

Promising practice case study

Local Healthwatch and North East London Integrated Care System

Who is working together?

Eight local Healthwatch organisations in North East London are working together with the [North East London Integrated Care System](#) (ICS). These are [Healthwatch Hackney](#), [Healthwatch City of London](#), [Healthwatch Tower Hamlets](#), [Healthwatch Newham](#), [Healthwatch Waltham Forest](#), [Healthwatch Barking and Dagenham](#), [Healthwatch Havering](#) and [Healthwatch Redbridge](#).

Geographically, the ICS covers a large and complex patch. The inner-city boroughs are more ethnically diverse, have higher levels of deprivation and unemployment and higher density populations. Newham borough is the most diverse in the country and Hackney borough has a significant orthodox Jewish community. The outer city boroughs have older populations.

How are they working together?

- The ICS covers seven former Clinical Commissioning Groups (CCGs), which formally merged into one in April 2021. Prior to the development of the ICS, the eight local Healthwatch worked together within their own CCGs, attending the CCG board and the Patient Participation Groups.
- The developing ICS has provided a route for local Healthwatch to work together via an informal network with regular communication over email.
- Local Healthwatch have been working with the North East London People Engagement Working Group which is developing the strategic approach in advance of the ICS being established in April 2022. Representatives attend either the working group or related sub-groups.
- The ICS and all eight local Healthwatch now meet every two months. This regular meeting provides the ICS Chair, Chief Executive, the Communications and Engagement Lead and the local Healthwatch Leads with a forum for dialogue and a space to highlight local issues.
 - The ICS is co-producing six principles for engagement with partners including local Healthwatch. This incorporates the learning from the Co-production Charter which is currently used in City and Hackney.
 - Healthwatch are also supporting the development of the ICS engagement strategy. Healthwatch is viewed as best placed to champion patient voice for the ICS, to understand local issues and connect the ICS to local people and seldom heard groups.
- Local Healthwatch first worked together in response to a tender from the ICS to deliver community insights through a single database across the ICS, particularly in relation to COVID. The eight local Healthwatch combined their data, using a system already in use by some local Healthwatch to provide ICS level insight (see example below).
- Local Healthwatch have also organised themselves into three partnerships around the footprints of the Hospital Trusts so that they are better able to serve their local hospital or Trust:
 - Hackney and City of London for Homerton University Hospital NHS Foundation Trust.
 - Tower Hamlets, Newham and Waltham Forest for Barts Health NHS Trust.

- Barking and Dagenham, Havering and Redbridge for Barking, Havering and Redbridge University Hospitals NHS Trust.
- Local Healthwatch are invited to the CCG Governing Body meeting and Primary Care Commissioning Committee. Currently local Healthwatch volunteer to join specific ICS boards based on interest and capacity, but this will be reviewed once the ICS finalises the design of their governance and decision making. There is expected to be further agreement of local Healthwatch participation arrangements in ICS governance, for example sub-committees such as ‘quality, safety and improvement’. Healthwatch are actively involved in and expected to have seats within local place/borough partnership boards.
- Healthwatch activities for the ICS are funded through the ICS engagement budget. Specific commissioned ICS projects are distributed amongst the local Healthwatch taking into account the nature of the work and individual Healthwatch priorities and skill sets.

What are the enablers of working together?

- The ICS held an early development session for all system partners including commissioners, providers, community and voluntary sector leads and local Healthwatch to set the ambition and the priorities for the ICS and strengthen relationships between partners.
- The ICS Chair is a strong advocate for Healthwatch and the voluntary and community sector, ensuring that these organisations have a voice within the ICS. In turn, local Healthwatch provide objective and independent data-informed evidence to the ICS.
- Healthwatch acts as ‘*the golden thread*’ across system partners, including the community and voluntary sector, providing community insights and sharing reports.
- A mutually beneficial relationship between the ICS Corporate Communications team and Healthwatch. For example, Healthwatch provides local intelligence for the ICS Corporate Communications team and the team support local Healthwatch with publicity strategies.
- There is diversity in Healthwatch senior leaders with respect to age, ethnicity background and interests. Regular structured meetings as well as ad hoc meetings ensure a good level of communication between Healthwatch leaders.
- Local Healthwatch are supportive of one another and willingly share data. They are also able to critically reflect on each other’s projects to make improvements.

What local lessons have been learnt from working together?

1. **Develop a plan:** Collaborate with people in the ICS who are up to date with the strategic engagement intentions of the ICS. Plan local Healthwatch capacity for ICS engagement and potential ICS commissioned projects accordingly.

“Have a clear understanding of what you can do, don’t try and take on too much. And think, of course, within the local area, think about how you want to work with your partner organisation.”

Case study participant

2. **Be open and supportive:** Local Healthwatch can provide more value to the ICS when they are a critical friend - open and honest about system challenges.

“If they're an organisation that wants to produce excellent care, then they need to hear where they're going wrong, and I haven't had a feeling that the ICS, at both a local and North East London level, are looking for a system that whitewashes these underlying issues. It's quite the opposite. I think they recognise there's really strong challenges around health inequalities within both City and Hackney, and North East London, that need to be addressed in the long term.”

Case study participant

3. **Provide adequate resource:** Healthwatch are valued for their creative work and the insights provided to ICSs. However, ICSs have to be mindful of the limited funding and capacity Healthwatch have.

“Don't just assume they can do it all, they are quite cash-strapped so, I think putting some resource their way is helpful, and make sure they're part of all these discussions”

Case study participant

Example of working together to deliver community insights

Led by Healthwatch Tower Hamlets and with Healthwatch England as a strategic partner, local Healthwatch in North East London are working collaboratively to produce a [Community Insights Repository](#) which collates feedback for providers from different sources, such as NHS Choices, Care Opinion, Google reviews, website feedback, surveys and complaints. The system, together with more detailed community insights projects, was funded in 2020 by the ICS for three years and is governed by a joint steering group of local Healthwatch, Healthwatch England and the ICS.

Healthwatch staff can use the Insight System to synthesise feedback on an issue of interest, providing a full picture of that feature of care across boroughs, services and providers in the ICS. Through this system, approximately 161,000 issues have been recorded based on feedback from almost 44,000 people, and 40 insight reports on areas of interest have been produced to date.

Data from the system also allows local Healthwatch to advocate for improvement efforts where it is most required. For example, using the Community Insights System, local Healthwatch identified residents with disabilities in North East London were the most challenged by poor health and care communication during the pandemic. As a result, Healthwatch were able to target research activity towards this population and produce a [range of reports](#), including easy to understand infographic reports.

In addition, teams from across the ICS have made good use of the Community Insights System to further explore local views before commissioning services. For example, ahead of submitting the North East London Long Term Plan strategy, local Healthwatch were commissioned to host two focus groups and complete 250 questionnaires in each borough. They engaged with 2000 people face to face and 1275 patient surveys were completed. This insight was invaluable in the development of the strategy and directly influenced plans. To actively encourage partners to utilise the system, training sessions are being offered on a regular basis.

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