

ICS and Healthwatch working together

Learning from promising practice to improve care for communities.

March 2022

Contents

Introduction	3
Key learning	4
Six ways Healthwatch and ICS are working together	5
Reaching out to seldom heard groups in Lancashire and South Cumbria to improve care	5
Improving access to health services in North East London	8
Improving access to GP services in South East London	11
Improving access to digital healthcare in Suffolk and North East Essex	15
Overcoming system pressures in Sussex	18
Working together to improve young people's use of emergency departments in West Yorkshire and Harrogate	21

Introduction

The Health and Care Bill is expected to pass in time for changes to come into effect in July 2022. This transformation will change health and social care decision making across 42 ICS footprints. In turn, the way that people's experiences inform these decisions will also need to change.

Local Healthwatch, have a vital role in ensuring that the public continues to be heard. Whilst they already do this within Local Authority boundaries (at 'place' level), they will now need to work together with other Healthwatch to ensure the system acts on what they hear from communities across wider areas.

Healthwatch England have been working with NHS Strategy Unit to learn more about what works in relationships between local Healthwatch and ICS.

This short report is a collation of six promising practice case studies from across the country showing the benefits from ICS and local Healthwatch working together to improve care:

- [Lancashire and South Cumbria](#)
- [North East London](#)
- [South East London](#)
- [Suffolk and North East Essex](#)
- [Sussex](#)
- [West Yorkshire and Harrogate](#)

Key learning

Although every case study is different based on population needs in each area, there are some common themes for success which you could consider when working with your ICS or local Healthwatch.

- ✓ A formalised working agreement between local Healthwatch, which defines how you will work together.
- ✓ Clear roles and responsibilities for local Healthwatch when representing on Integrated Care Boards, partnerships and committees.
- ✓ Clarity on the local Healthwatch resources currently available and a realistic expectation about what ICS involvement is possible within these limitations.
- ✓ The ICS resources local Healthwatch representation, engagement and insight gathering.
- ✓ Local Healthwatch are proactive in demonstrating the support they can offer the ICS.
- ✓ Local Healthwatch coordinate the sharing of insight and learning from engagement of people and communities and use this expertise to inform system decision making.
- ✓ An agreement between local Healthwatch and ICS guides the relationship, recognising the autonomy of local Healthwatch.
- ✓ The role of local Healthwatch in development, delivery and governance of ICS people and communities engagement is clearly defined and championed by the ICS.
- ✓ The independent role of Local Healthwatch is understood and valued by the system.
- ✓ The ICS utilises the strength of local Healthwatch to ensure that the voice of the public is heard.

Six ways Healthwatch and ICS are working together

Across the country, local Healthwatch have been representing the public voice and helping ICS's understand what matters most to the people they serve.

Here are six examples of how a successful partnership can improve care:

1. Reaching out to seldom heard groups in Lancashire and South Cumbria to improve care

Healthwatch Together is a collaboration of four local Healthwatch organisations: Healthwatch Blackburn and Darwen, Healthwatch Blackpool, Healthwatch Cumbria and Healthwatch Lancashire. They have come together to provide engagement support across the Lancashire and South Cumbria Integrated Care System (ICS) footprint.

The Partnership serves a diverse population of 1.8 million people. Some areas have high deprivation, such as Blackpool and Blackburn and Darwen (29.1% of the population live in some of the most deprived area in the country). 20% of adults are not meeting the recommended levels of physical activity and 18.5% of the adult population smoke.

How are they working together?

The four local Healthwatch organisations have an agreed Memorandum of Understanding in place establishing how they will act as Healthwatch Together.

The approach to collaborative working as Healthwatch Together is documented as an 'Our Offer' document and shared with stakeholders such as NHS organisations and local authorities.

Healthwatch Lancashire acts as the lead organisation, sending representatives to system meetings and coordinating efforts.

Healthwatch Together has two key forums for strategic and operational collaboration: a monthly strategic meeting where chief executives of the local Healthwatch organisations meet to discuss strategic and operational priorities; a fortnightly operational meeting where teams work together to help shape and deliver projects.

Using these agreed approaches, Healthwatch Together responds to ICS commissions as follows: A project lead is appointed from one of the local

Healthwatch organisations, based on expertise in delivering the work; resources are pooled and then reallocated to deliver the project as required depending on the population of interest, expertise and capacity to deliver; service level agreements are put in place for specific projects where relevant.

What are the enablers of working together?

Local Healthwatch organisations in Lancashire and Cumbria have a legacy of strong working relationships with the health and care system, community and voluntary sector. This includes CCG Board representation, supporting past Sustainability Transformation Partnerships, delivering engagement activities, and developing the ICS.

The ICS and Healthwatch Together ensure that Healthwatch is represented at key local forums, including: 1). the ICS Board and the Strategic Commissioning Committee. In these meetings, Healthwatch Together shares insight from local people to inform high-level decision making. For example, using this group Healthwatch Together has set up governance arrangements for the ICS to engage with local people. 2). The Partnership Board. This ICS sub-group brings together stakeholders and partners more directly.

