

Shaping Local HealthWatch

The Actions and Findings of 9 Local Authorities in England



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Commissioned by Patient Public Involvement Solutions Ltd

Patient and Public Involvement Solutions



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APPENDIX 1

Detailing:

1. Engagement and Involvement approaches used in each Local Authority
2. Detailed methodology of each engagement activity

POLICY CONTEXT SHAPING LOCAL HEALTHWATCH – THE ACTIONS AND FINDINGS OF 9 LOCAL AUTHORITIES

This joint report has been co-ordinated by Patient & Public Involvement Solutions (PPI Solutions) Ltd, an independent company that specialises in supporting organisations, communities and groups to improve and expand their effectiveness in involving and engaging with the public with regard to health and social care services. More information is available at www.patientpublicinvolvement.com

Over the past year, PPI Solutions has been working with 9 Local Authorities in England to help them consider and plan their arrangements in regard to their duty to commission the new Local HealthWatch organisations that are being created throughout England as proposed in the Health & Social Care Bill. The 9 Local Authorities are:

- Bournemouth Borough Council
- Dorset County Council
- East Sussex County Council*
- London Borough of Newham*
- Oxfordshire County Council*
- Staffordshire County Council*
- The Borough of Poole
- Warwickshire County Council*
- West Sussex County Council

(*these Local Authority areas have pathfinder status for Local HealthWatch)

For information: <http://healthandcare.dh.gov.uk/local-healthwatch-pathfinders-announced/>

The diversity of the Local Authorities encompassing Unitary, London Boroughs and 2 Tier Authorities covering communities in urban and rural areas adds richness and balance to the findings. The fact that the voice of people across this diversity has so many similarities is something that could be seen as surprising. Regardless of demography, it demonstrates that individual needs around Local HealthWatch are broadly the same.

An extensive number of involvement and engagement activities have been undertaken in all of the Local Authority areas. These have provided a wealth of information, ideas, solutions and wishes that communities and organisations are seeking in their desire to support the creation of an effective, deliverable Local HealthWatch in their area.

In individual Local Authority areas, this information is proving invaluable to commissioners to use and embrace as they move forward with their plans to commission their Local HealthWatch.

To PPI Solutions, the outputs of this work have provided a unique insight in the themes and commonalities shared by communities and organisations whose aim is to improve the services and support offered to people in their communities in relation to health and social care services. All those who have been involved recognised the benefit of sharing what has been learnt across a broader network than the individual Local Authority areas alone and agreed to the commissioning of this joint report.

This report has been written by Ruth Cottington-Bray, an independent consultant who was commissioned by PPI Solutions on behalf of the 9 Local Authorities

It must be acknowledged that without the commitment of the Local Authorities involved and their desire to create the best Local HealthWatch for their area as possible, this work would not have been undertaken. It is also essential to acknowledge all the people, whether as individuals or representative of community groups and organisations, voluntary organisations, charities and many working within public sector organisations for their contributions of time, effort and vision, without which, the creation of a Local HealthWatch to meet local needs would not be possible.

POLICY CONTEXT

All Local Authorities who commission Adult Social Care services have been given the duty to commission Local HealthWatch from April 2013. Local HealthWatch will be required to provide a range of services that support individuals and communities with regard to health and social care services in their local areas. Some of the services and activities that Local HealthWatch will provide and undertake have been covered previously by Local Involvement Networks (LINKs) and other previous structures that were created by Government to promote patient and public involvement in health and social care services.

It is important to note that until 2008 the previous structures around patient and public involvement had only supported the engagement of the public and patients in regard to healthcare. From 2008 when LINKs were created, the duties for patient and public involvement were widened to include Adult Social Care Services with the Local Authority taking on the duty to ensure that Local Involvement Networks were commissioned in their area.

The Health & Social Care Bill proposes a vision to expand and develop patient and public involvement in health and social care as seen in the Department of Health (DH) vision for HealthWatch published March 29th 2011:

'HealthWatch will be the independent consumer champion for the public - locally and nationally - to promote better outcomes in health for all and in social care for adults.

