can we ensure that these are not lost under the new structures?

How are commissioners going to engage with users?

What will be the relationship between the Clinical Commissioning Group and Healthwatch? How will their work on engagement be integrated?

To what extent are commissioners committed to the notion of co-creation of services and what will this mean in practice? How does the commissioner/provider split deal with patient and user engagement?

Is Hackney Council and the Health and Wellbeing Board prepared to be properly responsive to Healthwatch or will its existence just be a tokenistic tick-box exercise? If Healthwatch cannot truly influence, and at times change, the thinking and the work of the Council, then it will have failed and it will have no real value to providers, commissioners or local people.