



Delivering an Effective Healthwatch Middlesbrough

Key Considerations Report July 2012

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1. INTRODUCTION

- 1.1 Between April and June 2012 the Council commissioned independent external support to consult with the local community and wider stakeholders on how the emerging Healthwatch Middlesbrough service could deliver the best possible service to the people of the Borough.
- 1.2 The scope was wide and included testing ideas on how Healthwatch Middlesbrough could be best structured to reflect the changing commissioning of health services across South Tees (Middlesbrough and Redcar & Cleveland).
- 1.3 The consultation has allowed us to identify the key principles that Healthwatch Middlesbrough needs to follow. It has also identified:
 - The preferred model of delivery;
 - The local partners to be involved from day one of delivery;
 - The mechanisms required for engaging our diverse communities in Healthwatch and
 - The knowledge, skills and behaviours expected of Healthwatch Middlesbrough to deliver our communities aspirations.
- 1.4 The consultation has therefore produced clear ideas about what Healthwatch Middlesbrough should deliver and how this is best achieved.
- 1.5 The report also identifies the conditions that need to be in place for Healthwatch Middlesbrough to engage most effectively with the people of Middlesbrough. Whilst to some degree this will become the responsibility for the organisation identified to manage and deliver Healthwatch Middlesbrough it also identifies actions to be taken by Middlesbrough Council as part of (and parallel to) the ongoing service design and appointment of the organisation to deliver Healthwatch Middlesbrough.
- 1.6 There is still more work to do and there are issues that require further clarification. For example, at this moment there is a degree of uncertainty as to the actual funding allocated to deliver Healthwatch Middlesbrough and this will undoubtedly impact upon what can ultimately be delivered.

2. NATIONAL CONTEXT

- 2.1 The Government has set out a vision for the National Health Service (NHS) that aims to put patients and the public first by giving them a greater say in how the NHS is run. The Department for Health acknowledges that *'the current system of patient and public involvement in publicly funded health and social care is inaccessible and fragmented...and is not providing the strong and constructive voice that is needed.'*
- 2.2 Learning from the experiences of those using health and social care services, and listening to patients and the public in the commissioning and provision of services for local communities is vitally important to the continuation and longevity of a first class health system.
- 2.3 In order for Healthwatch to strengthen the collective voice of local people across both health and social care, it will need to be strong, visible and inclusive. However, in order to be truly representative of local communities, it will also need to be close enough to the ground to harness the experience of the voluntary and community sector, but also sufficiently ambitious and competent in challenging and influencing strategic partners across the wider public sector and partnership settings. Healthwatch Middlesbrough will help to shape the planning of health and care services by:

- Co-ordinating and representing local voices;
- Scrutinising the quality of service provision;
- Having a seat and championing the consumer voice on the local Health and Wellbeing Board;
- Informing the commissioning decision-making process;
- Providing local, evidence-based information;
- Participating with commissioners in evaluating service change;
- Ensuring that the views and experiences of patients, carers and other service users are taken into account when local needs assessments and strategies are prepared, such as the Joint Strategic Needs Assessment (JSNA);

- Championing quality and supporting people or groups to pursue and resolve issues;
- Approaching commissioners and providers of services on people's behalf and seeking responses to particular concerns raised;
- Alerting Healthwatch England to concerns about specific care providers.

