

Promising practice case study

Local Healthwatch and West Yorkshire Health and Care Partnership

Who is working together?

Five local Healthwatch organisations are working together to serve the population of [West Yorkshire Health and Care Partnership](#) - Integrated Care System (ICS). These include, [Healthwatch Bradford](#), [Healthwatch Calderdale](#), [Healthwatch Kirklees](#), [Healthwatch Leeds and Healthwatch Wakefield](#)

The ICS serves a population of 2.4 million people and covers a large geographical area with a mixture of rural and urban areas. Within this population, local Healthwatch serve a number of diverse communities.

How are they working together?

- Five local Healthwatch started working together as an informal network in 2018 and have an agreed Memorandum of Understanding (MoU) to determine how best to continue this partnership, when the ICS covered West Yorkshire and Harrogate. The MoU is:
 - A commitment of the organisations not to bid for the same work to collaborate rather than compete.
 - An emphasis on maintaining their independence.
 - An agreement to share local intelligence monthly.
 - An agreement to meet every six weeks to coordinate work.
- Previously, the five local Healthwatch had a single representative at the Sustainability Transformation Partnership (STP); they have now adopted a distributed leadership team approach when working with the ICS
- Their approach for working together is joint and transparent:
 - When delivering commissioned projects, the project lead and activities are decided based on specialist skills, volunteers, and capacity. For example, Healthwatch Calderdale took the lead in developing the MoU.
 - Support activities are also distributed. For example, Healthwatch Leeds coordinates the West Yorkshire and Harrogate activities such as arranging meetings and setting agendas.
- As the involvement required by the ICS has grown, local Healthwatch have requested the ICS to provide a formal financial commitment including funding a role to coordinate Healthwatch work at an ICS level, which is being considered as part of the ICS operating model

What are the enablers of working together?

- The local Healthwatch are well integrated within the ICS and place-based partnership level. Many local Healthwatch having long-established relationships and developed profiles of work with the community voluntary social enterprise sector.
- Local Healthwatch have a specific role to play within the ICS: influence decision making by informing the ICS with local, place-based intelligence whilst maintaining objectivity.
- The local Healthwatch have agreed on several objectives with the ICS, such as gathering information and public feedback on particular areas of interest, and this is reflected upon at the ICS Strategic System Oversight Assurance Group.

- The ICS has tasked the local Healthwatch to focus on health inequalities: to use their networks within diverse communities to engage a wider group of people, including those facing the greatest challenges to accessing health and care.
- The ICS has tasked the local Healthwatch with bringing effective challenge into the ICS, including monthly reports on the issues that matter most to local communities through the Strategic Oversight Assurance Group and West Yorkshire Programmes.
- The local Healthwatch are integrated into various ICS workstreams, including the Unpaid Carers workstream, the Planned Care Alliance, and the Harnessing the Power of Communities workstream. They also work closely with the Communication and Engagement Lead at the ICS.
- The local Healthwatch share roles participating in the ICS' key forums, including:
 - Healthwatch Wakefield is represented on the System Leadership Executive and the Partnership Board.
 - Healthwatch Leeds are part of the Strategic Oversight Assurance Group. They have a regular agenda item to inform the group of the views of local people.
 - At a Place-based Partnership level Healthwatch Leeds lead the citywide work to work as one health and care listening team through the People's Voices Group. This focuses on putting the voice of people experiencing inequalities at the centre of health and care decision making.
 - Local Healthwatch also have representation and key input within their Place-based Partnership structures, including Health and Wellbeing Boards and Health and Care Chief Executive monthly meetings.

What local lessons have been learnt from working together?

1. **Present a collective voice:** Developing a structure for local Healthwatch to engage and work collectively together has been a good experience for the local Healthwatch.

“Working together as one team has worked really well for us, we've got trusted relationships with each other, we know we're not going to be leapfrogging over each other to try get commission work or profile Healthwatch needs more than everybody else.”

Case study participant

2. **Advocate for the person:** the local Healthwatch values their ability to focus on the person and provide critical friend support.

“The ability to simply say 'never mind what you want, what you want to hear, this is what patients and service users are actually telling us'. So I think that independence, that ability to insist on us hearing what people are actually saying is really, really important. It is important to provide a safe space for Healthwatch to challenge ICS leads.”

Case study participant

3. **Match representation with expertise:** Local Healthwatch experience of distributing or sharing roles within the ICS has benefitted the ICS by pooling expertise and identifying champions.

“It is valuable to have a strategic Lead at West Yorkshire and Harrogate ICS who is very enthusiastic about local engagement and patient voice.”

Case study participant

Example of working together to explore young people’s use of A&E

The local Healthwatch have taken several key local issues to the ICS System Oversight and Assurance Group, including access to [dental services](#), the impact of moving to digital, experiences of waiting for paused treatment and people’s experiences of joined-up health and care services, for example mental health and primary care.

In terms of commissioned work from the ICS, a current local Healthwatch project explores the use of accident and emergency (A&E) services by people aged 20 to 29. The ICS Urgent and Emergency Care workstream previously identified that this group of people had a high use of A&E services for non-urgent issues. The ICS asked local Healthwatch to gain insight from young people’s use of A&E.

This is a collaboration with each local Healthwatch undertaking engagement and partnership working with their local Trusts. The project is coordinated by Healthwatch Leeds, who are developing this with their young volunteers. Healthwatch Kirklees and Calderdale will then be bringing together the themes across the ICS areas using a specialist analytical tool for the final report. The approach is working together, focusing on each other’s strengths and always recognising the principle of subsidiarity and that local places have individual experiences that need to be heard.

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