healthwatch

Collaboration Toolkit Phase 1

A toolkit to facilitate collaboration between local Healthwatch at place and system.

Contents

Introduction

Healthwatch England has designed a toolkit that local Healthwatch can use to help ensure that the voices of the communities they work with are heard and valued across their local healthcare system. This toolkit reflects Healthwatch England's beliefs and values, which will accompany the refreshed brand guidelines released in January 2022. The toolkit is split into four phases. Each phase comprises a series of individual tools and will be released separately and chronologically. An overview of the four phases is available in the table below.

Phase #	Phase purpose
Phase one	Set up phase
Phase two	Working together
Phase three	Managing difficult situations
Phase four	Other

Phase one of the toolkit facilitates collaboration between local Healthwatch to work with their Integrated Care System (ICS), a place and system levels.

Phase one provides advice and tools supporting the preparatory work to build a strong foundation for collaboration.

This phase includes:

- Looking at your own goals in your local Healthwatch.

- Thinking about the challenges you may face in joining a collaboration.

- Reviewing your current level of collaboration with your local Healthwatch neighbours as well as the wider system and organisations.

- Bringing the goals and challenges from each local Healthwatch together to review where they align and how they differ and recognising areas that need further discussion and clarification.

- Agreeing on the values and behaviours you use to collaborate.

- Drafting the vision and mission statement for your collaboration.

Whilst this toolkit is designed to be used in chronological order, you might find it more useful to pick and choose specific tools depending on your need. Similarly, most local Healthwatch will not be starting this relationship-building from scratch. In this case, you could use this toolkit to review and reflect on the work to form your collaborative practice.

Chapter One – Agree on goals/objectives

Tool: Self-assessment to identify individual goals

Purpose

This tool helps you to think about the goals of your local Healthwatch before developing a collaboration agreement with the other local Healthwatch in your ICS.

This tool helps you to articulate:

- Your statutory role.

- The benefits for the system.

- Your goals for collaborating with other local Healthwatch.

- The goals specific to your local Healthwatch.

How to use this tool

Firstly, think about the goals for you as an individual local Healthwatch. You should base your goals on:

- Statutory functions:

  o To ensure the views of the public influence the strategies, plans and commissioning of health and social care.

  o Enabling local people to monitor and scrutinise the provision of health and social care services.

But might also include:

- Ensure the public voice in your area is heard and influences the system level.

- Understand what is being planned by the ICS in your area.

- Align your workplan with ICS priorities.

- Learn from other areas to improve your work.

- Generate commissioned work from the ICS.
- Ensure you maintain your visibility and reputation in your area and at the system level.

For each goal, think about what the outcome of achieving the goal would look like. How will you measure success? Is the goal essential to your Healthwatch?

You should also consider how you prioritise your goals and whether they are negotiable or non-negotiable.

Use the table below to set out your goals:

Outline of tool

Goal	What does achieving the goal look like?	How might you measure if it is being achieved?	Negotiable/Non-negotiable?	Priority – high/medium/low

Identify challenges and how to address them

Once you have individually agreed on goals and objectives, it will also be helpful to think about any known challenges you have previously experienced or anticipate. These might be challenges in working with other local Healthwatch or with the ICS.

Reflecting on challenges individually before addressing these with the local Healthwatch collaboration means you will be more likely to enter the discussions with a solutions-focused mindset.

Tool: Plan to address challenges

Purpose

To ensure you have identified all the known challenges in collaborating with other local Healthwatch in your ICS area.

This adapted version of the [Problem Definition Tool from Nesta](#) is a helpful framework for thinking about your challenges.

How to use this tool

Getting organisational buy-in

Get the right people involved at the right time. It's essential to ensure that you have whole organisational buy-in from the outset, so involve board members, staff and volunteers where possible.

Finding a starting point

Brainstorming can be helpful to start the conversation and get a range of possible starting points out in the open.

Refer to the goals you've identified above and ensure you focus on the challenges to achieving them rather than every challenge you can think of.

