Mapping the relationship between local Healthwatch and Integrated Care Systems

Overview of stakeholder survey findings

September 2021

Contents

Background and Scope

Healthwatch England are working together with NHS England to establish how integrated Care Systems (ICSs) and local Healthwatch work together effectively.

As part of this work, Healthwatch England commissioned the NHS Transformation Unit to undertake a review of current relationships and activity between Healthwatch and ICSs. The focus of the review was to establish a baseline of engagement between ICSs and local Healthwatch, explore the opportunities for further strengthening of relationships and understand the barriers and challenges which are perceived to be in the way of achieving this.

Working with Healthwatch England and the local Healthwatch reference group, the TU developed two bespoke surveys – one for local Healthwatch organisations and another for ICSs. The surveys were disseminated from mid-August via Healthwatch England and NHSE, with reminders being subsequently sent out as required. The closing date for responses was 6 September 2021.

In total, 164 responses were received across both questionnaires. 120 of these came from 103 separate Healthwatch organisations, and 44 responses came from 37 ICSs.

The TU has now analysed the data received, and this report outlines the key findings to support the further development of intra-local Healthwatch relationships and partnerships, as well as improving effective collaboration with ICSs.

This feedback report contains a selection of comments which were provided by respondents to various questions. Full and detailed comments can be seen in the appendix document.

Key headlines from local Healthwatch and Integrated Care Systems responses

Collaboration between local Healthwatch

Around 80% of Healthwatch respondents said they had regular contact or fully effective working arrangements with other local Healthwatch in their ICS areas. However, only 27% had some kind of formal joint working agreement in place. On a similar theme, around half of ICS respondents said one of the key challenges when working with Healthwatch was having to engage with multiple local Healthwatch organisations in a single ICS boundary.

Local Healthwatch stakeholders were asked if they had a defined role on behalf of other Healthwatch organisations within their ICS area for engaging with the ICS. 40% of respondents said they had a defined role while 20% said they worked with other local Healthwatch as equal partners (indicating no defined role) to engage with the ICS.

Wider partnership working

Half of the Healthwatch respondents felt that Healthwatch is separate from the Voluntary Sector compared to 40% who said it is part of the sector. Almost 70% of ICS respondents saw Healthwatch as both part of the wider Voluntary Sector and part of the local statutory infrastructure.

Resources

Over 60% of Healthwatch respondents reported that either lack of funding and/or lack of staff were key barriers to effective engagement with their ICS.

ICS stakeholders were asked whether they provided funding for local Healthwatch to support system governance or engagement work, and a significant majority (80%) said they currently did. When reviewing the comments, we identified the only a small number of ICSs are providing funds for Healthwatch involvement in governance, but more are providing funding for various engagement projects. The differences in the quantitative and qualitative parts of this question indicates the possibility that the question may have been misunderstood by some respondents and further analysis may be required to build a clearer picture.

Looking ahead, more than half of ICS respondents indicated that they intend to fund local Healthwatch for engagement programmes in the future.

The value of local Healthwatch

The vast majority (83%) of ICS respondents gave a score of 8 or above out of 10 when asked how highly they value the role of Healthwatch. By contrast however, just over half (52%) of Healthwatch respondents selected 7 or more out of 10 when asked to consider how much they think ICS values the role of local Healthwatch.

In terms of the functions of local Healthwatch, almost 60% of ICS respondents said that the constructive challenge provided by local Healthwatch along with insight and engagement work they undertake could add the most value to the ICS.

Just under a third (32%) of local Healthwatch respondents said their main point of contact at the ICS was either a CEO (18%) or Chair (14%). The most common point of contact (33%) was the ICS Comms & Engagement Team or Lead while 28% of respondents said they were in contact with ‘others’ and specified various job roles or individuals. Across the board therefore, the majority of principle points of contacts for local Healthwatch in ICSs at present are not with the most senior leaders.

Developing the role of Healthwatch at an ICS level

Respondents to both surveys were asked their views on developing the role of Healthwatch, and were given the same selection of potential enablers to chose from. Responses were largely in agreement from both sides, with three-quarters of Healthwatch respondents saying better integration/a stronger role for Healthwatch in ICS governance would be beneficial to developing the role, and 67% of ICS stakeholders agreeing. 73% of Healthwatch respondents and 64% of ICS representatives said more support was required from local Authority commissioners for Healthwatch to work at an ICS level. 78% of Healthwatch respondents stated that funded Healthwatch roles would be beneficial for participation in governance, however by contrast only 53% of ICS stakeholders agreed and just over a third (36%) said this would not be beneficial.

Future of Healthwatch-ICS collaboration

Over 50% of Healthwatch respondents said they were in contact with their ICS colleagues at least once a month via phone/email/Teams, with a further 30% having contact at least once every three months. Conversely, almost 70% of ICS respondents indicated they had contact with their local Healthwatch more than once a month, with just 15% having contact every three months or more. This could potentially reflect the ICSs currently engaging with multiple Healthwatch organisations within some areas.

Over 90% of ICS respondents said that Healthwatch would be involved in the forthcoming refresh of the ICS engagement strategy.

Nearly two-thirds (63%) of respondents from the ICS and almost half (48%) from Healthwatch said Healthwatch were currently represented on their local Integrated Care Partnership Board. 23% of ICS respondents and 35% of Healthwatch respondents said Healthwatch have representation on the current or future Integrated Care Governance Board.

Almost a third (32%) of ICS respondents said Healthwatch will have a specific role within the future ICS governance arrangements while 34% said this is still being decided or is unknown.

A substantial majority (80%) of ICS respondents said they would be supportive of Healthwatch having a non-voting seat on the Integrated Care System Governance, and 100% said they would welcome this seat on the Integrated Care Partnership Board.

Next steps

In response to these findings, we will support more effective local Healthwatch partnership working and ensure that representatives have the necessary skills, experience and capacity by doing the following:

1. Develop and provide a well-structured support offer to enable local collaboration between ICSs and local Healthwatch – and seek the necessary resources to deliver it. This will include template MOUs, data sharing agreements and other resources. It will also be supported by more intensive support for ICS areas where more help and capacity is required to bring the relationships up to the right level.

2. The support offer will also include help to facilitate conversations between Healthwatch and the Voluntary Sector to strengthen links, provide clarity on defined roles and relationships, and identify areas of common interest where partnership will maximise the influence of the voices of people and communities.

3. We will set out clear standards for local collaboration in our Quality Framework, which is an internal tool we use help providers understand how to run an effective Healthwatch.

4. We will liaise with Local Authority commissioners on the specification, commissioning and ongoing monitoring of local Healthwatch to ensure it facilitates the necessary role for Healthwatch at the ICS level.

Findings from the local Healthwatch survey

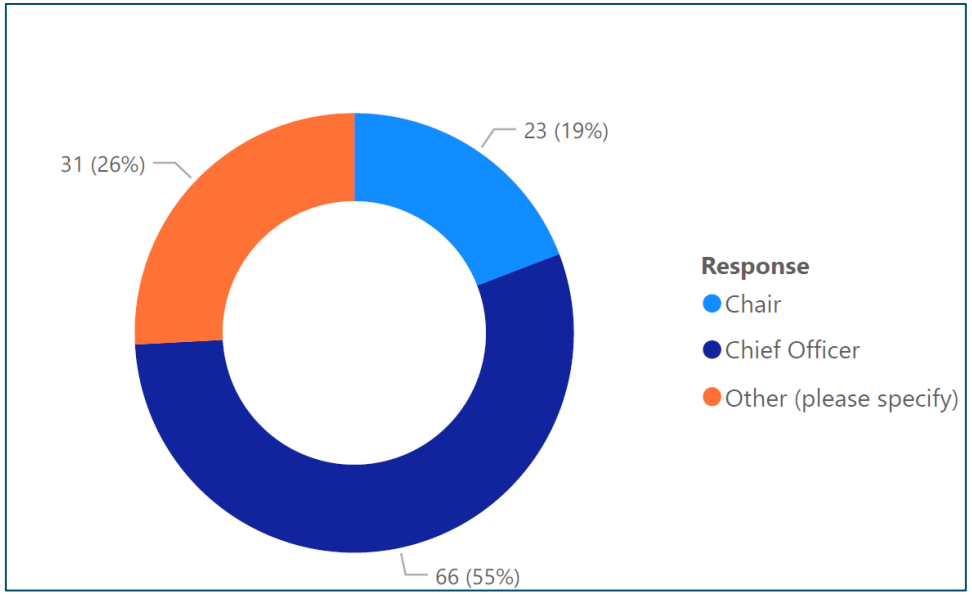
Profile of respondents

120 responses were received in total from 103 different local Healthwatch organisations.

Questions 1 and 2 asked which local Healthwatch the response was coming from, and the job title of the person responding.

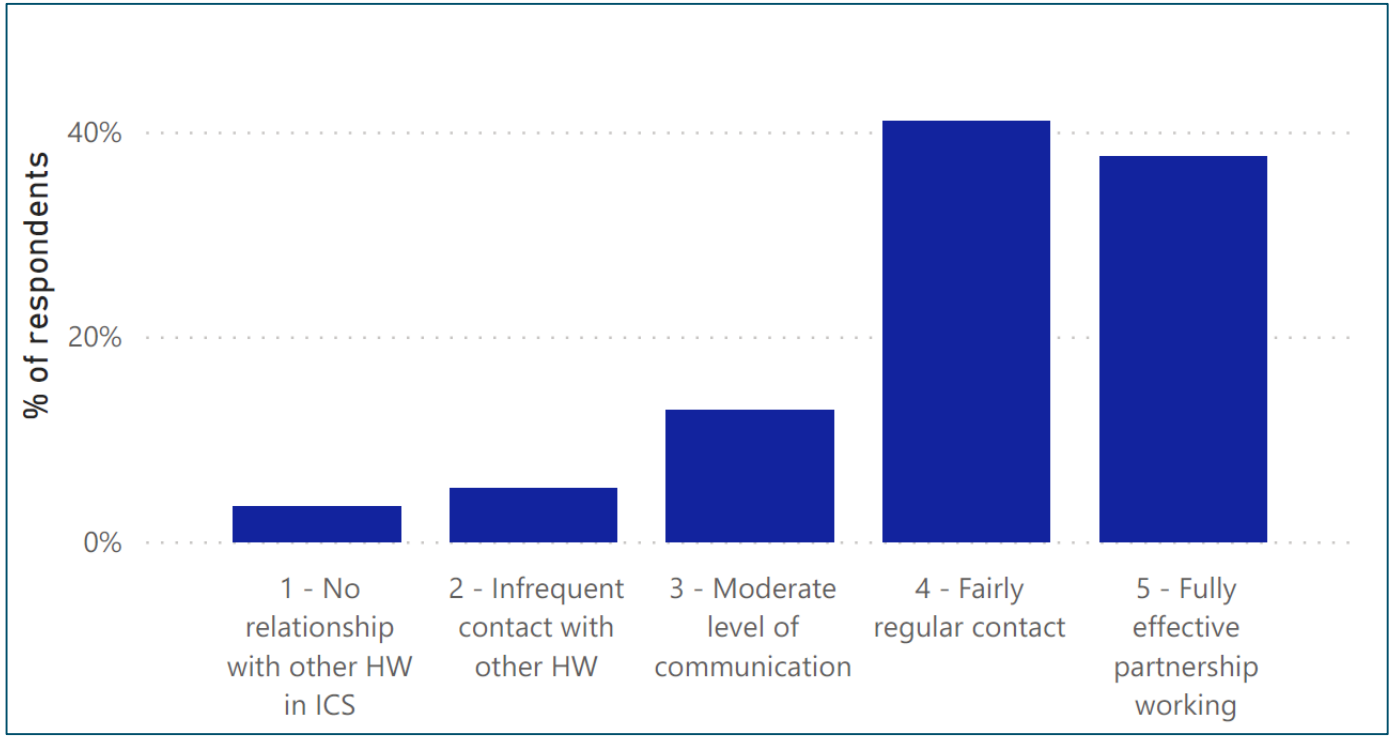
66 respondents (55%) selected Chief Officer, 23 (19%) selected Chair and 31 (26%) selected ‘Other’.

Just over half of those who selected ‘other’ stated their job role as ‘Manager’, with others including Delivery Lead, Strategic Lead, Director of Ops, Research and Comms Manager and Chief Operating Officer.



Theme: Joint working with neighbouring local Healthwatch organisations

Q3. On a scale of 1 to 5, how well do you think local Healthwatch organisations within your ICS area communicate and work with each other?



Almost 40% of respondents reported that they have a fully effective partnership working arrangement with neighbouring organisations, while just over 40% said they maintained fairly regular contact.

Theme: Joint working with neighbouring local Healthwatch organisations

Comments from Q3.

"There does appear to be a degree of 'silo' mentality from some of the others, understandably perhaps due to us each having vastly differing population demographics."

"Not fully effective yet but getting there - 13 local Healthwatch is a bit like herding kittens!"

"We have relationships will all local organisations, but the way they treat us differs. Some are fully effective partnerships. Others are less inclusive of us."

"We have a joint working MOU and an ICS funded worker to represent local Healthwatch at ICS level."

"Effective partnership working was established through 'Wessex Voices' - the programme developed by NHSE and local Healthwatch. This has been a hugely successful project."

Theme: Joint working with neighbouring local Healthwatch organisations

Q4. Please describe what joint working with other Healthwatch currently looks like. Please give as much information as you can, for example, is the collaboration formal, is an agreement in place, how are decisions made, what resource is available to enable this, what is the arrangement for representation at meetings, is there a data sharing agreement?

- 40% of respondents said they had a positive informal working relationship with other neighbouring Healthwatch organisations.
- 27% said they had some kind of formal agreement in place to help facilitate and 10% said they had allocated resource to enable this.
- 21% said each Healthwatch had agreed roles and representation but 23% said more work was needed to improve the current way of working.
- 5% said that no formal agreement was in place which could cause issues.

"Regular meetings. Formal MOU. Agreed representation across ICS Committees. Some joint working."

"In our footprint, we have the paid role of the local HW representative. This role ensures we find out key developments within ICS, we have a presence at key meetings and our work is fed back where appropriate. We are currently undergoing a joint work on assessing access to GP services post lockdown restriction easing in July."

"Informal and regular discussion. Will present a united view on topics where we can."

[redacted]

"Informal relationship based on mutual trust and respect."

"There is no formal agreement although there have been some meetings with Chairs and leads or just Chairs. There has been a 'coming together' although actual input has been limited by a few members."

"Just in process of agreeing a Memorandum of understanding and links between staff teams are being strengthened. Decision making is by our normal decision making route in HW. There are no ICS meetings where Healthwatch is asked to be representative as of yet."

Theme: Joint working with neighbouring local Healthwatch organisations

Q5. More specifically, what is the role of your Healthwatch on behalf of the Healthwatch collaborative across your ICS footprint?

When asked about the specific role of their own Healthwatch within their ICS footprint:

- 20% of 116 respondents said they worked as an equal partner with other local Healthwatch
- 10% said they worked at local level and 13% said they worked at an ICS level on behalf of their local Healthwatch
- 17% said their role was to represent all local Healthwatch at relevant meetings
- 13% said they had no specific role.

"We are equal partners represented by a paid HW representative."

