

## Promising practice case study

### Local Healthwatch and Sussex Integrated Care System

#### Who is working together?

Three local Healthwatch organisations in Sussex ([Healthwatch East Sussex](#), [Healthwatch West Sussex](#) and [Healthwatch Brighton and Hove](#)) are working with [Sussex Integrated Care System](#) (ICS). Healthwatch East Sussex is hosted by East Sussex Community Voice, a community interest company.

Sussex has a population of approximately 1.6 million people. There is inequality across the ICS with deprivation and rural isolation existing closely alongside relative affluence. The cities and towns experience very different issues to the rural communities and the pockets of deprivation along the coastal strip. As a unitary authority in an urban setting, Brighton and Hove has a generally younger and more diverse population profile. East and West Sussex are challenged by 'hidden' rural deprivation and fuel poverty among the older population.

#### How are they working together?

- The ICS views local Healthwatch as a strategic partner, involved at a decision-making level, not just a project level. Local Healthwatch are expected to become a key stakeholder in Integrated Care Partnership and Place-Based Partnerships.
- Local Healthwatch agreed to work together as 'Sussex' two years ago. A formal Memorandum of Understanding for working together is expected in 2022. ICS workstreams have been distributed amongst the three local Healthwatch, so that there is always Healthwatch representation at key meetings.
- When commissioned jointly as 'Healthwatch Sussex', the local Healthwatch with the most relevant skills and expertise takes the lead.
  - Healthwatch Brighton and Hove have led on a digital project, exploring how people access digital appointments and experiences of digital exclusion.
  - Healthwatch East Sussex led on pandemic projects looking at the impact of not having visitors in care homes and exploring the information and services available to the public for long COVID.
  - Healthwatch West Sussex led on a hospital discharge project, providing a qualitative comparison of patient experience at different hospitals.
- Local Healthwatch receive core funding through their local authorities and the Local Community Voices grant, which means that levels of funding can differ considerably in each local authority area. The ICS has a budget for public engagement from which local Healthwatch work is commissioned. Ad-hoc projects are funded from other appropriate budgets. On joint projects, it is agreed upfront how the NHS funding will be distributed between the three Healthwatch organisations.
- The ICS Associate Director of Public Involvement is the main relationship holder with the local Healthwatch for the system. In addition, local Healthwatch leads have developed good relationships with health and care communications and engagement professionals and are well networked with them.
- Local Healthwatch work with the ICS in a number of ways:
  - Weekly meetings among the three Healthwatch leads and the Associate Director of Public Involvement.

- Monthly meetings with the ICS senior leaders. For example, during the lockdown, the ICS Chief Executive, and Place based Executive Managing Directors for the CCGs had a monthly briefing with all three local Healthwatch Chief Executives to discuss key priorities for places, and local Healthwatch insight.
- Monthly meetings with the ICS to develop a public engagement strategy.

The three local Healthwatch are building relationships with the Voluntary and Community Sector as well. The ICS encourages collaboration in order to combine activity and intelligence from all its partners. Notably, the Healthwatch East Sussex Director is the chair of the East Sussex Voluntary Sector Alliance and the Healthwatch West Sussex Chief Officer is a lead member of the West Sussex Consortia of Community Sector Chief Executives.

### What are the enablers of working together?

- Shared values of the three local Healthwatch to have an impact on outcomes for local people aligns with the aspiration from the ICS to have a single local Healthwatch offer.
- Visibility of local Healthwatch in key ICS activities. For example, Healthwatch West Sussex Chief Officer sits on the ICS Cancer Programme Board, the Healthwatch East Sussex Director sits on the ICS Vaccination Board and the Healthwatch Brighton & Hove Director sits on the ICS Mental Health Collaborative. There are also two Healthwatch chairs on the Planned Care Programme Board.
- A remit for local Healthwatch to provide the critical friend' function within the ICS. For example, highlighting consistent problems with services, escalating community issues, and providing system challenge.
- Dedicated space and time to influence and shape ICS decision making through the monthly briefings with the ICS leads.
- Local Healthwatch insights are also shared through reports which are publicly available on their website. Local Healthwatch relies on public involvement contacts within the ICS to make sure that research is circulated widely within the ICS.
- Pooling of skills and expertise across the local Healthwatch for the benefit of the ICS and alignment of activities across the ICS to avoid duplication.
- Shared access to their Voluntary and Community Sector network to increase reach of individual local Healthwatch, and their ability to influence and inform.

### What local lessons have been learnt from working together?

1. **Networking:** Investing time at an early stage of working together to build relationships that stimulates trust and mutual respect with ICS partners has been the key to successful collaboration.

“Very early on at Healthwatch we developed extremely good working relationships with the head of public participation, the head of content engagement, and, through them, we gained an audience with the chief executive of the ICS. Without that, none of the rest of it would have happened.”

Case study participant

2. **Be proactive:** Local Healthwatch have understood their role in providing proactive critical friend challenges to the ICS as they become aware of community issues relating to health and care services.

“We publish discussion papers or position papers where we proactively go to the ICS partners and we say this is what we think about something based on what we know, based on what the public are telling us. I find that that really helps in terms of respect. If people think that you're being proactive about sharing that kind of information rather than waiting to be asked.”

Case study participant

3. **Create channels for regular communication:** Requesting and participating in regular meetings with system partners has ensured a direct route for local Healthwatch to deliver insights and be recognised as peers.

“I think just establishing those regular, trusted relationships. Something like a regular meeting can make a dramatic difference but it needs to be at strategic level and then cascade right down at every level below that.”

Case study participant

### Example of working together to understand system pressures...

Local Healthwatch in Sussex were commissioned to support the ICS to understand patient experience of access to healthcare services (primary care, acute care and social care) as the lockdown eased. Local Healthwatch collaborated and using existing evidence and insight from public feedback (such as Feedback Centre Information, GP reviews and survey results) they were able to report on the where the most pressures are experienced.

The findings from this work have informed changes and support for primary care to meet the demand of GP appointments. Local Healthwatch also provided [seven recommendations](#) from this work which has informed wider action research activities in the ICS. This work has been very visible and continues to be referenced within the ICS and used for commissioning decision-making.

*This case study was produced by the [Strategy Unit](#) for Healthwatch England.*