HealthWatch will be representative of diverse communities. It will provide intelligence - including evidence from people's views and experiences - to influence the policy, planning, commissioning and delivery of health and social care. Locally, it will also provide information and advice to help people access and make choices about services as well as access independent complaints advocacy to support people if they need help to complain about NHS services.

HealthWatch will have credibility and public trust through being responsive and acting on concerns when things go wrong, and operating effectively and efficiently.

To do this, a new corporate body called Local HealthWatch is to be commissioned by Local Authorities from April 2013 according to current timescales.

COMMUNITY CONTEXT

Throughout all of the engagement and involvement activities that have been undertaken across the 9 Local Authorities, there has been a consensus that the developments around Local HealthWatch must be mindful of the need to ensure that Adult Social Care services and issues are promoted and addressed in equal measure with those of Health services.

There has been some concern about the name 'HealthWatch' as this has perceived by many to exclude the Adult Social Care remit. It is felt that this must be carefully considered to ensure the remit of Local HealthWatch is comprehensively explained and promoted to include social care and there is a clear role for HealthWatch England to support this.

In addition to the functions that LINKs have carried out, Local HealthWatch will be responsible for providing a range of new services. This report is not considering the detail of services, nor a definitive structure needed to deliver Local HealthWatch services, rather it is representing the views around the organisational values, quality standards and what Local HealthWatch needs to do and deliver to ensure it operates in the best way to support and represent it's local community. All of the engagement work undertaken has taken the view that 'form follows function'. The precise structure needed to deliver on the requirements and wishes of the community should be developed to ensure it meets them.

The work in all areas to date indicates that people do not want a new organisation to be created that just re-creates existing services that are already well respected and doing a 'good job'. What they want is a professional organisation that can utilise existing skills and expertise and build on locally recognised successes. It wants an organisation that is truly representative of all, including the silent majority. This presents a real opportunity to bring existing providers of community engagement, information, signposting and advocacy services together through Local HealthWatch. To achieve this, Local Authorities will have to create specifications for Local HealthWatch in such a way as to encourage partnerships, collaborations and creativity.

Local HealthWatch will be provided with additional statutory powers including a remit for involvement in the decision making processes of planning and commissioning local health and adult social care services as represented by their 'voting seat' on Health & Wellbeing Boards. These new responsibilities provide a significant change for both Local HealthWatch and the organisations that commission and/or provide adult social care or health services.

For Local HealthWatch, as the enablers of patient and public involvement in their communities, it brings great responsibility to ensure that their activities and actions are based, grounded and evidenced by their communities so that they can openly and credibly work with the statutory sector organisations to ensure that the needs of the local people are represented. Ensuring that they are representative of all diverse voices in their community will be a key outcome for Local HealthWatch and will be most effectively achieved by working alongside existing community groups and organisations.

For the statutory sector organisations that will be working with Local HealthWatch, it requires a level of maturity in those partnerships and respect for the voice of the community that will in effect 'have it's vote' on the Local Authority Led Health &

Wellbeing Boards. This is a shift away from previous partnerships between the statutory sector and patient and public involvement and engagement structures. It will require a change in approach from all parties as their roles and responsibilities are fundamentally altered.

It is also an exciting opportunity to genuinely take the time to listen to communities, individuals, groups, voluntary sector organisations, front line staff, management, commissioners, advocates, service users, carers, patients the public and anyone who wishes to express their views on how a Local HealthWatch can best serve it's community.

The 9 Local Authorities that PPI Solutions has been working with have been doing just that. They have taken this opportunity for change to explore, listen and be creative in considering how best to take the new challenges and create a Local HealthWatch that is fit for purpose.

Much as LINKs had, in the majority of cases, begun to make good progress in their localities, the requirements for Local HealthWatch are much more extensive and therefore, even where there was a high level of satisfaction with their LINK, there was a need to bring a wide audience to the table to create a vision for an effective Local HealthWatch. The legislation will allow a Local Authority to directly contract with a Local HealthWatch organisation, or, as it is now, have an arrangement to contract with a Host organisation. Equally, Local HealthWatch could be procured by Local Authorities through organisations such as voluntary, charity, community or private sector organisations. Whatever choices Local Authorities make, LINKs in their current form will cease to exist with their functions delivered within the Local HealthWatch remit.