Healthwatch Together has developed a way for local people to connect and engage with the ICS, articulated in their support offer. They are also in the process of agreeing a pricing schedule with a menu of options that Healthwatch Together can offer which will enable them to respond quickly to requests for pieces of work.

A data-sharing agreement is being developed between Healthwatch Together and the NHS across Lancashire and South Cumbria and information sharing routes have been established.

Three local lessons from working together

1. Invest in internal collaboration first: The four Healthwatch organisations needed to come together with openness and spend time developing their own trusting and transparent relationships, to build the coordinated engagement support offer for the ICS.

"We looked professional. We looked ready and have proved ourselves as a credible partner." Case study participant

2. Champion the person and be clear about the objectivity of Healthwatch: Healthwatch Together have focused on their statutory role, their independence, and their objectivity. The value of which is welcomed by the ICS.

"Our independence is our greatest asset and strength and I think the ICS has to support us to be as independent as we need to be because that's the biggest benefit to them too." Case study participant

3. Proactively offer support: Shaping the way the Lancashire and South Cumbria Health and Care Partnership engages with local people and communities has been an important opportunity for Healthwatch Together and appreciated by partners across the ICS.

"This is an opportunity for us to shape something differently and build something stronger than we've had before and that's more inclusive than we've had before and let's not miss that opportunity." Case study participant

Improving care together

Healthwatch Together has been commissioned by NHS partners across the ICS to explore local people's perspectives, especially those from communities whose views are often overlooked, about the New Hospital Programme suggestions for Lancashire.

The plans explore the option to replace one or two local hospitals and instead access specialist clinical services from one hospital site rather than multiple sites.

To do this Healthwatch Together launched an early engagement campaign across Lancashire which will be followed up with a formal consultation process with the public.

Phase one of the engagement efforts informed the business case for the New Hospitals Programme and explored why people felt this was an important change. Phase two of engagement currently involves local Healthwatch using different methods (e.g. surveys and focus groups) to hear from seldom heard communities and vulnerable groups. These include asylum seeker and refugee communities, South Asian women, veterans, and LGBT groups.

Healthwatch Together are using their local knowledge, expertise and connections with voluntary and community groups. The aim of this engagement is to understand people's views to inform decisions about where the new hospital will be and what services it may offer. As well as producing an independent report, Healthwatch Together is also sharing emerging learning with the project managers across the ICS to inform decision making as they go along.

2. Improving access to health services in North East London

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
- 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.

3. Improving access to GP services in South East London

Who is working together?

Six local Healthwatch organisations in South East London are working with Our Healthier South East London Integrated Care System (ICS), including:

- Healthwatch Greenwich
- Healthwatch Lewisham
- Healthwatch Southwark
- Healthwatch Lambeth
- Healthwatch Bexley
- Healthwatch Bromley

What's the population like?

The ICS serves a diverse population of approximately two million people with pockets of deprivation sitting side by side with significant pockets of wealth. Age profiles vary widely across the six boroughs - Bromley has the oldest population in London, and Lambeth and Southwark are the most diverse and youngest boroughs. In Greenwich, with a population of 280,000 people, 47.9% are from an ethnically diverse background with a seven-year range in life expectancy from poorest to wealthiest parts of the borough.

How are they working together?

Six local Clinical Commissioning Groups (CCGs) formally merged in 2020. This provided the impetus for six local Healthwatch who were already working together to consider how best to organise their collective approach and relationship with the new South East London CCG.

The six local Healthwatch are now represented by a single South East London Healthwatch Director, who has a dedicated leadership role in ensuring that patient voice across South East London is central to decision making within the ICS.

The South East London CCG currently funds the director role. System partners are confident about continued funding of this role with the formation of the ICS Partnership.

Local Healthwatch meet every two weeks with a set agenda, including developments within the ICS and other relevant committees shared by the South East London Healthwatch Director. This forum also provides an opportunity for local Healthwatch to feedback on significant concerns collectively.

Communication and engagement specialists across local Healthwatch meet regularly with the South East London Healthwatch Director. The Director works with the ICS communications and engagement leads to contribute to developing an ICS engagement strategy.

Local Healthwatch have a joint working agreement and pool resources for relevant projects. They have developed an approach to team working and allocate tasks based on the issue being addressed and area targeted. For example:

- Southwark and Lambeth partner together to work on local initiatives which involve Guy's and St Thomas' and King's hospitals.
- Lewisham and Greenwich work together to support and progress improvements and developments at the Lewisham and Greenwich NHS Trust, for example policy and process on charges for patients not eligible to access free NHS services. o Lewisham have been active members of a GP task and finish group. This is helping to provide input from local users into fast-moving issues like the development of digital tools and proposed GP mergers.
- Greenwich took a key role on the mutual aid governance board during the COVID pandemic.

What are the enablers of working together?

