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Developing Quality Statements for Local Healthwatch

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Produced for Healthwatch England by:

Professor Mark Gamsu, Jennie Chapman, Health Together, Leeds Beckett University

Susi Miller, Federation of Community Development Learning

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Contact details: m.gamsu@leedsbeckett.ac.uk



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Introduction

This report accompanies the draft Quality Statements for local Healthwatch (March 2015). 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. Advisory Group members helped convene four local workshops¹ and eleven local Healthwatch were interviewed over the telephone. Emerging findings were also sense checked with two local authority commissioners. In total more than forty local Healthwatch contributed directly to this work.

The report summarises the case studies, narratives and stories that were shared with the investigators during the course of this work. These narratives underpin the Quality Statements.

It is important to note that their inclusion here is not an indication that they represent best practice.

The Shape of the Statements

The quality statements are based on the eight statutory activities which local Healthwatch are required to deliver, these are outlined in appendix one. During the course of the review it was clear that essential aspects of the local Healthwatch function were not adequately reflected in these activities, specifically the work that local Healthwatch does managing and influencing strategic relationships and context.

For ease of use the Quality Statements are grouped into five sections and this report follows this format as follows:

1. Strategic Context and Relationships
2. Local Voice
3. Influencing locally
4. Informing People
5. Relationship with Healthwatch England

¹ Greater Manchester, Dorset, Brighton, London

Strategic Context and Relationships

An effective local Healthwatch will need to have come to an explicit and realistic analysis of their local context to inform priorities, impact and relationship management with key local partners.

In order to be effective local organisations need to have a good understanding of the needs, strengths and deficits of a local authority area.

Local Healthwatch are unique in that they have a responsibility for an area that cuts across individual providers and commissioners in health and social care. Their closest equivalent in terms of scope is the Health and Wellbeing Board.

Therefore, in order to be credible, local Healthwatch have to be able to share this unique perspective with stakeholders and to use this to inform their own priorities.

Mandate and Accountability to Local People

Local Healthwatch has to be able to demonstrate its accountability to local people. However, it is a small resource and in some cases not an organisation in its own right, so there are limits on the resources that it can invest in developing a mandate and ensuring accountability. The primary mechanism for assuring this is through the services that it provides - and the emphasis on these quality statements reflects this.

However, in addition we heard how some local Healthwatch:

- Have a clear communication plan which includes using newsletters, twitter and websites to share information about their meetings, workshops, priorities, activities and the outcomes of their reports.
- Have a volunteer recruitment and training plan with clear routes for local people who want to contribute directly to their local Healthwatch.(Essex, Richmond, Wigan,Tameside)

It should be noted that not all local Healthwatch have a membership or recruit volunteers. For, example, some local Healthwatch were concerned to ensure that there was the right balance of resources between recruiting volunteers and providing roles that added value to

delivery of local Healthwatch. Healthwatch Richmond ensure that employed staff and volunteers work together to complement each other's strengths.

Intelligence and Influence

"I would expect the chief officer in a local Healthwatch to have a chart on the wall of their office which set out their view of the top priorities of the local authority, the NHS system and of what the public were telling them"

Chief Executive Local Voluntary Organisation

Some local Healthwatch had produced a short report which set out their strategic analysis of competing priorities and synergies and used this to explain the priorities they had identified for action and investigation in a given year.

Healthwatch Essex adopted a peaks and troughs model to inform work planning. The peaks and troughs relate to the levels of intensity of engagement activity. While they are active in both there is a tendency to prioritise the troughs which represent the seldom heard population and socio-economic groups. Peaks are those areas around service where there is more activity e.g. where there are reference groups or voluntary groups or for example older people.

To develop a project Healthwatch Richmond identify an issue from the range of information provided picking out where the evidence is strongest. Outcomes are defined and then a standard project management process completed which is taken to the Board for a decision. If approved, it is passed to a project team of staff, volunteers and staff from other organisations to develop the project further. Having clear objectives from the start helps to make sure the project is planned well in terms of communicating it, where it should go, who to involve, clear recommendations and then following things up until they get a response which needs to be in writing.

Healthwatch Derby is an outreach focused Healthwatch with four outreach staff. Their job is to go out and meet people and collect information which is then entered onto a database, reviewed and themes and issues identified and escalated where appropriate. They have had to develop their own database as others have been found to be not fit for purpose.

Many local Healthwatch could describe formal routes through which they gather intelligence including:

- Feedback from local communities and feeding this experience into all stages of commissioning, provision and scrutiny
- Participation in the Health and Wellbeing Board
- Understanding the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy
- Analysing and contributing to Quality Accounts and Local Accounts
- Keeping up to speed with government policy documents
- Awareness of key messages from relevant CQC reports

Gathering intelligence through formal mechanisms is important but it is not sufficient. We heard how local Healthwatch have used their understanding of the local system at a strategic level to develop key relationships and roles that place them closer to decision makers and enable them to develop trusted but still independent relationships. Through these they are able to share and develop their understanding of key issues and test informally areas for future work.

While there is variation which reflects differences in local systems and personal connections we heard stories about regular connections with:

- Directors responsible for Quality in Clinical Commissioning Groups and in NHS providers
- Directors of Adult Social Care or their deputies in local authorities
- Directors responsible for policy or those responsible for the direction of the health and wellbeing board in local authorities
- Key leaders in the voluntary and community sector

In many cases local Healthwatch Chief Officers and sometimes Chairs are involved in regular 'touch base' meetings with some of the above, while Healthwatch priorities and performance might be discussed there the main emphasis is on a mutual sharing of information and concerns.

Healthwatch Wigan's manager has a monthly meeting with the Director of Nursing and Quality (CCG) to share "what are you hearing, what am I hearing?" They also meet with the Hospital Trusts, Chief Executive, the Chief Nurse, players in the CCG 'further down food chain' but influential, and the Deputy Director of Adult Social Care to discuss focus.

In addition to these meetings most local Healthwatch could describe how they are involved as members of key committees including:

- Local Authority Overview and Scrutiny
- CCG Quality Assurance Committees
- Safeguarding Committees

In addition to being members of these committees some local Healthwatch had a regular slot - sharing information on emerging concerns or their forward plan. Again, with regard to all committees we heard examples of where local Healthwatch had used their influence to get 'upstream' for example Healthwatch Bromley are a member of the agenda setting group for the Health and Wellbeing Board.

System Leadership

A number of local Healthwatch also described how they have used some of the unique characteristics of their role to contribute to the development and improvement of local Health system architecture through taking responsibility for a particular function.