WHAT THE 9 LOCAL AUTHORITIES DID

PPI Solutions has helped each of the 9 Local Authorities to develop their vision and plans for Local HealthWatch and, in the majority of areas, has undertaken extensive independent engagement and involvement activities that have ensured the local communities and voices in each area have been heard. This report details the methodologies each Local Authority area has used (with further information in Appendix 1) to enable people to work with them to create the vision for their local HealthWatch.

The report also presents an overview of the views shared in the 9 different Local Authority areas providing a unique picture. It shows both the areas of commonality that people and communities have in the development of their Local HealthWatch and also the subtleties that can bring about different, yet important, local needs. The findings are expressed under 5 'Key Theme' headings.

1. Leadership
2. Management and Operations
3. Profile
4. Representative and Inclusive
5. Influential and Independent

All 9 areas valued the opportunity for the outcomes of their efforts and work to date to be consolidated into one report that could be shared with others, including the National HealthWatch Project Board for information. This report provides an insight

into the passion, professionalism and skills that many people and organisations have to help support improvements in, and the quality of, local health and social care services. It demonstrates their desire to work professionally with commissioners and providers for the benefit of their communities.

It has provided all of the Local Authorities involved with solid information, gathered from their communities and gives them the confidence to move forward and commission an effective and efficient Local HealthWatch that is truly representative of, and responsive to, its communities.

METHODOLOGY

The 9 Local Authorities commissioned independent support to help them consider and explore how best to proceed with developments to create an effective, efficient, community embedded and outcome focussed Local HealthWatch.

As an independent specialist organisation in patient and public involvement, PPI Solutions was well placed to develop and create intelligent and appropriate materials for engaging with all stakeholders and partners in developing Local HealthWatch ideas. As the same materials were broadly used across all areas, they provide a standard benchmark against which results can be considered. Key activities undertaken included:

- Local HealthWatch development or transition groups in each Local Authority
- Targeted focus groups
- Surveys using various media
- Local Authority area based 'Discussion' documents
- Hosted events that invited local interested parties
- Café style drop-ins / group meetings

Appendix 1 provides detailed information on the engagement activities developed by PPI Solutions. It also outlines the approach, structure and process each chose to adopt to engage and involve local people and organisations in developing their Local HealthWatch.

Responses to all of the engagement and involvement activities are represented under the 5 theme headings detailed further in this report.

The breadth of engagement and involvement that has been undertaken in the 9 Local Authorities that is represented in this report includes a *minimum* of:

- Over 75 hours of focus groups involving more than 250 people, groups and organisations including County Councillors, Children and Young People Customer services staff, LINK participants, LINK Host organisations, Members of the public (with remits in Foundation membership schemes and other forums), NHS Community engagement and public involvement leads, Patient Advice and Liaison Service Staff, Voluntary sector organisations with an interest in health and social care and a wide range of User led organisations
- Over 3000 responses to surveys have been received to date. Many of these are currently still open for responses with deadlines throughout January/February 2012 so more information will be gathered

- More than 250 people, groups and organisations engaged at stakeholder events with many areas yet to hold events (these having been planned for early 2012)
- Engaged with at least 430 people through café style drop ins and meetings

WHAT THE COMMUNITIES ARE SAYING

Below is a summary of the overall impressions gained from the wishes and comments made by the communities and organisations across the 9 Local Authority areas. They have been grouped into 5 key themes that have been consistent across each area. As has been mentioned previously, what has been evident in all of the responses received, through whichever engagement activity was undertaken and regardless of the demography of area or client group concerned, is the synergy of the views and wishes expressed.

The 5 themes that summarise what people want Local HealthWatch to be are:

1. Leadership
2. Management and Operations
3. Profile
4. Representative and Inclusive
5. Influential and Independent

LEADERSHIP

People want their Local HealthWatch to be an organisation with a strongly developed set of principles and values. It must be accountable to its community and serve it without bias or subjective influence and be accountable to, but not led by, HealthWatch England. It must excel at all it does and be sure to manage local expectations about what it can achieve.

