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# Proposals for Using and Testing the Draft Quality Statements for Local Healthwatch

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## Introduction

Leeds Beckett University and the Federation of Community Development Learning were commissioned by Healthwatch England to produce a set of draft Quality Statements for Local Healthwatch and to make recommendations about how they might be piloted.

The draft Quality Statements and the rationale for them are described in a separate report 'Draft Quality Statements for Local Healthwatch.'

The Quality Statements were developed collaboratively with Local Healthwatch and supported by an advisory group of twenty local Healthwatch who contributed their ideas and experience to the work.

This report summarises the learning from this project and makes recommendations for piloting the draft Quality Statements as part of the next phase of this work.

## Learning

### Still Developing

Local Healthwatch are at the time of writing only two years old. Given that a large part of year one was focused on setting up the new function it is impressive how much has been achieved within this timescale. Nonetheless, it is the case that local Healthwatch are still establishing themselves to varying degrees, developing their capability, their strategies and their profile.

### Relationships with local people

The emphasis on representing the experience of the public is predicated on strong relationships with local people. Local Healthwatch have only had a short period of time to work at establishing these relationships. Nonetheless we were struck by the significant progress that had been made by many of the local Healthwatch we met.

## Variation

There is variation in practice and there are a number of reasons for this including;

- Whether there was a strong or weak legacy from the predecessor LINK
- Ambition of commissioners
- Scale of funding
- Competence of local Healthwatch leadership

## What we did

This project started in mid-January 2015 and ended on in mid-March 2015. The project was 'book ended' by two meetings of an advisory group of nineteen local Healthwatch who contributed their ideas and experience to the work. Advisory group members also helped convene four local workshops<sup>1</sup>, eleven local Healthwatch were interviewed and soundings taken from local authority commissioners and two local voluntary organisations (a Council for Voluntary Services and a Citizens Advice Bureau). In total more than 40 local Healthwatch contributed directly to this work.

## The Quality Statements

The Quality Statements are described in more detail in the report "Draft Quality Statements for Local Healthwatch". They are based on the eight statutory activities which local Healthwatch are required to deliver but also include an additional section that reflects the attention that local Healthwatch need to place on developing, managing and influencing strategic relationships and context.

The Quality Statements are grouped into five areas:

- Strategic Context and relationships
- Local Voice and Influence
- Making a difference locally
- Informing People
- Relationship with Healthwatch England

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<sup>1</sup> Greater Manchester, Dorset, Brighton, London

## Using the Statements

One of the concerns expressed by local Healthwatch was that the statements could, despite the best of intentions, be used in a very superficial way - with high level statements failing to connect with actual practice. While it is tempting to address this through providing more detail to underpin each quality statement this brings with it further problems. The statements themselves could become unwieldy and hard to use; this is likely to mean that they 'stay on the shelf' or that they are treated as a set of tick boxes, where completing them becomes the primary task. This prevents real dialogue.

The solution is for local Healthwatch and other parties to become expert at using the Quality Statements and the best way for this to happen is to use them on a regular basis. We set out below a number of ways they could be used, this will to some degree depend on local context and relationships.

There is a strong argument that as well as providing direct feedback they could also bring out into the open any concerns or doubts that local stakeholders may have.

## Holistic Approach to Quality

Local Healthwatch practice is built around capturing the experience of local people. We propose that the Quality Statements should be used in the same way i.e. to capture the experience of local Healthwatch - doing this means that there will be a good fit with the culture and capabilities of local Healthwatch.

The statements primary purpose is to help local Healthwatch perform to the highest possible standard. For this to happen, the statements need to be incorporated into relevant processes and structures. We suggest that the most important are:

- Local Healthwatch leadership - through informing annual reviews and forward planning
- Local Healthwatch staff and volunteers - through staff training and supervision
- The public - as recipients of the local Healthwatch service - through underpinning customer satisfaction services and key documents such as the annual report

- Local authority commissioner - through informing commissioning and contract management discussions
- Organisations in the local Health and Care system - commissioners and providers through providing them with an opportunity to comment on impact
- Healthwatch England

## How the statements could be used

All of these processes need to be run in a way that enables people to contribute honestly and the organisation receiving the information to feel comfortable and safe. The four approaches we set out below are all well-established methodologies. There was a clear view from some local Healthwatch that Healthwatch England has a role to play in co-producing guidance and relevant support to help them be used effectively.