Make your goals 'SMART':

- Specific

- Measurable

- Achievable

- Relevant

- Timebound

In particular, think about the Measurable aspect and how you'll measure your work and understand whether or not you're achieving what you set out to do. Whilst you can't measure everything, there will almost certainly be measures of output or outcome that can help you understand whether a goal is on track. As a reminder, outcomes are what you want to achieve. Outputs are the actions that contribute to achieving your outcomes.
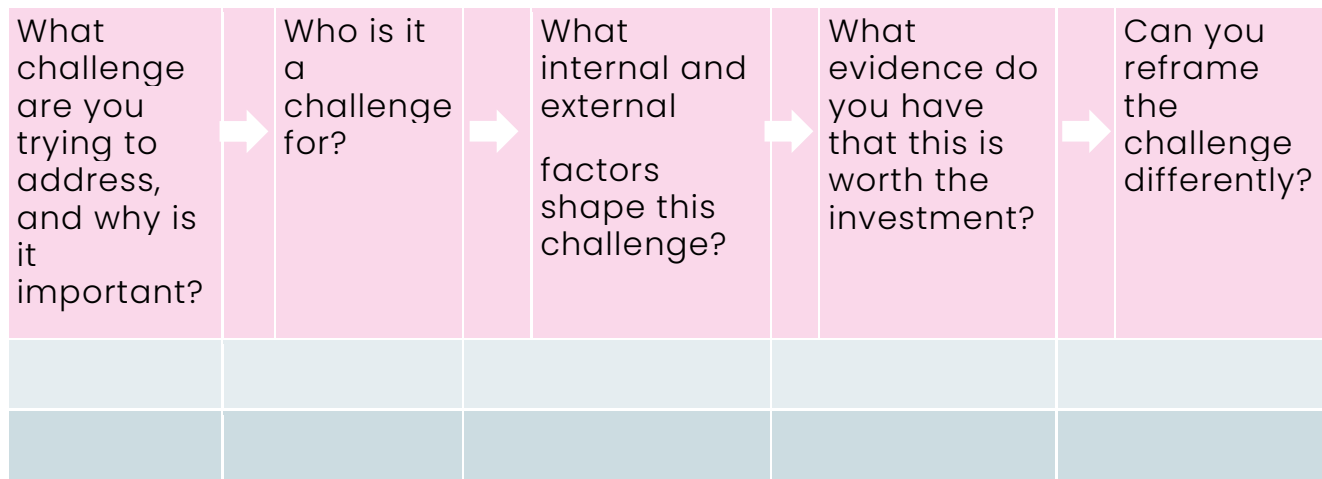
Make sure you deal with the cause, not just the symptoms

Once you have a challenge, think about what you need to do to overcome it. Often, there's more than one challenge to overcome before achieving your goal. For instance, audiences have to both want to attend performances (i.e., the programme is appealing to them) and be able to attend performances (i.e., they

can travel to the venue, stay in hotels, etc.) for you to be able to increase attendance.

[Theory of Change](#) is an excellent way of exploring a complex challenge.

Outline of tool

What challenge are you trying to address, and why is it important?	Who is it a challenge for?	What internal and external factors shape this challenge?	What evidence do you have that this is worth the investment?	Can you reframe the challenge differently?

Assess current level of collaboration between local Healthwatch and other partners

Tool: Self-assessment to explore the current level of collaboration

Purpose

The final individual assessment to consider before bringing your goals, objectives and identified challenges together with other local Healthwatch is the current level of collaboration of your local Healthwatch. This will help bring awareness to any previous collaboration issues but also acknowledge any different levels of collaborations that local Healthwatch might experience.

How to use this tool

This collaboration self-assessment comes in three steps:

1. The first self-assessment measures against a set of collaboration criteria. It will give you an idea of how frequently you collaborate with others.

2. The second tool will help measure your actual capacity to collaborate with others.

3. The third self-assessment helps you measure the strength of your relationships with other partners.

This three-step approach will help you to identify where potential issues with collaboration may exist. For example, low general willingness combined with a lack of capacity or weak relationships with other partners might lead to a low collaboration score.

Please note: You should conduct this self-assessment three-step tool during project inception and then repeat the process to review progress after six to twelve months.

Outline of tool

Step 1: assessing collaboration criteria

Collaboration criteria	Yes, frequently (3)	Every now and then (2)	Never (1)	Explanation	Total score
Have you taken part in joint projects?					
Do you attend meetings regularly with other local Healthwatch?					
Do you work together when liaising with providers that work across several local Healthwatch areas?					
Do you have agreements to represent each					

other at meetings?						

Step 2: assessing capacity

Capacity scale exercise	1 Low	2	3	4	5	6	7	8	9	10 High
What is your capacity to attend all joint activities?										

