engagement
community
involvement
gathering views
participation
reporting
monitoring

Key Relationships

Legacy Document

March 2013

Methodology and Rationale

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Information for this legacy document was gathered from staff at a participative workshop using an ORID process, ie Objective, Reflective, Interpretive and Decisional stages. It was designed to capture the views and experience of those staff (listed in the footer) who had been directly involved in shaping and delivering this particular aspect of the work of LINk Devon.

The workshop included:

- A forcefield analysis to identify what helped and hindered LINk activities
- Charting the work of LINk Devon and identifying: what worked well; what didn't work so well; changes which were made; changes which should have been made; recommendations to Healthwatch.
- A SLOT analysis – outlining the strengths and limitations of LINk Devon, and the opportunities and threats to Healthwatch.
- Identification of key people, information, systems, tools and processes which would be useful to Healthwatch

Relevant Healthwatch Devon functions (specification)

B3.8.1 **Function One: Gathering views and understanding the experiences of people who use services, carers and the wider community**

B3.8.2 **Function Two: Making people's views known**

B3.8.3 **Function Three: Promoting and supporting the involvement of people in the commissioning and provision of local care services and how they are scrutinized**

B3.8.4 **Function Four: Recommending investigation or special review of services via Healthwatch England or directly to the Care Quality Commission (CQC)**

B3.8.5 **Function Five: Providing advice and information about access to services and support for making informed choices**

B3.8.6 **Function Six: Making the views and experiences of people known to Healthwatch England and providing a steer to help it carry out its role as national champion**

Overview and Outcomes

Overview

Aim
LINk Devon is required to have good working relationships with strategic bodies responsible for commissioning and providing health and care services in Devon. These relationships are vital to its operation, strengthening the voice of the public, thereby facilitating the joint exchange of views between health and social care managers, commissioners and LINk Devon participants.

Need
LINk Devon couldn't operate or perform its statutory functions, without good working relationships with strategic bodies. Local commissioning bodies and key providers have a duty to respond to LINk Devon as well as a duty of allowing entry for Enter and View purposes.

It has therefore been important to have systems and protocols in place to ensure that work undertaken by LINk on behalf of Devon, is responded to appropriately and that actions are put into place to address the issues being raised by the LINk. A co-productive approach has been found to be very effective when instigating changes and LINk has sought to facilitate multi agency and user/public involvement in addressing actions.

- LINk Devon input has led to changes in some aspects of service delivery
- Raised awareness amongst health and social care managers of service users' experiences
- LINk Devon has become valued through its sharing of evidence, opinions, views and experiences
- Health professionals now see LINk Devon as the' voice' of health and social care users

Outcomes

Recommendations

Recommendations for Healthwatch for developing Key Relationships

Work with other organisations

- **Develop and agree working agreements/protocols with key statutory organisations as per regulations. These include: LA, NHS Trusts, Overview & Scrutiny Committees, CCGs, NHS Commissioning Board, CQC (all have a duty to involve/respond to Healthwatch)**
- **Hold a launch conference for key players at County wide level and develop ongoing structures for communication with them**
- **Maximise the opportunity provided by emerging new structures regarding engagement - Healthwatch should host a regular meeting to identify key engagement priorities across commissioners, providers, scrutiny, voluntary and community sectors**
- **Continue strategic involvement with JSNA**

Internally

- **Engage in the commissioning cycle, i.e.. put a clear system in place for tracking progress of views put forward and feedback given to participants, *before* beginning to collect views and evidence**
- **Work to sustain and focus a strong leadership group**
- **Provide appropriate recruitment, training, support and supervision, code of conduct, terms of reference etc for active participants and Leadership Group/Healthwatch Board**
- **Healthwatch should create protocols to ensure that its representatives act in accord with its agreed messages and views and do not try to present their own views as being those of Healthwatch**
- **Create protocols to address potential conflicts of interest where provider organisations are involved in Healthwatch management**
- **Plan, prioritise and resource the delivery of the whole Healthwatch remit, aiming for an even distribution of responsibility and resources across its geographical and population spread**
- **Use wider, credible data already available externally, to support its signposting role**

Profile

- **Hold inclusive launch events in localities for public, participants and key local players – voluntary, statutory and public**
- **Healthwatch can build on LINks existing key relationships, reputation and other engagement networks, e.g. Fusion, Intercom, Devon Grapevine, Devon Reform, Recovery Consortium, Voluntary Youth Service, Provider Engagement Network, Devon Care Training**