3. LOCAL CONTEXT

- 3.1 The consultation has revealed a myriad of engagement methods and mechanisms provided by NHS, Local Authority, Voluntary Organisations and external non-contracted information sources. Whilst very often the infrastructure is in place a critical factor for success of local Healthwatch will be the degree to which it will be a front facing and reach out not just to seldom heard groups but the whole community. We know that 'one size doesn't fit all' applies to engagement right across the health and social care sector and because of the needs of many, we therefore need a variety of approaches to engage and involve more effectively.
- 3.2 In order for Healthwatch Middlesbrough to provide a mechanism for local people to engage with, challenge and support the shaping of local commissioning in the health and social care sector, it must be representative, responsive, accessible and visible.
- 3.3 There is broad consensus to see greater collaboration at a local level during the lead up towards, and subsequent delivery of a Healthwatch model. Much has been developed in recent years particularly around joint appointments between NHS and Council and the developing Health & Wellbeing Boards. However, there is more scope for further partnership working between the NHS and the Council despite the differing statutory obligations.
- 3.4 The Middlesbrough Local Involvement Network (LINK) was set up to ensure 'grass roots' engagement and to provide the interface at the right level. Middlesbrough LINK has a huge amount of knowledge, expertise and skills that will be required in some shape or form as part of the design, delivery and performance of Healthwatch Middlesbrough. We recognise that priorities include:
- Ensuring the transitional arrangements from LINK to Healthwatch are managed sensitively but effectively, so that 'corporate knowledge/memory' is not lost when the LINK involvement comes to an end;

- Making sure that the general public (as immediate beneficiaries) are fully engaged in plans for Healthwatch, and the complex arrangements for consultation, engagement and communication that automatically follow;
- Being transparent and thorough in developing the necessary mechanisms for public accountability;
- Ensuring existing contracts with Voluntary Development Agencies reflect the requirement to work collaboratively and share data, intelligence etc with Healthwatch.
- Considering how broader engagement links strategically with the work of other organisations, and not necessarily those in the health domain.

4. THE STRUCTURE OF HEALTHWATCH MIDDLESBROUGH

4.1 The consultation identified possible options for the Healthwatch model:

- **A jointly-commissioned South Tees model** covering both Middlesbrough and Redcar & Cleveland in the form of an over-arching body;
- **A phased, transitional approach** with both Middlesbrough Council and Redcar & Cleveland Council collaborating on the development of specifications with potential to move to a single body covering the South Tees locality over time;
- **Individual Local Healthwatch** services developed and commissioned separately

4.2 The aspiration is for the development of an over-arching body that would look across the Patient and Public Engagement landscape, covering all engagement issues within South Tees.

4.3 Consultation regarding the potential options for Healthwatch identified a 'hub and spoke' model emerged as a desirable option covering the South Tees geographic area and ensuring a mirror-image provision in both Middlesbrough and Redcar & Cleveland.

4.4 Whilst this may be a desirable strategic approach to Healthwatch there are number of barriers which need to be addressed, not least, elected member buy-in, clear and strong governance arrangements and issues of shared/pooled budgets.

4.5 Whilst a jointly-commissioned model is desirable, there is strong support for a phased, transitional approach to Healthwatch to take account of the significant good work already achieved by partners and stakeholders at a time of major change both within local government and the NHS. We support the idea of considering the pooling of resources as an important future consideration.

4.6 The development of this option will require significant further investment of officer and partnership time. Our initial view is to progress a phased, transitional approach with both Middlesbrough Council and Redcar & Cleveland

Council collaborating on the development of specifications with potential to move to a single body covering the South Tees locality over time.

Advantages

- Significant joint-working already established;
- Local Authorities and PCT collaborating at project and HWB Board level;
- Both VDAs currently collaborating in partnership with TV Rural Community Council on engagement projects through Local Infrastructure Fund;
- Political engagement exists through HWB Board with a phased approach;
- Governance issues unlikely to impact; and
- Commitment to share resources and joint funded commissions.

Disadvantages

- Some stakeholders may view as lacking 'join-up'; and
- Requires commitment to ensure 'locality issues' to do not hinder progress

- 4.7 The prospect of a Tees Valley Healthwatch has not been considered as a workable option mainly due to the tight timescales for the delivery of Healthwatch by 2013.