### 360 Degree

A local Healthwatch could choose to use the statements to begin a dialogue about the impact that key stakeholders consider local Healthwatch has made.

There are potentially three groups of primary stakeholders<sup>2</sup>

- Local Healthwatch Board Members
- Health and Wellbeing Board Members
- Key influencers and decision makers in the area including voluntary and community sector organisations and influential contacts in health and social care provider and commissioner organisations.

We suggest that while local Healthwatch should lead on determining who should be asked to respond it would be stronger to agree the list with the Chair and Vice Chair of the Health and Wellbeing Board or their nominees

The questions that would be sent out would be based on the Quality Statements.

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<sup>2</sup> We do not directly include members of the public here - this is because individual members of the public are not directly responsible for the delivery of the local health system or local Healthwatch - however a local Healthwatch may choose to seek their views as part of a 360° process - or as part of a user satisfaction survey

## Example

### **Making a Difference Locally**

Statutory activities 4 and 6

Rate the following bullet points on a scale 1 to 10 and provide an example for each bullet point.

#### **The local Healthwatch Board is able to evidence that:**

- Local Healthwatch is capturing the experience and aspirations of local people in its investigations and reports
- Local Healthwatch investigates issues in a way that is appropriate and ethical
- Where necessary investigations produce recommendations for change that are heard and responded to by relevant decision makers

#### **Commissioners and Providers feel that:**

- Local Healthwatch Investigations bring added value through bringing a stronger public voice - particularly of people and communities who are too easily ignored or who struggle to be heard
- Local Healthwatch investigations and reports while critical and independent are clear about the rationale for the evidence used
- They have been involved in investigation in an appropriate and timely way

## Peer Challenge

Some local Healthwatch consider that it would be helpful to have access to confidential peer challenge. The Local Government Association uses a model developed by the Improvement and Development Agency which has been positively evaluated<sup>3</sup>. This approach would require Healthwatch England to support the development of trained teams of peers.

Peer review can also contribute to the wider network of local Healthwatch, helping it to gain ideas, share good practice, make comparisons with their own local context, and to contribute to the wider national evidence base for improving the inclusion of the voice of local people.

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<sup>3</sup> Supporting Councils to Succeed <http://www.local.gov.uk/documents/10180/11439/services+-+peer+challenge+-+phase+2+Cardiff+evaluation+of+peer+challenge+-+accessible+24+feb+2014/3f7dd72a-0dac-45ba-ad08-c06e82607970>

There may be some merit in teams consisting of local Healthwatch peers, a local authority commissioner and an officer from Healthwatch England. This would help develop a shared view of what good looks like across the local system as well as at a national level. All members would of course need to be from a different area to that covered by the local Healthwatch.

This methodology would have to be used sensitively. It is the case that some local Healthwatch are competitors and it would not be appropriate for a local Healthwatch to undertake a peer review of a neighbouring Healthwatch when they might be competing for the same contract in future years.

### **Action Learning Sets**

Action Learning Sets are a well-established mechanism for improvement<sup>4</sup>. As Mike Pedler notes “Action learning is most effective when used to confront live organisational problems rather than technical puzzles”. We recognise that local Healthwatch are still on a developmental journey and that the policy landscape continues to change around them. So, these Quality Statements can provide a framework to share real life challenges and strategies for addressing these.

### **Satisfaction Surveys**

We are aware that a number of local Healthwatch already use satisfaction surveys to ensure that the voice of local people is heard after a particular piece of work has been completed. We suggest that relevant elements of the Quality Statements are used to help design satisfaction surveys. For example a satisfaction survey for users of the advice and signposting service would draw from Quality Statements in the section ‘Informing People.’

