A Vision for Local Healthwatch in Luton:
Report of Stakeholder Engagement Activity

Shaping Local Healthwatch in Luton

This report has been prepared for Luton Borough Council by Patient and Public Involvement Solutions (PPI) to support the council in their duty to establish an effective, efficient and representative Local Healthwatch. PPI are an independent organisation that has been commissioned by Luton Borough Council to help and support the process of shaping Local Healthwatch. The report summarises findings from a series of focus groups and a stakeholder event held in July 2012 and sets out a vision based on the findings to support the development of a service specification.

National Context

Through the Health and Social Care Act, all Local Authorities in England who provide Adult Social Care services have been given the duty to commission Local Healthwatch from April 1st 2013.

Local Healthwatch will replace the current Local Involvement Networks (LINks) and additionally will:

- Carry out the functions that LINks currently fulfil

- Provide information advice, and support people to access advocacy and make choices about their health and social care

- Engage with the full range of local communities to enable them to access information and make their voice heard

- Present local information and evidence to the commissioners and providers of health and social care services and Healthwatch England to help improve outcomes and deliver value for money for local people

The legislation sets out **6 statutory functions** for Local Healthwatch.[1]

1. Gathering views and understanding the experiences of patients and the public
2. Making people's views known
3. Promoting and supporting the involvement of people in the commissioning and provision of local care services and how they are scrutinized
4. Recommending investigation or special review of services via Healthwatch England or directly to the Care Quality Commission (CQC)
5. Providing advice and information about access to services and support for making informed choices including how to get independent advocacy support to make an NHS complaint
6. Making the views and experiences of people known to Healthwatch England and providing a steer to help it carry out its role as national champion

Healthwatch Characteristics

It is the vision of the Department of Health[1] that Healthwatch will be *the independent consumer champion for the public – locally and nationally – to promote better outcomes in health and social care for all.* It will provide a range of services and support to communities (as described above) by enabling and facilitating improvements in health and social care services.

Local Healthwatch will be a "body corporate"[2], an organisation established in law that has a legal name, rights and responsibilities.
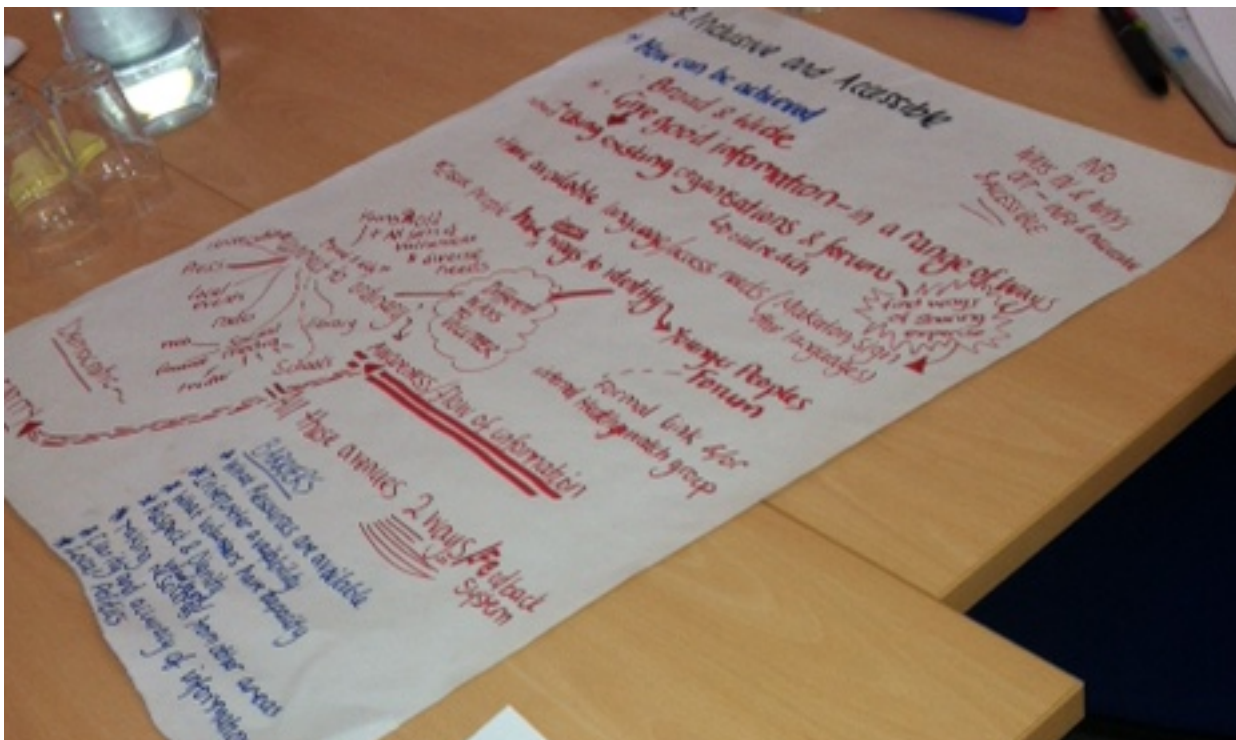
Healthwatch will also be responsible for making sure that the voices of patients, service users, clients and the public are heard, and can influence the decision making that takes place in the development or change to local health and social care services. They will have important relationships with and a seat on the newly established Health and Well Being Boards. Commissioners of health and social care will respond to Healthwatch information, reports and recommendations and Councils and NHS providers will allow Healthwatch to enter and view premises and respond to reports and recommendations