Step 3: assessing relationship strength

How strong are your relationships with:	Very strong (5)	Strong (4)	Neither strong nor weak (3)	Weak (2)	Very weak (1)	Total score
Local Clinical Commissioning Group/Place-based partnership						
Developing ICS						
Adult Social Care						
Health and Wellbeing Board						
Health Overview and Scrutiny Committee (HOSC)						
Developing Integrated Care Partnership						
Hospital Trusts						

Community Trusts						
Mental Health Trusts						
Seldom heard communities						
Voluntary sector						
Local Authority						
Local Commissioners						

Chapter 2 – Bringing it together with other local Healthwatch

This is the first section in the toolkit that outlines tools to use within a local Healthwatch collaboration. It provides guidance on discussing and addressing concerns about coming together to work collaboratively. To ensure this conversation is as informed as possible, each local Healthwatch must reflect individually on goals, objectives, challenges and level of collaboration (as outlined in the previous three sections) before this step.

Please note that you don't need to share not all the detailed insights you generate in Chapter One with other local Healthwatch in Chapter Two.

Tool: Identifying shared concerns about collaborative working

Purpose

This tool is designed to surface and voice any concerns individual local Healthwatch may have at the beginning of the collaboration process. The table below highlights some common concerns stakeholders express that can pose barriers to effective collaboration.

How to use this tool

During a meeting with all parties present, each local Healthwatch assigns a score to how concerned they feel about each barrier whilst providing some context. The total score will then give an insight into which of these barriers pose the most significant perceived challenge to collaboration. Use this score as a benchmark. You should rerun this process at the midway point of the project and then again at the end.

Outline of tool

What are some common barriers to collaboration?	How can these issues manifest?	How concerned are you about these issues? (1-5 scale)	Total across all local Healthwatch
Diversity	Concerns about differences in priorities or approaches	1 Not concerned 5 Very concerned	
Equity	Concerns about the power imbalance between partners	1 Not concerned 5 Very concerned	
Openness	Concerns about hidden agendas	1 Not concerned 5 Very concerned	
Mutual benefit	Concerns about competing interests, including funding arrangements	1 Not concerned 5 Very concerned	
Uncertainty	Concerns about what the future (short and long term) may hold in terms of working collaboratively	1 Not concerned 5 Very concerned	

Tool: Identifying shared goals and agreeing on success indicators

Purpose

This tool is designed to bring local Healthwatch together to identify common elements that can form the basis of working collaboratively. These elements, which should have emerged after using the tools listed above, include:

- Shared goals

- Understanding challenges

- Setting priorities

- Allocating responsibilities

How to use this tool

This tool is comprised of four separate steps.

- **Step 1:** Start by having each local Healthwatch list their self-assessed high priority and non-negotiable individual goals and corresponding success indicators in **table A.**

- **Step 2:** Then list some of the shared goal(s) you have in common in **table B.** These don't have to be perfect at this stage. You only need a rough outline.

- **Step 3:** Now, come up with and note down the success indicators for your shared common goals in **table C.**

- **Step 4:** Once you have a draft set of shared goals and success indicators, list what activities need to take place for the common goal(s) to be achieved in the left-hand column in **table D.**

- **Step 5:** Now identify how each local Healthwatch and/or other partners can contribute to delivering the individual activities required to achieve the overall common goal in their respective columns in **table D.**

Please note: You should use this tool alongside the tools on values and behaviours in the next section.

Outline

Table A: Individual local Healthwatch goals
1
2
3
4

Table B: Shared local Healthwatch goals
1
2
3
4

Table C: Success indicators for shared goals
1
2
3
4

| Table D: Activities needed to achieve common goals	Partners					
	Healthwatch 1	Healthwatch 2	Healthwatch three	Healthwatch 4	ICS	VCS

Values and behaviours

There is various guidance from within Healthwatch England (brand values) and UK Government sources (NOLAN principles) on the expected behaviours of anyone representing a local Healthwatch. However, this section outlines tools to dig deeper into exploring what behaviours you want to adhere to as a local Healthwatch collaboration and discover what values you are basing these on. It should also help you understand better if there are conflicting values and behaviours within the partnership and how to understand these better and reach a consensus.

Tool: Discussion guide to explore values and behaviours when working together

Purpose

You can use this discussion guide in the initial set-up stages of a local Healthwatch collaboration. It provides guidance on discussing and agreeing on values and behaviours your local Healthwatch collaboration wants to adhere to when working together.