Most importantly, it must be professional in its approach and have clear and robust leadership arrangements that are under-pinned by quality and transparency at all times. .

Regardless of the actual structure or form a Local HealthWatch adopts, there were clear and consistent views wanting to see Local HealthWatch led by organisations and people with the right skills and expertise. People said they wanted those with relevant experience and knowledge to ensure a well-led Local HealthWatch. Many said that people within the organisation, whether paid staff or volunteers, should be appointed to clearly defined roles due to their expertise, not for roles to be adopted by people who 'chose a role' for themselves. Meaningful and effective performance management against agreed quality standards and outputs is thought to be essential.

Across all of the different stakeholder groups and activities, people see a possibility to establish a new professionally led yet community involving way of working and thinking, a way that is genuinely accountable and answerable to local people. A way of working that from inception to delivery is focussed on the needs of the community, specifically avoiding any structures or processes that are bureaucratic or could act as a barrier to involvement. Local HealthWatch should be more interested in the community it is established to serve and the delivery of high quality services, than it

is in its own existence and should adopt leadership and governance procedures that make sure this can be achieved.

Communities want a Local HealthWatch that undertakes and provides ongoing development and training as part of its vision. Also, a Local HealthWatch that welcomes and actively seeks feedback from those using its services to ensure it 'leads by example' in its desire to continuously improve both its services and effectiveness. A number of communities specifically mentioned 360 feedback as an effective method for obtaining feedback and supporting performance management.

PROFESSIONAL AND ACCOUNTABLE were the words most used to describe what Local HealthWatch leadership must be

MANAGEMENT AND OPERATIONS

It was considered that good management and organisation of Local HealthWatch will be immeasurably affected by the commissioning process and contract specification adopted by the Local Authority in their role as commissioners. Groups and communities were pleased to have been involved from the earliest opportunity in the development of their Local HealthWatch and all hoped their inputs would be reflected in an effective contract and contracting process.

Concerns were raised in regard to the Local Authority being both commissioners of Local HealthWatch as well as providers and commissioners of adult social care as it was felt this could lead to areas of conflict and inappropriate influence. Stakeholders recognised the potential for conflict and agreed that the best assurance was for explicit and transparent arrangements and procedures to make clear that the Local Authority could at no time influence Local HealthWatch priorities through its contracting arrangements with them.

Through the surveys people said they did currently have opportunities to 'have their say', however, they did not believe this necessarily influenced commissioning decisions. Local HealthWatch must be well organised and co-ordinated across its community, to harness information from across a partnership of organisations and groups to ensure that it can effectively use the information gathered to influence decision making in health and social care. The opportunity to make this a reality was highlighted across all areas and considered one of the most exciting opportunities that Local HealthWatch presents.

People said that Local HealthWatch should co-ordinate local intelligence and information in regard to health and social care and people described Local HealthWatch as a 'hub' of community intelligence and a 'centre of excellence' for community engagement. It was considered that Local HealthWatch could help to reduce the duplication of effort by local health and social care organisations of consultation and engagement activity and prevent the 'consultation overload' expressed by some. Perhaps most important of all, was the view that by working in this way, Local HealthWatch would be able to ensure that it was responding to and working for the local community and be able to evidence and demonstrate this, both to its community and the statutory organisations with whom it needs to wield its influence.

People said that Local HealthWatch must be non bureaucratic and non political with a well developed 'business plan' that balances all of the following roles:

- Information and signposting
- Individual support and advocacy services
- Community involvement and engagement
- Representation and influence within commissioning and planning of local services.