The responsibility for making sure there is an efficient, effective and representative Local Healthwatch in each area will be with the Local Authority. The Local Authority will fund,

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[1] 'Local Healthwatch - what it will do and how it will operate', Department of Health November 2011
[2] Health and Social Care Act 2011: combined impact assessments

commission and contract independent Local Healthwatch arrangements and services through a grant provided by central government.

Funding has been identified but exact figures are not yet confirmed by the Department of Health. Luton Borough Council are committed to considering local needs and requirements and ensuring that the newly commissioned Healthwatch builds on learning from the Local Involvement Network and is fit for purpose. Funding will be available for Local Healthwatch to Local Authorities from the Department of Health. The funding will not be ring fenced.

Scope and method of the Engagement Activity

As part of their development work Luton Borough Council undertook a number of focus groups to share information and facts about Local Healthwatch and to explore local people's vision for Healthwatch in Luton.

Focus groups were held with:
- Voluntary and Community Sector organisations
- Local Health and Social Care staff
- LINk members and support staff
- Children and Young People's representatives
- Elected Council Members

Following this engagement, a stakeholder event was held to explore emerging themes from the focus groups and to look at potential models of delivery, exploring the benefits and challenges of each. The event was attended by the people who represented the focus groups and a wider set of stakeholders.

It was agreed that the findings of the focus groups and stakeholder event would be used to create a report setting out the findings and describing a vision informed by what has been learned.

Summary Findings from the focus groups

Each focus group was independently facilitated and run to the same format. Each was given information about the functions and responsibilities of Local Healthwatch and asked to discuss a series of questions.

1.   What does a good consumer champion look like?

All of the groups stated that Healthwatch Luton would need a strong local identity with a clear role and vision – being clear about what it can deliver and what it cannot. It will need to have a good understanding of the local demographics and reach out to people in the community through a variety of routes including through existing organisations and networks. It will work collaboratively with the NHS and local authority research and intelligence functions, developing research capacity and expertise, creating opportunities to gather evidence on experiences and trends from the local community that will inform and influence decision making.

Healthwatch Luton needs to be accessible, approachable to all (including people of different ages, ethnic groups, religions, genders and disabilities, hard to reach groups and those often not heard or engaged) and driven by the needs of the local community.

It needs to be accountable, with a strong local profile; people will understand what is, what it does, and how it is there for them. It will be trusted to make a difference, demonstrating its effectiveness and value for money.

It will need to have people with the right skills to deliver its functions and who are able to demonstrate independence, championing local views and experiences whilst working in partnerships to proactively drive change and influence local service delivery for health and social care.

2.   How can we ensure everyone can access Local Healthwatch in ways that suit them?

Key messages from the groups were that Local Healthwatch needs to understand its local community. It will need to work with existing groups and networks so that the Healthwatch brand is seen widely. It will need to develop roles with the community and voluntary sector and other partners, implementing Healthwatch community champions. It should be integrated into the community and harness the knowledge and skills that exist in Luton.

It needs to be proactive with its outreach and work with groups and organisations that are working at grassroots level, using existing systems and a range of high quality engagement methods, providing a service that feels welcoming and friendly.