"We work together with the other five and have suggested that we might host the new role on behalf of the others, but this has not been given any great consideration. We just needed to fathom this out before making the case for representation that one of us would be prepared to host as we saw it as conflict if it was role directly managed by NHS, even if the money is coming from them."

"At this stage, the role of our Healthwatch is for our borough alone and does not act on behalf of the HW collaborative across our ICS footprint."

"I am not aware that we have a specific role it is just the informal support for each other whenever we can and feeding back relevant information."

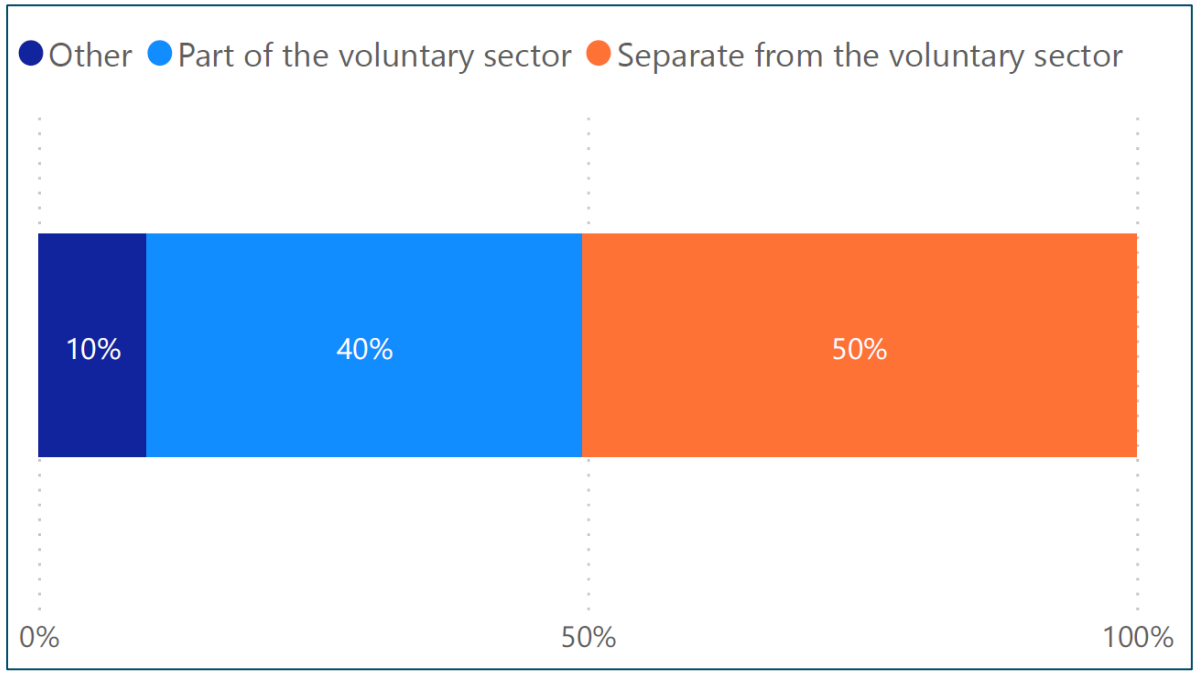
"We only have 2 local Healthwatch in our ICS so neither lead, we are seen as equal partners representing the two places."

"We have a coordinator who represents all local Healthwatch within our ICS. We don't have a specific role."

"Healthwatch Leeds have traditionally had a co-ordinating role across the ICS working in terms of planning meetings etc. but we all take a role in this, i would say that there is no lead local Healthwatch on this, however as a larger local healthwatch we have supported ICS working as much as we are able to."

Theme: Healthwatch and the Voluntary Sector

Q6. How do you see your local Healthwatch in relation to the voluntary sector?



There was a mixed view of how Healthwatch colleagues saw Healthwatch in relation to the Voluntary Sector (VS), with 50% saying it was separate to the VS, and 40% saying it was part of it.

Drilling down into the further comments provided, 18% said Healthwatch was separate but with good links to VS partners. 11% said it was part of the VS but the statutory powers of Healthwatch set them apart. Almost 60% of those who commented further on this re-emphasised the positive working arrangement and regular contact with VS organisations, and 17% said there were aspects of current working arrangements with the VS that could be improved.

Theme: Healthwatch and the Voluntary Sector

Comments from Q6.

"Our contract is hosted by a third sector organisation. Though we are independent , we have good links with 3rd sector partners across the town."

"A close partner, but our voice is not synonymous. HW and Vol sector have independent roles on ICS Partnership Board."

"We do however, recognise that we are a voluntary body, but under legislation operate independently of the voluntary sector. We do work collaboratively with our VCO colleagues to engage with local populations."

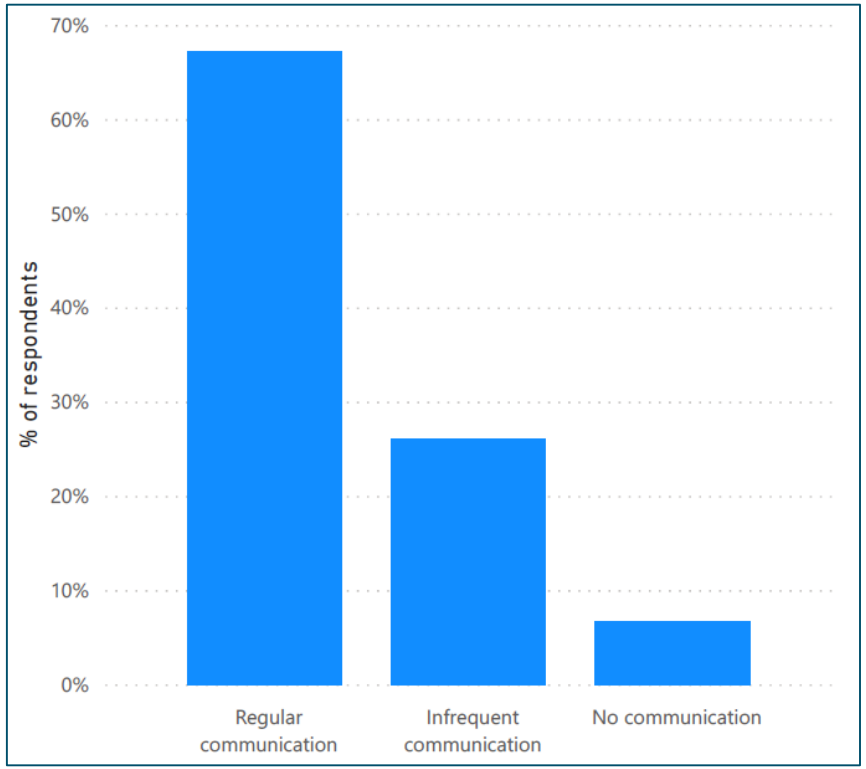
"Both. We are part of the sector and work well with other parts of it but can't be the voice of the sector and need to be able to share people's feedback on services provided by voluntary sector in their provider roles. Our roles are distinct but hopefully complimentary."

"This is a difficult question to answer as we work closely with the voluntary sector but we are seen by the voluntary sector as a different entity (despite being a company of a CVS organisation)."

"HW is essentially a public body, we are not a voluntary or third sector service, but due to lack of consistent national identity it blurs the status of the organisation which is incredibly unhelpful. We need to have a clear identity in order for our USP to be credible and understood."

Theme: Healthwatch and the Voluntary Sector

Q7. How does your Healthwatch work with voluntary sector partners when influencing the ICS or carrying out engagement work?



"We have strong relationships with our VCSE lead organisation and regularly discuss our roles as part of the developing ICS. We also take part in fortnightly meetings with VCSE leads."

"Both on ICS Partnership Board - there is more regular communication at an ICP level."

"There has been no communication with us, however this was flagged up only last week with our voluntary sector leaders and we will now be included in discussions. But so far we have had no involvement. We are not aware of what, if any, engagement work is taking place but we hope this becomes more apparent the more we are involved."

"Where necessary. A lot of our work is health focused which is usually outside the remit of the voluntary sector but there are some key touch points i.e. if we are doing work with BME then there is the BME Forum, or homeless or refugee organisations if we do work there."

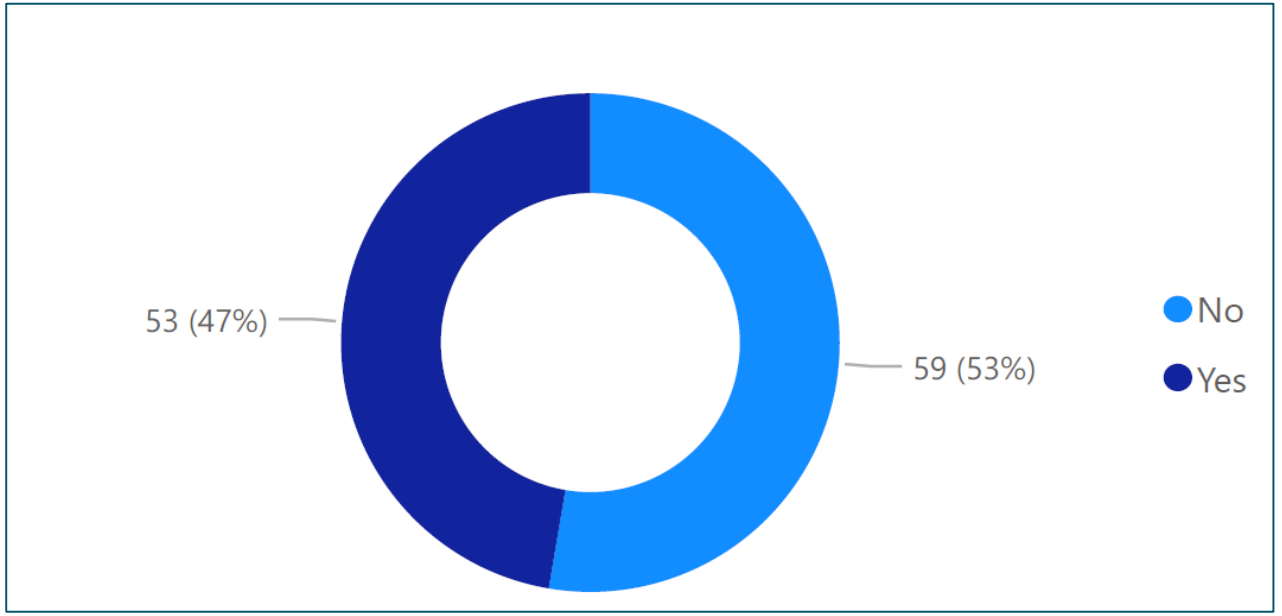
"Regular meetings and part of a voluntary sector group looking to develop a pan [redacted] voluntary sector alliance to support the ICS."

Theme: Healthwatch and the Voluntary Sector

Q8. Do you see a role for your Healthwatch as being a coordinator for the voluntary sector and a channel through which the ICS could communicate with wider voluntary sector partners (particularly smaller community groups)?

A mixed response emerged from this question, with 47% saying yes and 53% saying no.

Of those respondents who commented further, 25% said the VS already has its own networks in place and doesn't need Healthwatch to coordinate this for them. 14% said this was not within the remit of Healthwatch and would require further funding to happen, and 7% said Healthwatch should remain independent.



Theme: Healthwatch and the Voluntary Sector

Comments from Q8.

"There are existing organisations that coordinate the third sector organisations in the borough that are linked with the ICS already. There is a potential for us to develop in this area and strengthen the link between the third sector organisations and the ICS."

"We are, and should be, independent."

"Not at all. That is the remit of the local voluntary sector organisations. Our remit is already too large."

"Potentially yes... but I think the local VCS may be reluctant here."

"We are well-positioned to implement this kind of coordination, however, this would require further support in terms of capacity and resources. We are a trusted partner of both the VCS and the ICS partners."

"We already do this."

"This would require additional funding. However, models are emerging where ICS support the provision of a voluntary sector liaison manager."

"I would see this as being more of a partnership with us and the CVS with the CVS taking more of a lead."

Theme: Healthwatch - current and future working with the ICS

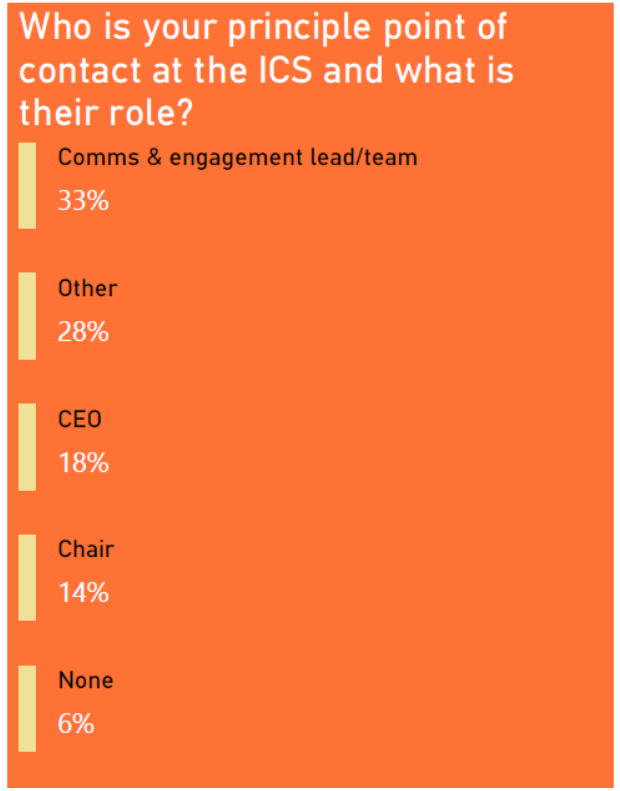
Q9. Who is your principle point of contact at the ICS and what is their role?

A third of respondents said their principle point of contact was someone within the communications & engagement function at the ICS. Only 18% were in touch with the CEO and 14% with the Chair. This indicates that there is very limited engagement between local Healthwatch and ICS leaders.

Answers that fell under the "Other" category (28%) were mixed and included a number of different job roles, as well as named individuals. Some of the job titles included:

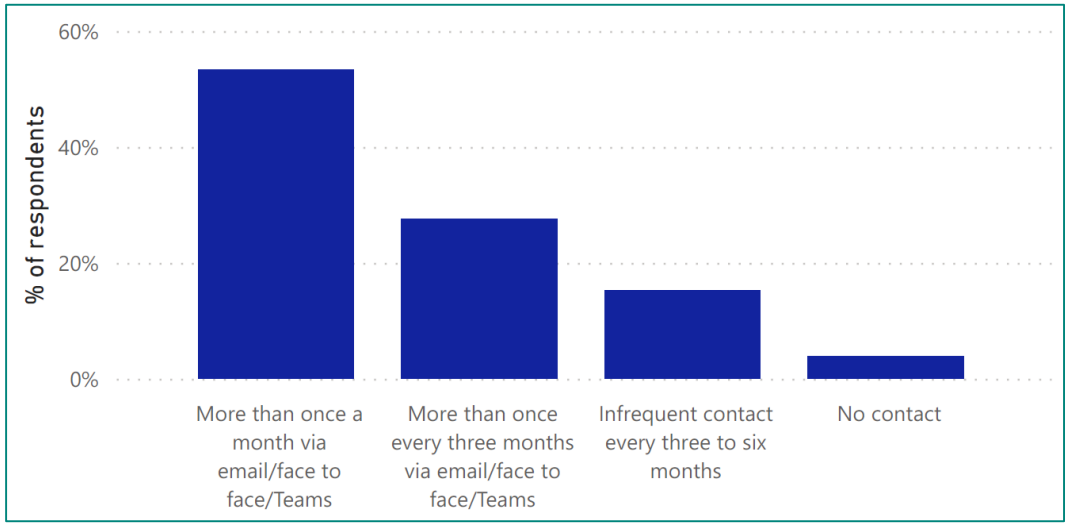
- Director of Corporate Strategy & Development
- COO of the ICS
- Associate Director of Quality
- ICS Portfolio Director
- Director of Corporate Affairs.