In terms of achieving effective management and organisation of Local HealthWatch, a number of key specifics were identified:

1. Appropriate funding
2. Ensure that appropriate IT support systems are in place to enable Local HealthWatch to effectively analyse and develop insight from the information and data that it will be able to gather
3. Create and adopt quality and assurance measures that are meaningful and relevant to local people
4. Ensure skills assessment and training are integral to the organisation
5. Be realistic about what it can achieve – don't 'over promise' and 'under deliver'
6. Have open, transparent and publicised decision making processes that are easily understood by and accessible to the community

A PROFESSIONAL, INTELLIGENT, CO-ORDINATED 'HUB' were words often used to describe how people want their Local HealthWatch to be organised and managed

PROFILE

Effective branding and promotion was seen as crucial to the development of Local HealthWatch. It was felt essential that HealthWatch England undertake a national role in promoting Local HealthWatch and its key aims and purpose. The role of Local HealthWatch in relation to adult social care is seen to need targeted promotion and awareness raising as it is not implicit in the name.

People felt that statutory partners should play a full and active role in the promotion and awareness raising of Local HealthWatch supported by a programme of training and awareness across all health and adult social care staff. It was considered that Local HealthWatch itself would be best placed to provide this training. Training and awareness raising for community organisations and groups was also seen as an effective way to help promote Local HealthWatch activities and services.

People said that Local HealthWatch would gain respect by providing high quality services in all areas of its work and in time be seen as a beacon of good practice in community engagement. Ensuring that feedback is provided to individuals, communities and organisations at all times in ways that are appropriate and relevant would also raise its profile and credibility.

Outside of the branding and promotion issues, a fundamental key to being respected, both by other organisations and the community itself, is seen to be how it shows itself to be genuinely representative and professional at all times. Local HealthWatch needs to do what it says it will do, be realistic about what is achievable and deliver it.

It was also agreed that its aims and objectives had to be easily understood and demonstrate clearly the pro-active, diverse and inclusive nature of its work. The

independence of the organisation is also important and people told us this is essential for people to have confidence in sharing their views and experiences with it.

Discussions around the independent nature of Local HealthWatch were a common theme throughout engagement activities, what communities stressed was that it was vitally important for people to understand the independence and confidentiality that Local HealthWatch could offer them but that independent should not mean that the organisation sees itself in isolation or 'detached' from others. Indeed to be successful, Local HealthWatch will have to be the most networked and collaborative of organisations in its area.

People said Local HealthWatch must be a 'watchdog' and not a 'lapdog' to gain the respect of the local community or as another area put it, be an organisation that 'has teeth' and not just for talking.

Using its success stories of effective outcomes and influence Local HealthWatch will gain in recognition, profile and respect. HealthWatch England can equally play a vital role is promoting success stories nationally to build on the Local HealthWatch profiles and promote HealthWatch branding.

MANAGEMENT AND OPERATIONS INDEPENDENT GENUINELY REPRESENTATIVE EVIDENCE BASED

..are 3 key things people said Local HealthWatch needs to be to gain a profile in and the respect of its community

REPRESENTATIVE AND INCLUSIVE

It was agreed that Local HealthWatch must ensure increased accessibility and inclusivity in its local area, both for minority groups and also the 'silent majority'. These are ambitions shared by many organisations. Along with the need to be proactively seeking the views of its community to influence local decision making, Local HealthWatch will have to excel at everything it does to raise it's profile. Many linked the issues of accessibility to 'knowledge of an organisation' and reflected on the needs around branding that have been previously discussed. In addition to that, key views that were expressed included:

- The need for an extensive range of access routes including physical (face to face), on-line, telephone and social media. A 'one-stop-shop' enabling access to all of Local HealthWatch services and support is considered necessary. For some communities it maybe that an outreach service of some kind is needed, particularly those with rural areas or to enable access to any disadvantaged community. Many proposed working in partnerships and with existing community groups as the way to maximise accessibility across a community as well as improving inclusivity. What communities stressed was that there should be 'no wrong door' to receiving help, support, advice or information from their Local HealthWatch – in other words, wherever someone may reach out for help with regard to health and social care issues, that

service, group or organisation should enable a seamless response for that individual.