In order to raise the Healthwatch Luton profile, gaining trust and confidence locally, Healthwatch Luton will need a communications plan and campaign to ensure that it is known and accessible. A range of suggestions were made about practical communication methods including having multiple ways to access Healthwatch including telephone, website, using existing 'shop-front' public venues through voluntary sector networks and through existing communication systems. It was also suggested that having communication systems to actively engage with young people would help, with examples such as a young peoples web page and forum, advertising and branding that was targeted at younger people as well as using social networking.

Healthwatch Luton will need to continuously work towards excellence, learning from other Healthwatch organisations experiences, whilst making no assumptions about what people want locally, regularly reviewing what good looks like.

3. How can Healthwatch work effectively across boundaries?

While all groups agreed that Local Healthwatch needed to focus on Luton, there was recognition that it would need to work with neighbouring Healthwatch organisations, developing common frameworks where possible, for the benefit of the service user. It was felt that it would be helpful to form a network across Luton, Bedfordshire and Central Bedfordshire to share learning and identify wider trends, ensuring that cross-boundary work is undertaken to the benefit of local people. It will also be important to avoid unnecessary duplication across the Bedfordshire-wide Healthwatch organisations and consideration should be given to establishing a 'lead Healthwatch' role to oversee key cross border services.

However, the groups expressed that this was an operational issue that should be managed "behind the scenes" and that local people should be able to approach any Healthwatch and be signposted on as appropriate. It was also suggested that some back office functions such as website design could be shared with other Local Healthwatch organisations to keep costs down and to provide a seamless interface for the public.

There was recognition that boundaries extended beyond Bedfordshire and as such Luton Healthwatch should be an active participant of wider regional and national networks where appropriate.

4. How can we ensure Local Healthwatch is able to represent the views of everyone in ways that suits them?

The groups felt that Local Healthwatch would need to be known and accessible to people in the community, reaching out to people who do not usually get involved and engaged in order to be successful.

It was agreed that views expressed by Healthwatch need to be based on trends that are representative. Reports need to be objective and evidence based, providing a balanced picture of the range of views expressed. Staff and volunteers need to be skilled and supported with training to present information in an impartial and professional way.

The groups' views were that it isn't possible for one person or a few people to represent the local community, but that Healthwatch will be representative by acting as a conduit, seeking a wide range of views through proactive outreach rather than expressing views from a membership.

The groups talked about harder to reach groups such as young people getting involved directly and developing roles for them to become 'Healthwatch Champions', supported with training and work based experience. This concept was viewed with interest by younger people particularly who saw that they may have a specific role.

The groups suggested that Healthwatch needed to undertake continuous and proactive engagement using a range of tools such as surveys made available in a range of different places, quick polls, or through organisation events.

Healthwatch Luton will need to demonstrate effectiveness to the local community, based on clear performance measures with outcomes that are widely recognised and understood.

5. *How can we ensure Local Healthwatch can influence the people and organisations that make decisions about health and social care services?*

All groups felt that Local Healthwatch needs to be seen as a credible organisation by the public and decision makers. It needs to focus on what it can achieve and be able to demonstrate its influence and effectiveness to the commissioners, Healthwatch England and the general public of Luton.

The groups felt that it will need to build trust and develop strong relationships. There should be a mix of professional staff and volunteers with everyone clear about their role.

Across the group there was a range of views about how young people should influence decision makers. This included the need to have some dedicated and specific activity for young people, working closely with existing systems for young people to have a say, directly integrated into the work of Healthwatch.

As all health and social care partners have a role to involve, the groups felt that partners should commit to exploring opportunities to work with and commission from (where appropriate) Healthwatch Luton, developing a culture and an appetite for Healthwatch to be seen as the local consumer champion for health and social care.

Summary Findings from the Stakeholder Workshop

The workshop was attended by 36 people and included people from the existing LINk, the Voluntary and Community Sector, the NHS and Luton Council.