6% of respondents had no regular point of contact.



Theme: Healthwatch - current and future working with the ICS

Q10. Select the option that best describes your current relationship and level of contact with your local Integrated Care System (ICS):



"Our position with the North ICS is not as embedded as that in the South, the ICS operates in a more 'insular' way."

"Does the ICS exist yet? I talk to the CCG and the local Authority and the relevant providers. I'm talking to people who'll be part of the ICS but I'm not talking to the ICS."

"I think our contacts are mainly with and through the CCG rather than the ICS as such. But at present, isn't that largely the same thing?"

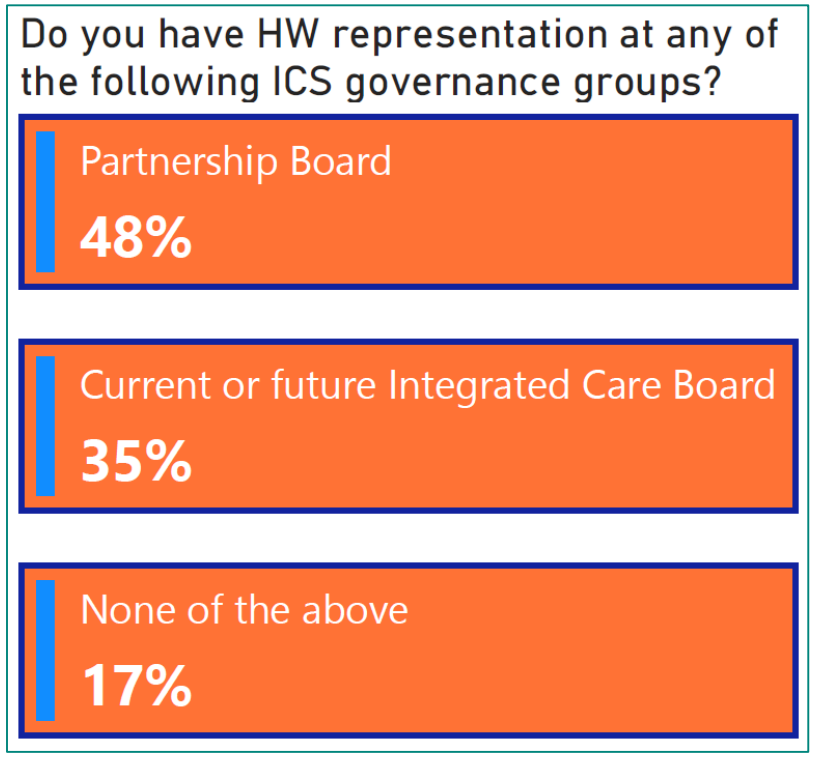
"We are part of a weekly system PLACE ICS meeting and part of many other workstreams at PLACE and ICS. In contact most days."

"Daily contact via our dedicate HW Director role."

"No contact apart from informal chats with various members of the ICS team and Chairs across the patch."

Theme: Healthwatch - current and future working with the ICS

Q11. Do you have Healthwatch representation at any of the following ICS governance groups:



Of those respondents who provided comments under the “Any other workstream” option:

- 39% reconfirmed they currently had Healthwatch representation on ICS Boards/groups/meetings
- 15% said the future representation of Healthwatch was still unclear
- 13% referred to meetings/groups they represented but not at ICS governance level
- 6% said they had no involvement in ICS governance at all.

Theme: Healthwatch - current and future working with the ICS

Comments from Q11.

"Not sure they are governance groups, more scrutiny - strategy A and E Delivery Board, Planned care, Mental health."

"HW is part of the shadow board of the two ICPs (called north and south alliances) HW is part of key work streams eg Urgent care, Harm review etc."

"We are chairing a task and finish group of the Integrated Care Partnership - creating a Charter for engagement, strategy for engagement, rapid desk review of evidence on user experience / views in relation to ICP priorities, harmonising remuneration policies for people who get involved in public participation initiatives."

"Communications and engagement group, in discussions about partnership board."

"Multiple examples include comms and engagement, system pressures, vaccination programme, hospital discharge, Primary Care, Diabetes, Cancer, Mental Health (adults and CYP), Autism, new ICS engagement planning."

"I really am confused now. I'm on an integrated care board for the borough, penny is just dropping that this is an ICS thing. Assume they exist in each borough, and must make sure I talk to other HW colleagues about what's happening at each of theirs."

Theme: Healthwatch - current and future working with the ICS

Q12. Further to Q11, describe your involvement in the governance at the ICS, i.e. what other Boards or meetings do you attend, and what is the nature of your role at these meetings? Can you describe where these meetings sit within the governance arrangements?

"Place based work programmes and the Health and Wellbeing Boards are our main touch points linked to the ICS at this point. We are currently being consulted about the structure of the ICS and what our role would look like in that. We are hopeful we will have a seat where needed."

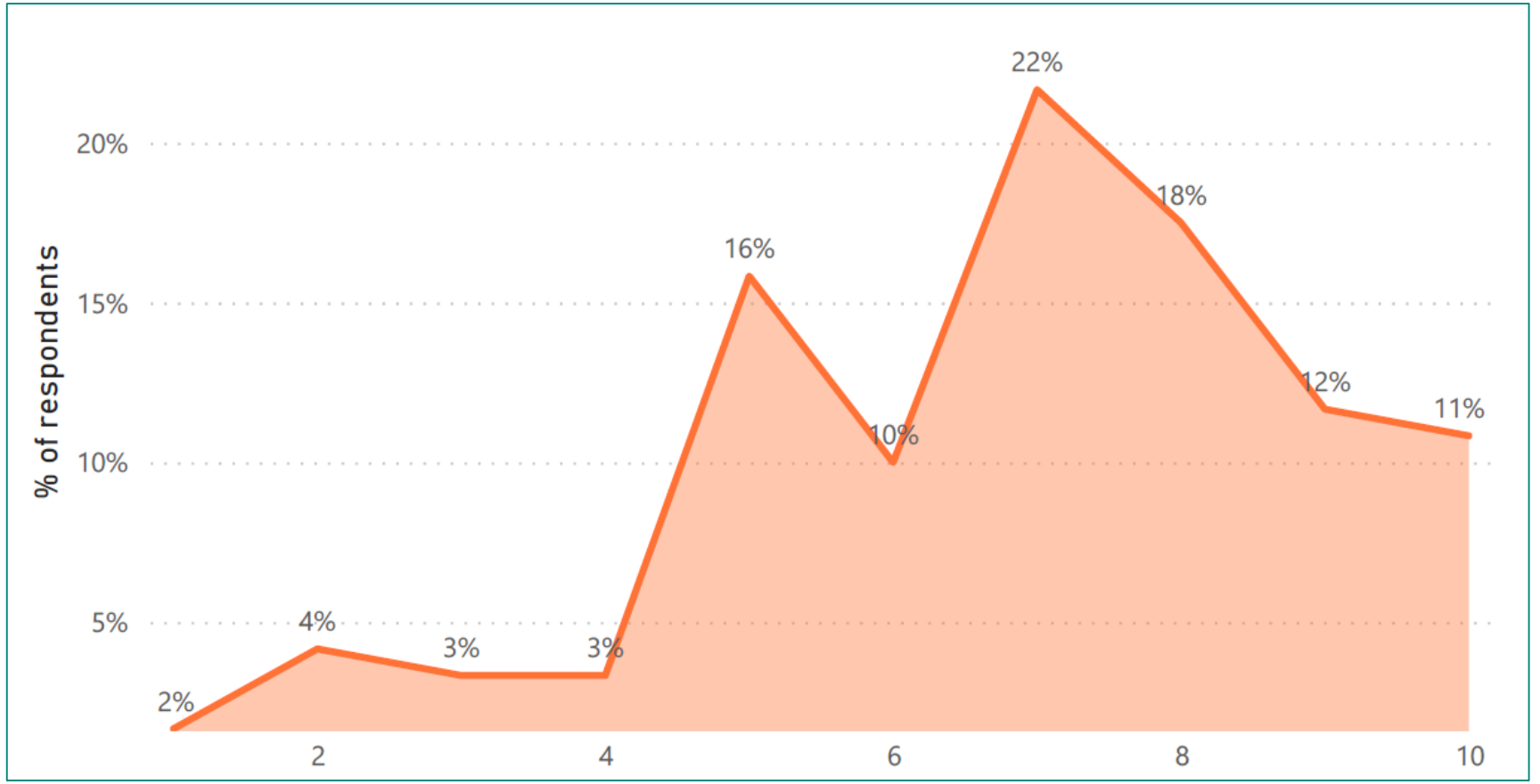
"Newly establish System Overview Assurance Group. Comms Cell. UEC collaborative and mental health collaborative. Our role is to bring the patient and public perspective to all discussions, based on the intelligence we have. The governance structure is still developing."

"We have delegated our representation on the ICS Board to another local HW. As a group of HW we each coordinate participation in a number of other boards. We represent local HW on the Population Health and Health Inequalities Programme Board."

"Complex question! We have participated in several high level boards and meetings with the ICS, our role varies from advisory to full engagement and co-design. Only ICS 'Board' I currently sit on is Vaccination Programme Board but several other committees."

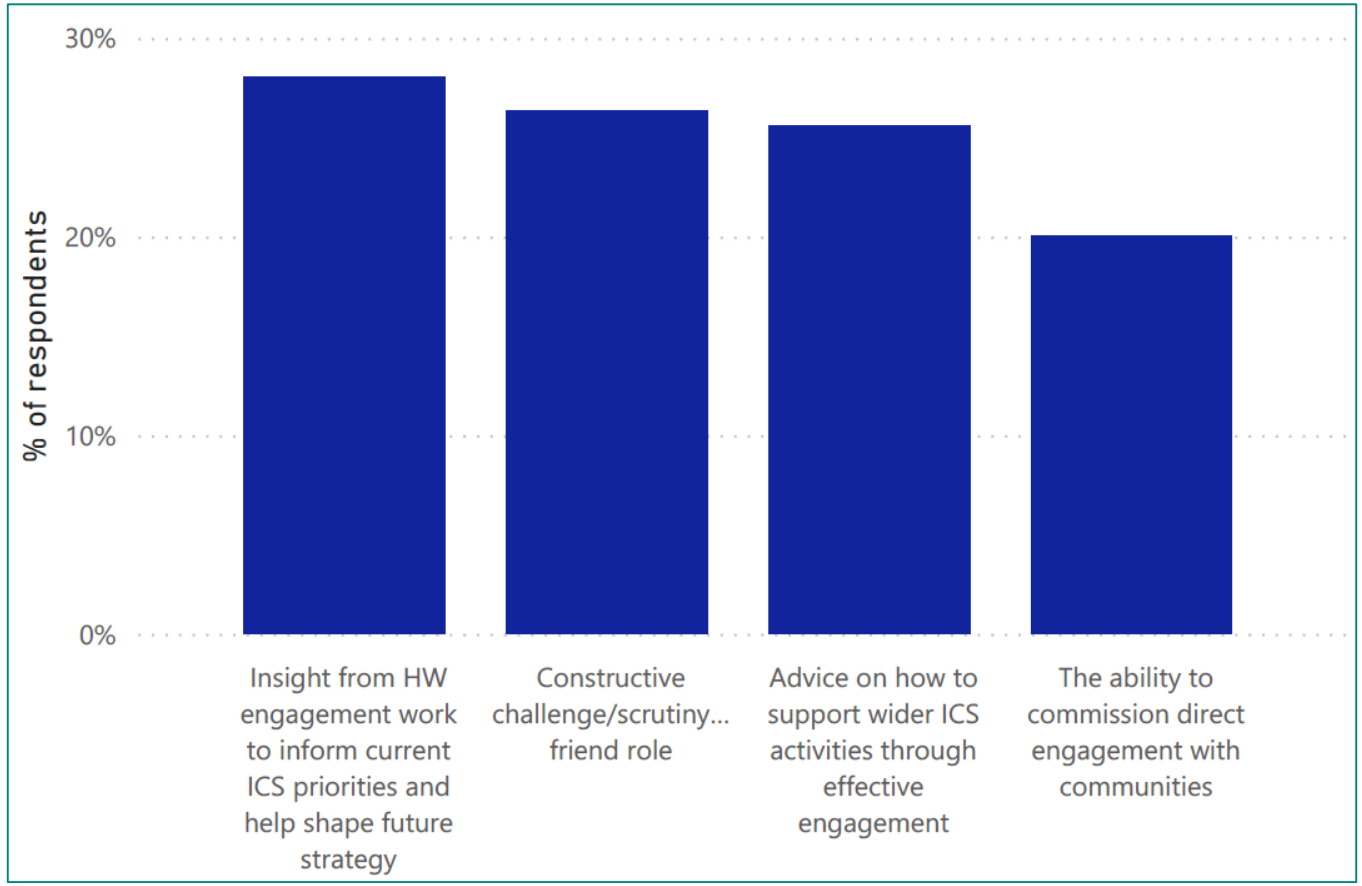
Theme: Healthwatch - current and future working with the ICS

Q13. On a scale of 1 to 10, how highly do you think your ICS values the role of Healthwatch in your area?



Theme: Healthwatch - current and future working with the ICS

Q14. In which specific areas do you think Healthwatch's expertise could add the most value at an ICS level?



Theme: Healthwatch - current and future working with the ICS

Comments from Q14.

"I think we underestimate our provenance. I have been around 7 years and lots of people in ics new. It's an opportunity to shape, help them network, give some actors, stop them keep repeating same questions to patients and public, but to get on addressing them."*

"Our independence, our impartiality, our statutory role - VSCE are often commissioned via public money to deliver health and care services - they are immediately in a direct financial conflict of interest - we are not in that position and can therefore look at the whole of the health and care system to ensure services are equitable across our region and fit for purpose for our citizens."

"I think the critical friend and constructive challenge would be done via the stronger engagement involvement. If we had clear public opinion at an early stage based on an open approach to sharing plans for change and development then the ICS could not argue easily with the views given to them and so the challenge would be made."

"Advise and facilitate the ICS to understand the diversity of their communities and how the ICS can engage with them directly and through the vcs."

