

Smoothing the way

Developing local healthwatch through lessons from local involvement networks

Key messages



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

Acknowledgements

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

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

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

The review findings are set out in three documents:

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

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

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

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

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

Some people told us that they would welcome guidance from government about local Healthwatch – for example the kind of organisation it should be and how it should carry out its work. They felt that LINKs suffered from a lack of direction and support which made it difficult for some LINKs to be effective.

All the indications are that government is unlikely to issue prescriptive guidance about the 'what and how' of local Healthwatch, so we do not refer to guidance in our key messages. Instead we call for a comprehensive programme of information and support to help local Healthwatch develop credibility, integrity, skills and capacity. For clarity, information should include advice about 'what works'; support should include practical help and financial resources.

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

Key messages



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



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