5. KEY PRINCIPLES AND PRIORITIES

5.1 The consultation undertaken has developed a number of guiding principles for engagement. The following engagement principles will be considered in scoping the Healthwatch Middlesbrough specification and in determining the eventual provider:

- Be representative of the diverse local community;
- Empower people to have their voices heard;
- Be independent, respected, accountable and accessible;
- Champion fair and equitable provision of services to all of population;
- Engagement with the whole community;
- Be the voice of people with health vulnerabilities;
- Ensure accessibility and flexibility in approach;
- Ensure that the public can influence service delivery;
- Promote equal access, openness and transparency;
- Work collaboratively with stakeholders to promote inclusion of service-users and the wider community as equal partners;
- Ensure ideas and actions deliver sustainable outcomes; and
- Reflect the needs of majority not minority.

5.2 In Middlesbrough we believe that potential providers of the Healthwatch Middlesbrough service will need to demonstrate their ability to respond positively to the following range of priorities identified during the consultation, including:

- The need to use the wealth of information that already exists;
- The need to demonstrate they are representing the views of local people rather than solely the views of organisations;
- Utilising frontline, community facing staff currently engaging communities.
- Committing organisations to sign up to Healthwatch;

- Developing a network of Healthwatch Champions;
- Retain the expertise of existing volunteers (i.e. Middlesbrough LINK) through inclusive methods, making them feel valued and supporting them to continue volunteering;
- Need to understand that has and hasn't worked with the LINK and carry forward the successful elements;
- Need to understand the information currently held by Middlesbrough LINK;
- Feedback is critical as people need to be confident that issues are being acted upon and delivering changes;
- Communicating quick wins to build a positive reputation of Healthwatch;
- Healthwatch staff need to build trust over time so need to minimise staff turnover (sub-contracting to local organisations to deliver engagement could support this);
- Need clarity around how lay people are elected onto any Healthwatch Board;
- Consider how Healthwatch Board members, staff and volunteers could shadow providers to improve knowledge.

5.3 Our intention is to ensure that the successful provider of Healthwatch Middlesbrough understands and responds positively to the issues identified above.

5.4 We also recognise that there is much that the Council, along with our partners, can do between now and the appointment of the successful provider to ensure that once Healthwatch Middlesbrough starts many of the issues above have been raised and resolved.

6. ENSURING EFFECTIVE ENGAGEMENT

6.1 Our consultation has revealed that there are a number of methods that potential providers of Healthwatch Middlesbrough could use to proactively engage with communities. This includes:

- Attendance at neighbourhood meetings;
- Citizens' juries – allows jury members to thoroughly explore a particular issue and make informed recommendations;
- Clear branding and advertising;
- Community radio;
- Creative and responsive to circumstances and requirements of specific individuals/groups;
- Discovery Interviews;
- Ensure all organisations know about Healthwatch and have information to pass on (i.e. leaflets);
- Ensure organisations are committed to supporting Healthwatch i.e. recognise their responsibilities;
- Ensure views of people not just their representatives;
- Face to face engagement;
- Faith groups via churches, mosques and temples;
- Focus Groups;
- Free telephone number;
- Incentivise involvement;
- Involved in Health and Social Care Forum;
- Middlesbrough Council Magazine;
- Need information in a range of languages;
- Online surveys;

- Patient diaries – a tool used by patients and carers to record their healthcare experience through illness and treatment;
- Patient panels – this approach involves the recruitment of volunteers (patients and carers) to join as panel members;
- Questionnaire surveys;
- Reader panels – involving the review of, and constructive feedback on, a range of information shared with the panel members, for example business plans, strategy documents and patient decision aids;
- Satisfaction surveys;
- Skype;
- Social Media;
- Stalls in supermarkets;
- Targeted events, such as an annual Healthwatch Awareness Day;
- Task and finish groups that include community representation;
- Text phone;
- The Life Store;
- Use drama as a means to increase awareness;
- Website;
- Wider events such as Mela and the Cleveland Show; and
- Workshops

6.2 High visibility and a corporate identity of Healthwatch Middlesbrough is critical. Not enough people currently know about Healthwatch. More needs to be done to ensure that the advent of Healthwatch, and its primary aims and functions, are communicated broadly within the organisations that it will eventually engage with.

