

# Executive summary

Mapping the relationships between Local  
Healthwatch and Integrated Care Systems

Survey findings and recommendations

October 2021

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## About Healthwatch

Healthwatch is the health and social care champion for people. As an independent statutory body, we have the power to make sure NHS leaders and other decision makers listen to people’s feedback to improve standards of care. Healthwatch uses feedback to better understand the challenges facing the NHS and other care providers nationally, to make sure people’s experiences improve health and care services for everyone.

Wherever people live in England, there’s a local Healthwatch nearby (with over 150 across the country). We’re here to listen to the issues that really matter to local communities and to hear about people’s experiences of using health and social care services. We’re entirely independent and impartial, and any information shared with us is confidential.

# Background and context

## Background to NHS Transformation

Integrated care systems (ICSs) are partnerships of health and care organisations that come together to plan and deliver joined up services and to improve the health of people who live and work in their area.

They exist to achieve four aims:

- Improve outcomes in population health and healthcare
- Tackle inequalities in outcomes, experience and access
- Enhance productivity and value for money
- Help the NHS support broader social and economic development

Following several years of locally-led development, and based on the recommendations of NHS England and NHS Improvement, the Government has set out plans to put ICSs on a statutory footing. The Health and Care Bill is expected to be enacted in April 2022. This transformation will change the way that decisions are taken about Health and Social Care across 42 ICS Footprints and in turn the way that decisions are informed by people's experiences of health and care services will also change. Healthwatch have an important role in ensuring that people's voices are heard. Where they have experience of doing this within Local Authority boundaries (at 'place'), they will now need to work together to ensure that the system level is supported to act across Local Authority Boundaries.

## Mapping the relationship and activity between Healthwatch and ICSs

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

We 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 opportunities to strengthen 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 NHS Transformation Unit developed two bespoke surveys - one for local Healthwatch organisations and another for ICSs. From mid-August, we disseminated the surveys with NHS England, giving reminders when required. The deadline was 6 September 2021.

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

The NHS Transformation Unit has now analysed the data received, and this report outlines the key findings and recommendations to further develop relationships and collaboration between local Healthwatch across our network, as well with ICSs.

# Headline findings

## 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.
- Only 27% had a formal joint working agreement in place.
- Around half of ICS respondents said one of the key challenges when working with Healthwatch was engaging with multiple local Healthwatch organisations in a single ICS boundary.
- Local Healthwatch 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 Healthwatch respondents felt they are separate from the Voluntary Sector compared to 40% who said they are 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 that only a small number of ICSs are providing funds for Healthwatch involvement in governance, but more are providing funding for various engagement projects.<sup>1</sup>
- Looking ahead, more than half of ICS respondents indicated that they intend to fund local Healthwatch for engagement programmes in the future.

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<sup>1</sup> *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.*

## The value of local Healthwatch

- The vast majority (83%) of ICS respondents gave a score of eight or above out of ten when asked how highly they value the role of Healthwatch. By contrast, just over half (52%) of Healthwatch respondents selected seven or more out of ten when asked to consider how much they think ICS values the role 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 Communications and 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 most 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 Healthwatch's role. They were given the same selection of potential enablers to choose from.
- Both local Healthwatch and ICSs were largely in agreement - three-quarters of Healthwatch respondents said better integration/a stronger role for Healthwatch in ICS governance would be beneficial to developing the role - and 67% of ICS stakeholders agreed.
- 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 or Teams. A further 30% made 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 ICS respondents and almost half (48%) from Healthwatch said local Healthwatch were currently represented on their existing local Integrated Care Partnership.
- 23% of ICS respondents and 35% of Healthwatch respondents said Healthwatch have representation on the current or future Integrated Care Board.

- Almost a third (32%) of ICS respondents said they intend that Healthwatch will have a specific role within the future ICS governance arrangements, but 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 Board, and 100% said they would welcome this seat on the Integrated Care Partnership.

## Our conclusions and recommendations

Based on these findings, we would like stakeholders to consider the following:

### Considerations for local Healthwatch

- Local Healthwatch should develop and present a strong, clear, evidenced-based case to ICS leaders. This would demonstrate the value of Healthwatch, supporting the ICS to place Healthwatch appropriately in its governance framework during their consultation on their constitution.<sup>2</sup>
- Multiple local Healthwatch organisations within a single ICS boundary should develop formalised agreements on the terms of their collaboration at ICS level. These agreements should set out joint working arrangements and data sharing agreements as well as clarity on key contacts for ICS engagement, ideally via a single point of contact.
- Local Healthwatch and the VCSE have a strong track record of working in partnership. This can be built on by local Healthwatch and the Voluntary Sector collaborating closely to ensure the public's views inform the decisions made by the ICS. Local Healthwatch should explore this further to establish a form of collaboration and intelligence sharing with the VCSE and agreeing channels for representation of people's views to ensure that they have maximum impact.
- Local Healthwatch should proactively approach their ICS to support the development or revision of the people and communities engagement strategy, its delivery and in supporting the reporting back on its performance through ICS assurance processes.
- Local Healthwatch should also engage with their ICS to establish who will have governance responsibility for engagement with people and communities.

### Considerations for Integrated Care Systems

- It is helpful for ICSs and local Healthwatch stakeholders to develop a Memorandum of Understanding (or similar instrument), formalising their relationship. The Memorandum of Understanding can clearly define roles, agreement of joint priorities for engagement, resource availability, and mutual accountability.
- ICSs should ensure that they understand the Local Authority funding context for their Local Healthwatch in their patch and identify where the limited place based funding

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<sup>2</sup> [Interim guidance on the functions and governance of the integrated care board](#)

for local Healthwatch may impede their roles at ICS level to support collaboration, engagement, representation and participation.

- ICSs are encouraged to collaborate with their local Healthwatch to develop and revise the people and communities engagement strategy. This will ensure the strategy sets out local Healthwatch's role in delivery and scrutiny of the strategy.

### Considerations for NHS England and NHS Improvement

- Nearly 80% of ICS respondents indicated that they would be supportive of a local Healthwatch seat on their Integrated Care Board. NHS England and the Department of Health and Social Care are currently working on a set of FAQs, which will expand on the current guidance for model constitutions. NHS England and the Department of Health and Social Care should work with Healthwatch England to add detail to the FAQs on how provision can be made for a non-voting Healthwatch seat on the ICB.
- NHS England produced guidance to ICSs on the process and standards for developing a high-quality people and communities engagement strategy. Healthwatch England and NHS England will work together to ensure a consistent approach to local Healthwatch's role developing and delivering these strategies.

### Considerations for Local Authorities

- Local Authorities should ensure that when commissioning local Healthwatch, as part of their statutory duty, they clearly set out the expectation for local Healthwatch to collaborate and participate at ICS level. This should be reinforced by guidance from the Department of Health and Social Care.

## Our 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 Memorandum of Understanding, 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.