Recommendations

- **Manage expectations of commissioners, public and providers so that they are realistic in view of resources available**

Participants

- **Ensure that all participants understand the importance of public accountability and legal liability**
- **Adopt a network approach to ensure community 'sign up' and willing contributors with altruistic motives**

Work undertaken by LINk Devon to develop Key Relationships

Developed an understanding of Remit, Regulations, Policies and Practice, both Internally and Externally. Staff undertook extensive desk research in order to prepare a handbook for active participants and the Leadership Group. The handbook compensated statutory bodies and participants for the lack of transition arrangements from PPI Forums (the previous statutory arrangements). Clearer transition arrangements and guidance about the expectations and remit of LINk would have been helpful, including handbooks and guidance for commissioners, providers and the public.

Healthwatch should make good use of the national guidance being developed by Healthwatch England and other bodies such as the Local Government Association in order to create the right messages and enable a wide understanding of the Healthwatch statutory functions and purpose.

Healthwatch should engage in the commissioning cycle, and put a clear system in place for tracking the progress of views put forward and subsequent feedback to participants, before beginning to collect views and evidence. This should be achieved both internally and by robust external working arrangements.

LINk Devon undertook an initial mapping of relevant VCS organisations, small community groups, support groups, health and social care providers. For some community involvement coordinators (CICs), being based in a CVS office gave access to their data and local knowledge, as well as introductions to relevant groups and organisations by those already working with them. CVS also provided initial updates about local members, i.e. participants and providers. This was especially so in Teignbridge & South Hams, and Southern area, where CVS had their base in the local district council offices. However, it proved impossible to map everything. 'Maps ' are subject to constant changes and quickly became out of date. The Community Engagement team began to develop personal working relationships, and work with local groups, organisations etc. They held locality networking meetings and attended other relevant meetings, conferences etc.

Healthwatch should consider how they will collate and keep up to date a robust database of key organisations, groups and support groups or to tap into existing ones that may be available. This will help both engagement and communication and signposting.

Identified key people and organisations for development of relationships
LINk was pro active in making contact with statutory bodies as per the regulations. It held public launches and community engagement events to promote understanding of its remit, aim and value. Initially it needed examples of its activity to promote its work. This was a challenge at the beginning of the project. There was some resistance in VCS and community to get on board the LINk bus because of fears around duplication, funding, ownership and politics. LINk needed support from statutory bodies to champion it and promote it within their organisations and wider.

LINk developed working agreements with key commissioners and providers and undertook engagement with communities of place (localities) and interest. To facilitate this, communications with them were developed, improved and maintained. Though staff capacity to maintain relationships was limited, some specific key

relationships e.g. CQC worked well because there were staff and volunteers in place who met regularly. LINk developed strong volunteer representation, at various key meetings/boards and focus groups.

Healthwatch should organise 6 monthly/quarterly engagement meetings with key commissioners, providers and VCS to ensure that engagement is not duplicated and joint working can be achieved. It should undertake regular reviews of its working protocols and agreements with statutory organisations to develop and maintain effective working and to ensure that statutory functions and duties are adhered to.

Established relationships through personal contact and defined roles.
The Community Involvement team had good local knowledge, as some were already part of established networks when employed.

People often lacked understanding of why they should become involved, and the processes which could be put in place to enable them to comment on the quality of services. The team became more proactive with participants, providing examples and being confident in providing professional guidance. Initial engagement would have been useful with commissioners and providers to share ideas about how feedback could and should improve services, how the feedback could be taken into account and how success could be demonstrated.

Healthwatch should adopt a systematic approach at the outset to enable impact to be demonstrated, and so that all stakeholders can see what happens to their views, i.e. the action it triggers by commissioners or service providers. The working agreements with commissioners and providers are vital to the success of feeding back to the community what has happened as a result of engagement work.