Figure 1: illustration of how values underpin behaviours
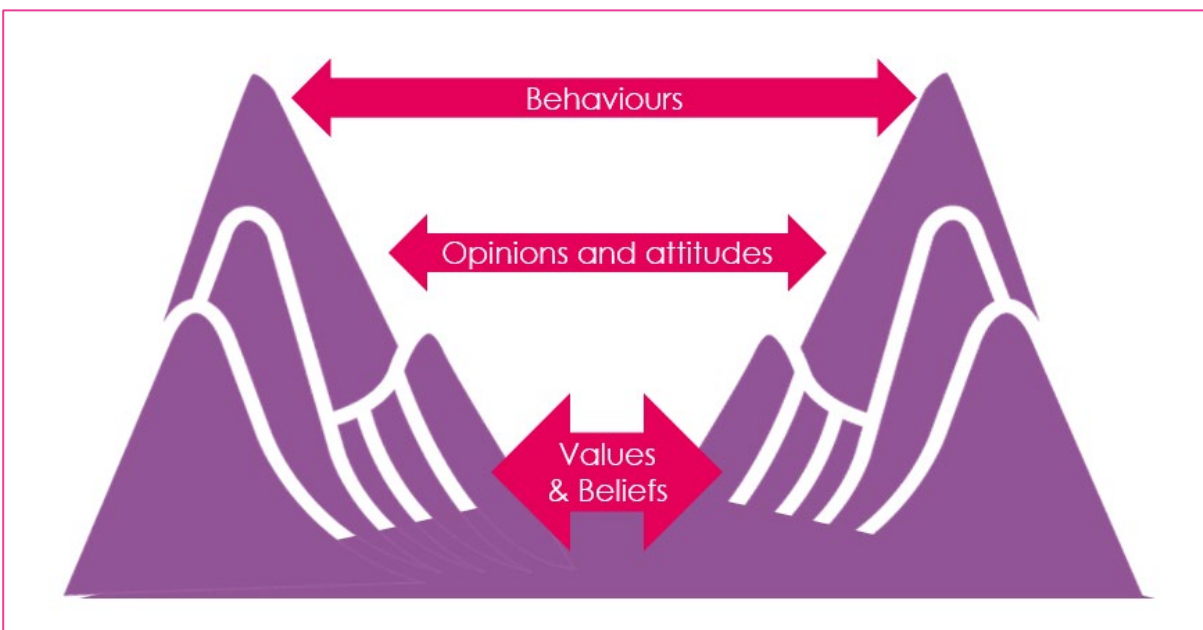
How to use this tool

We must acknowledge that values and beliefs influence our behaviours. Discussing what values might underpin these is essential to understand and agree on behaviours. The table below outlines a few prompt questions and discussion tools to explore group values and beliefs.

Please note: Many local Healthwatch will already have done work to establish their values, behaviours and codes of conduct, and it is worth using them as examples for this exercise.

What are you trying to do?	Discussion prompts to use
Holding a safe space	Establishing and maintaining ground rules
Listening for underlying values	• Why do you/we think that? • What do you/we think has influenced our view on this?
Searching out disagreement and consensus	• Does anyone else agree with that? • Does anyone else hold a different opinion?
Encouraging reflection	• Give time to think • Asking probing questions • Providing examples • Providing alternative points of view
Managing group dynamics	• Woking with the group to observe dynamics: • It seems no one has anything to say about this. Why do you think that is? • It feels like there is a lot of disagreement here. Can we reflect on why that might be?

For this tool, the content in the table above has been mapped onto a discussion guide tool below.

- **Step 1:** The discussion guide outlines suggested values the group might want to establish whilst also prompting discussion about underlying values and beliefs.

- **Step 2:** Any values identified during a discussion about behaviours should be recorded in the second table and underpin any further discussion about mission and vision (per the last section of this toolkit).

Depending on the group size, you can use the discussion guide below in full-group discussions or smaller break out-groups. If used in smaller break-out groups, depending on time, ask each group to go through the entire set of questions or divide the discussion points between groups depending on the type of behaviour you want to establish. Once discussed, ensure you set aside time to go through all topics with the whole group to seek consensus on suggested behaviours the group would like to establish when working together.