6.3 We propose a short, sharp awareness raising exercise for Healthwatch across the Council, NHS South Tees CCG, NHS Tees, GP Practices and South Tees Hospitals (for staff and members of the public) to prepare the ground for future

engagement and consultation prior to delivery. We recognise that engagement mechanisms need to reflect the needs and requirements of particular individuals and groups.

- 6.4 Public and patients need to know 'how' they can or 'will' be engaged and this can to be achieved through smarter communication. Individual Communications and Engagement strategies already exist within the statutory bodies but some are either under review or in need of refresh, not least because of the changes that are taking place across the health sector as a result of the reforms.
- 6.5 One way of approaching this could be the development and adoption of a 'whole system' customer service model that spans all of the major public and voluntary sector bodies that have a statutory (or non-statutory) involvement in health and social care and forms the strategic overlay to any organisations individual communications strategy.
- 6.6 Agreed principles and common/shared values will highlight the commitment to public and patient engagement, along with an agreed set of methods for engaging, communicating and involving. This may include:

Commitment and Respect

- Service quality is a key corporate value, with associated goals, action programmes, measurement and top-level accountabilities agreed by all agencies/organisations (and to include the names of the agencies/organisations to demonstrate commitment).

Credibility and Integrity

- Promises are kept, service is delivered at times that suit customers and first class service recovery systems are in place.

Capability

- People are recruited and developed against competencies that give high priority to customer-focused attitudes, e.g. consideration, tolerance and empathy

Continuity and Consistency

- Information and advice will be provided by experts. Processes are designed from a customer's viewpoint and are consistently delivered through collaborative partnership.

Communication and Engagement

- Continuous improvement and the desire to innovate are fostered and encouraged. Engagement is delivered at a time and place to suit the customer's needs.

- 6.7 The Whole System Customer Service Model will be owned by all stakeholders with Healthwatch Middlesbrough having a key role in ensuring it delivers.
- 6.8 The Whole System Customer Service Model could replace individual customer charters and would be placed on individual organisations websites, intranets, clearly signed in all public venues belonging to individual organisations or where they deliver/engage with members of the public. We recommend a Whole System Customer Service Model is considered, designed and adopted by all stakeholders within the Health & Wellbeing sector.
- 6.9 As Healthwatch will have a significant impact on Practice Managers, Midwives, Community Matrons and the broader operational structures in the Health Service, it will be important that Healthwatch uses the most up to date intelligence, knowledge and information to help inform discussions (and challenges) with the Health & Wellbeing Board and a plea was made by some that a Professional Network of Practitioners is formed to act as a reference group to Healthwatch. The Network would sit outside of the Healthwatch model but could be a thread that runs through it to help improve and maintain the knowledge base for Healthwatch and its dealings with the Health & Wellbeing Board. We recommend consideration is given to forming a Practitioners Network to act as reference group for the eventual Healthwatch provider to enable an operational 'health check' on future engagement methods.
- 6.10 All agencies, statutory bodies and partnerships have their own individual websites that they use for various reasons not least promotion of products and services, cascade of information and keeping in touch with customers. The use

of technology, whether it be internet, smart phones, texting, apps, is fast becoming most appropriate method to engage with people of all ages whether they are from disadvantaged or affluent backgrounds – almost everyone has a mobile phone or a computer and therefore readily have internet access. However, where sections of the community are unable to access the internet or smart phones, other traditional measures to engage still remain relevant and accessible.