Maintain good working relationships.
LINk found that good communications and keeping in touch, both within LINk Devon and with key organisations was vital. Latterly, managing public expectations was sometimes difficult because commissioners and providers were in a state of constant flux, due to the pace of changes they were going through. This slowed down LINk's own processes, and often made it difficult for them to communicate these changes in a timely way to the public. LINk staff became more proactive in seeking out influential contacts and asking them for endorsements. It would have been helpful to LINk if it had been able to:

- establish a common understanding of the statutory functions of LINk and the duty of commissioners and providers to respond to it
- gain support from all commissioners and their staff
- make presentations to all strategic partners outlining the duties and expectations of working together

Healthwatch should host a centrally located, inclusive conference to launch itself, alongside smaller locality events to raise awareness and sustain current LINk relationships, at both strategic and local levels.

Healthwatch Devon will need to develop new relationships due to the changes coming in from April 1st related to the Health and Social Care Bill. This includes the 2 Clinical Commissioning Groups (Torbay and South Devon and NEW Devon), the new Devon Health and Wellbeing Board and the NHS Commissioning Board which commissions primary care. The complex nature of boundaries in Devon will need to be carefully managed as there will also be a Healthwatch

Torbay and a Healthwatch Plymouth, so commissioning and provision boundaries could potentially affect effective working. Healthwatch needs to be fully aware of the way in which the new NHS and social care landscape is emerging from April 1st.

Strengths

Strengths of LINk Devon in developing Key Relationships

- Collaborative approach by LINk Devon staff on key projects, with cross sector representation.
- Reviewed and developed roles and responsibilities.
- Has met regularly with key statutory bodies - CQC, DCC, and NHS Devon.
- LINk volunteer active participants' representation at key meetings.
- Focused, committed staff team, who shared their experiences.
- Has made constructive challenges about how things are done.
- Has a good reputation for high-quality reporting.
- Well respected, and seen as a good source of engagement expertise.
- Volunteers now seen as equal members by NHS at strategic commissioning group – SPIG (Strategic Public Involvement Group)

What's helped the development of Key Relationships

- Formal working agreements, e.g. NHS Devon and Adult Social Care, DPT etc
- A named contact, e.g. at NHS Practice Managers meeting.
- Creating personal working relationships, networking.
- Regular face-to-face meetings.
- Formal *and* informal meetings.
- Willingness to collaborate and work together to achieve change.
- Being kept up to date, with timely minutes, information about changes and issues and opportunities for involvement, consultations etc.
- Awareness by commissioners and providers of LINk's role and statutory requirements (i.e. 20 day response time), when responding to LINk.
- Involvement of the right people - those who know about the service, those who care about it, those who can make decisions about it.
- Clear understanding of remit from health and social care managers and staff.

Limitations and Hindrances

Limitations and hindrances to the development of Key Relationships

Internally:

- Resources, capacity, time restrictions.
- Communications - information sharing can be patchy.
- Weak leadership group at times, with unclear expectations.
- IT systems - some glitches with Z drive and server create problems for outreach workers.
- Lacked a shared team understanding initially of LINks remit.
- Isolation of CICs (outreach workers) - felt unsure initially how to progress in locality areas.
- Too much work. Lacked an agreed, systematic approach to understanding constructive work within a huge remit and wide geographical area, with large population.
- Resource allocation within LINk Devon - no clear budget allocation for work on project areas, topics, localities, events etc.
- Executive roles – initial uncertainty about what decisions could be made by staff on behalf of LINk in their day-to-day work.

Externally

- Victims of own success - the more LINks achieved, the more it was approached to do additional work.
- Did not review formal working agreements on a regular basis e.g. Devon Partnership Trust.
- No robust systems in place at commissioner/provider level to ensure working agreements adhered to.
- No notification about staff changes and issues at external organisations.
- Voluntary and community sector politics
- Differing expectations of LINk functions amongst its stakeholders.
- High volume of e-mails particularly around changing meeting arrangements, a different system e.g. meet-o-matic would have been better.
- Too many people attending some meetings e.g. SPIG.
- Meeting minutes not being available on time.

Potential Threats

Potential threats/limiting factors to development of Key Relationships

- Conflict of interest where provider organisations are involved in Healthwatch management.
- Public accountability and legal liability may not be taken seriously by participants.
- Individuals and groups may try to present their own views as being those of Healthwatch.
- Healthwatch representatives may act out of accord with Healthwatch agreed messages and collective view of the organisation. Could damage reputation.
- Failure to understand democratisation of public health agenda.
- Uneven distribution of responsibility and resources across the whole geographical and population spread.
- Could attract people who want ‘power’
- Expectations of commissioners, public, providers might be unrealistic in view of resources available.
- Need to prioritise delivery of whole remit - resource issues.
- Uncertain future funding e.g. NHS contribution.
- Difficulty in developing public trust - must prove its worth.
- Challenge of encouraging a true network approach and community ' sign up' with willingness to contribute and get on board.