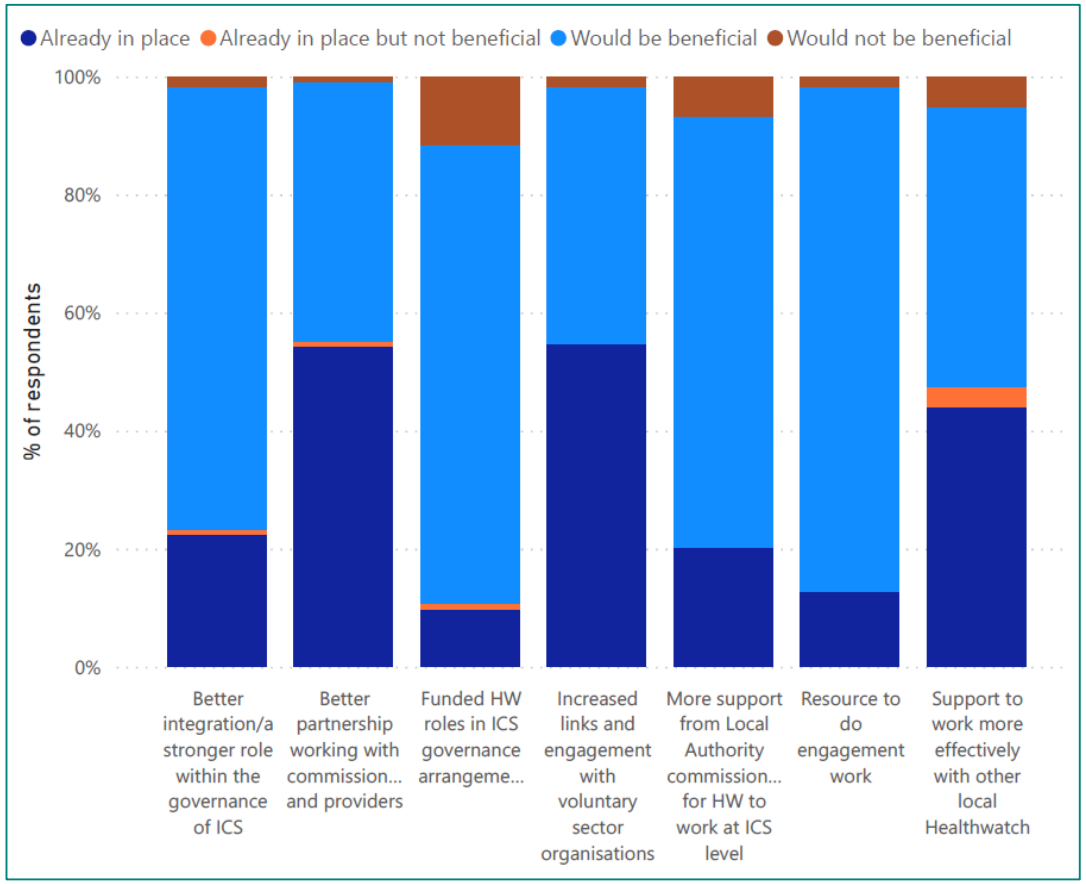
"Support with training and upskilling local system workers in relation to engagement and communication."

"To link neighbourhood (PCNs) and Place through the Integrated Care Partnerships to the ICS."

"Authentic Coproduction as a cultural change the ICS and its partners are in need of."

Theme: Healthwatch - current and future working with the ICS

Q15. Select which of the following you think would help to develop the role of Healthwatch at an ICS level, or whether any of these are already in place.



The most popular responses selected as 'would be beneficial' are currently not in place, and include:

- better integration with ICS governance
- funded HW roles in the governance arrangements
- more support from commissioners to work at ICS level
- resource to do engagement work.

Theme: Healthwatch - current and future working with the ICS

Comments from Q15.

“We need the ICS to show action and commitment. They say very nice words about the contribution we make and how important patient engagement is but it is very difficult to follow up with real actions - it has taken over two years to agree a representative role and we currently have a consultant helping us with that. I sense senior management (not [redacted]) but Chief Officer and Lead Clinician see it a tick box exercise. Happy to have us around the table but not be too active.”

“I dont think we should be seeking additional funds to be involved in ICS governance arrangements. It should be part of what we are already funded to do.”

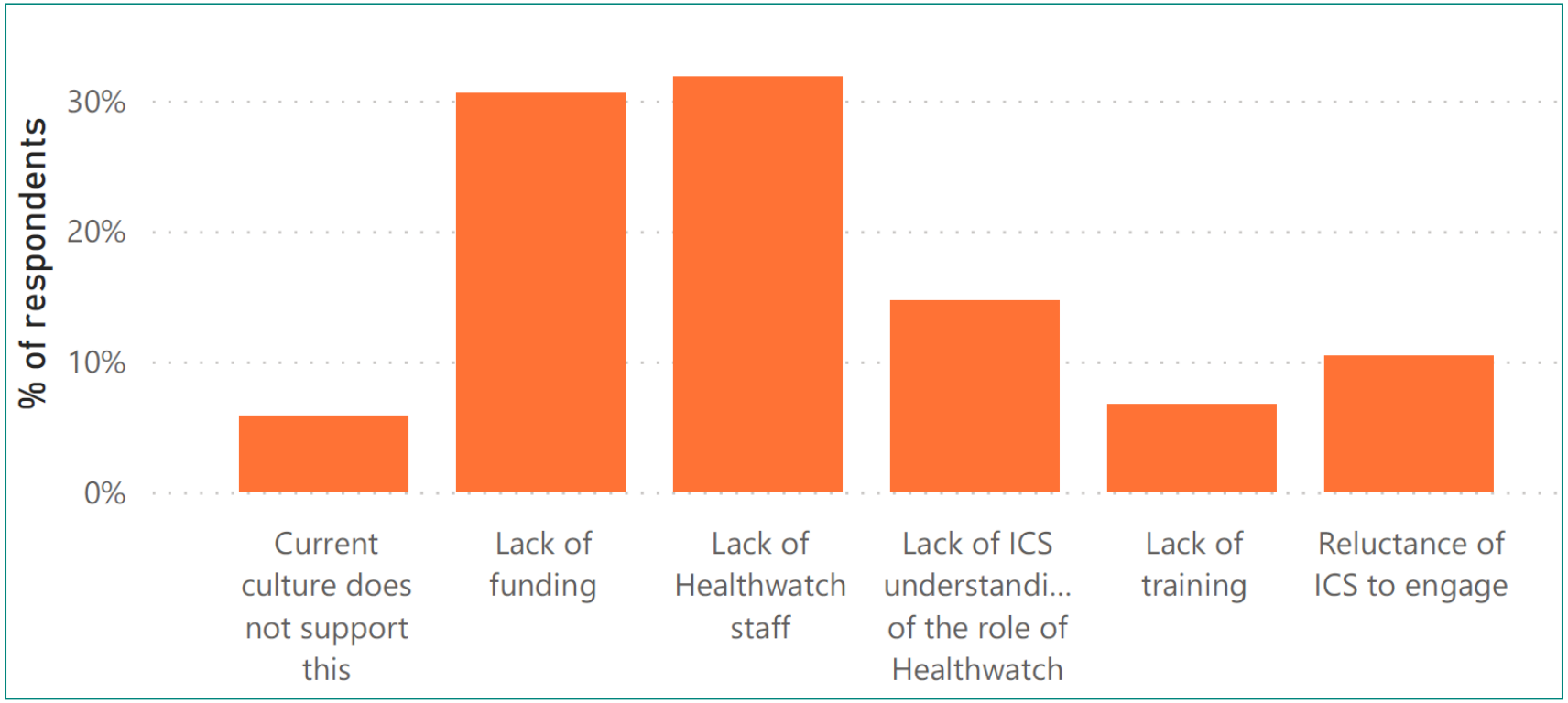
“Funded support from local authority commissioners for HW to work at an ICP level. The place based work will also be very intensive to be effective in our role at both place and scale.”

“These misunderstand the problem and as a result are not solutions to it. We're place based organisations and it right that we are. Our capacities and capabilities, strengths, remit, skills, expertise, contacts, intelligence, relationships, communities and priorities are based at Place level. The ICS is also a Place based organisation primarily and what we offer at Place level is incredibly valuable. From what we've seen so far within the ICS, Place is where decisions that matter are made. If we build from Place we shouldn't need the above (although more resource is probably essential). We're also independent and, whilst we'll adapt and respond and collaborate there are inherent problems with asking us to prioritise the system's agenda over patient and the public's priorities.”

“The key for me is working effectively with other HW - without it we can all be ignored and marginalised.”

Theme: Current barriers and challenges

Q16. What are the barriers or challenges to your engagement with the ICS? Select all that apply:



Theme: Current barriers and challenges

Comments from Q16.

"Our collaborative agreement works , we are a small team so HWL taking an ICS seat means that we can really focus on effective engagements and community relationship building."

"Time, and pace of change."

"Our area is in a transition to ICS with senior roles and CCG personal to be appointed/ assimilated so there is instability currently. Compounded as some Trust Chairs and Trust CEOs and LA CEO are leaving soon."

"We really could do with more staff as we sometimes struggle to meet the demands of core HW work and ICS projects."

"There will be an increased challenge to be at the strategic / Board level and to cover the neighbourhoods and districts. We currently don't have the resource to consistently cover the more local areas - even when this is done by volunteers, it will need staff resources in order to manage, coordinate and support this."

"ICS understand Healthwatch role but could be better at facilitating ways for us to support their work."

"Current challenge is the internal changes within the ICS and the pace of change."

"Any engagement feels like a tick box exercise."

"So much activity taking place, that some opportunities might be missed."

Theme: Taking the Healthwatch/ICS relationship forward

Q17. How do you see the role of your Healthwatch organisation or relationship with the ICS developing in the run up to, and following 1 April 2022?

- 26% of the 116 respondents to this question said they were expecting partnership working with their ICS to strengthen in the coming months and beyond.
- 20% were expecting to see HW have increased involvement in ICS governance.
- 15% were hoping to see an improved relationship and/or more engagement, and 17% said they were still unclear or had some concerns about the future way of working.
- 13% said this would only be possible with the existing resource they had to support this, or they would need additional resource to make it work.

"We expect Healthwatch to be part of partnership board."

"We have already met and discussed our role and we will have representation at [redacted] ICS level. We see this as a positive step and look forward to seeing how much involvement we actually have."

"Supporting their development, being an ally when needed as well as critical friend. See opps in churn to influence agenda but speed that stuff needs to done and pressure from above, can mean they do not usefully bring us in. To be. 'There' around the table when important debates and decisions take place."

"Difficult to predict re our relationship with the ICS. We will continue to work in close partnership with the ICP."

"Its a worry here really. Things should progress but danger is we may be side lined. Trying to work out how to get us to the fore but have small resource within this Healthwatch. We have some supporter but also some influential people in system who do not see the value of engaging or involving local people and are trying to carve to maximum influence for their own organisations. Could spend a lot of time and get nowhere."

"Pushing forward for a working agreement with funding for involvement on ICB and on ICP at system level."

"Working in close partnership unless the VSCE take over!!!"

"We hope to have a meaningful role at ICS / Partnership Level but the detail is still unclear at the moment. We will try to cover the neighbourhoods as best we can with limited resources."

General Comments

Q18. Do you have any further comments you would like to share?

"Just that there is much confusion about the ICS and ICP - we have [redacted] and we have local ICP so although we feel we have a good relationship with ICS as a network of 10 HW, locally it is not the same relationship and is difficult to work out who is doing what locally."

"Much is yet to be done as our ICS is only just establishing. We have worries that the huge local system deficit will hinder true integration, as it did throughout the attempts to be an STP."

"Healthwatch England already been very supportive so any influence at national level with NHSE would be good!"

"I have raised issues about the expectations of HW versus VSCE . Needs to be really clear what if any lay reps etc they want and who the want to engage with at local HW."

"I wonder how other ICS areas which have several local healthwatch manage these relationships, Healthwatch England could look at how they support the local Healthwatch to develop the right culture and approach so that there isn't competition or variation in local healthwatch within an ICS - some local healthwatch don't give the rest of us a very good name!"

"This has made me a bit worried I'm massively missing something. I think some Healthwatch England sessions on ICSs, how to engage with them and so on would be helpful. Maybe at conference. Would also love Healthwatch England to facilitate ICS HW conversations (neutrally) to get us thinking locally about what we need to do. I really don't think we've made the space to consider this strategically. I think we're just being responsive, because it's all so unclear still."

"I have described lots of v positive stuff but always good to learn too how other areas are doing it and are we missing anything, especially in relation to the new landscape. and big thanks for doing this work too :)"

Findings from the Integrated Care Systems survey

Profile of respondents

44 responses in total were received from 37 different Integrated Care Systems.

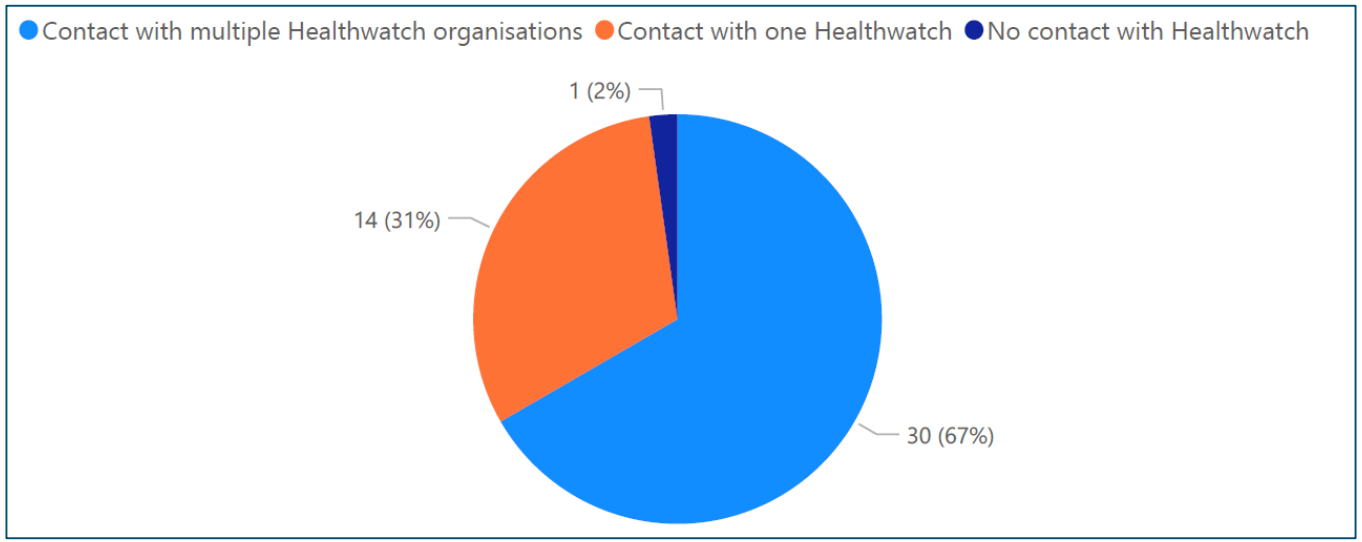
Questions 1 and 2 asked which ICS the responder was part of, and the job title of the person responding.

41 of the responses came from a Director/Associate Director/Head of Comms & Engagement role.

Of the remaining three, there was a Director of Strategy and Partnerships, a Director of Transformation Delivery and an unspecified CCG role.

Theme: Current engagement with Healthwatch

Q3. Do you have contact with one or more Healthwatch organisations within your ICS?