Healthwatch Wigan, who have an explicit focus on system management rather than giving advice and information, co-ordinate a number of topic groups involving statutory partners, providers, commissioners and voluntary sector organisations. These groups include:

- Public Health
- Mental Health
- Children and Young People

[Healthwatch Leeds](#) chair and co-ordinate a People's Voices Group which brings together all the Patient and Public Involvement Leads from the NHS Providers, Clinical Commissioning Groups, the Local Authority and has links to the city's key voluntary sector network. This group meets bi-monthly and is where information is shared, practical collaborations instigated. Joint work on shared quality standards on information provision was initiated here.

[Healthwatch Shropshire](#) chairs a Communication and Engagement task and finish group set up by the Health and Wellbeing Board. It aims to develop a communications and engagement strategy for the local health and social care economy with a supporting action plan, they have also developed relationships and a more formal Memorandum of Understanding with their Overview and Scrutiny Committee and Health and Wellbeing Board. This enables advanced notice to be given of engagement activity which means more effective engagement and better planning. This has helped reduce the amount of requests at very short notice which did not allow for proper engagement or involvement especially in a very large rural county where there is poor broadband

[Healthwatch Cambridgeshire](#) identified a lack of co-ordination of engagement activity across a range of organisations leading to overlap and a lack of impact. They now chair a district level working group on engagement. They have developed a shared engagement 'log' to reduce overlap and duplication. There is also some movement through the ladder of participation from consult to more participation, ownership and co-production. As a result of the work they are starting to achieve better collaboration across agencies on engagement and also achieve better co-production.

[Healthwatch Blackburn with Darwen](#) established a Patient and Public Involvement (PPI) leads meeting which has been very well received. Representatives from mainly statutory organisations the Care Trust, CCG and voluntary and community organisations attend and have identified some areas where there was duplication in terms of engagement and involvement work e.g. Healthy Living and the CCG were found to be doing the same thing, so meetings now look at the workplans and share information on what is happening.

Local Voice and Influence

Local Healthwatch play a central role in improving the ability of local people to have their views, ideas and concerns represented as part of the commissioning, delivery, re-design and scrutiny of health and social care services.

In each local setting Healthwatch enable and support local people to understand how the health and social care systems work in ways that support meaningful engagement and supporting local people to express their view and share their experience.

We have used a refreshed version of Sherry Arnstein's Ladder of Participation which she produced in 1969. The version we are using was developed by the International Association for Public Participation and included in *People and Participation*² published by Involve in 2005.

This model has the following levels:

1. Inform - to provide the public with balanced and objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions
2. Consult - to obtain public feedback on analysis, alternatives and/or decisions
3. Involve - to work directly with the public through the process to ensure that public concerns and aspirations are consistently understood and considered
4. Collaborate - to partner with the public in each aspect of the decision including the development of alternatives and the identification of the preferred solution
5. Empower - to place final decision-making in the hands of the public

It is important to note that while the level of public impact increases from level 1 to 5 all of these levels are relevant and important.

² *People and Participation: How to put citizens at the heart of decision-making.* involve 2005

What we Heard

Inform

Many local Healthwatch told us stories of how they sought to inform the public. They recognised that, as comparatively new and small organisations, it was the case that many members of the public did not know of their existence or understand their role. Actions we heard about included:

Profile Raising - collaborative arrangements with other organisations - such as CCGs to have articles and information about local Healthwatch activity included in their briefings and newsletter and negotiating with commissioners and providers to ensure that their websites had prominent links to the local Healthwatch website.

[Healthwatch Essex](#) have raised their profile through having a regular column in the local press and regular coverage of activities. This is in part helped by the development of good relationships with local journalists.

Developing a constituency - Many local Healthwatch had put effort into developing a constituency of people who were interested in receiving information about Healthwatch activity. We heard about local Healthwatch having regular programmes ranging from talking to people on the street, attending community events and including this information in newsletters and updates.

Sharing Information - Most local Healthwatch publish their reports on their website and some had given consideration to ensuring that these were available in easy read or accessible language. All local Healthwatch use other forms of social media such as twitter to share information and advertise activities.

Health Literacy - some local Healthwatch felt that part of their role was to help local people understand the local health and care system better so that they could influence it better themselves. All local Healthwatch we spoke to welcomed and valued the ability to share the insights of local people across different Healthwatch settings.

Consult

We heard fewer stories about how local Healthwatch consult the public on their activities. In part this may be because local Healthwatch place a greater emphasis on involving the public in helping set their priorities. Having said that, some local Healthwatch could describe how they used their membership and public meetings to test their analysis and shape their priorities.

Many local Healthwatch do however consult the public on their specific experiences and needs often targeting groups who are seldom heard or who might not be considered a priority in the area for other reasons.

Bromley has a large proportion of over 75 year olds resulting in a greater focus on the ageing population with much less attention paid to the needs of young people. [Healthwatch Bromley](#) set up a tour of Bromley piggybacking on the local parks activities and summer youth activities to talk to children and young people. Conversations were held with over 65 young people. A report with recommendations went to the CCG, Local Authority and providers. Commissioners found the report helpful and a mental health provider picked up and dealt with some issues. The work was a time limited focused activity but is occasionally followed up and has led to some more detailed work with local head teachers in schools in order to expand its reach and impact. Issues raised have also been fed into other pieces of work. The approach was taken in order to engage with a wider group than the Youth Council.

For Healthwatch Shropshire the preferred method for engagement is for the Community Engagement Officer to attend meetings which are already taking place as this is seen to be more effective than setting up new meetings. There has been a change now in that people are inviting Healthwatch to their meetings. In terms of targeting those seldom heard communities, partnerships are developed with people who already have a relationship with the communities and are trusted and accepted by them.

[Healthwatch Kirklees](#) are very committed to getting commissioners to consider the views of patients before specifying what services should look like – often it's too late to influence once contracts have started. They were asked by the local public health team to consult with young people around what they wanted from sexual health services before commissioning a new

service. A survey and sessions in colleges were set up in reception/communal areas and passing students were asked to give their views. The feedback received was different from the expectation of the public health team and the report added to the tender documents. The opinions gathered by Healthwatch Kirklees have been used to influence what the commissioners are asking potential providers to deliver. The 5 key learning points arising from this work were presented back to the colleges who took part so that young people received feedback.

Healthwatch Kirklees were also approached by local commissioners who were about to tender for the termination of pregnancy service in one part of Kirklees but were concerned that they had not heard the views of women using the service. A short piece of work was undertaken to establish how the women using that service felt about that experience. Overall the services were highly regarded, but women wanted a service available that was more local to them. This work influenced the way in which the contract was negotiated, and commissioners are giving some consideration to more local provision.

[Healthwatch Greenwich](#) were approached by a voluntary group who were working with the Nepalese community and subsequently undertook a project to find out about their experiences. Informal, unstructured interviews were conducted with seven families. Findings included evidence of variation of quality of service to this community at the two most commonly used GP practices and housing issues. There were also insights about how this community saw the role of GPs - as a point of access for all problems, not just health concerns. The GPs were ill equipped to deal with this. The report was presented internally to the Healthwatch Board with some recommendations and has led to a bigger piece of work being commissioned. The community have now been signposted into a Migrant Hub which has the expertise to help them with a range of issues.