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<sup>4</sup> <http://www.gowerpublishing.com/pdf/SamplePages/Action-Learning-in-Practice-CH3.pdf>

## Testing the Quality Statements

The next phase of this work is for local Healthwatch and Healthwatch England to test the draft Quality Statements. We have the following recommendations:

### Principles

We suggest that there are three key principles to be adhered to during this testing (and subsequent implementation) phase;

- Quality Statements should be incorporated into existing processes that local Healthwatch have already established
- They should be implemented in a way that places as little additional resource burden on local Healthwatch as possible
- It is crucial that local authorities support the Quality Statements - this means that they need to be formally involved in the piloting phase

### Timescale

As we describe above the Quality Statements need to be embedded into the heart of local Healthwatch working practice. Like other organisations, local Healthwatch work to a one year timetable that is built around the financial year.

Any road testing of these statements should therefore take account of the following rough schedule:

	Local Healthwatch	Local Authority	Ongoing
<b>Apr-Jun 2015</b>	Beginning of delivery of local Healthwatch Programme for year 15/16		Performance Management meetings with local authority
<b>Jul-Sep 2015</b>	Influencing future commissioning of local Healthwatch	Likelihood of review of efficacy of existing service	Satisfaction surveys for particular pieces of work
<b>Oct-Dec 2015</b>		<ul style="list-style-type: none"> <li>▪ Confirmation of plans for re-commissioning local Healthwatch</li> <li>▪ Budget setting process for 2016/17</li> </ul>	Staff Management and Supervision
<b>Jan-Mar 2016</b>	Review of work in 2015/16 and work on forward plan for 2016/7	Possible re-commissioning of local Healthwatch	Development and Training

## Proposal

The value of the Quality Statements is not just determined by whether they are considered to 'feel' right but by their usability.

We suggest that consulting on them will therefore not be sufficient.

Instead they should be trialed using some of the methodologies we set out earlier in this report.

The extent of the trial will be determined by the length of time that Healthwatch England and local Healthwatch wish it to take and the amount of resource that Healthwatch England is able to provide. Most importantly, the trial needs to take into account the key events that we set out in the table above.

In particular it needs to take account of the likelihood that local authorities will be wishing to review the current service and use this to determine their approach to re-commissioning for the financial year 2016/17.

We believe that a minimum period for a useful trial would be six months. Rather than trial all of the methodologies we described earlier we recommend prioritising the following:

## **Reviewing local Healthwatch Quality**

A group of local Healthwatch are invited to undertake a 360° assessment with their stakeholders, using a questionnaire based on the Quality Statements. If this were to be conducted in the early summer of 2015 this would have a good fit with the timetable we outline above.

The intelligence gathered from this could then be used to:

- Inform subsequent monitoring meetings with the commissioner
- Feed into end of year review
- Support staff supervision and team meetings

It is likely that in addition to the above some local authorities will have decided to conduct their own reviews. It would be helpful if Healthwatch England were in the position to offer them a methodology based on the Quality Statements so that the two review processes were aligned.

## **Satisfaction Surveys**

We also suggest that some local Healthwatch could test elements of the Quality Impact Statements through using them to inform satisfaction surveys on specific issues.

The experience gathered through these processes should be sufficient to:

- Test the applicability of the standards
- Engage wider stakeholders - in particular local authorities
- Consider whether they strengthen public voice

## **Action Learning Sets**

We would also suggest a limited number of local Healthwatch were offered the opportunities to participate in an action learning set programme. The advantage of this is that it would provide an opportunity to drill deeper into particular aspects of the Quality Statements as well as examine how Quality Statements could be used to transfer good practice and help local Healthwatch develop.

## **Timescales**

We believe the minimum period for a useful trial would be six months. It should be possible to road test the Quality Statements through reviews and satisfaction surveys and come to a view on where the Statements might require further development towards the end of 2015.

The Action Learning Sets might be more challenging - while they could be established and running within six months it might be useful to plan for these to run initially for one year so that a learning agenda could be set and a programme delivered.