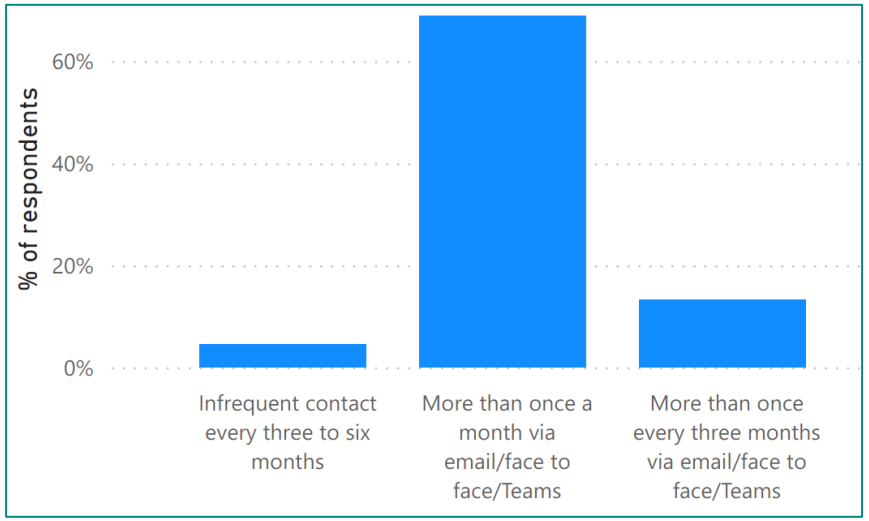
Q4. If you have contact with Healthwatch within your ICS, who are your main points of contact and what are their roles?

52% (23) respondents said their main point of contact was the CEO of their local Healthwatch and 15% (7) said they were in touch with the Chair.

Most respondents listed a number of different named individuals and had multiple contacts at their local Healthwatch organisations.

Theme: Current engagement with Healthwatch

Q5. Select the option that best describes your current relationship and level of contact with Healthwatch within your ICS.



"Regular monthly meeting with HWG Manager and regular contact in between with HWG staff and Board Members."

"I don't personally have much contact with Healthwatch, this is usually done through colleagues at the CCG."

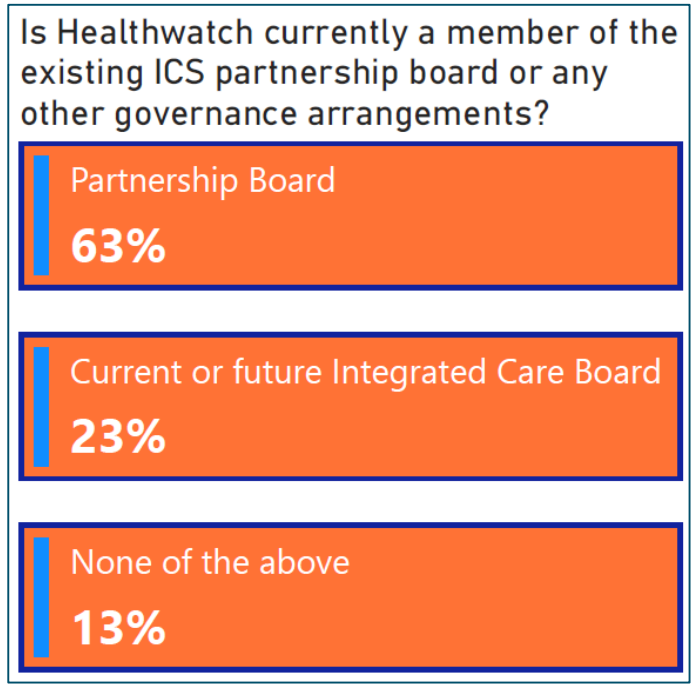
"I have monthly meeting with the Director, [redacted] Healthwatch and the other HW managers, and the lay member for PPI. The [redacted] director post is a post that we funded when the six [redacted] CCGs merged in April 2020. We have a good working relationship and the Director sits on the CCG GB, the Engagement Assurance Committee, the Equalities Committee and other programmes. We are also about to schedule monthly meetings with just the Director, myself and the lay member for PPI as this will provide another forum to discuss programmes of work such as ICS development in more detail."

"Weekly meetings with myself for the three leads; quarterly meetings with myself and ICS Leader; frequent ad hoc project based meetings."

"We meet once a month with all Healthwatch CEOs and hear from one of them at least every week."

Theme: Current engagement with Healthwatch

Q6. Is Healthwatch currently a member of the existing ICS partnership board or any other governance arrangements?



"Comms and Engagement System Group Multiple system groups, including End of life Care Review, Phlebotomy Steering Group and Clinical Design Group, LMNS Programme Board, Community and Place Based Programme Board Mental Health, Learning Disability and Autism Programme Board"

"Involved at a local level and on some workstreams but developing ICS structure."

"Healthwatch are represented on some of our local place based partnerships (current ICPs) and have regularly taken part in a range of system level workstreams. Less so during covid but continue to be closely involved in various priority pieces of work."

"We don't have a partnership board set up yet, but they are a member of various task and finish groups, including Comms Cell."

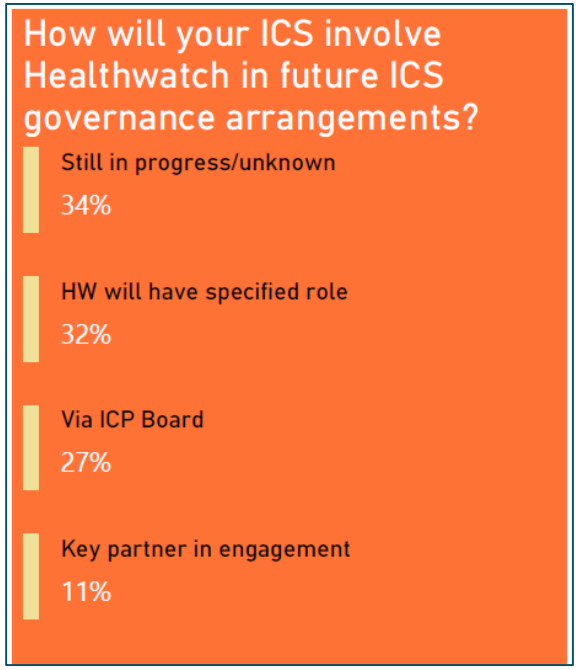
"None of the above have been established yet but the intention is to include Healthwatch. Healthwatch are part of the ICS Quality Bboard and Ethics Committee."

"They are part of our partnerships, engagement and communities workstream. They are also part of our ICS engagement network which meets monthly."

"Also on our system leadership executive group, sector lead groups and system oversight assurance group which is made up of executive group members."

Theme: Future engagement with Healthwatch

Q7. How will your ICS involve Healthwatch in future ICS governance arrangements?



34% of respondents said the future ICS governance arrangements were still being finalised or they were not aware of the plan for Healthwatch's future role.

32% confirmed Healthwatch would have a role in any future governance and 27% said this would be via the ICP Board.

Theme: Future engagement with Healthwatch

Comments from Q7.

"We are still developing the detail of the governance but we are involving HW in these discussions."

"Integral to the ICS operating model."

"Via Integrated Care Partnership Board."

"Will be heavily involved in both gathering intelligence to help capture the voice our citizens, but also in the governance of how key insights from experience data are translated into practical decision making and quality governance."

"Currently being worked through."

"Still to be determined but expected to be involved."

"As a member of the current partnership board they are informed about development of governance arrangements. Actual future governance to be confirmed. There will be a patient advisory group of some description with Healthwatch may be members of potentially as well as the main system level partnership group."

"Still to be decided. Guidance would be welcomed."

"Currently under discussion - we are openly talking to local HW about this and involving them in the conversation. They are also actively sharing their thoughts and ideas."

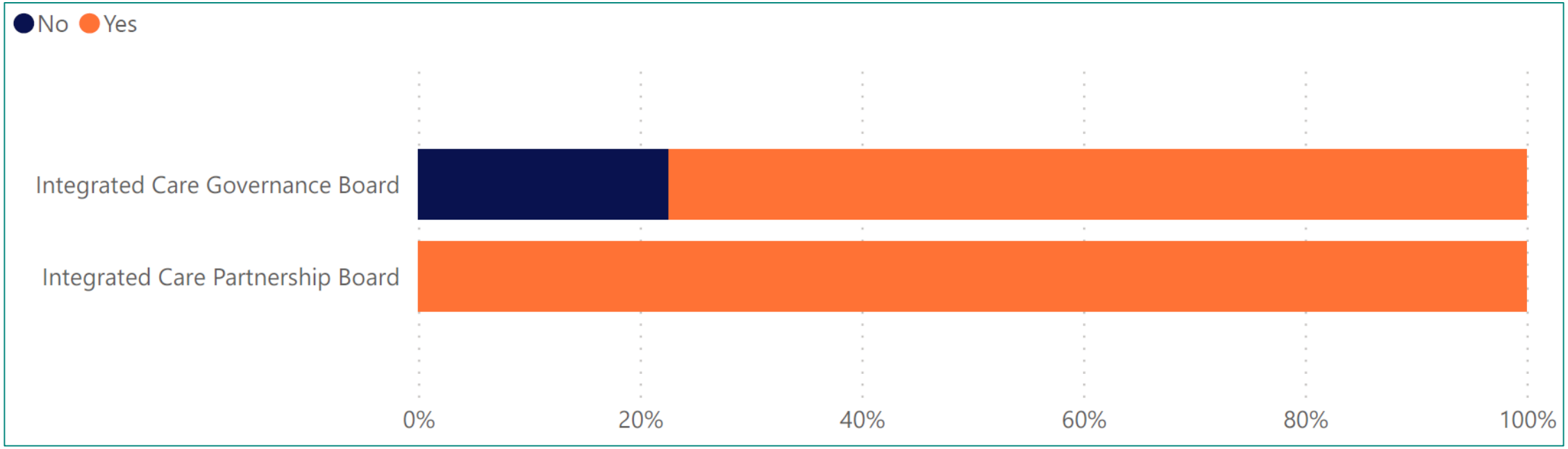
"Healthwatch are a key partner in all engagement activity in shaping our future ways of working."

"Unclear at the moment on ICB but they will remain part of our executive group as valued and equal members."

Theme: Future engagement with Healthwatch

Q8. Would you be supportive of Healthwatch having a non-voting seat on the following Boards:

A substantial majority (80%) of ICS respondents said they would be supportive of Healthwatch having a non-voting seat on the Integrated Care System Board, and 100% said they would welcome this seat on the Integrated Care Partnership Board.



Theme: Future engagement with Healthwatch

Comments from Q8.

“Unsure about ICB structure for us yet - but certainly on the partnership board and certainly at a local level.”

“The patient voice is important to us as a system and Healthwatch are invaluable in ensuring the patient voice is part of any discussion. Any final governance and board membership would need to be agreed at a system level, although I am personally supportive.”

“This final answer reflects my personal view and may not reflect that of the ICS. From my perspective, Healthwatch are a valued partner and I would like to do more work with them.”

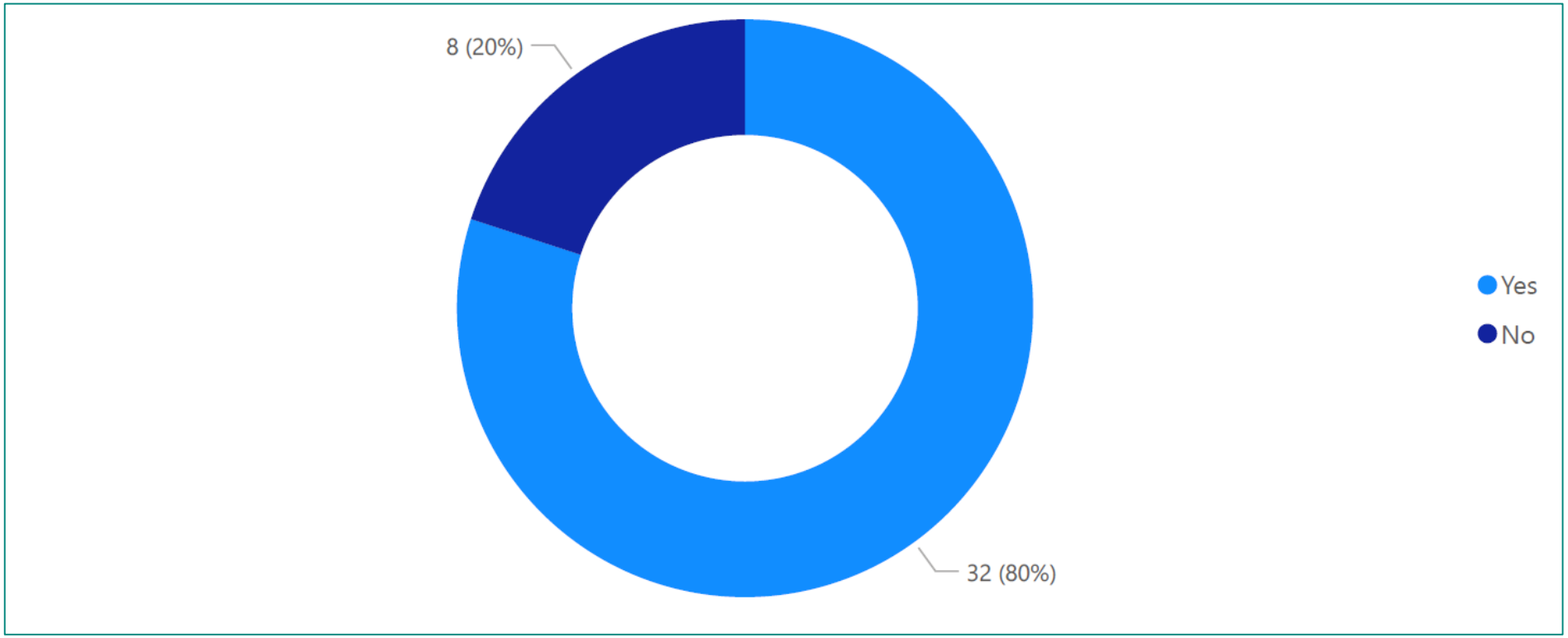
“Detail of new committee structure TBC - representative Lay Involvement (whether HWG or other) important across the Governance arrangement for the ICS *'Yes' responses above refer to 'Lay' involvement - not necessarily nor exclusively Healthwatch.”*

“We are at an early stage of developing our Board arrangements but can confirm we are keen for Healthwatch to be represented.”

“Unsure about the ICB, that would need to be a decision made by the Chair and AO.”

Theme: Support and funding for Healthwatch

Q9. Do you currently provide funding to your local Healthwatch(es) for time spent supporting system governance or carry out engagement work on behalf of the system?



Theme: Support and funding for Healthwatch

Comments from Q9.

"For engagement - not system governance."

"Both councils provide funding."

"Not for general work which is part of their role and remit, but yes for commissioned work."

"Not funded for supporting system governance but usually funded if formal engagement work is commissioned."

"We do provide funding but indirectly via better care fund. The amount varies between each of our three LAs and I observe there's no standardised offer across our three places from Healthwatch."

"local HW reps attend meetings without payment but we also commission project specific work (e.g. engagement regarding surgery relocation, supporting our ICS system strategy development)."

"We have funded the [redacted] director post to be part of our governance structures as described. They have set up a [redacted] patient group."

"No but this is being explored."