Involve

This is the area where local Healthwatch probably place the greatest emphasis. Many local Healthwatch have put a great deal of effort into involving local people in their work.

Examples that we heard about included:

Each year [Healthwatch Dorset](#) have a set of projects which go under the name of “Community Investment Projects”, for which there is an identified annual budget. Each of these projects involves Healthwatch Dorset partnering with a local community group, providing financial and mentoring support to enable them to engage with particular people and communities (specifically, people with “protected characteristics”) to gather and report on their experiences of local services. In the year 2014-15 this involved working with, among others, older LGBT people, people with learning difficulties, young people with disabilities, Gypsy Roma and Traveller communities and people with mental health conditions. In each case, a joint report is written on the insights gathered and Healthwatch works with the relevant community group to bring them together with decision-makers in the local health and care economy to present their findings and make the case for service change and development.

[Healthwatch Oldham’s](#) work with Oldham 6th Form College has been significant in improving communication between providers, commissioners and policy makers on one hand and residents, patients and users of services on the other. This project worked with students at the college to identify areas of health and social care that were of interest to them as young people. Six groups of students participated in the project – three with an interest in health and three with an interest in social care. With the support of Healthwatch Oldham and their tutors, they undertook peer research projects on the following topics:

- Access to GPs
- Teenage pregnancy and sexual health education
- Oral health
- Sexual health services
- Access for disabled people
- Mental health

Healthwatch invited key stakeholders, including the Health and Wellbeing Board Chair, commissioners and service providers to an event where students fed back their findings and recommendations. This was followed up by a written report in which the stakeholders who attended the event were invited to give a short written response. These responses included

pledges to work more closely with the young people involved and also to consider how the recommendations might be implemented.

Healthwatch has given a pledge to the students that it will meet with them before the end of the summer term and feedback any further progress that it is aware of.

As a result of this project, the students have received a formal invitation to present their findings to the Health and Wellbeing Board and they have also been invited to a 'meet the board' session at the CCG.

This project was so well received by the college that it is our intention to repeat it on an annual basis in the autumn term.

Healthwatch Blackburn with Darwen work in partnership with the local voluntary sector on many issues e.g. LGBT engagement project, MIND on mental health issues and the 50+ Partnership on older residents falls. Voluntary organisations already have larger databases which Healthwatch do not want to duplicate. The organisations also have the expertise in the area which Healthwatch cannot hope to have. Investigations undertaken in this way are co-designed with the voluntary group. This approach also secures a greater level of respect from local statutory sector partnerships.

- Some local Healthwatch employ specific community development workers to make connections with grassroots groups and where they did not exist to help establish them
- Many local Healthwatch told us how they organise light touch ways of creating opportunities for dialogue. Bradford local Healthwatch organise 'walkabout sessions' in local hospitals - a more informal approach than Enter and View
- Healthwatch Cambridgeshire established a programme of visits to their local hospitals, setting up displays on the hospital concourse and talking to people about their experiences

"We run a couple of 'talk to us' points. This is similar to Enter and view. We give providers advance notice and we do this in a planned way. We wanted to have information available for CQC."

Cambridgeshire Healthwatch

Local Healthwatch methodology is built around capturing the experience of local people so we heard how local Healthwatch capture and interpret what issues people are raising when they access signposting and advice services and how local Healthwatch use surveys, questionnaires and focus groups as an integral part of the way in which they investigate issues.

Collaborate

'We hold a prioritisation panel meeting involving 6 local people, every month. This gives people a chance to report any concerns, identify priorities and agree how to approach actions to bring about change. The need for enter and view visits came as a response to the work of this group at the time that it was needed. Sometimes it won't be formal and we will use informal approaches which reflect the idea behind enter and view.'

(Healthwatch Nottinghamshire)

Most local Healthwatch have put considerable energy into providing routes through which local people can become more directly involved in local Healthwatch. Examples include:

- Panels and sounding boards
- Recruiting and training volunteers take part in Walkabouts and Enter and View, as Healthwatch Champions and ambassadors, and to be involved as interviewers in specific Healthwatch investigations
- Encouraging and supporting local people to become members of the Healthwatch Board or Committee

[Healthwatch York](#) organise Care Home Assessor training this involves local people people having a say, listening and observing. This adds value to the work of the local authority. More work is being done by working collectively across organisational boundaries using an approach which is about complimenting and not duplicating the work of others.

Local Healthwatch in some situations are able to use their role as an independent body to promote dialogue between different sides of conflict situations.

'Local community groups we were involved in a negative campaign focused on stopping the closure of a hospital. Our independent role and intervention led to being able to change their focus from adversarial to building a two way dialogue'.

(Local Healthwatch, Brighton workshop participant)

Some local Healthwatch were clear that building relationships with local community and voluntary sector organisations was not always straightforward. There were territorial issues that needed to be acknowledged and as a new service trust needed to be developed. In addition local Healthwatch had to maintain their role as the independent voice of the public.

Voluntary organisations already have larger databases which Healthwatch don't want to duplicate and they have the expertise in the area which Healthwatch can't hope to have. Investigations undertaken in this way are co-designed with the voluntary group. This approach also secures a greater level of respect from local statutory sector partnerships.

(Healthwatch Blackburn with Darwen)

We heard how local Healthwatch have sought to target people who are often easily ignored. This ranged from people with specific disabilities such as the deaf community, through to those from black and minority ethnic communities and to children and young people.

Where response rates are expected to be low many local Healthwatch design specific processes to ensure they capture the voice of people who may be excluded:

Blackburn with Darwen Healthwatch is responsible for a district that is split into 4 neighbourhoods in order to undertake some small area engagement to address health inequalities. The most deprived Lower Super Output Areas (LSOAs) are selected to conduct door to door surveys of about 350 houses. This elicits a 30% response rate and works more effectively than focus groups or inviting people to meetings when trying to target people living in these poorer communities. This process is used to both inform and to hear people's experiences, stories and views. Surveys are followed up with a community event in the local primary school which involves other health and social care teams. Allowing attendees to

pick up their children a little earlier secures an attendance rate of between 20 and 300 residents.

Access to health services for people who are deaf and hard of hearing has been highlighted nationally as a big issue because health outcomes are typically poorer for people who are deaf. After engaging with over 400 people who were deaf or hard of hearing, Healthwatch Kirklees wrote a report that outlined some specific recommendations that they thought all health providers in Kirklees should be adhering to in order to enable proper access to health services for all people with hearing impairments. The work was completed whilst Kirklees Council completed some work looking in to access to council services for deaf people. The recommendations from both reports were combined to create an action plan. The action plan is the responsibility of the “Deaf and Hard of Hearing Group” which is a council led group bringing together providers, commissioners and service users to make sure changes are made. Responses to the action plan have been received from almost all health providers. Healthwatch Kirklees continue to work towards this with others. There are now some really good examples of how health providers are adapting to better meeting the needs of patients with hearing impairments.