- Ideas to develop community networks and partnerships that enabled existing local organisations to support the delivery of Local HealthWatch services. This has the potential benefit of creating many access points in a community without additional capital costs as well as being accessible and recognisable to many community groups and individuals. Some of those suggested included church groups, voluntary organisations, charities with a 'high street presence', schools and Citizens Advice Bureaus.
- Establishing and promoting access through other services that are in the community for example, GP surgeries, day centres and libraries
- Having a well developed understanding of the local community and by having structured work plans to ensure that any difficult service areas or minority communities are not 'overlooked' or ignored.
- Ensuring that work with any targeted groups or communities utilises existing skills in the voluntary and public sector and never duplicates efforts.
- Having robust and effective processes to generate evidence in place that demonstrates to people how and why decisions regarding the priorities and work that Local HealthWatch is undertaking have been made. In some areas, there were comments where people felt that in previous structures that community involvement and engagement had been lacking and decisions and work were prioritised on the "interests of a few" and not grounded in or evidenced on the needs of the wider community.
- Ensuring that all of its ways of working are open and transparent and at no time propose or allow the creation of processes or systems that could be seen to be 'exclusive' in any way. Membership structures were viewed with caution and many described the potential for membership to become exclusive. Where membership was felt to be important people generally felt that an, 'all in' membership was most appropriate as Local HealthWatch will be established to serve the interests of all people.
- Ensure information is provided in the formats and languages a community needs and that those with additional needs are considered when undertaking any Local HealthWatch activities. Ensuring feedback is provided in appropriate ways too.
- Be the 'One Stop Shop' for all health and social care information and choice needs, do not 'pass people on'.

As examples of excellence in acting as a Consumer Champion most Local Authority areas mentioned the Citizens Advice Bureaus (CAB) as organisations that are trusted and known in their local communities, recognised for their inclusivity and respected for their support of individuals, both in making choices around their individual circumstances and in supporting people to make complaints and undertake legal proceedings.

For Local HealthWatch to be representative and inclusive it needs:

DIVERSE PARTNERSHIPS
EXISTING NETWORKS
MULTIPLE ACCESS ROUTES

INFLUENTIAL AND INDEPENDENT

People spoken to said that to be influential, Local HealthWatch has to be seen and recognised as a credible organisation. In reality, it will take time for Local HealthWatch to demonstrate its credibility to both local communities and other organisations. The Local Authority and NHS organisations are seen as having a significant role to play in being proactively supportive of the aims and ambitions of Local HealthWatch and in being seen to be supportive of it at both a strategic level and at the 'front-line'. This will ensure that not only do their own staff support Local HealthWatch (and receive appropriate awareness training) but that there is an understanding of Local HealthWatch on all strategic and decision making boards in their commissioning and planning processes as well.

Communities themselves are aware of the need for Local HealthWatch to work from evidence founded within its community and to be more proactive than its predecessors in community engagement. In all areas people have described a desire to see their Local HealthWatch as an 'overseeing' organisation. One that is intelligent and works with all existing organisations, communities and groups and brings together the wealth of evidence and knowledge that already exists but that has yet to be 'pulled together'. An organisation that produces clear, understandable, high quality information. This is recognised as being a valuable, evidence based 'grass roots' resource to influence the commissioning of local services and the Joint Strategic Needs Assessment framework. Indeed, information of this quality is something both NHS and Local Authority organisations have striven to achieve for many years. By supporting Local HealthWatch appropriately, people see how it can become a reality.

What all areas were very clear and vocal about was that they did not see or want Local HealthWatch to be adding further layers and being 'another organisation', rather, they wished to see a way of working that utilised existing networks, community and voluntary organisations to work together to create a central 'hub' that could work in an inclusive and uniting way.

In the creation of a credible, independent and influential organisation, all discussions confirmed peoples desire to see Local HealthWatch led and run by skilled, experienced people without bias or agendas. People felt that this type of leadership would ensure that the data and information gathered would be used and prioritised appropriately and would demonstrate to the community that their voice is being heard and acted upon.

Both Local HealthWatch and others working on strategic partnerships and decision making bodies such as commissioning boards need to work professionally and respect the added value that each brings to the table. Statutory sector organisations have to be willing to be influenced by evidence-based arguments and Local HealthWatch has to be skilled to make them.