Outline of tool

Step 1: Discussion guide to establish behaviours

What behaviours do we want to establish?	Key question	What are you trying to do?	How can you do this? (use tools in the table above)
Respecting each other	How can we establish a comfortable, safe space where everyone feels included and willing to contribute their views?	Creating and holding a safe space	Establishing and maintaining ground rules (see more detail in the next tool below)
Recognise other commitments and collaborations	How do we want to prioritise the local Healthwatch collaboration alongside competing priorities and commitments?	• Searching out disagreement and consensus • Managing group dynamics	• Work with the group to observe group dynamics • Prompt questions around agreement and disagreement
Willingness to learn and act on evaluation	How do we ensure the local Healthwatch collaboration is seen as a 'work in progress that can always be	• Encourage reflection	• Provide reflection time • Provide examples and

	improved if needed?		alternative views
Establish rights and obligations	As members of a local Healthwatch collaboration, how can we negotiate mutual rights and obligations?	• Listening for underlying values • Encouraging reflection	• Provide reflection time • Prompt questions to understand what has influenced differing views

Step 2: List of values underlying established behaviours

Established behaviours	Values identified underpinning this behaviour
Respecting each other	• Value X • Value Y • Value Z
Recognise other commitments and collaborations	
Willingness to learn and act on evaluation	
Establish rights and obligations	

Creating your Vision and Mission Statement for your collaboration

The final section of the first phase of the toolkit helps your local Healthwatch collaboration co-create a shared Vision and Mission statement. The statement work will build on previous discussions and help you clearly articulate the purpose and value collaboration will bring to ICSs.

Please note: Many local Healthwatch will already have done work to shape their Vision and Mission, which can be helpful when forming a shared Vision and Mission.

Tool: Prompt questions to explore Vision and Mission statement
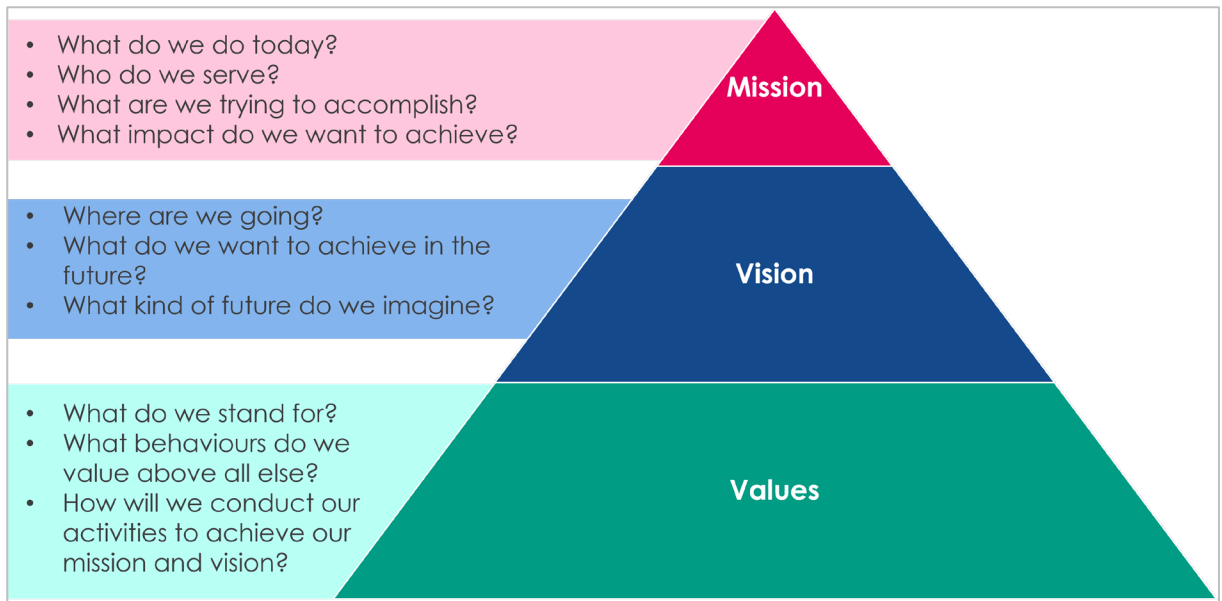
Purpose

These questions and prompts will help guide initial discussions on agreeing and setting a clear vision and mission for your collaboration. It will help you clearly articulate collaboration goals and the value local Healthwatch collaboration will bring to ICSs.

How to use this tool

Your vision and mission statement is a helpful place to summarise your discussions on what your shared goals are. The vision and mission statement form the foundation for your collaboration agreement and your Memorandum of Understanding with your ICS.

Outline of tool

Step one: Answer prompt questions together, starting from the bottom and working your way up the triangle.

- What do we do today?
- Who do we serve?
- What are we trying to accomplish?
- What impact do we want to achieve?