[Healthwatch Lincolnshire](#) are targeting seldom heard people in Lincolnshire and have set aside a specific budget for the work. Focusing on people with sensory impairment, rural and socially isolated communities, people with mental health problems, LGBGT, BME, people with mental health conditions and homeless people; this project involves people from these groups in delivering the work, designing and completing surveys, running focus groups etc. The outcome of the project is about understanding access, barriers and support experiences people in these groups currently face to health and care services and ensuring the results are used to help provide positive impacts on the way that future services are provided to meet their individual needs.

Empower

We heard about how some local Healthwatch involved local people whose experiences have contributed to an investigation in presenting on this issue to key decision makers within a local health and care system, Leeds, Dorset and Essex among them. Local Healthwatch play an important role in supporting local people to challenge and help shape changes to any commissioning processes and services provided that are not fair, accessible or

inclusive. Local people are recruited, trained and supported to play a number of roles as part of presenting the experiences, views and insights of local communities, patients and service users to commissioning or service providers.

'The impact of our work has forced a local authority to 'come out of its ivory tower'. This is about talking to clients about their views. We write to Directors to bring them to account.

(local Healthwatch Chief Officer)

Some local Healthwatch were clear that part of their role was to increase the confidence and ability of members of the public to influence the local health and care system both individually and collectively.

'Healthwatch Dorset support young people in using their views and ideas to drive help drive forward change. Young people are becoming more confident in having their say. We are systematic in getting local people involved so we make a difference. Strategic partners are talking to the South West Corridor of local Healthwatch at strategic and operational levels.'

(Healthwatch Dorset)

Healthwatch Blackburn with Darwen work with the local College on an ongoing basis, involving other local statutory organisations in developing and informing their survey where this is relevant. 1500 young people are involved on a regular basis and it is anticipated that this is having an impact on services both nationally and locally e.g. representatives have been invited to the House of Lords to talk about sexual health services. Volunteers with a Health and Social Care background were recruited to support this work. A number of college students have research projects to complete for their course. This research was often unused, so Healthwatch wanted to ensure the work they did not only benefited their A-level or degree, but also helped gather experience.

For [Healthwatch Richmond](#) a key feature of success is to involve staff alongside volunteers so that they can co-develop the work and local people are involved in every step of the

process. They also set up a quarterly forum to bring volunteers together to share experiences and look at training opportunities. This has been well received and is used to try to get people involved in other activities where this might be more appropriate (e.g. there are a lot of volunteers on different meetings and forums and the value of some of these is unclear). It also provides a forum to clarify roles and responsibilities, managing expectations and having clear boundaries for where the role of the volunteer and of Healthwatch starts and ends.

Many local Healthwatch see sharing good practice to be a core part of their role, whether this is developing practice among their own staff and volunteers, improving engagement practice across their local health and social care economy or sharing on a neighbourly, regional or national basis with other Healthwatch.

Healthwatch Cambridgeshire have published guidance for Collecting and Using People's Stories which outlines the process, methods and guidance on issues of confidentiality, consent, safeguarding and other key features. (Healthwatch Cambridgeshire)

Healthwatch Essex have developed training for Healthwatch staff and volunteers on engagement processes and this has also been opened up to staff of some other organisations and in one case offered to the board of one of the local health trusts. The training is tailored to meet the needs of each individual organisation. This has helped organisations to take the idea of lived experience and put it at the heart of decision making.

Making a difference locally

A local Healthwatch needs to formulate views on the standard of provision and whether and how the local health and care services could and ought to be improved. It will make reports and recommendations about how those services could be improved.

Local Healthwatch has the experience of the public as the core of their work. They are concerned to represent the experience of members of the public not their opinions. A good

local Healthwatch will ensure that this experience is a 'golden thread' that runs through any investigation and subsequent report they produce.

A good local Healthwatch will use a variety of approaches to gather this experience (from informal conversations through to formal interviews) using different approaches to reflect local circumstances, the strength of evidence that is presented and the resources that are available.

Local Healthwatch are a very small resource seeking to influence a vastly larger system. In order to be successful they need to capitalise on what makes them unique - their independence, their mandate to build on public voice and their system level view. They also need to recognise that success depends on strong collaborations and alliances with decision makers in provider and commissioning organisations - many of whom recognise that they could be empowered to improve services and commissioning through a strong and constructive relationship with local Healthwatch. A local Healthwatch will also need to work as a 'network of networks' supporting and building on the experience of voluntary and community organisations in its patch.

[Healthwatch Camden](#) identified a gap where a 2nd level priority group of children had high level of need but didn't qualify for the excellent multidisciplinary service for children with complex needs in the borough. To gather further evidence they held three focus groups followed by one-to-one interviews with parents. A report was produced on parents' experience of specialist health and social care services for disabled children/children with Special Educational Needs (SEN). A local voluntary organisation was involved to identify some key issues and formulate recommendations. The commissioning manager was given early sight of the report for a sense check then worked to promote the report and wider children and families plan. Some changes were agreed that the parents had been pressing for demonstrating the power of getting a written response. The success of the report is, at least in part, credited to the relationship Healthwatch had with children, schools and families direct via the Health and Wellbeing Board.

While a lot of Healthwatch activity is aimed at bringing about major or system change to improve services, a number of local Healthwatch also reported how important the small, simple changes are in improving people's experience of services.

“Small changes that have brought about significant differences in patient experience for example following enter and view at Kettering hospital, the system was changed so sluice bowls are no longer used for fruit. This followed a report with recommendations that went straight to the ward manager. Healthwatch were also instrumental in influencing a campaign to help people sleep at night with a series of environmental improvements e.g. soft closing bins.”

(Healthwatch Northamptonshire)

Local Healthwatch described a range of responses to issues that fall into the following broad categories.

Formulating views on the standard of provision

Local Healthwatch understand that views on the standard of provision are based on the experience of the public. A core task for them is to capture these views and share these in a way that can help drive service improvements and address gaps in service.

Local Healthwatch describe a range of processes through which they capture the views of the public. There is variation - in part this is because local authorities have commissioned Healthwatch in different ways, so some provide advocacy services - but most do not. Some do not even provide signposting or advice services.