As mentioned previously, an area of concern that local communities have shared is around how independent Local HealthWatch can be in practice based on the fact that the 'purse strings' are being held by the same organisation that at times, Local HealthWatch may be monitoring, reviewing or challenging. Many of the people who shared their views said that independence could be preserved by a well produced and performance managed contract, particularly if, as some have suggested, other stakeholders play a role in performance managing their Local HealthWatch. However, Local Authorities need to be mindful to maintain the ability of it's Local HealthWatch to independently carry out it's monitoring and reviewing functions and in no way dictate the remit of it's Local HealthWatch work. People talked about the need for a grown up relationship to be developed that requires the maturity and will of all parties to be respectful of what each of them brings to the table.

That said, the arrival of Local HealthWatch as a voting member on the Health & Wellbeing Boards may raise other issues around independence for the organisation itself. In all areas people were pleased that the communities voice would be represented at the highest levels of decision-making. However, it was also recognised that this 'increase in power' may, in some ways, result in a 'loss of independence' and that this would be a balancing act for Local HealthWatch to achieve. What people expressed was that Local HealthWatch will have to integrate and be part of the decision making processes for health and social care and cannot work as a 'protagonist' but rather as an enabler, ensuring the voice of local people is at the centre of decisions made. It will need to have robust and transparent processes for all its decision-making functions that can answer any interrogation by the community and others. Having the community voice have a 'vote' on the top table is indeed a great step forward for engagement and community involvement. However, there are likely to be occasions when the wishes of some part of the community clash with others and Local HealthWatch will have to be making and coming behind decisions that do not suit all. People talked about a role for Local HealthWatch as an 'arbiter' or 'broker' on behalf of local communities, armed with evidence and insight to present their case.

Solid evidence based data and information and clear decision making processes that demonstrate it's work will be the only way for Local HealthWatch to remain trusted by it's community in difficult circumstances.

The additional roles for Local HealthWatch on the Health & Wellbeing Board and other commissioning structures, such as GP Consortia and joint commissioning boards do require attention to be paid to ensure that there is consistent and appropriate representation that supports and enables influence on policy and local service changes. The right person, with the right skills, in the right place at the right time echoes the desire to see people with relevant experience and knowledge appointed to roles. It has been suggested that to be effective, it is for Local HealthWatch to have a 'seat' on these boards, rather than a nominated or elected person. In other words, the function of Local HealthWatch on these boards may be undertaken by different people at different times. There is a need to ensure appropriate, considered and evidence based information and opinions are expressed

on behalf of the community and not issues or queries that represent an individual or personal view.

For Local HealthWatch to be regarded as Independent and Influential it will need to be:

- **TRANSPARENT**
- **NON POLITICAL**
- **CREDIBLE**

SUPPORTING INNOVATIVE SOLUTIONS – PUSHING THE BOUNDARIES!

Many of the ideas put forward during the engagement activities to consider Local HealthWatch have similarities with other work that PPI Solutions has been involved in around improving patient and public involvement.

In particular PPI Solutions has for the past 18 months been working in Staffordshire in the development of the Engaging Communities Staffordshire project.

The Engaging Communities Staffordshire project proposes a modern approach to community engagement in health and social care, handing public services back to the public by:

- Developing and supporting a single repository for the feedback and views of people using services,
- Providing a systematic understanding of services from the perspective of those who use and require them on a daily basis.
- Enabling providers, commissioners and managers across the full range of organisations involved, to utilise one shared resource
- Aiming to ensure trends and collective anomalies' across organisations are identified early to ensure prompt responses to issues and accountability to local people as issues emerge.

PPI Solutions developed the Engaging Communities Staffordshire concept, in November 2009. This was part of follow up work commissioned by the Department of Health after the publication of the Colin Thomé report in to the failings at Mid Staffordshire NHS Foundation Trust.

Following an initial modest investment, the project has developed into a sustainable partner funded initiative with strong local leadership from Staffordshire County Council and a strategic partnership that includes health and social care leaders from each of the commissioning and provider organisations across the County.