A Participant's View

How well LINk has done
It's done very well, within the limitations allowed by the medical profession. But we are only halfway there, because of the number of surgeries who don't have a face-to-face group yet. We want support from Healthwatch in the future, we want to work collaboratively with them. We have access to lots of patients, so it could be a mutually beneficial relationship. Jill's support has been huge, it would have been an uphill battle without her.

Benefits LINk's work has brought
There are benefits to the population of South Devon through a structure where patients can be informed and can have a voice. I think a lot of people were worried about the Health Bill, about what was going on and how they could influence it. This process has given them the opportunity to voice their concerns and to feel that they have been heard, in conjunction with others. ***There is strength in numbers, patients from different surgeries need to talk to each other.*** They feel more powerful as part of a group, Many have said that they are worried about speaking out because their GP might label them, and of course they are the ones that they need to go to for their health care!

I've had meetings with Exeter to try to encourage them in NEW Devon, where there are more groups. Patient groups need to work together, to have lay representation and influence in the tendering process. Otherwise there will be no patient voice in how GPs will spend their money

Changing attitudes
People have realised they can have a voice so they are beginning to get involved and are very keen to continue this work with Healthwatch. We are setting up a subgroup of our Forum to look at how we can work together with Healthwatch.

Changes as a result of the work
Our Forum wouldn't be there, nor would SPIG in its representational form, without LINks involvement. Because of LINks work, GPs have a better understanding of the positive value of face-to-face groups, and the benefits of them. GPs who have taken it on through Jill's work have understood this, and are listening to the surveys and to patients' views, and are beginning to make changes. We know that most GPs are against the breakup of the health service, it's just a case of getting through to them, to let them know that we support them in this. ***GPs are beginning to take on board and value patient contribution in the shaping of services.***

Personal benefits
I do this nearly full-time, but I would be climbing up the wall about what this government is doing to the Health Service without it. I said to my husband, that I felt like taking a stand on the High Street because people just didn't know what was happening and they needed to know. Through this work I feel that I can have an influence in these changes that are happening to the health service, many of which I am not in favour of. ***It is an opportunity to voice constructive concerns.***

Rosemary Whitbread
LINk active participant and member of South Devon Patient Forum

Key People to Involve

Key people to involve

- Devon County Council - Adult and community services; Children's services; Public Health; Scrutiny Committees
- Health & Wellbeing Board members
- Clinical Commissioning Groups (x2)
- NHS Trusts – Engagement Officers; Diversity Officers; Communications Officers
  - Devon Partnership Trust
  - Royal Devon and Exeter Foundation NHS Trust
  - Northern Devon Healthcare Trust
  - South Devon Healthcare Trust
  - Torbay and Southern Devon health and Care Trust
  - South West Ambulance Trust
- Social Care providers
- Joint Commissioning Teams (NHS/DCC)
- Provider Engagement Network
- Quality & Improvement Teams
- Care Quality Commission
- District Councils
- NHS Commissioning Board local area team
- Healthwatch England
- Voluntary and community group infrastructure organisations
- Pressure groups
- The public
- Torbay & Plymouth Healthwatch organisations

Further Reading and Information

Further reading and information available and its location

Systems & processes in place

- LINk working agreements
- LINk Governance Framework
- LINK Co-option procedure
- Healthwatch/LINk regulations
- Relevant national guidance relating to working agreements etc (HWE)

Protocols, tools and forms etc.

- LINk Active Participant (Volunteers) handbook, agreement, declaration of interests & activity report form
- NHS Confederation literature
- CQC literature (refer to CQC legacy doc)
- Example Terms of Reference for relevant meetings LINk is represented at

Reports & responses

- DOH Response to Consultation re. LA Health Scrutiny

Examples of good practice in other organisations

- CfPS - Local Healthwatch, health and wellbeing boards and health scrutiny - Roles, relationships and adding value

- LGA Healthwatch/LINks resource documents – Working with CCGs; Working with Health and Wellbeing Boards; Working with District Councils; Governance; The role of chairs and members of Health and Wellbeing Boards