- 6.11 Whilst this method of technology should never replace the 'trusted' face to face and 'human' form of engagement, lifestyles and working practices dictate that more must be done to engage with the 'seldom heard'. This group of people may not necessarily fall in to the traditional minority groupings that the public and voluntary sector strive to engage on a regular basis, but could also include middle aged men and women in full time employment who do not readily access Council or wider health services, or have hectic lives, and do not feel compelled to engage with the sector as a matter of choice, but nevertheless have specific needs and wants within the healthcare environment.
- 6.12 There is potential to develop a web based system that could be used as a 'Go to' resource for customers, and an engagement tool for the sectors which would minimise the number of websites, newsletters, blogs, surveys and questionnaire requests, for example.
- 6.13 The Web Portal would not replace individual websites or web based resources, but there would be potential to either signpost via web links from, for example, Tees PCT 'My NHS' website, to the shared portal, or depending on the design and ultimate agreement to share the service, individual sections linked to healthcare engagement could be transferred to the new, shared portal. This would have everything in one place and would attempt to simplify the engagement processes (whilst not entirely deconstructing them from their original owners).

7. KNOWLEDGE, SKILLS AND BEHAVIOURS OF HEALTHWATCH

7.1 Middlesbrough Council believe it is important that the organisation responsible for managing Healthwatch Middlesbrough on behalf of the council have knowledge of:

- Good practice and what works well;
- Communication and engagement methods;
- Context in which current services are delivered;
- Existing data and information available in Middlesbrough;
- Health legislation and how Middlesbrough is implementing the reforms;
- How to support and retain volunteers;
- Knowledge of the communities, including their values and culture as well as statistical profile (demographics, health profile, etc.);
- Local systems and structures and who is responsible, accountable and influential;
- Political and organisational context;
- Skills and abilities required to deliver a successful Healthwatch service (staff, Board members, volunteers);
- The purpose and vision for Healthwatch Middlesbrough;
- The services available to the people of Middlesbrough;
- Training and skills development required for Board, staff and volunteers;
- Where independent advice and expertise can be accessed.

7.2 On the basis of the consultation undertaken we believe it is important that the organisation responsible for managing Healthwatch Middlesbrough on behalf of the council have the following skills:

- Able to influence;
- Allocating resources and funding to where it is needed;
- Analytical skills;

- Articulate needs of communities;
- Develop and support volunteers;
- Ensure equality and diversity;
- Ensuring wide representation;
- Foster reciprocal communication;
- Listening and observing;
- Learn from emerging good practice from other areas;
- Management and leadership skills;
- Networking;
- Outcome focussed;
- Performance management;
- Presentation skills;
- Report writing;
- Skill to develop a clear engagement strategy;
- Skills to engage effectively with vulnerable and seldom heard individuals and senior level staff in organisations; and
- Tailor communication and engagement to suit the audience.

7.3 On the basis of the consultation undertaken we believe it is important that the organisation responsible for managing Healthwatch Middlesbrough on behalf of the Council demonstrates the following behaviours:

- Ability to build and retain trust; Act with integrity; Accept criticism; Active; Astute; Attention to detail; Creative; Critical approach; Challenging; Collaborative; Commitment to ongoing training and learning; Common sense; Confident; Confidentiality; Credible; Diplomatic; Empathic; Energetic; Flexible with the ability to adapt; Focus on the positives; Forward looking; Friendly; Holistic; Honest; Impartial; Independent; Informed; Motivated; Non-judgemental; Objective; Open minded; Patient; Professional; Quality focussed; Realistic and not overly raise expectations; Respect the differences

of diverse communities; Reflective; Responsible; Supportive; Systematic; Transparent; Trustworthy; Use evidence, don't make assumptions; Value the commitment of volunteers.

8. ADDING VALUE TO EXISTING NETWORKS

8.1 For Healthwatch Middlesbrough to be a success it needs to make best use of the current network of organisations, providers and partnerships that already hold the trust of their community members and users. This includes individual organisations and services as well as coordinating bodies such as the Middlesbrough LINK and Middlesbrough Voluntary Development Agency (MVDA).

8.2 Our consultation has revealed that the following list is a useful starting point:

- Asylum seekers;
- Baby clinics;
- BME Network and wider BME communities;
- Business community;
- Children and young people;
- Citizens Advice Bureau;
- Colleges and University;
- Community groups;
- Elected members;
- GP Practices;
- Homeless people;
- Housing providers;
- Middlesbrough LINK;
- MVDA;
- Offenders;
- Older people;
- People with disabilities, including sensory loss, mental health issues and learning disabilities;

- People who aren't involved in any groups;
- Schools;
- Service user groups and patients groups;
- Substance users;
- VONNE;
- Wider voluntary sector;
- Women; and
- Youth Clubs.