Mission

- Where are we going?
- What do we want to achieve in the future?
- What kind of future do we imagine?

Vision

- What do we stand for?
- What behaviours do we value above all else?
- How will we conduct our activities to achieve our mission and vision?

Values

Step two: Create your Vision and Mission Statement, building on the answers to the prompt questions. Your statement should be concise, avoiding jargon.

Next steps

After completing Phase one of this toolkit, you should be in a position to start work on Phase two from a solid foundation based on trust, openness and shared ideals. As a reminder, the tools within Phase one provide advice and guidance to support your preparatory work for collaboration.

Phase two is focused on delivering your collaborative project. It will provide you with the tools and guidance required to make joint decisions and ensure that each local Healthwatch has the opportunity to shape these decisions. Below is an overview of Phase two:

- Influencing planning and commissioning

- Defining roles and responsibilities

- Creating a structure for joint decision-making and governance

- Designing a process for managing difficulties and escalation

- Agreeing on financial arrangements

- Managing procurement competition conversations

Collaboration Toolkit Phase two

A toolkit to facilitate collaboration between local Healthwatch at place and system.

Contents

Introduction

Helping you get ICS ready

This is Phase two of the collaboration toolkit. It is designed to help collaboration between local Healthwatch to work together with your Integrated Care System (ICS), a place and system levels.

Phase one, which is available by clicking here, provides advice and tools supporting the preparatory work to build a strong foundation for collaboration. We suggest you review Phase one to determine whether any of the tools it includes are helpful for your local Healthwatch collaboration.

Phase two aims to enable your local Healthwatch collaboration to produce a written agreement on how you will work together in preparation for the Health and Care Bill to come into effect.

Phase two: Working together

This phase of the toolkit builds on the strong foundations you have developed with the other local Healthwatch in your collaboration using the tools in Phase one.

This phase includes:

- Agreeing on what effective representation looks like.
- Defining roles and responsibilities within your local Healthwatch collaboration.
- Defining a structure for decision making and governing the collaboration.
- Drafting a collaboration agreement.
- Designing a process for managing and/or escalating difficulties.

Self-reflection

Before commencing on Phase two, take the opportunity to reflect on your progress from Phase one. As a group, explore how confident you feel as a local Healthwatch collaboration about the following:

- Your shared aims.
- The challenges to collaboration you have identified.
- Your shared values.

- Your co-created vision and mission statement.

If you are confident in the above elements, you are ready to use the tools in Phase two. As in Phase one, your local Healthwatch collaboration is not required to use each tool in order. You can use any of the tools below in the way that meets your needs. We suggest that you review each tool in turn as a group to determine whether you think it is useful or not.

As in the previous phase, you are encouraged to frequently review your outputs from using the tools regularly to ensure they still meet the needs of your local Healthwatch collaboration within the rapidly changing ICS landscape.

Effective representation

Tool: Discussion guide

Purpose

This tool will help you agree on effective representation with the ICS for your local Healthwatch collaboration. Effective representation will help ensure that the voices in the communities you work with are heard and that your local Healthwatch collaboration can influence planning and commissioning decisions. Effective representation also means having the most impact whilst operating within existing capacity constraints.

How to use this tool

You can use the discussion guide below in a group setting to ensure your local Healthwatch collaboration has the necessary discussions about how you will be represented in the system. For example, if a single representative is working with a strategic forum at ICS or ICP level, how will you ensure the unique views of each local Healthwatch and the communities they represent are communicated effectively in a single voice?

The outcomes from this discussion will form part of the collaboration agreement between local Healthwatch.

Outline of tool

Topic	Discussion Prompts
Common ground	How could your local Healthwatch collaboration have collective influence? Think individually about the things which are most important for the communities your Healthwatch serves, then come together and map these to identify where there are commonalities.
Being clear about capacity	What are the areas where there is a disparity between the available

	capacity of each local Healthwatch within your collaboration?
	How can your local Healthwatch collaboration support everyone to have a voice?
Representing the range of views	How would equity be maintained?
	How will you ensure that the 'quiet voices' still get listened to?
	What approaches could you use to ensure views that are different or even opposing also get captured?
	How will you capture and bring together the commonalities?
	Where there is a divergence of view, what approaches could be used to manage this?
Delegated authority	What are the circumstances under which it would be helpful for one Healthwatch to speak for the collaboration?
	Think about this in terms of strategic representation, e.g. on the ICB, and influencing decisions that may affect how services are commissioned.
How local Healthwatch feed into the representation	How will you come together as a local Healthwatch collaboration?
	How will you communicate and share information on a day-to-day basis?
	How will you work together to ensure views are fairly represented?
How representation keeps the various local Healthwatch updated	What do you need to create an effective communication system?
Are you aligned with ICS processes?	What can you do to ensure you are up to date with what is happening in the ICS and that Healthwatch can collectively influence ICS processes as they develop?