"Yes for annual engagement and consultation mapping. Also paid to deliver five year plan engagement, stroke engagement and urgent emergency care insight."

"Depends on the project or piece of work - but there is not a recurrent pot of money that is currently given to Healthwatches to carry out this work."

Theme: Support and funding for Healthwatch

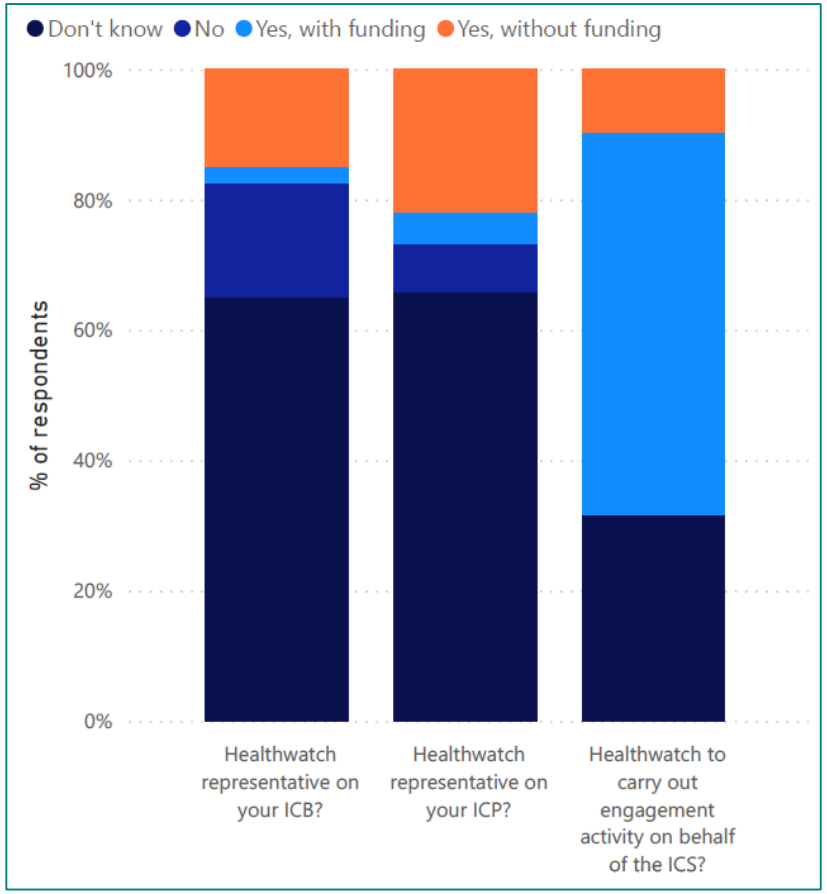
Q10. Do you plan to fund your local Healthwatch(es) for the time spent participating in your structures and carrying out engagement activity?

Many respondents were still unclear about a future role for Healthwatch on the ICB or ICP but most agreed they would be funding Healthwatch to undertake engagement work on behalf of the ICS.

39% of those who gave further comments (see the next slide) reconfirmed the plan to fund engagement work.

14% said they would provide funding for ad hoc commissions and 9% said Healthwatch funding was provided through local Authorities.

59% said they would fund Healthwatch to carry out engagement activity on behalf of the ICS.



Theme: Support and funding for Healthwatch

Comments from Q10.

"These matters are all under consideration at a system level."

"Need to define the specifics of how representation will be managed in terms of funding, but we already fund Healthwatch to carry out engagement on behalf of the ICS and will continue to do so."

"Funding for commissioned work, not for work which is part of their remit."

"The debate on funding for time on board meetings hasn't every really been had and our system would benefit from this. The debate has been had for the VCSE and an agreement reached."

"If we ask them to carry out specific engagement activity around ICS development we would fund them. As a system, I believe we would probably feel their core funding should cover the board work."

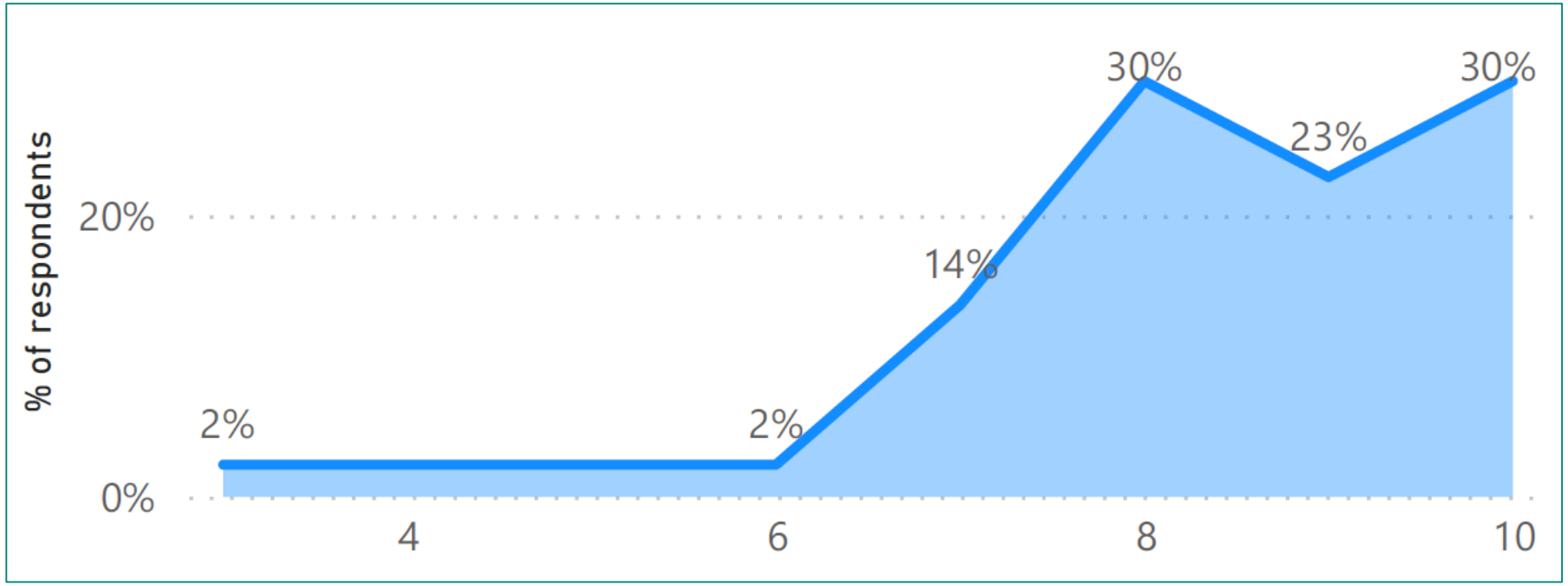
"Our Healthwatch are keen to support us, and have never asked for funding."

"We would expect discuss funding for a place on the ICS Partnership Board with Healthwatch; We would anticipate this being seen as a core activity, though we would consider finding should Healthwatch not be in agreement. We would fund Healthwatch for engagement, but it may need to be by EOI rather than ongoing direct commission."

"Representation at key meetings is not intended to be funded as this aligns with their statutory responsibilities as Healthwatch however, where engagement activity is scoped and deemed to be outside of their planned activities, it is recognised activity will require funding. In these circumstances, project proposals and briefs are developed and agreed as required."

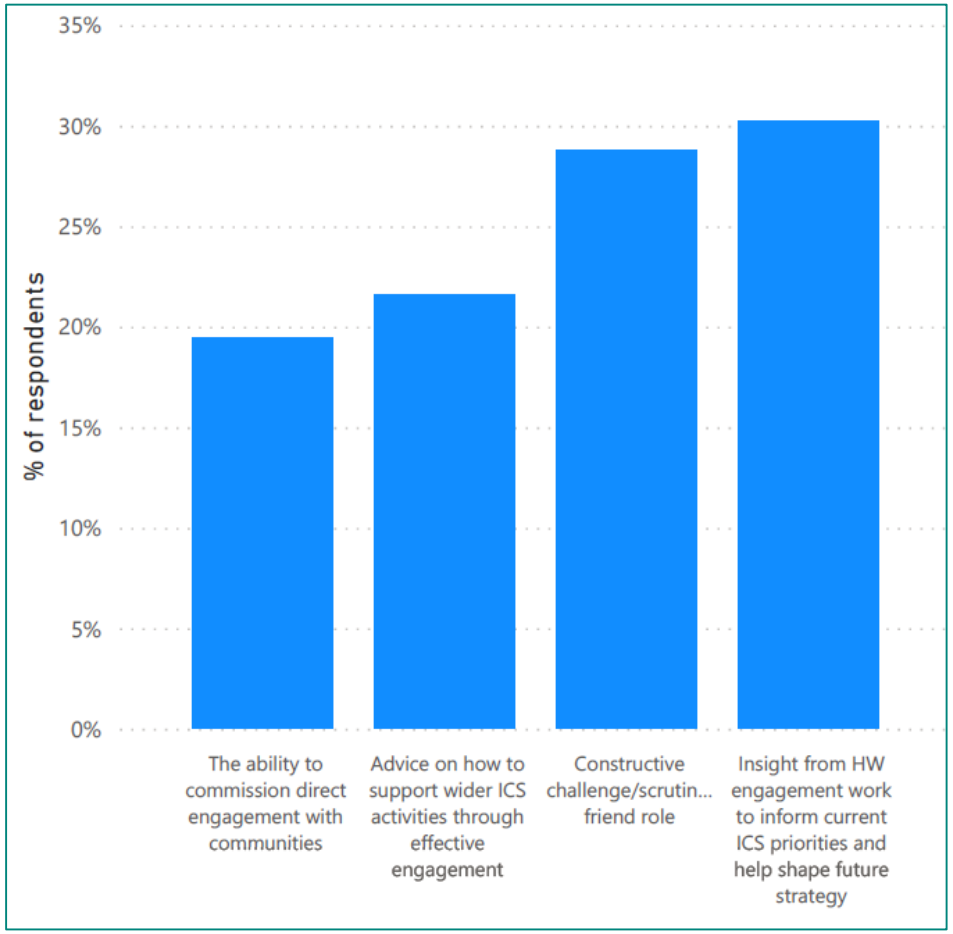
Theme: Support and funding for Healthwatch

Q11. On a scale of 1 to 10, how highly do you value the role of Healthwatch in your area?



Theme: developing the role of local Healthwatch

Q12. In which specific areas do you think Healthwatch's expertise could add the most value to the ICS?



"Not the sole connection to communities, but a critical part of the overall engagement ecosystem."

"Clarity about who does what - seems to me Healthwatch is morphing into an engagement consultancy when it was set up as a patient watchdog - or at least that is how it was portrayed at the time - and the NHS has parallel engagement structures - just leads to confusion."

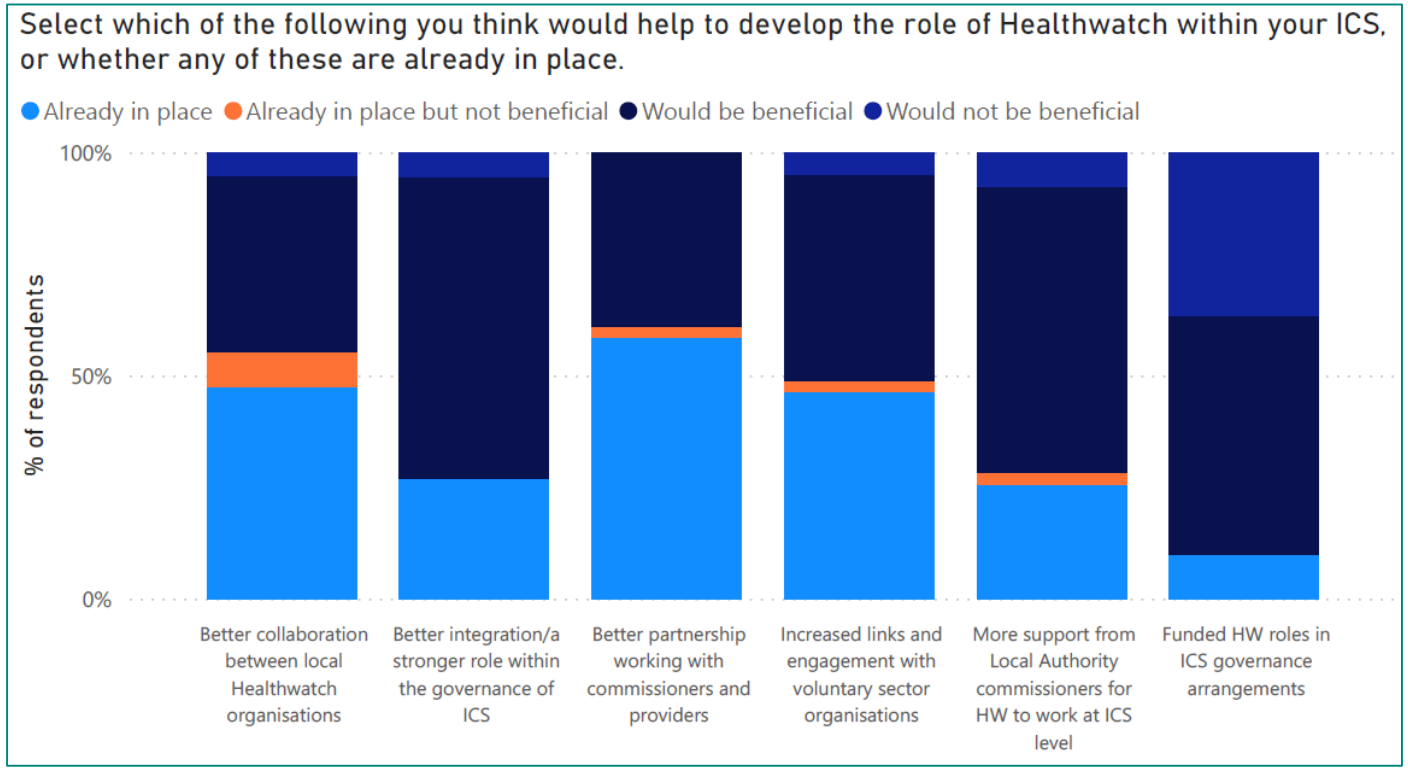
"To support with building strong partnerships with the community, reaching diverse groups etc."

"Re - ability to commission direct engagement with people and communities - I would be looking for collaboration with other VCS organisations."

"Healthwatch do not have the links to equalities groups that our wider VCSE hold - their role would be more generic engagement. I would not turn to Healthwatch on advice for effective engagement - the ICS Public Involvement Team are the experts in this."

Theme: developing the role of local Healthwatch

Q13. Select which of the following you think would help to develop the role of Healthwatch within your ICS, or whether any of these are already in place.