It is clear that an effective local Healthwatch will triangulate the views of the public with other perceptions about service standards. This means that they will seek to:

- Use experiences that they might gather directly or through their VCS partners and collaborating networks
- Compare these with other relevant processes that the public might use - such as patient surveys, NHS Choices, PALS services, Patient Opinion and Friends and Family

- Test these against assessments that may have been done by relevant agencies such as the Care Quality Commission
- Check whether a particular issue has been raised within agencies Quality Account or a local authority Local Account
- Consider how the views expressed compare against any national quality standard or good practice guidance prepared by a national advocacy organisation - for example the Alzheimer's Disease Society or MIND
- Informally test their perception with key relevant experts in the system such as Clinical Leads in a CCG, Directors responsible for Quality or relevant local authority policy leads

[Healthwatch Northamptonshire](#) surveyed domiciliary care service user and carers, where appropriate to inform the commissioning of domiciliary care. They worked with Northamptonshire County Council, the commissioners, on the project. Healthwatch Northamptonshire volunteers were recruited, trained and, with staff, designed the survey. One of the key findings of the first phase of the pilot (published in October 2014) was that some service users said that their paid carers were under pressure to get to the next client and this impacted on the quality of care. Northamptonshire County Council and local CCGs have now agreed to pay travel time for carers from winter pressures money for 2014/15. This is a positive impact for service users of domiciliary care. Healthwatch Northamptonshire are currently conducting Phase two of the pilot which will help assess the impact of the changes.

Knowing what is going on

Local Healthwatch use a variety of mechanisms to understand the concerns of the public and to test where these fitted with perceptions of providers and commissioners.

In addition to information coming through their own services which includes:

- advice and signposting
- informal community based discussions
- light touch versions of Enter and View - such as walkabouts

Local Healthwatch will also have ensured that it is trusted and well networked and will have access to regular sense checking meetings with key local decision makers such as the

Director of Nursing and Quality at the CCG, the head of policy in the local authority or the Assistant Director of Adult Social Care. In addition to this they will be part of key voluntary sector networks - particularly those working in the health and social care field.

Healthwatch Kirklees responded to concerns that a higher than average proportion of people detained under Section 136 of the MHA were being detained in a police cell, particularly in the context of the Crisis Care Concordat. A small number of service users and carers who had experience of Section 136, and several professionals working with this part of the legislation, were consulted. A clear picture of what this type of crisis service looked like from all sides (local authority, MH Trust, police, ambulance service) was established.

Healthwatch reported back all these concerns and made a number of suggestions to improve the experience for patients. Healthwatch Kirklees is now involved with the strategic groups responsible for Section 136 delivery. Mental health nursing staff now work within the police control room to support swift assessment of mental health for unwell people (a change that has happened in response to the Crisis Care Concordat and this work).

Generating Discussion

Often a local Healthwatch will be aware that there are a number of issues that are being raised by members of the public but the focus may not be clear. There may be insufficient evidence to justify a more formal investigation or it may wish to test whether it has a mandate for further work.

A number of local Healthwatch have responded to this by using the evidence they already have to generate local discussion to test an issue out.

This can range from using Twitter to check out an emerging concern through to producing discussion papers which raise an issue.

A number of local Healthwatch share all comments, complaints and compliments with relevant providers and commissioners on a monthly basis. These can then be used by quality leads as part of their information and assurance process. Some, for example, [Healthwatch Derbyshire](#) aim to develop a more formal approach where this information might be ordered into a more formal report similar to that developed by Healthwatch Dorset.

Healthwatch Dorset uses a bespoke CRM (Customer Relationship Management system) to record, analyse and report on all intelligence and feedback it gathers from local people. In a report called “Every One Matters”, based on 1400 pieces of feedback from patients and the public about local hospital services, it set out a digest of people’s experiences, using people’s own words, and drew out some common themes. The report did not make any explicit recommendations but it was presented to the CCG Governing Body and the Health and Wellbeing Board. In response to the report, the three local Acute Hospitals each drew up an action plan to address issues raised in the report. The report also received wide coverage in local media and raised the profile of local Healthwatch.

Once there is felt to be sufficient concern regarding an issue, local Healthwatch will often follow this up with some form of investigation to understand better the issue and it is at this point that further discussion will take place with Healthwatch bringing a range of key players around the table.

Healthwatch Derby undertook an investigation of local care homes through a mixture of methods; outreach, enter and view and CQC reports the resulting report was presented to the Health and Wellbeing Board, local authority and others identifying that over 50% were failing on one or two of the standards. This led to an overreaction within the local media. Healthwatch brought people together around the table for some further exploration to find that care homes were using bank staff rather than full numbers which they committed to changing as a result of the work. The media in this case acted as a catalyst to get decision makers around the table to discuss an issue which wasn’t unknown but had not been addressed. Impact is being monitored by a drop in numbers mentioning these areas.

Healthwatch Essex outreach and engagement includes the 555 approach to issues where service users and the general public need to be heard. This coherent approach used in depth narrative accounts to develop a picture of where mental health services were working well and where they could improve. The findings were taken to a secret meeting with decision makers where five people from five focus groups had five minutes to tell their story face to face to those present - explaining the impact that services had on them through their

own experience, hence the term 555. The process energised and engaged service users, commissioners and providers with one CCG producing a discussion paper based on the findings of a 555 report evidencing that this really is taken seriously as part of the decision making process.

Healthwatch Bexley conducted an investigation on access to GP practices using a mixture of methods including ten announced Enter and View visits to GP practices where staff and volunteers completed a structured questionnaire, capturing experience while at the practice. Questions included:

- Are you able to get an appointment?
- Are you listened to?
- Opening times etc

The project also used outreach work in libraries, pop-in parlours and visits to groups to capture a broad audience. 329 questionnaires were completed. The product was an analysis with recommendations. Each practice received their own report. In one case, where the report was very negative, Healthwatch talked through the report with the Practice Manager. An overview report was also produced which was sent out more widely to the CCG, NHSE, HWE, Local Authority and the Health and Wellbeing Board who recognised it as a valuable piece of work that enabled structured progress.

Healthwatch Lewisham led the Lewisham Community Care Enquiry, which focused on the experiences of people using district nursing services, an issue identified through outreach work, the Home Library service and through people calling in to Healthwatch Lewisham. The issue affected mainly older and disabled people. The investigation was conducted through questionnaires and telephone interviews with approximately twenty six people. Healthwatch identified Carers Lewisham and other groups who had an interest in this area. A report on the findings was given to the CCG who have since restructured District Nursing Services. Healthwatch now has links with the Head of District Nursing and issues are fed in directly to the service.

Formal Investigations and recommendations for improvement

Many local Healthwatch could describe a clear process that they used to determine when to conduct a more detailed investigation. Healthwatch Richmond identifies an issue from the range of information provided, picking out where the evidence is strongest. Outcomes are defined then a standard project management process completed which is taken to the Board for a decision.