Roles and responsibilities

Tool: Map of the statutory Integrated Care System

Purpose

The purpose of this tool is for your local Healthwatch collaboration to gain a shared understanding of the proposed statutory ICS model. As it currently stands, the definitive structure and individual components of the statutory ICS have not been finalised in many areas. For this reason, it is essential to determine how your local Healthwatch collaboration will fit into your statutory ICSs' governance structure as it emerges.
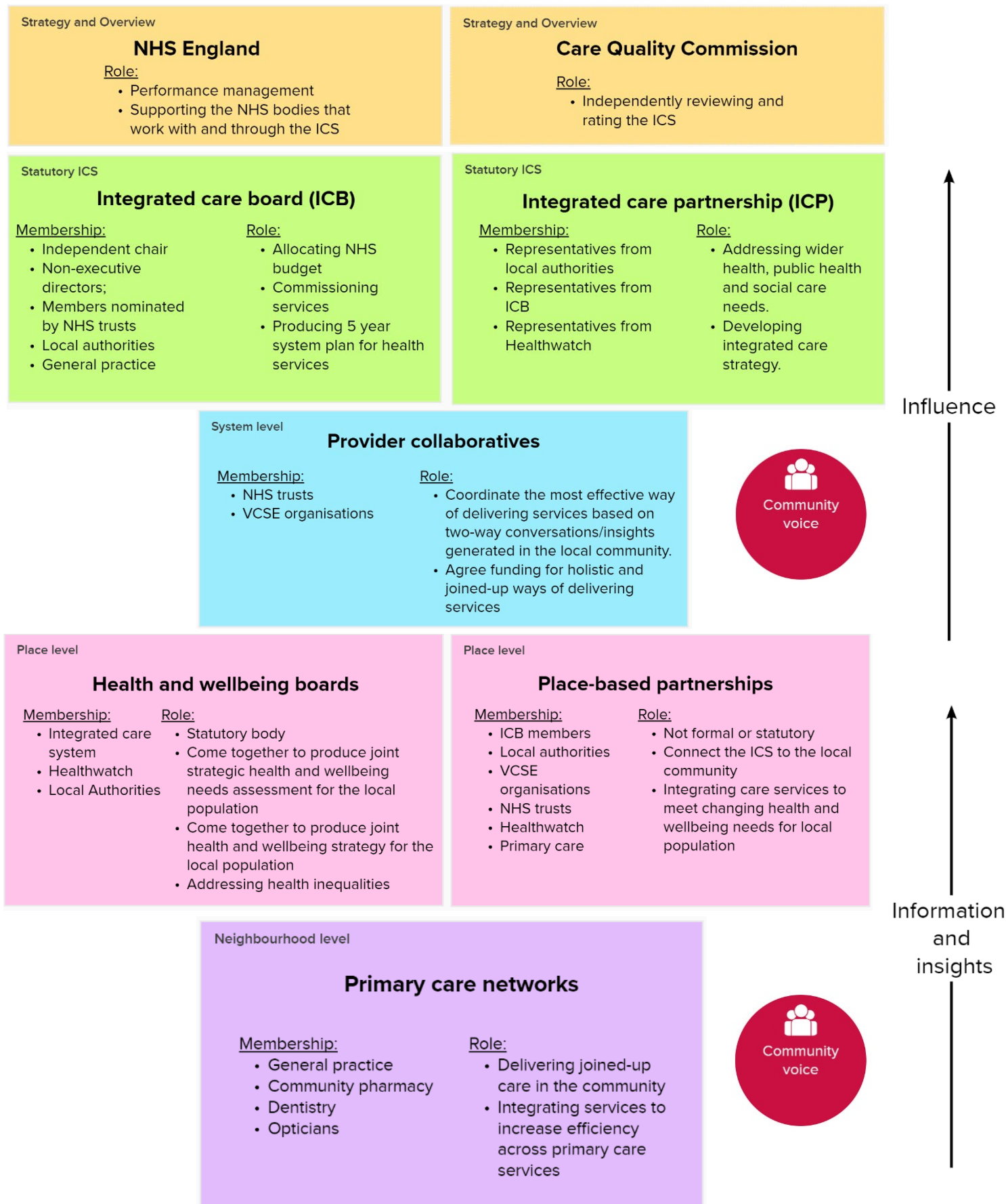
How to use this tool

Below is an adaptation of the King's Fund's ICS key planning and partnership bodies' diagram. The diagram depicts the role and membership of each stakeholder group across system, place and neighbourhood. The arrows on the right-hand side depict the role that local Healthwatch have the potential to play at each level. It is important to note that many of the individual member organisations will work across more than one level and that working flexibly is a key feature of the statutory ICS model.