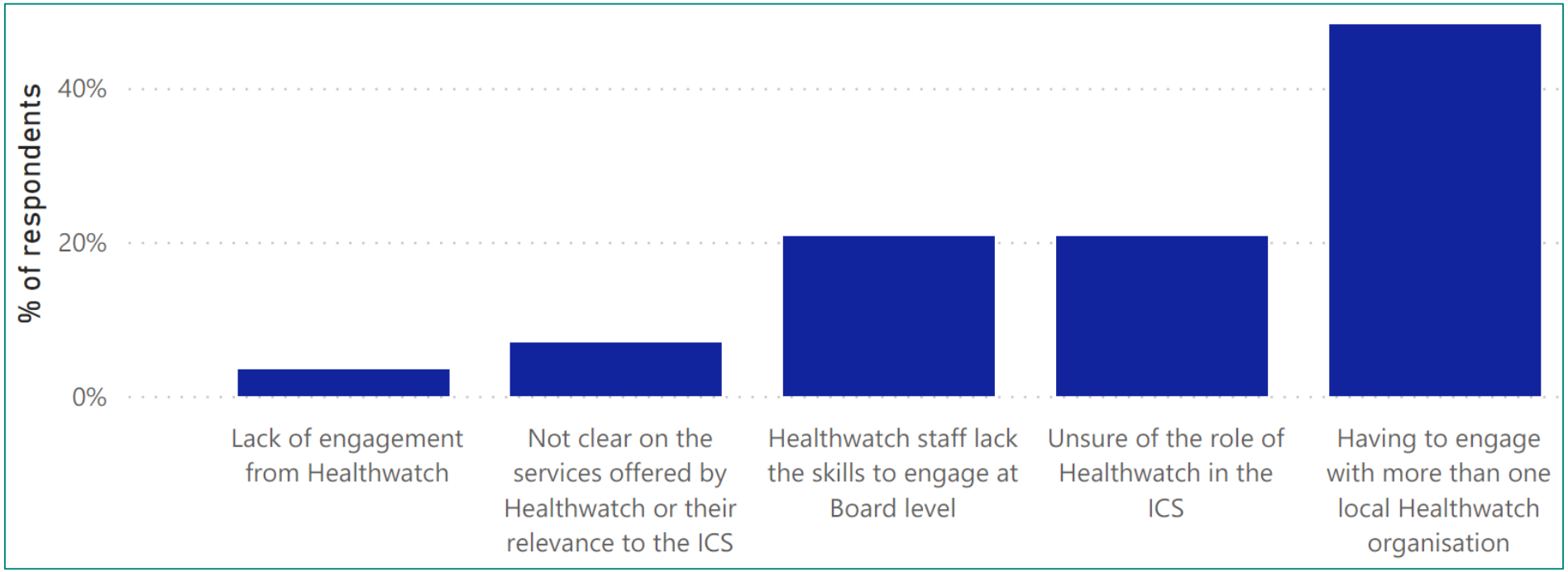
Other:

"The [redacted] Director facilitates collaboration between the different HW orgs though I think this still presents some challenges as we have different provides of HW services with different cultures."

No other additional suggestions were provided

Theme: Current barriers, challenges and enablers

Q14. What are the barriers or challenges to your engagement with Healthwatch? Select all that apply:



Theme: Current barriers, challenges and enablers

Comments from Q14.

"We are working well as a system, but 4 healthwatches does bring challenges. The Healthwatches in each place work well together, but obviously still retain place interest."

"local healthwatch team have limited resources to conduct the work they do, so we are heavily restricted in terms of the work we can do."

"I think one of the issues for our ICS is that Healthwatch is small and doesn't have the capacity necessarily to be represented at all our Place Boards which is something we have been looking at, or if they can be more effectively represented across the system. I'm not sure funding HW roles to sit on our governance boards is the right use of funding as they are set up to have a statutory role as 'patient voice'."

"One of our local HW's is under resourced and doesn't have a very visible wide network or demonstrate understanding of the demographic profile and needs of local communities in the LA that it is contracted to operate."

"Differences in approaches between Healthwatch organisations."

"Healthwatches lack maturity and profile and currently have low membership figures."

"Healthwatch struggle with capacity and resource. Their focus is on local activities and there are challenges to working collaboratively across our patch."

"We have a very good relationship with the [redacted] Director, HW. However, I think one challenge is the different experiences and cultures in the different HW orgs across the ICS footprint and the different levels of funding the HW organisations receive from the LAs."

Theme: Current barriers, challenges and enablers

Q15. Keeping in mind the previous question, what factors help to enable a successful relationship with Healthwatch?

More than half (52%) of respondents said regular and open communication was the biggest enabler for a successful relationship between the ICS and local Healthwatch.

23% said collaborative working and a shared understanding of the benefits also help.

11% said clarity of the role of Healthwatch is also beneficial.

"Regular, open and transparent communications."

"Ongoing regular dialogue at a local and national level; we already engage weekly with our Area Manager, and locally with ICPs. Need to continue and make more meaningful as the details of our ICS journey emerge."

"Encouragement for HW to work together beyond their boundaries and share resources particularly as they vary in size."

"A shared understanding of how involvement can benefit the population. Some of the Healthwatches in our area have a different view of this - they don't agree with each other, so this makes it difficult to find the common ground. Some of our Healthwatches are excellent, but others aren't so there's a mixed economy of skill and willingness to participate."

"A willingness to build relationships from both sides. Both seeing the value of public involvement and therefore pulling in the same direction."

"We fund a project manager to co-ordinate the four Healthwatch."

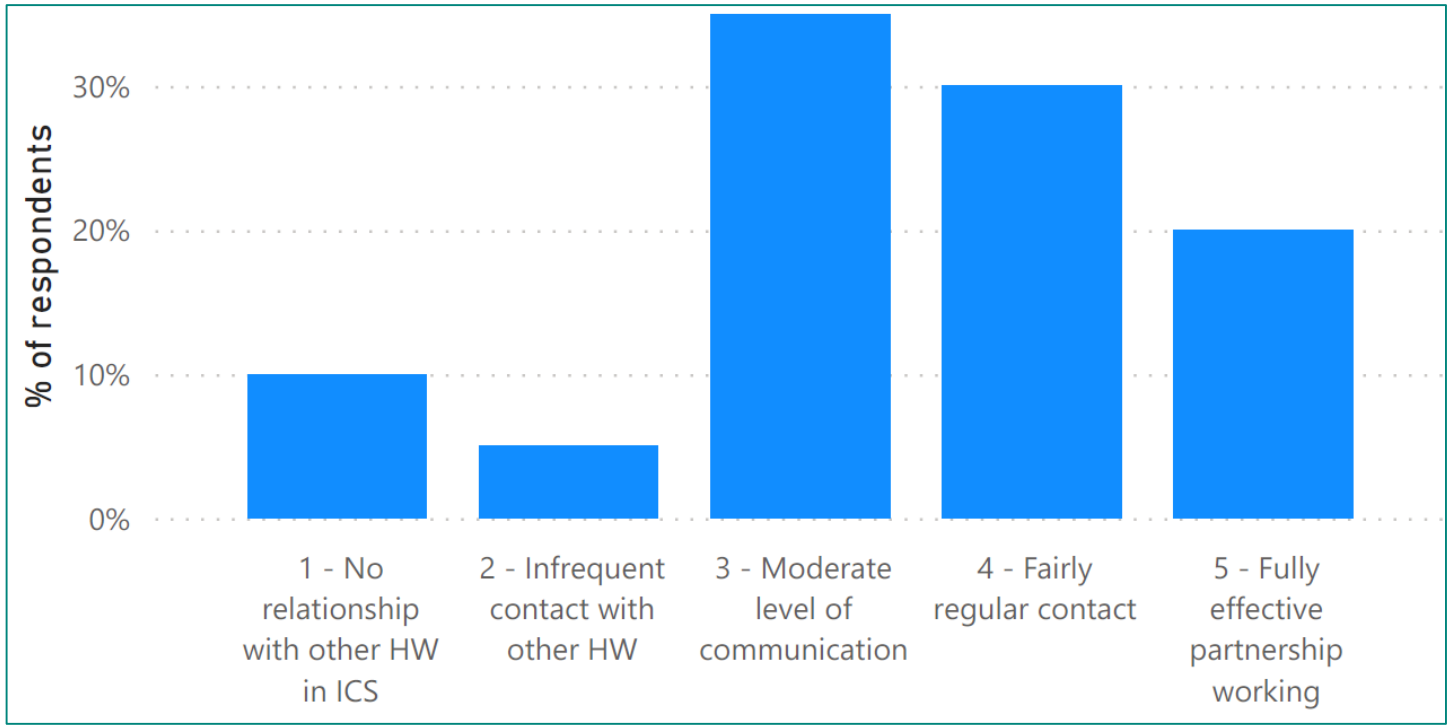
"Mature healthwatch who are clear on their role."

"Improved relationship from leadership. At moment it feels more challenging and critical rather than supportive / critical friend."

"Better funding so they can do the job they need to do."

Theme: Joint working between local Healthwatch

Q16. On a scale of 1 to 5, how well do you think local Healthwatch organisations within your ICS area communicate and work with each other?



When asked to elaborate further on the benefits and barriers of joint working, 25% of respondents said the current joint working arrangements could be improved, and 18% said they saw positive partnership working between local Healthwatch organisations.

11% said they only worked with one Healthwatch in their ICS.

Theme: Joint working between local Healthwatch

Q17. Looking at the previous question in more detail, what does the current collaboration between Healthwatch organisations in your ICS look like and what benefits would improved partnership working bring to the ICS? Does a current lack of joint working create any barriers?

"We would need to consider if it is better to have two representatives at an ICS level or if they could nominate one to represent both."

"Streamlined engagement activity and priorities across the two Healthwatch would be helpful, although recognising that the different places have varying needs and challenges. Different priorities for both Healthwatches can result in geographical gaps in the patient voice and experience to feed into service design and development."

"Geographically it is a challenge for Healthwatch [redacted] *and the HW in the* [redacted]*. Support to help HW develop a structure and approach into the ICS would be helpful."*

"Two out of three work more closely but still do not have aligned work plans."

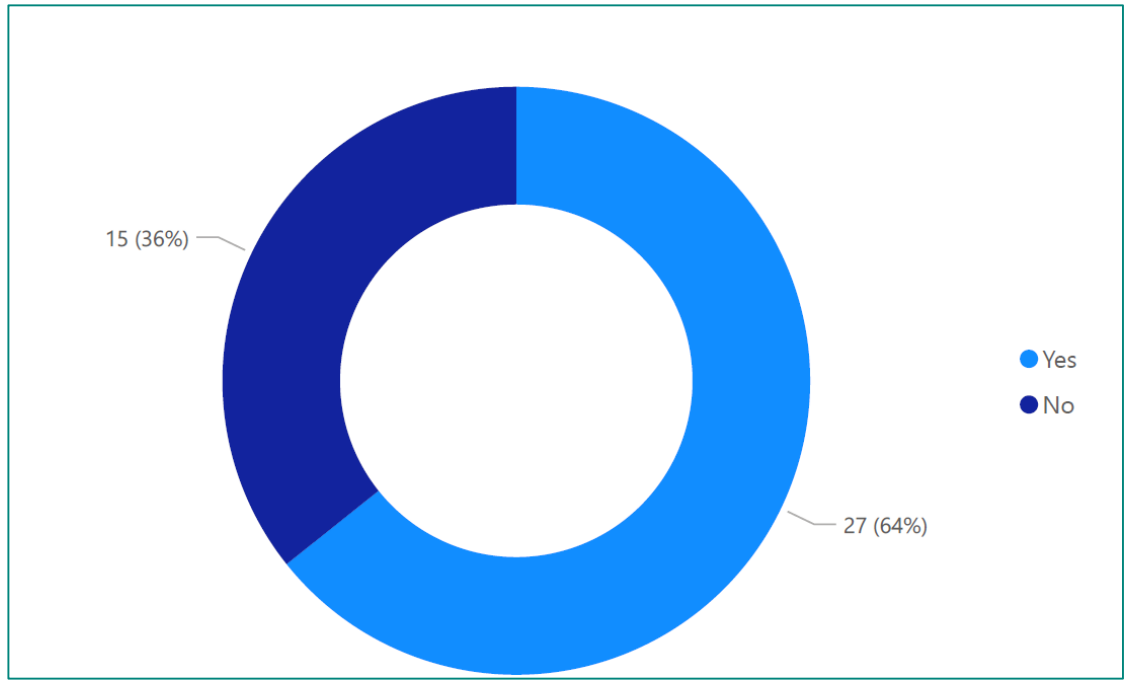
"The same background organisation supports both [redacted] *and* [redacted] *Healthwatch. Would actually be easier if they just merged into one for the ICS footprint of* [redacted] *and* [redacted]*."*

"As we have a funded project manager this facilitates the collaboration. We have tried previously to ask the HW managers to collaborate without the assistance of additional resource but this did not work as they are too stretched both from a time and financial perspective."

"The organisations vary in size and in some cases quality; this makes consistent collaboration difficult. I don't think goodwill is an issue and there have been attempts to improve collaboration. I think a funded director working across the ICS would help, as would closer collaboration with the ICS in agreeing priorities: we have a plan for this."

Theme: Healthwatch and the Voluntary Sector

Q18. Do you think there is a role for Healthwatch to act as a link with the voluntary sector?



64% of those who responded agreed there was a role for HW to act as a link with the VS, however many of those who commented further reinforced the importance of the ICS retaining or strengthening existing links with Voluntary Sector organisations.

Of those who commented further (see next slide) 55% said they already had strong links with the VS in place, and 11% said Healthwatch already signpost the ICS to the VS.

7% said the Voluntary Sector works in a different way to HW.

Theme: Healthwatch and the Voluntary Sector

Comments from Q18.

"We don't need them to act as the link as we have strong working relationships in addition."

"Although there is a role being involved and in ensuring that the VCSE development includes the patient voice, HW should be the voice of the patient, and not the VCSE."

"Yes, to a degree. However, as a system we are working to develop those links with the VCSE through the development of a MOU."

"Our HW already does and is involved as a key link and partner, for example HW with other VCE organisations are developing an engagement offer, but they need to come together as equal partners for that kind of collaboration."

"This is largely seen as our VCSE infrastructure organisation's role. But Healthwatch support this work especially linking us with other health VCSE organisations."

"Not sure yet. We have a strong voluntary sector community who have lead representatives already."

"In our area, our local CVS organisations have strong relationships with voluntary sector organisations. We see the VCSE and HW having different roles."

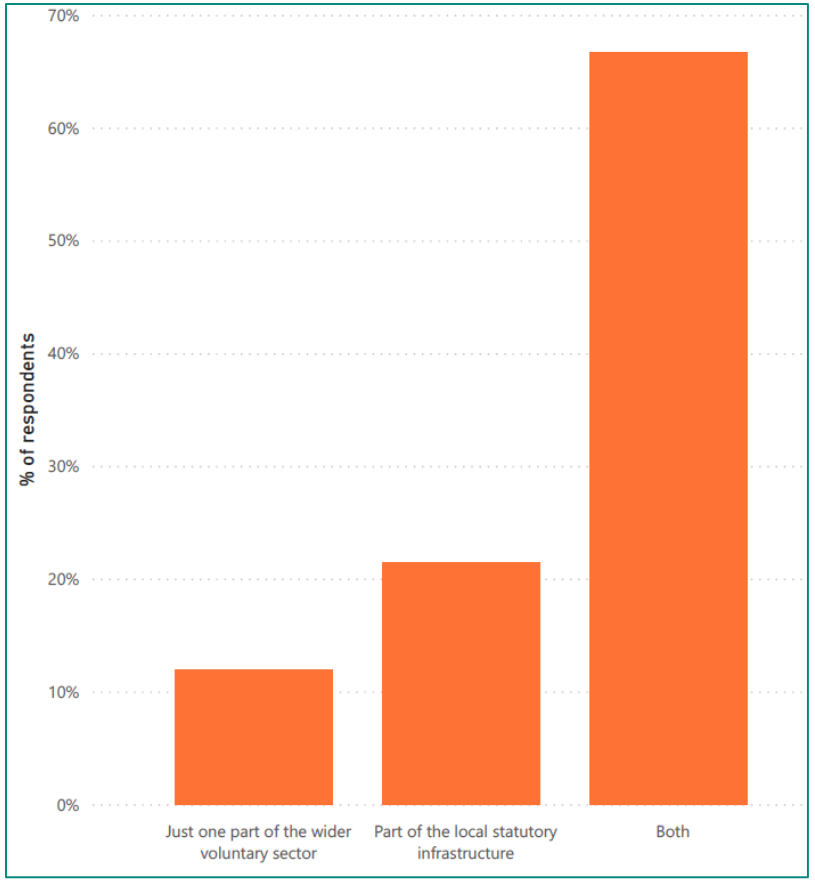
"Yes, but I don't think the VCSE would welcome this. They would prefer to be their own conduit."