These would include:

- An explanation about why this issue was chosen
- How the voice of local people would be heard - not just at the beginning of the investigation, but during it and how local people might contribute to the delivery of the findings and recommendations
- Clarity about who should be receiving the outcome of the investigation, how public the report should be and how the local media will be used
- A rationale for the methodologies used (interviews, observation, electronic surveys etc),
- Consideration of the issue within its wider context,
- Analysis of information
- Recommendations for action

"Partnership and independence are two finely balanced polarities local Healthwatch must be independent but needs to be on the same planet"

(Director of Adult Services)

Generally, local Healthwatch work on the basis of 'no surprises'. Local system leaders are aware (through the Health and Wellbeing Board) of the priorities that a local Healthwatch is focusing on and providers or commissioners will be informed in good time of areas that are to be investigated and will be clear about how they can contribute at the beginning, during and end of the process.

It is the case that many investigations and reports relating to service improvement will require subsequent follow up to test whether actions have been addressed. In a number of cases local Healthwatch used their relationship with influential decision makers such as the Chair of the Health and Wellbeing Board or a policy lead to ensure that the issues raised were seen as a system concern not just a Healthwatch issue. It is also possible that

following a local investigation a local Healthwatch will have identified other areas that merit further work.

Healthwatch Derby employ a Quality Assurance and Compliance officer who attends planning meetings to follow up where people have acted on recommendations in the various reports. This helps to ensure that the public voice is not lost in planning. With the big providers this represents a 'we're here and we're not going away' approach. Smaller providers are advised that there will be a follow up on reports or presentations made to them to assess progress.

"A response to any report is requested within twenty days and it is considered a success if people come back straight away. There is a follow up which may be by telephone, mystery shopper, enter and view or other visit and discussion with staff to establish if there has been a change in policy or action. If something serious is found not to have been acted on then this is escalated to scrutiny or to the CCG."

Healthwatch Blackburn with Darwen

We heard a number of examples of local Healthwatch collaborating together to conduct investigations across local boundaries. Aside from ensuring effective use of resources and pooling expertise other drivers for this included:

- Aligning investigations to the boundaries of services (such as large hospitals) who served more than one local authority area
- Having a partnership with a Healthwatch in another comparable local authority - promoting comparability, profile and hence leverage - for example Local Healthwatch in Kirklees and Bolton
- Some Healthwatch (e.g. in South East London) have increased their influence by working collaboratively which gives them a stronger impact. Commissioners have to "...sit up and take notice" as working across Healthwatch areas gives a stronger voice from a wider range of people. This is particularly appropriate as larger providers often serve populations from numerous local authority areas. However, cross border working

becomes much more difficult when for example the neighbouring authority works to a different system, for example where Shropshire borders Welsh Authorities

Informing People

A local Healthwatch will articulate its strategy for the provision of signposting, advice and information including information quality control and boundaries of the service offered. This strategy will be based on an analysis of the operational context and will include connections to other advice information and signposting services.

Statutory Activity – providing advice and information about access to local care services so choices can be made about local care services.

What we Heard

The extent to which local Healthwatch deliver a role in advice and information varies according to a number of influences:

- What they are commissioned to provide in terms of advice and information or signposting services
- How the local advice, information and signposting system looks locally including who else is commissioned to provide these services
- The experience, local knowledge and capability of the staff and volunteers working in the local Healthwatch

“Providing Advice and information is important to the success of local Healthwatch”

(Healthwatch Richmond)

It is important to have a clear understanding of what services are available locally and who else has a similar remit through mapping signposting and advice networks. In Richmond it is clear that most signposting is to a small number of services but they do ensure that, if an issue emerges and requires a new response, this is added to the map of existing services. There is a value in having a good understanding of the organisations you might signpost to.

While the legislation identifies that a providing advice and information is a key role for local Healthwatch, many contracts have interpreted this as signposting and some have not required this at all. There is perception among some members of the public that local Healthwatch is the primary contact point or the provider of last resort (when all others may have or are perceived to have failed). The local Healthwatch role here is important, however a constant tension is balancing this role with resource constraints and the fact that other advice and information providers are of much greater scale and might already be operating in the right context - for example PALs services in a hospital.

Specific Services

A number of local Healthwatch have set up specific advice and information services whether these are drop in, outreach or telephone services e.g. Essex, whose telephone information service has been running since October, combine this service with an opportunity to listen to and capture people's stories. While all Healthwatch receive opportunistic contacts from local people, the quantity of these depends partly on the extent to which the surrounding system is effective and the extent to which local Healthwatch publicise advice, information and signposting services.

Different channels

The channel through which information and signposting happens is important, and an over reliance on electronic technologies will exclude some groups of people but will be key to communication with others. Healthwatch Derby surveyed the 800 people on their circulation list and found that 300 still wanted to receive a newsletter in paper form. A mix of methods, formats and languages appropriate to the population served and targeted is therefore vital. Newsletters contain both information about what the local Healthwatch is doing as well as features on different services or initiatives in the local area.

Healthwatch Shropshire have used libraries to make their Enter and View and other reports available and have placed post boxes in libraries for people to post their comments on services

Informal processes

Advice and signposting takes place on an informal basis as part of the delivery of other local Healthwatch functions. For example, if a local Healthwatch is taking part in an outreach session, there will be an element of opportunistic advice, information giving and signposting. This activity is not always recorded when delivered as an integral part of other functions as it is far more difficult to capture than the formal advice and signposting service.

Healthwatch Blackburn with Darwen found that the most successful methods for providing advice and information have been the road show and community access points. Instead of a central location (which some people had called for), weekly access points were set up at different locations including health centres, hospitals, job centre, credit union, Asda, the market and the town hall.

“Footfall is monitored to see where the highest levels are achieved. Once the information officer providing this service starts to see the same people then the venues are changed. Contacts are recorded in an engagement log so if someone hasn’t been able to see their GP they can spot trends and escalate issues where necessary e.g. An issue with Asylum seekers in general practice. Signposting is built into the engagement work.”

Healthwatch Blackburn with Darwen

Improving information and advice in the local system

Hearing and capturing the voice of those who are seldom heard is a core part of the local Healthwatch role. Many see changing the way the whole system communicates with these groups as key to developing a more inclusive system.

Healthwatch Greenwich in their work with the Nepalese Community have been able to signpost to a local migrant hub which provides support and has changed behaviour in this community.

York, Wigan Camden and others have all worked to understand the needs of people who are hard of hearing or deaf and have used this to influence their local Health and Social Care systems to make sure this previously unheard group now has a voice.

Locally, Healthwatch York has worked in partnership with York Independent Living Network, a user led disabled people's organisation. Together, they have brought together members of the Deaf community with the local hospital. The hospital has committed to improving access to all through their Fairness Forum, and invited representatives from the Deaf community to help oversee their improvement plan. Healthwatch York and YILN have also helped set up a joint meeting with City of York Council, who are also looking at ways to increase the involvement of deaf people in council planning, and to improve their access to council services. NHS Vale of York Clinical Commissioning Group has written improvement to services for deaf people into their Equalities plan for the year, and will work with NHS England locally to make sure these improvements are made.

