

Promising practice case study

Local Healthwatch and the Suffolk and North East Essex Integrated Care System (ICS)

Who is working together?

[Healthwatch Essex](#) and [Healthwatch Suffolk](#) are working together with Suffolk and [North East Essex Integrated Care System](#) (ICS). Healthwatch Essex also works with two other ICSs, Mid and South Essex ICS and Hertfordshire and West Essex ICS, and Healthwatch Suffolk works with Norfolk and Waveney ICS. Healthwatch Essex operates as a registered charity and Healthwatch Suffolk as a social enterprise.

Suffolk and North East Essex ICS has a population of just over one million people and covers a geographical area with a range of health disparities. Jaywick in Tendring and Greenstead in central Colchester have significant deprivation, high unemployment and a low life expectancy. Suffolk has areas of affluence alongside rural deprivation. The ICS covers the university towns of Colchester and Ipswich, which have a younger population.

How are they working together?

- Local Healthwatch have been involved with the ICS from the outset and are viewed by the system to be key stakeholders with an independent voice. Local Healthwatch involvement in the ICS ensures people's experiences are used by the system to bring about change collaboratively.
- Local Healthwatch are represented on the current ICS Partnership Board. In addition, they provide a voice for the public on various other system boards, committees, networks and groups. For example, Healthwatch Essex are members of the ICS Strategic Investment group, where they influence system investment and funding decisions.
- Local Healthwatch were responsible for writing the coproduction and engagement chapters within the ICS Five Year System Strategic Plan. They have also supported the ICS in other ways such as training of volunteers as ambassadors promoting collaboration.
- The local Healthwatch have formally agreed on the terms of working together through a Memorandum of Understanding. This defines the role of Healthwatch as an advisor and the guide on working together and engagement. It also determines the specifications for engagement, such as which groups of people Healthwatch will be engaging with and how those insights will be fed back to governance bodies.
- The two local Healthwatch organisations also make use of informal working arrangements with ad hoc and regularly communication by telephone, email and WhatsApp, and occasionally now in person.
- Local Healthwatch receives core funding from Adult Social Care and the Local Reform and Community Voices grant. Funding for research projects or community-based engagement with Healthwatch are commissioned separately including for the ICS.

What are the enablers of working together?

- Involving and embedding Healthwatch input at an early stage of ICS development has led to a productive and trusting relationship with system partners. This is made easier by having advocates within the ICS for coproduction and using people's experiences to inform change.

- Using their insight and specialist knowledge that local Healthwatch provides as a coordination function for the ICS and developing a 'network of networks' which maps stakeholders in the voluntary sector, peer led groups in communities and very small community groups.
- Having clear rationale for involvement of local Healthwatch in the ICS, which is agreed from the outset and makes best use of limited Healthwatch resources.
- Appropriate funding of Healthwatch involvement so they have the capacity to be part of ICS discussions.
- Local Healthwatch have maintained existing strong relationships with the Voluntary and Community Sector. Essex Healthwatch chairs the ICS Voluntary and Community and Social Enterprise Sector meetings and Healthwatch Suffolk act as the administrator for the Voluntary and Statutory Partnership Network.
- The two local Healthwatch have different skills and expertise and through collaborative working have been able to ensure that commissioned work is not duplicated.

What local lessons have been learnt from working together?

1. ***Provide space for Healthwatch on ICS partnership boards:*** Healthwatch need to be visible as partners amongst other system leaders and have knowledge of strategic priorities. This ensures the insight gathered by local Healthwatch is relevant and credible, and as a result, is actionable by the ICS.

“To make your local Healthwatch organisation effective, you've got to give them space to deliver the evidence that they have into the right place and then use that to hold the system to account.”

Case study participant

2. ***Advocate for the public:*** Local Healthwatch need the confidence to challenge system partners on behalf of local communities. They already have valued approaches to engagement and involvement of the public which can be strengthened for the benefit of the ICS.

“They're so much more than just that kind of statutory tick-box patient engagement now, they do so much more and add so much more value across the system. I think the way they work will be different. I think that changes in ICS will strengthen that nationally”

Case study participant

3. ***Formalise the partnership:*** The ICS and Healthwatch need to make clear what they expect of each other from the outset, for example through formal terms of reference or Memorandum of Understanding. This should set out their combined priorities, their way of working and the resourcing needed for the Healthwatch to contribute effectively. Formal arrangements for work to be delivered, communications and governance will facilitate strong partnership working, whilst allowing relationships to develop through more informal means.

Example of working together to improve digital access to health and care

Suffolk and North East Essex ICS funded local Healthwatch to conduct research on [digital access to health and care services](#), to inform the rethinking of services post pandemic.

They began with an exploratory phase where Healthwatch Suffolk administered a survey, which garnered nearly 500 responses from the public and workforce, to understand local views. Healthwatch Essex connected with local groups and provided qualitative information about the lived experience of being digitally excluded. The second phase of this work involved a more detailed conversation about digital health and care, using a conversation ‘toolkit’.

Following the data collection and analysis, a set of [Guiding Principles](#) were developed. These principles have informed a regional toolkit for use in any regional digital transformation projects. The toolkit provides a series of questions for the Project Officer to test against and assess the inclusivity of the digital service. It is expected that this Healthwatch informed toolkit will ensure:

- 1) All proposed digital changes in the ICS (and beyond) are tested consistently.
- 2) Digital platforms are designed to be as accessible as possible to the population, particularly for the most vulnerable.

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