- 8.3 We are aware that the role and remit of Healthwatch Middlesbrough to some extent overlaps with current services provided by existing partners. A key example of this is the signposting role, and this potentially represents a challenge in ensuring that Healthwatch Middlesbrough and existing stakeholders work cooperatively to the benefit of the public and patients.
- 8.4 During the commissioning process we will ensure that potential providers of Healthwatch Middlesbrough set out clearly how they plan to work with existing organisations that provide signposting across health and care. It is important also that providers also set out the mechanisms by which they will add value to the signposting services already provided and how they expect to develop and maintain up to date knowledge on the services and support available.
- 8.5 There are a number of ways Healthwatch Middlesbrough could be delivered to ensure effective engagement. One option could involve the successful provider prioritising the funding to resource an 'in house' engagement team employed and managed by local Healthwatch. An alternative model could be to keep core costs (and staffing) lower and managing a pool of funding to either buy in the services of established and experienced community engagement practitioners that have a foothold already in the locality on a short-term or longer term basis. This could include individuals who work either with particular seldom heard groups or have more generic engagement skills and experience.
- 8.6 We recognise there is a need to consider the most effective method to prepare frontline staff across all organisations of how Healthwatch Middlesbrough will

operate and embed practices on how they can represent their communities in resolving health and care issues. This activity will need to start shortly to ensure that when Healthwatch Middlesbrough commences in 2013 it is arriving in a landscape that is fully informed and committed to engaging and adding value.

- 8.7 The continued relationship with the LINK will be particularly important throughout the transition to Healthwatch. Understandably, there are issues to be clarified regarding the transition and regular communication meetings need to be arranged to progress transition in a timely and coordinated manner.
- 8.8 We recognise the important role that volunteers play in Middlesbrough LINK and are committed to creating an environment for the continued volunteer involvement in Healthwatch Middlesbrough. In designing the specification we will need to test the ability of potential providers to recruit and support volunteers. We are also committed to ensuring that the successful provider has robust plans in place to develop the social capital of local people volunteering to support Healthwatch Middlesbrough.
- 8.9 There is a role for Healthwatch Middlesbrough in ensuring that the South Tees CCG and other partners deliver upon their own principles for engagement. However we see the role as being more than solely checking the engagement (and the impact of engagement) of others, but working collaboratively in ensuring engagement is both efficient and effective. For example, both Healthwatch Middlesbrough and South Tees CCG need to develop mechanisms for engagement which will include patients, carers, stakeholders and wider community interest representatives.
- 8.10 There is a rationale to commence a dialogue with South Tees CCG about undertaking joint engagement work, or even potentially Healthwatch Middlesbrough (alongside Healthwatch Redcar & Cleveland) delivering engagement activity on behalf of the South Tees CCG.

9. SUMMARY AND CONCLUSIONS

- 9.1 It is evident that significant progress has been made in forming ideas of what local stakeholders want from Healthwatch Middlesbrough and how this can be achieved.
- 9.2 Consultation undertaken during May and June 2012 has allowed us to identify the key principles that Healthwatch Middlesbrough needs to follow. It has also identified:
- The preferred model of delivery;
 - The local partners to be involved from day one of delivery;
 - The mechanisms required for engaging our diverse communities in Healthwatch and
 - The knowledge, skills and behaviours expected of Healthwatch Middlesbrough to deliver our communities aspirations.
- 9.3 There is still more work to undertake to ensure we design and commission and successful Healthwatch Middlesbrough service. There is also significant effort required to prepare for the commencement of the service, so that Healthwatch Middlesbrough lands on fertile ground with partners and partnerships fully aware its role and how it can add value.