Within the local system there are likely to be a number of providers of information, signposting and advice services however, the quality of these services is not always satisfactory. Healthwatch vary in their response from trying to fill the gap e.g. the no wrong door approach through to feeding this back to the system with a view to provoking a resolution to the problems.

Relationship with Healthwatch England

Local Healthwatch are working with Healthwatch England to identify and share good practice and jointly enable people's concerns to influence national commissioning, delivery, and the re-design of health and social care services.

What we heard

[Healthwatch England](#) have told us that local Healthwatch have had different expectations of Healthwatch England but the positive benefits of working with Healthwatch England are emerging. There is an increasing recognition that Healthwatch England faces similar challenges to local Healthwatch, being an organisation that can influence, but which does not take, and is not accountable for, commissioning decisions. While initially local Healthwatch looked to Healthwatch England to resolve issues, that could not be resolved

locally, local Healthwatch feel that these issues need to be owned jointly by local Healthwatch and Healthwatch England.

We gained snapshots of how local Healthwatch have worked with Healthwatch England to both create a stronger network and ensure people's concerns are recognised at a national level.

Being an effective network that shares practice

Local Healthwatch are keen to share practice but recognize there is a tension as they could be competing against each other for local Healthwatch contracts.

Healthwatch England note that initially local Healthwatch have worked in regional groupings to share and learn, which are increasingly facilitated by Healthwatch England. In addition to webinars which receive a mixed review, the introduction of Yammer over the last year, with its communities of interest, has enabled sharing across regions. There is an appetite for greater sharing amongst communities of interest, practice, action and innovation but equally acceptance that the more local Healthwatch are willing to take the time to share, and jointly assess which practice is good, the more effective the network will be.

Working to ensure people across England know about local Healthwatch and understand it is their health and care champion

Healthwatch England have noted that local Healthwatch have identified individuals to Healthwatch England who would be willing to work with national media, which not only provides individuals with platforms to express their views and experiences, but raised awareness of local Healthwatch. This supports the work of local Healthwatch in identifying issues that are also turned into media stories

Healthwatch England recognise that sometimes local Healthwatch feel that it could be clearer about how it uses their information and that securing change can be slow.

Healthwatch England has reflected that not all information from local Healthwatch will lead to direct change, with some information being used by Healthwatch England to prioritise its

work and support. Where change does occur, Healthwatch England accepts there is a need to reconnect it back to the original issues local Healthwatch have raised.

From the first data return it ran, Healthwatch England acknowledged that local Healthwatch wanted help to raise awareness about their services. While national awareness campaigns were economically unviable, Healthwatch England identified the central role of NHS standard contract as a possible vehicle to enable other parts of the health system to raise awareness of Healthwatch.

Healthwatch England does feel that the provision of reports and recommendations from local Healthwatch and the increasing use of CRM has enabled examples of local Healthwatch work to be used in parliamentary debates raising awareness of the Healthwatch network amongst MPs across all the political parties. Healthwatch Enfield was one of 7 local Healthwatch that featured in the debate on services for the deaf community which they were subsequently able to highlight on their website and in their work.

Healthwatch Richmond had picked up concerns about a local care home which is outside of the CQC regulatory framework through outreach work where advocates for vulnerable people. These concerns were shared with the Local Authority and a change of management was achieved. The issue was also escalated to Healthwatch England leading to a proposed change to regulation.

Local Healthwatch does recognise that the actions of their neighbouring local Healthwatch impacts on their own reputation and the wider reputation of the network. Healthwatch England have been told by some local Healthwatch that they would like them to take stronger steps to address concerns about local Healthwatch. Healthwatch England has found that when they offer support to poorly performing local Healthwatch they had a positive response. However, there were instances where local Healthwatch felt they were pressurised by Healthwatch England to resolve an issue or concern that Healthwatch England felt had wider implications which the local Healthwatch did not necessarily agree with.

Regardless of whether there was unilateral agreement about the nature and implications of a problem that had potential to cause reputational damage, local Healthwatch recognised the value of being offered the opportunity to work with Healthwatch England to resolve the issue and ensure they were aware of Healthwatch England's stance. This was felt preferable to Healthwatch England having to resort to using its advisory powers with a local council.

Creating a national overview of issues affecting people using health and care services and giving voice to these

Local Healthwatch perceive there is a value in sharing reports, recommendations and information about the number and types of issues they were dealing with to help identify national trends and perspectives. Local Healthwatch did not feel the original "Info bank" was fit for purpose to do this and hope that the CRM will better address their needs. While local CRM systems also exist local Healthwatch recognise the value of Healthwatch England being able to proactively look for issues and trends from local Healthwatch information, reflecting on these and promoting local Healthwatch findings. The report on primary care was the first occasion where Healthwatch England had systematically analysed reports, recommendations and information shared by local Healthwatch, on an issue which local Healthwatch had identified as a priority.

Local Healthwatch told us they had taken up issues that have been identified nationally but which had with local relevance, for example on unsafe discharge, complaints processes or CARE. Data. However, local Healthwatch felt they would only want to work on these issues if they were also relevant in their locality. In order to ensure their local issues are adequately reflected in national work, then these local issues need to be shared with Healthwatch England.

Local Healthwatch told us that they were interested in being approached by Healthwatch England to ask for feedback and insight on a particular issue. An example of this was the PALS Review that the Department of Health are undertaking where fifteen local Healthwatch were approached to share their thoughts which were then summarized and reflected back to the contributing local Healthwatch before being shared with the Department. Some local Healthwatch also wanted the opportunity to be part of policy forums and to identify and suggest approaches to move policy issues forward.

Highlighting specific concerns that national policy makers and commissioners need to be aware of and giving voice to these

There have been over 70 escalations to Healthwatch England from local Healthwatch in the last year that have identified an issue that needs a national resolution. Being able to encourage national decision makers to reflect on how their decisions were impacting in different communities is important. Local Healthwatch felt that working with Healthwatch England on these issues has enabled local issues they had identified like Gender Identity Services and Orthotics to be addressed at a national level.