*“In Staffordshire we have seen what can happen when residents’ voices are not listened to. Experience showed that when information is not brought together adequately, failures in service quality remain unidentified for long periods. I am pleased that we are now working together across nearly all of Staffordshire’s health and care sector to develop a new approach which could radically change things.”
County Cllr Matthew Ellis October 2011*

Engaging Communities Staffordshire has recruited a project management team and is currently receiving seedbed funding from 10 stakeholder organisations including most NHS trusts. The local authority leads the development phase with more funding and resources in kind.

A public consultation on the principles underpinning Engaging Communities Staffordshire started on 17 October and will conclude in January 2012. The project is also on track in readiness for becoming a formally constituted body from April 2012.

Much as the starting point in terms of the work undertaken in Staffordshire is different, the wishes and desires of the community to see a fundamental change in the way patients and the public could and should be involved are no different.

An extensive amount of engagement work with staff and communities and a significant change in strategic approaches has led to commitments to a new and innovative way of working that reflects many of the themes and proposals suggested by communities in the engagement undertaken for Local HealthWatch developments.

The people and organisations in Staffordshire have been considering options and ideas for longer than the Local Authority areas that have been looking at Local HealthWatch developments and it is therefore not surprising that their thinking is further developed. They have expanded their vision to include:

- The independent handling of complaints across health and social care
- Providing community insight and intelligence on a systematic basis
- Becoming a local centre of excellence for patient and public involvement in health and social care
- Widening engagement and involvement remits beyond health and social care to support all agencies and organisation in the county

Across all 9 Local Authority areas people have shared creative and innovative ideas for how Local HealthWatch can be an important and enduring organisation in the delivery of the best health and social care services possible, the following provide some examples of where local areas are really pushing the boundaries.

LOCAL HEALTHWATCH AS A SOCIAL ENTERPRISE – The potential for Local HealthWatch to develop as a viable business with a business plan for patient and public involvement set out over the next 5 years. Creating a sustainable future regardless of Government policy.

LOCAL HEALTHWATCH CHAMPIONS – The concept of a partnership of local organisational and individual champions who work together to provide Local HealthWatch in ways that are meaningful, relevant and accessible.

LOCAL HEALTHWATCH AS PROVIDERS OF TRAINING AND SUPPORT – investing in and providing training to local communities to become community researchers to provide insight into their own communities on an on-going basis.

LOCAL HEALTHWATCH QUALITY KITE MARK – Through the establishment of a quality standards framework to encourage and celebrate good practice in patient and public involvement.

REVIEWING THE METHODOLOGY

In conclusion of the report it was felt it would be valuable to have feedback from the 9 Local Authorities on their views of the experiences of shaping Local HealthWatch to date.

Local Authorities mentioned that by using the support and approaches of PPI Solutions it has enabled them to gain a much wider understanding of their community's wishes for Local HealthWatch and from a much broader range of stakeholders. The approaches that have been used have left Local Authorities feeling well prepared to move forward and for Local HealthWatch contract specifications to be drafted and consulted upon.

A number of them were surprised to learn just how much the different stakeholders had in common in terms of their aspirations for Local HealthWatch as was demonstrated in the 5 themes written about in detail previously.

Many stated that Local HealthWatch is providing an opportunity to develop a professional, community responsive 'intelligent' organisation. A Local HealthWatch that can gather information and insight from all its activities, including supporting people to make NHS complaints, and use this information to influence and effect local changes in health and social care services. The ability for information to be shared with HealthWatch England was also considered an advantage to 'flag up' issues that are more widespread

The majority of Local Authorities considered that their next steps were centred around the creation of a specification and the contracting process although they noted that the DH notice of changed timescales, with Local HealthWatch now being implemented from April 2013, did mean they had more time to consult on the service specification.

Some Local Authorities stated that they also intend to use the time between now and April 2013 to build a profile for their Local HealthWatch within their local Local Authority and NHS organisations to embed Local HealthWatch as a significant partner in planning and commissioning processes.