Generated from the focus groups discussions six emerging themes were identified and considered:

1) How Healthwatch should engage and communicate

2) How it can be independent and influential

3) How it can be inclusive of everyone

4) How it can work with NHS Trusts and Social Services

5) How it can build on existing success

6) How it can provide the right services to the public

Attendees were split into six groups and each group looked at one theme. Participants were asked in groups to discuss a series of questions that related to each of the six themes. Questions teased out:

- Whether the vision described through the focus groups was realistic and achievable

- What challenges and barriers might exist

- How these might be overcome and what success would look like

Headline findings against each of the themes

1. Engaging and Communicating:

How it can be achieved:
- Map existing networks and communication channels:
- Review for effectiveness
- Identify gaps and duplication
- Identify skill requirements for Healthwatch
- Develop a database of all existing communication systems (LINK, NHS, Luton BC, C&VS)
- Develop communications and marketing strategy in partnership
- Raise the profile of Local Healthwatch
- Publicity branding – communicating what it is…
- Implement diverse range of communication and engagement methods (GPs, shops, media) in partnership

Successes:
- People locally know what Healthwatch is, what it isn't and how they can access it
- People get the information support they require
- People know locally what Healthwatch has achieved in influencing local services

- People = a wide representation of the local community including people from traditionally hard to reach groups

Barriers:
- Cost
- Engaging with people with different needs; language, transient and temporary residents
- Existing networks need to 'buy in' to Healthwatch and continuously support its role

2.   Independent and influential

How it can be achieved:
- Work in partnership with existing organisations
- Champion outreach volunteers/workers
- Outreach needed from Healthwatch to work with groups already in Luton
- Outreach needs to be experienced and understand how different communities operate
- Partner organisations need to demonstrate confidence and trust in Healthwatch, supporting their role as an equal partner

Successes:
- Real, tangible and measurable change and improvement
- Open to influence and influences

Barriers:
- Tensions in maintaining independence e.g. funding/politics/real power
- Representation – using different mechanisms for involvement is key to engaging the whole community
- Success breeds success – need to start achieving to build reputation
- Leadership – without fear – charismatic, principled

3. Inclusive and Accessible

How it can be achieved:
- Broad and wide engagement and involvement
- Give good information – using a range of methods
- Use existing organisations and forums
- Have available language/access tools available: makaton, sign, other languages etc
- Ensure people have different ways to be involved; younger peoples forums, through university and schools, press and publicity, local events, radio, social media, web, Facebook, Twitter, library etc
- Ensure that Healthwatch is accessible to all including young, older age, vulnerable and diverse needs

Successes:
- Healthwatch is well known across Luton and accessible to a wide range of people

Barriers:
- Resources available
- Interpreter availability

- Capacity of volunteers
- Clarity and accuracy of information
- Local politics

4. How Healthwatch can work with the NHS and social care

How it can be achieved:
- Establish protocols for joint working
- Clarity around relationships and understanding each others roles, educating staff
- Clarity of purpose
- Presentation of evidence for use in decision making

Success:
- Strong governance to ensure trust and confidence from agencies and public
- Improved integration of Health and social care

Barriers:
- Over complicated structures
- Ill defined
- Lack of interest/commitment from staff in statutory agencies
- Lack of resources and specialist knowledge

5. Building on Success

How it can be achieved:
- Identify and map existing key groups and agencies and develop links and agree working relationships
- Identify what successes are /examples of good practice/partnership
- Openness and transparency
- Continue to engage with individuals including carers – two- way dialogue
- Put Healthwatch in locations where people can visit – e.g. surgeries, libraries

Successes:
- Smooth transition - no disruption to services
- Raise the profile - People will access
- Themed approach to help people to engage
- People will know Healthwatch exists and what it is
- Promote successes

Barriers:
- Knowing who the existing groups are / Professionals may not know which groups provide which services
- If no office base/shop front – will people know how to access?
- Potentially knowledge may be lost if volunteers do not continue to be involved
- Possible conflict between Healthwatch and the local council
- Funding

6.   Healthwatch services

How it can be achieved:
- Communications plan – reflecting the community of Luton
- Communications with Health and Wellbeing Board bringing clarity to roles
- Connect into existing community gaps
- Have the skills necessary to undertake the role
- Understanding and/or experience of the profile of Luton's communities and cultural difference

Successes:
- Healthwatch can demonstrate that the community knows what Healthwatch is and what it does

Barriers:
- Failure to extend engagement/expand involvement
- Failure to engage with all age groups
- Lack of innovation
- Lack of professionalism

The Local Healthwatch Luton Wishlist

As part of a 'wishlist' activity people were invited to provide a view from an individual perspective by using sticky notes to respond to the following two statements: What Healthwatch **MUST be** and what Healthwatch **MUST NOT be.** The following provides a summary of the responses.