"Yes - this works extremely well in [redacted] *but the role of Healthwatch* [redacted] *and Healthwatch* [redacted] *is different. Healthwatch organisations, in my opinion should work closer with the Voluntary sector."*

"We have established direct links with the voluntary sector this would add another layer which is not needed."

Theme: Healthwatch and the Voluntary Sector

Q19. Do you see Healthwatch as:



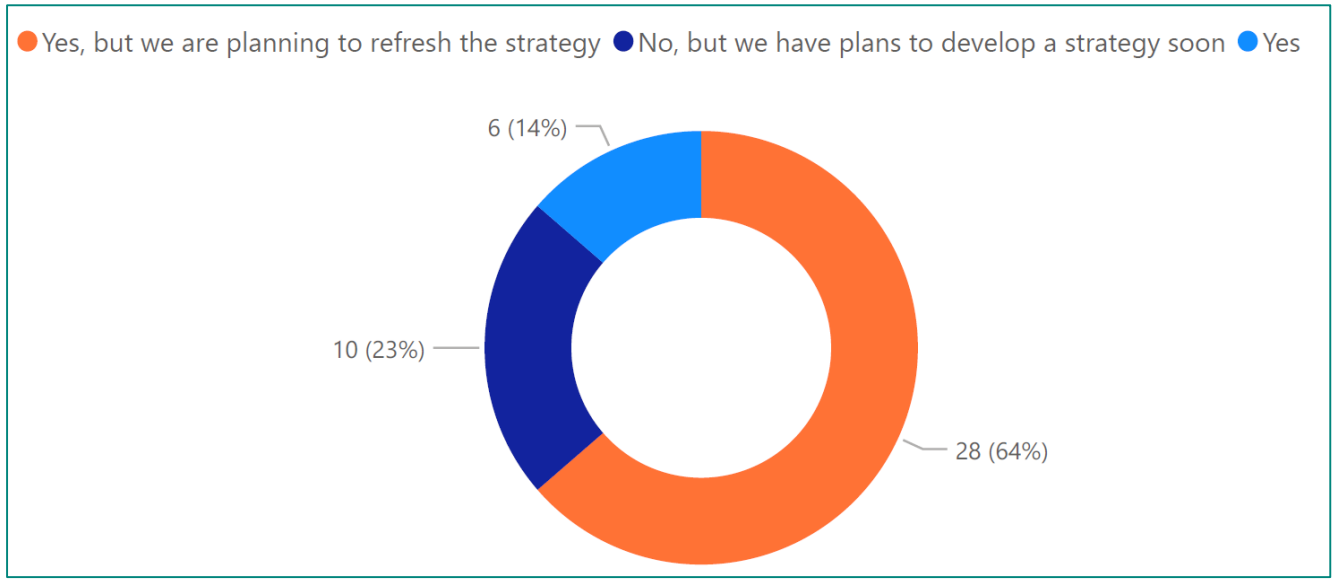
Other, please specify:

"Representative of local people."

"They are not connected with the infrastructure in [redacted]."

Theme: ICS Public Engagement

Q20. Does your ICS have an existing strategy for public engagement?



"Planning a refresh in light of new guidance."

"We will continue to evolve our strategy for public engagement, and ensure this brings in the views of players across our ICS network."

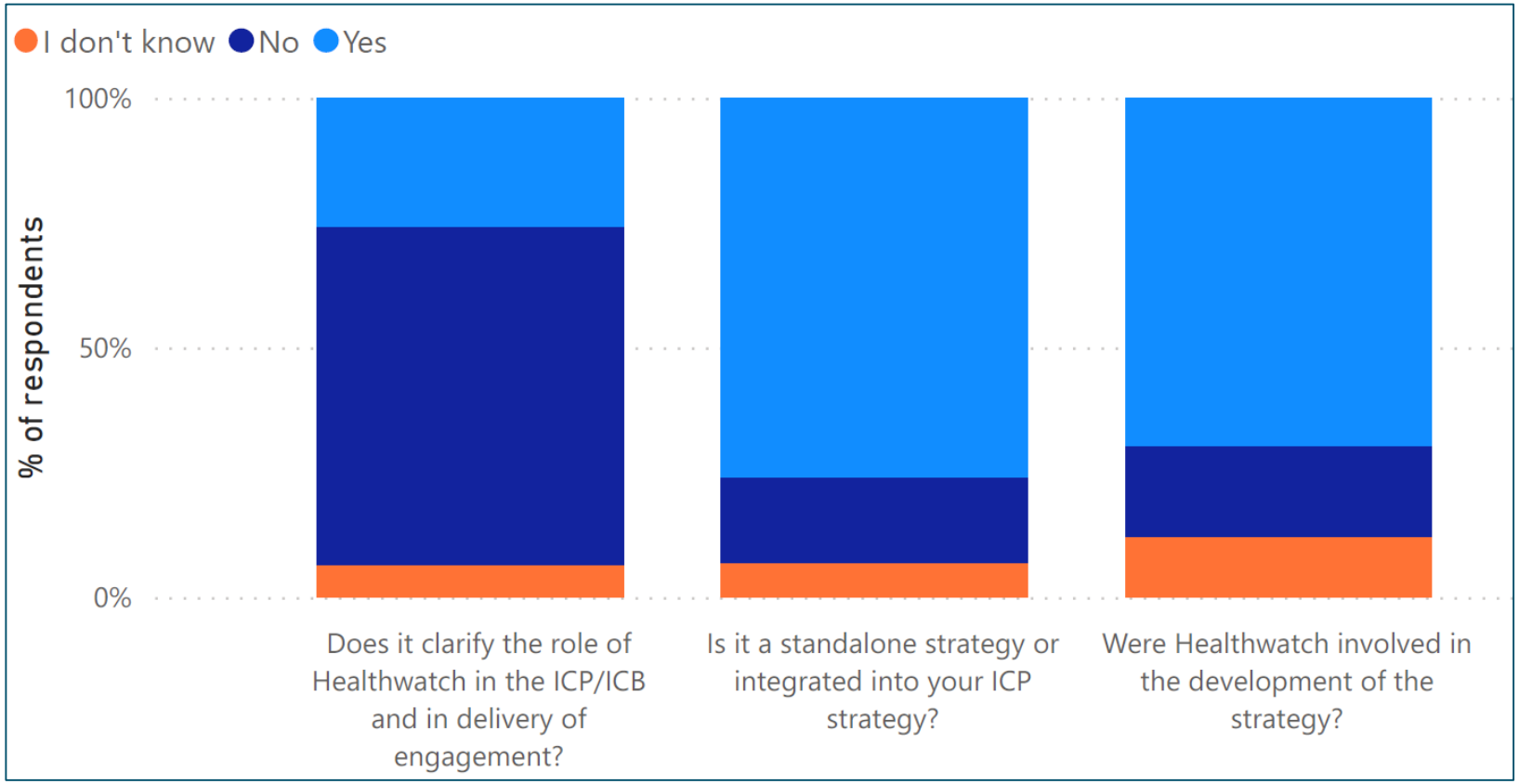
"We are actively looking to refresh our strategy and key to that will be a new Patient Voice/Participation group which HW are already involved in helping us to scope alongside other local VCE organisations."

"We have a C&E strategy for our CCG - and we are developing one for the ICS - but are awaiting further guidance before it is developed more."

"We are planning on co-creating a joint Comms and Engagement Strategy for the ICS. *with ICS partners, VCS (incl HWG), people, communities and staff."*

Theme: ICS Public Engagement

Q21. If you already have a public engagement strategy in place, please provide more information:



Theme: ICS Public Engagement

Comments from Q21.

"We are developing the current CCG strategy, which HW were involved in, to be relevant to the wider ICS."

"Healthwatch role in ICP/ICB is still being defined in detail."

"We have an ICS comms and engagement strategy that is a joint strategy; we have also developed a Public participation toolkit which HW were asked to comment on. We will be developing a more up to date strategy which we will be asking them to input into alongside other VCE organisations."

"Healthwatch were involved as part of the Engagement Committee which have oversight of the strategy."

"The strategy is currently the CCG Comms & Engagement strategy but will be developed and changed to meet new ICS requirements."

"Yes to the above, but it needs a lot more work."

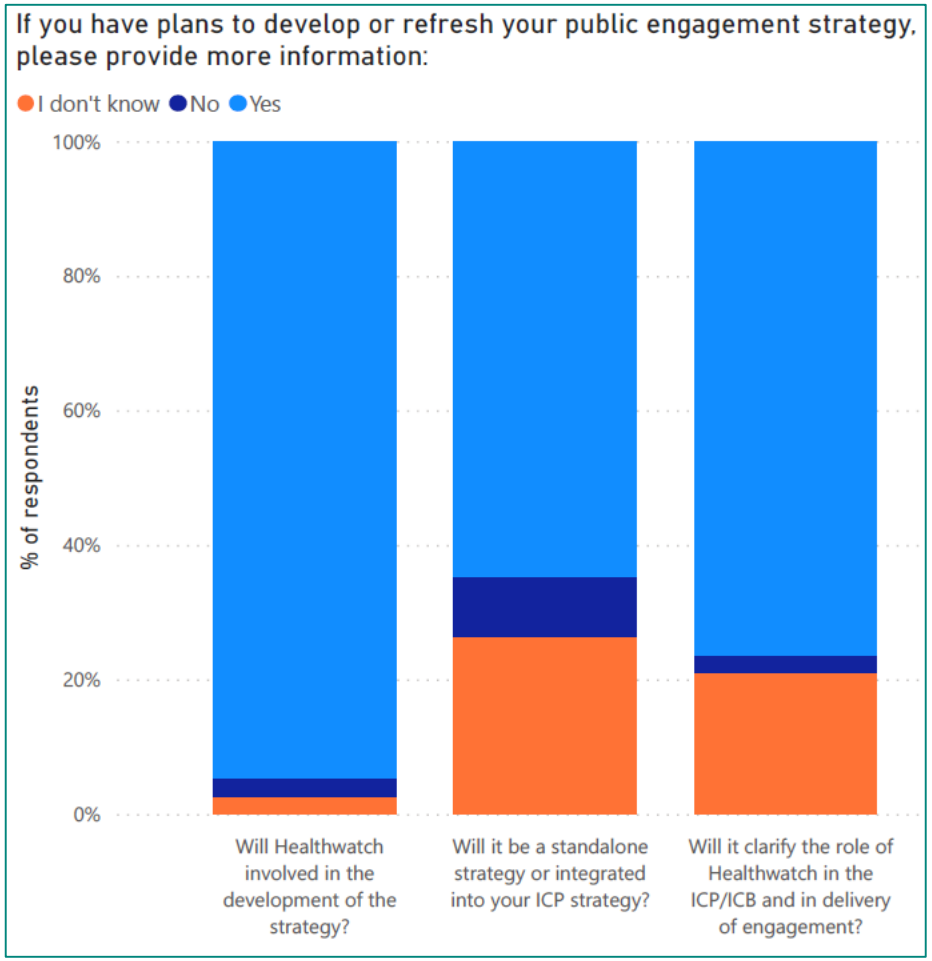
"I've said no because it could be strengthened."

"Our new strategy is under development and Healthwatch will be central to it."

"It clarified in terms of our devolve structures but we don't have a new one yet to cover ICP/ICB."

Theme: ICS Public Engagement

Q22. If you have plans to develop or refresh your public engagement strategy, please provide more information:



"With the latter question, yes to some extent but the strategy will focus more on our engagement principles and will probably clarify the role of HW alongside other VCE organisations as they do v much work in partnership in [redacted]."

"We've only just written it."

"Whilst there is likely to be a standalone comms and engagement strategy, the principles of engagement will be embedded throughout the ICP strategy."

"We think we need a communications and engagement plan for the transition to the ICS, a communications and engagement strategy for the NHS body and an engagement framework for the wider partnership. We anticipate that HW will be involved in this work as well as a range of partners and communities."

"We have recently refreshed out involvement plan and getting ready to publish our annual communication and involvement plan in August, including in easy read and plan on a page version."

"It will be integrated in to our ICP strategy."

Theme: Taking the ICS-Healthwatch relationship forward

Q23. How do you see the role of your local Healthwatch and your relationship with them developing in the run up to, and following 1 April 2022?

52% of ICS respondents said the relationship with Healthwatch will continue to develop, and 27% said they would co-design strategy with a shift to ICS focus.

"Continuing to develop strong working relationships."

"HW are valued partners and we would expect them to be fully involved with the development of our engagement strategy as we move to April 2022. We would also expect they will be an active and valuable part of the ICS going forwards."

"We are keen for our already positive relationship with Healthwatch to continue to grow and to seek their views and input as we develop our ICS. Following 1st April we are keen for Healthwatch to have a key place in our governance arrangements."

"Healthwatch are an integral partner on our journey to becoming a statutory ICS."

"Continuing to work closely to define our shared approach to working with people and communities across the ICS."

"Key partner in developing the ICS arrangements and governance as well as conduit for VCS links and independent voice re: public engagement and citizen voice."

"We look forward to further joint working and less duplication and triplication of involvement activities."

"Making sure we ask them for their professional views, continuing to build on the strong foundation we have in place."

General Comments

Q24. Do you have any further comments you would like to share?

"I see HW as being a really important part of the ICS, but we need to understand that all HW are different and that we need to have a clear understanding and expectation of the role (alongside the relationship) as individuals will change but the role should stay the same. I expect it to be challenging - especially with multiple HWs."

"Just to emphasise how much we value the independant role that Healthwatch plays. They are limited by the funding but fulfil an important role."

"Some consistency around the expected role of HW in the new ICS landscape would be useful but we would not want to lose the place developments which are adding value to the ensuring the citizen voice and VCS links are key to the success of the ICS implementation."

"Healthwatch were a key partner in the development of our inspiration station to develop the ICS 5 year strategy."

"Having different management organisations and level of funding does not help Healthwatch are place based, they need to strengthen there role at system level and look at how they will work across the system whilst supporting place."

"The relationship could do with development - but a challenge at times due to workload, current working restrictions (online), and the Healthwatch CX not living in the county make it difficult to build a relationship in person beyond a screen."

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