St Andrews Healthcare, Northampton is a major provider of independent secure mental health services. In an 8 month period during 2010/11, 4 men in their 40s and 50s died on the same ward. There was an internal enquiry conducted by St Andrew's, but Healthwatch Northamptonshire has lobbied for an independent enquiry and when NHS England Leicestershire and Lincolnshire (the lead commissioners) and St Andrew's refused to commission an independent enquiry, Healthwatch Northamptonshire used the escalation process and referred the issue to Healthwatch England. Healthwatch England wrote to NHS England, including to the CEO of NHS England. In terms of impact, Healthwatch Northamptonshire's work is having impact at a local and national level:

- NHS England commissioned a review to look at the implementation of lessons learned from the internal enquiry into the deaths
- The Care and Support Minister, Norman Lamb, has also written to Anna Bradley, Chair of Healthwatch England, on the issues and has acknowledged that the process of reviewing deaths in secure mental health settings requires improvement
- The Equalities and Human Rights Commission, in their recent report on deaths in secure settings, have acknowledged the need for further exploration of the issues relating to deaths resulting from the side effects of anti-psychotic medication. Healthwatch Northamptonshire provided evidence to the E&HRC
- Healthwatch Northamptonshire worked with the charity Together for mental wellbeing to engage with patients at St Andrew's using a methodology which Together had co-produced with mental health service users. Healthwatch Northamptonshire undertook Enter and View at St Andrews helped to inform the CQC inspection of St Andrew's. The process used by Healthwatch Northamptonshire will be evaluated and we

are hoping to share as a template for Healthwatch conducting Enter and View/patient engagement in secure mental health settings.

Healthwatch York completed one of the first reports looking at Access to Services for Deaf People, looking at those who use British Sign Language and the challenges they experience. The report uncovered serious issues, particularly around access to GP services. Healthwatch York was successful in getting press coverage locally, as York Press put a story about the report on the front page. This led to TV coverage through ITV calendar, and then through See Hear, which featured the Healthwatch York report alongside the Sick of It report. Healthwatch York also linked up with a blog for Deaf people, Limping Chicken, which spread awareness of the report and the challenges it raised amongst campaigners in this sphere. Healthwatch York also attended a national conference in Preston to publicise the benefits of working with local Healthwatch.

Healthwatch York sent a full copy of their report to NHS England for their Accessible Information Standards work. This led to an invitation to meet up with NHS England to discuss the work of the network on this issue, where they also highlighted the work of Kirklees and Oxfordshire, and the opportunity to join the national NHS England advisory group to improve access to services for deaf people and people for whom English is not their first language. NHS England has now committed to bringing in mandatory access standards that will apply to all providers of health and social care.

Healthwatch Cambridgeshire worked with Healthwatch England on the escalation process. With women's engagement in maternity services they found no national evidence base so this came back to local solutions. Work on child and adolescent mental health services that had been escalated was used in the national task force report and Healthwatch were able to feedback to local parents that their stories had been incorporated and how this made a difference.

While Healthwatch England produces a monthly update about escalations, some local Healthwatch felt they were not adequately informed. Some local Healthwatch also felt progress could be slow, or that they were unclear why Healthwatch England was not taking

up an issue. However, given the complicated nature of the issues which had not been resolvable locally, local Healthwatch valued the opportunity to escalate issues to Healthwatch England.

There was an increasing appetite for local Healthwatch to be supported to take up the escalated issues at a national level, with Healthwatch England reflecting that it will not always have the technical expertise on an issue that may exist within the network. A recent example of this was Healthwatch Kirklees and Healthwatch England jointly meeting with NHS England to explore concerns about a porcine based vaccine for influenza which led to low take up levels in Islamic communities across Kirklees.

Appendix 1

Local Healthwatch Statutory activity clusters

Community voice and influence

Promoting and supporting the involvement of local people in the commissioning, the provision and scrutiny of local care services.

Enabling local people to monitor the standard provision of local care services in terms of whether and how local care services could and ought to be improved.

Getting the views of local people regarding their needs for, and experience of local care services and importantly to make these needs known.

Making a difference locally

Making reports and recommendations about how local care services could or ought to be improved. These should be directed to commissioners and providers of care services and people responsible for managing scrutinising local care services and shared with Healthwatch England.

Formulating views on the standard of provision and whether and how the local care services could and ought to be improved; and sharing these views with Healthwatch England.

Informing people

Provide advice and information about access to local care services so choices can be made about local care services.

Relationship with Healthwatch England

Making recommendations to Healthwatch England to advise the Care Quality Commission to conduct special reviews or investigations (or, where the circumstances justify doing so, making such recommendations direct to the CQC) ; and make recommendations to Healthwatch England to publish reports on particular issues.

Providing Healthwatch England with the intelligence and insights it needs to enable it to perform effectively.

Appendix 2

Acknowledgements

Advisory Group

Folake Segun	Bromley
Liz Prudhoe	Northumberland
Sarah Fletcher	Lincolnshire
Frances Hasler	Camden
Martyn Webster	Dorset
Julie Fitzgerald	East Sussex
Lorna Reith	Enfield
Paul Mavers	Knowsley
Dave Curtis	Merton
Mark Guest	Sandwell
Emma Rodriguez Dos Santos	St Helens
Peter Denton	Tameside and Oldham
Pat Harris	Torbay
Karen Prior	Wirral
Simon Adams	Worcestershire
Sian Balsom	York
Rory Deighton	Kirklees
Helen Wright	Kirklees
Jennifer Fenelon	Rutland
Tom Nutt	Essex

Telephone Interviews

Mark Rasburn	Blackburn with Darwen
Sandie Smith	Cambridgeshire
James Moore	Derby
Karen Richie	Derbyshire
Ruth Rigby	Nottingham
Claire Grainger	Nottinghamshire
Jane Randall-Smith	Shropshire

Jan Sensier	Staffordshire
Tom Nutt	Essex
Mike Derry	Richmond
Rosie Newbiggin	Northamptonshire
Dave Nunns	Wigan

Workshops

South East London

Folake Segun	Bromley
Miriam Long	Lewisham
Jade Landers	Greenwich
Lotte Hachett	Bexley
Nicky Rigby	Bexley

Greater Manchester

Peter Denton	Tameside and Oldham
Andrew Latham	Trafford
Neil Walbran	Manchester
Dave Nunns	Wigan
Alice Tligui	Bolton

Winchester

Martyn Webster	Dorset
Martin	Dorset and Hampshire
Steve Taylor	Hampshire
Jo Smith	Isle of Wight

Brighton

Brighton & Hove	Claire Jones	Manager (Strategic and Stakeholder)
Brighton & Hove	Frances McCabe	Chair
Brighton & Hove	Karin Janzon	Board member
Healthwatch Dorset	Joyce Guest	Non-Executive Director
Healthwatch Dorset and Hampshire	Martyn Jewell	Board Business Manager
East Sussex	Julie Fitzgerald	Director

East Sussex	Keith Stevens	Chair of the East Sussex Community Voice CIC Board
East Sussex	Elizabeth Mackie	Volunteer & Community Liaison Manager
Hampshire	Steve Taylor	Manager
Isle of Wight	Chris Orchin	Chair
Kent	Steve Inett	CEO
West Sussex	Katrina Broadhill	Chief Executive
West Sussex	Sally Dartnell	Business Manager
West Sussex	Mike Burdett	Vice Chair of Board
Department of Health	Gill Moffett	DH Sponsor Team

Webinar

Angela Burrows	Dorset
Margaret Guy	Peterborough