What Healthwatch MUST BE:

- Accountable
- Independent
- Innovative
- Dynamic
- Honest

Healthwatch Luton MUST BE:

Accessible to all, encouraging the widest possible involvement of local people, being a high profile and visible voice for all who need help from health and social services. It should demonstrate its ability to represent equally all the disparate communities in Luton.

Sufficiently resourced to work efficiently and effectively, making good use of people who are involved now as well as engaging as many people, groups and bodies as possible.

Well organised and professional, working to robust and clear evidence, able to action concerns and issues that have emerged as trends from the experiences of people using health and social care.

Well planned, working to specific objectives, that are, realistic, measurable and targeted.

Well informed and forward thinking, using up to date information to inform its day-to-day work. Open and transparent about the way it operates it will avoid being over complicated. Making sure it is seen to be doing a good job by feeding back to the public and communities.

What Healthwatch MUST NOT BE:

- Unrealistic
- Ineffective
- Irrelevant
- Ignored
- Talking shop

Healthwatch Luton MUST NOT BE:

An organisation that is political in itself or buffeted by politics and finance with a focus on single-issues and campaigning.

A tick-box exercise too heavily reliant on statistics rather than real outcomes

Inward looking with a focus on its own existence or a toothless scapegoat for other organisations.

Led by people who are there due to an unfair or opaque process. Crowded in its decision making by the involvement of too many or exclusive, involving only a few.

A direct repeat of what we have had in the past developing and improving into the future.

Assessing the Models

The groups looked at five potential operating models and assessed the pros and cons of each. The models were presented as examples whilst recognising that there may be other options or blends of the models presented. The five were used for discussion purposes and the groups were encouraged to see if there were any other options.
The models can be summarised as:

- Model 1 – A single contract with a supplier established specifically for the delivery of Local Healthwatch

- Model 2 – A single contract with a supplier, Local Healthwatch delivered as an extension of an existing remit

- Model 3 – A single contracts with a supplier that sub-contracts to deliver specialist services

- Model 4 – A single contract with a consortium arrangement including organizations who could provide specialist services

- Model 5 – Separate contracts with single suppliers required to work in partnership to deliver a Healthwatch brand

Model 1 A single contract with a supplier established specifically for the delivery of Local Healthwatch	
PROS	**CONS**
• Clear identity and remit	• Time to set-up / establish
• Could be locally grown with local ownership	• All parts of contract in one – less flexibility
• Single accountability and responsibility	• Too insular – could lose wider local perspective
• Straight forward	• Ability to meet all Healthwatch functions
• Easier to manage and one set of overheads	• Could end up working towards own needs or one specialism
• No conflict of interest – single focus	• Might exclude smaller organisations

Model 2 A single contract with a supplier, Local Healthwatch delivered as an extension of an existing remit	
PROS	**CONS**
• Existing organisational record – not throwing out what works	• Finding a provider able to deliver all Healthwatch functions
• Infrastructure in place	• Potential conflict of interest
• Can hit the ground running	• Healthwatch not top priority of organisation
• Existing expertise, resources and capacity	• Dilution of the Healthwatch brand
• Uses economies of scale/reduces management overheads	• Different work areas not clearly distinguished
• Single accountability and responsibility	• Might exclude smaller organisations

Model 3 A single contract with a supplier that sub-contracts to deliver specialist services	
PROS	**CONS**
• Greater expertise through specialist contractors	• Resource and focus on managing subcontractors
• One contract easier for the commissioner to monitor	• Fragmented with lack of responsibility and accountability of front-line deliverers
• Increased flexibility and uses what works	• Requires more bureaucracy

• Increased capacity	• Two-step accountability structure
• Ability to engage diverse communities	• Potential dilution of brand and inconsistency

Model 4	
A single contract with a consortium arrangement including organisations who could provide specialist services	
PROS	**CONS**
• Greater efficiency through more targeted and pooled resources	• Lack of accountability
• Equal partners accountable for delivery, working jointly	• Potential conflict among partners
• Increased knowledge and expertise	• Timing – is there enough time to set up a consortium?
• More stability and commitment from partners	• Could prevent some charities being involved

Model 5	
Separate contracts with single suppliers required to work in partnership to deliver a Healthwatch brand	
PROS	**CONS**
• Specialist suppliers	• Getting people to work together
• Good for smaller providers	• Managing multiple contracts and complicated governance
	• Resource intensive to monitor
	• Fragmented/lacks coherence

The groups were encouraged to consider if there were variations on the models presented or whether some models could be brought together.