Local Healthwatch have prior experience of working in partnership at a place-based level with local providers, smaller provider collaboratives, and the previous South East London Sustainability and Transformation Partnership.

The Healthwatch Director has previously worked as a Healthwatch Chief Executive and has a specific leadership and coordination role for local Healthwatch within the ICS.

The Healthwatch Director is a member of various governance bodies in the CCG/ICS. This includes the Primary Care Commissioning Committee, the Engagement Assurance Committee, the Equality Committee, the Equalities Task Force (which was set up specifically to look at vaccine distribution and COVID inequalities, and is expanding its remit), the Quality and Safety Subcommittee, the Data Usage Committee, the Information Governance Steering Group of the ICS, and the South London COVID-19 Preventing Mental Ill-Health Taskforce.

Local Healthwatch perceive their work with the ICS to be an extension of their statutory duties. Joint reports are shared and published on all six local Healthwatch websites.

Following the local Healthwatch joint working protocol, the Healthwatch Director delivers a progress update to the six local Healthwatch and the ICS. This reports activity against the domains set out in the Quality Framework but also captures impact, for example, where the ICS has accepted evidence or recommendations presented by the Healthwatch and agreed an action plan. This means it can be followed up to ensure the ICS is responding appropriately to feedback from users.

Three local lessons from working together

1. Have a dedicated leadership and coordination role: This has proved to be a catalyst, building on existing good relationships between local Healthwatch, helping the six organisations work collaboratively and have a collective voice at ICS decision-making forums. The partnership approach has developed over time through ongoing engagement efforts and investment from partners.

“There has to be that consistency, [local Healthwatch] need to feel that actually this group here makes sure everybody gets involved [...] but they also have to think about how their voice is projected through the myriad of meetings and systems.” Case study participant

2. Build on trust: The ICS is committed to consistently engaging with local Healthwatch, recognising their strength in working with and empowering unheard voices and their ability to collaborate at both place and system level.

“Our specialism is voices that don't get heard. This is based on working relationships and trust set up that's been built up over quite a period of time, it's the same for public engagement, you can't just go out and start talking to a community. You have to work at it to gain their trust that you're not just going to come in and not hear what they really want to say. So, it's being prepared to engage and it has to be consistent.” Case study participant

3. Be representative of the population: The ICS and local Healthwatch both understand the importance of representation, ensuring engagement and decision-making forums are diverse and inclusive.

“We could be the people who find the communities and capture what they say, and turn that into insight and intelligence, and also be the conduit for feeding back to communities.” Case study participant

Example of working together to improve GP access

Local Healthwatch are working collaboratively, with support from the ICS, to assess access to GP services in South East London. The purpose of this work is to help the ICS dig beneath the surface satisfaction figures provided by the annual GP Patient Survey, and to properly contextualise the current media stories around problems with access to primary care. This means the ICS has an accurate local picture of current experience and an understanding of why people are having these problems.

To provide this insight, each of the six local Healthwatch is responsible for assessing (with agreed parameters) the quality of information regarding access on GP websites. A website audit tool has been developed and shared across the six boroughs to support this task. In addition, each Healthwatch is tailoring a base survey, that was developed in collaboration, to collect people's experience of accessing GP services. For example, Lambeth is gathering insight at GP practices; Bexley and Southwark are carrying out qualitative research, in addition to the survey; and Lewisham, Bexley and Bromley have added questions to their survey. To date 1,145 people have participated in the survey.

Developing and administering the survey in collaboration has reduced the administrative burden and allowed for the identification of cross cutting emergent themes that are common across the six boroughs. For example, a key theme that has emerged is that online triage and waiting for telephone calls from GPs causes patients to experience confusion and anxiety. The ICS has committed to using the findings from local Healthwatch to inform local plans to improve patient experience of accessing GP services.

4. Improving access to digital healthcare in Suffolk and North East Essex

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.

What is the population like?

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. Promising practice case study Local Healthwatch and Integrated Care Systems 2

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.

Three lessons learned 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.

5. Overcoming system pressures in Sussex

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.

“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

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. Promising practice case study Local Healthwatch and Integrated Care Systems 2
- 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.

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.

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.

“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

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.

“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.

6. Working together to improve young people's use of emergency departments in West Yorkshire and Harrogate

Who is working together?

Five local Healthwatch worked with West Yorkshire Health and Care Partnership their local ICS, including:

- Healthwatch Bradford
- Healthwatch Calderdale
- Healthwatch Kirklees
- Healthwatch Leeds
- Healthwatch Wakefield

What's the population like?

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.

Three lessons learned 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

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.

The six promising practice case studies were produced by Strategy Unit for Healthwatch England.



healthwatch

Healthwatch England
National Customer Service Centre
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

www.healthwatch.co.uk
t: 03000 683 000
e: enquiries@healthwatch.co.uk
📱 @HealthwatchE
📘 [Facebook.com/HealthwatchE](https://www.facebook.com/HealthwatchE)