There was not agreement among the groups as to which the best model for Luton was although model 5 was the model least liked by all groups, with a sense of nervousness about the consortia model and that it would have complex governance and accountability arrangements.

Models 2 and 3 gained most support among the groups and there was a recognition that there would need to be some flexibility built in to the contracting process to allow for the organisation to develop and grow over time.

Overall, the groups expressed a preference to create a clear service specification that set out the outcomes that would be expected for Local Healthwatch, asking potential providers to come forward with a single contract proposal that demonstrates how they would deliver the functions, vision and values of Healthwatch Luton.

Some of the groups wanted the next set of development work to explore where economies of scale could be utilised and where back office functions could be shared.

The Commissioning Vision for Local Healthwatch Luton

Through the work that has been undertaken so far we can begin to see a vision for Local Healthwatch in Luton emerging.

Local Healthwatch in Luton will be an independent local consumer champion bringing together people's views and experiences to improve health and social care. It will be:

- *Accessible, inclusive and representative of all*
- *Well known, professionally managed and organised*
- *Built on existing knowledge and expertise, using partnerships and collaborations to provide high quality functions and services;*
- *Independent but not self serving*
- *Influential, respected and trusted by local people, decision-makers and service providers*

The following five areas are fundamental to making sure Luton can achieve its vision and have an effective, representative and efficient Local Healthwatch.

1   The Contract

Our findings would suggest that the preferred option for delivering the vision as described is a contract with a single lead provider that encourages local independent organisations to work together to deliver the Local Healthwatch functions and services, possibly through a sub-contracting process.

2   Leadership

Our findings indicate that Local Healthwatch should be led by people who can represent the community interest, ensuring that the integrity of the organisation is preserved at all times. That these roles should form part of a Corporate Body with leadership that incorporates appropriate skills to deliver the functions of Healthwatch. The Board of the Corporate Body will be collectively responsible for the effective, efficient and representative nature of the Local Healthwatch Luton contract through ensuring the highest quality of delivery of the Local Healthwatch Luton functions.

3   Management and Operations

Our findings suggest that to ensure the effective operational delivery of the functions Local Healthwatch Luton should take a combined approach to how it delivers services on the ground. It should look at establishing sub-contracts and partnerships with existing voluntary and community organisations and groups to help it deliver its functions and services, along with training and supporting volunteers and 'champions' to deliver appropriate aspects.

4   Access

What we have heard indicates that Local Healthwatch will need to be available through a variety of methods, ensuring that they are far-reaching into the community and include those traditionally hard to reach. This would include using a range of methods such as a central telephone number, email address, and website, facebook etc, as well as being physically available through existing voluntary and community organisations who have a high street presence, and through creating a network of trained 'champions' who are available and active within their communities.

5   Influence

To assert the right levels of influence, our findings suggest those representing Local Healthwatch should be skilled and experienced employees and/or volunteers, who are tasked with representing the views of the public by presenting information and evidence generated through the delivery of the Local Healthwatch functions and services.

What Next

To ensure Local Healthwatch can be established successfully Luton Borough Council will need to create a clear and deliverable service specification including the development of the vision and values for Healthwatch based on the work undertaken to date.

The information gathered through all engagement activities is starting to show that the Local Healthwatch will be quite different to LINk. The transition from one to the other needs to be as seamless as possible, to ensure that there is no gap in the activities that a new consumer champion for users of health and social care services will provide.

The group work raised the issue that the transition between LINks to Healthwatch requires an 'exit' and Legacy Management strategy so that information and learning can be shared, and managed appropriately and safely.

It should consider undertaking further work to support the establishment of the Local Healthwatch organisation, including supporting potential providers to consider whether and how they may respond to the invitation to tender.

Luton Borough Council should also consider further work with NHS and Social Care Stakeholders. This would ensure all partners fully understand the role of Local Healthwatch and how they could support its development and ongoing success as a credible, influential and independent health and social care champion.

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July 2012