Use this tool as a prompt to discuss:

- What role do you see your local Healthwatch collaboration playing in the statutory ICS?

- To what extent do you see your local Healthwatch collaboration exerting influence from System-level up to the ICB and ICP.

- How will information and local peoples' views and insights be shared transparently amongst local Healthwatch?

- How will local Healthwatch share information across different partners?

Outline of tool

Strategy and Overview
NHS England
Role:
- Performance management
- Supporting the NHS bodies that work with and through the ICS

Strategy and Overview
Care Quality Commission
Role:
- Independently reviewing and rating the ICS

Statutory ICS
Integrated care board (ICB)

Membership:
- Independent chair
- Non-executive directors;
- Members nominated by NHS trusts
- Local authorities
- General practice

Role:
- Allocating NHS budget
- Commissioning services
- Producing 5 year system plan for health services

Statutory ICS
Integrated care partnership (ICP)

Membership:
- Representatives from local authorities
- Representatives from ICB
- Representatives from Healthwatch

Role:
- Addressing wider health, public health and social care needs.
- Developing integrated care strategy.

System level
Provider collaboratives

Membership:
- NHS trusts
- VCSE organisations

Role:
- Coordinate the most effective way of delivering services based on two-way conversations/insights generated in the local community.
- Agree funding for holistic and joined-up ways of delivering services

Community voice

Influence

Place level
Health and wellbeing boards

Membership:
- Integrated care system
- Healthwatch
- Local Authorities

Role:
- Statutory body
- Come together to produce joint strategic health and wellbeing needs assessment for the local population
- Come together to produce joint health and wellbeing strategy for the local population
- Addressing health inequalities

Place level
Place-based partnerships

Membership:
- ICB members
- Local authorities
- VCSE organisations
- NHS trusts
- Healthwatch
- Primary care

Role:
- Not formal or statutory
- Connect the ICS to the local community
- Integrating care services to meet changing health and wellbeing needs for local population

Neighbourhood level
Primary care networks

Membership:
- General practice
- Community pharmacy
- Dentistry
- Opticians

Role:
- Delivering joined-up care in the community
- Integrating services to increase efficiency across primary care services

Community voice

Information and insights

Tool: Use pen and paper or Microsoft Whiteboard via Teams to map your system together

Purpose

This tool aims to help your local Healthwatch collaboration determine how you want to interact with the different components of the statutory ICS and who is best placed to take on this role. The focus is not necessarily on coming up with a specific job title but rather on describing the core competencies and responsibilities of the individual/s representing your local Healthwatch collaboration.

How to use this tool

Convene the members of your local Healthwatch collaboration, either online or in-person, to create a visual representation of the statutory ICS structure using the diagram above as a starting point. Then, either using pen and paper on a flipchart or Microsoft Whiteboard over Teams, design a system structure that helps your local Healthwatch collaboration:

1. Identify other strategic boards/groups that align with the joint goals you identified in Phase one.

2. Decide which of these opportunities are worth the extra demands on capacity.

3. Determine who within your collaboration has the capacity, confidence and competence to attend these additional meetings. It may be more than one individual's responsibility.

Once you have drafted a visual representation of your system map, use the prompts below to guide your discussion.

Outline of tool

Topics	Prompts
Expectations	What are the expectations that the ICS has of your local Healthwatch collaboration? Review the ICS implementation guidance on working with people and communities here: 'Building strong integrated care systems everywhere'
Opportunities to influence strategy	How can you influence the way the ICB and ICP operate? How can you ensure the local community's voice is represented at the statutory ICS level?

	How can you ensure that the views of the communities that local Healthwatch represent are taken into account during processes involving formal strategies for the ICP?
Communication	How can you create channels of communication which enable your local Healthwatch collaboration to understand which decisions are being made which affect specific populations?
Identifying and measuring impact	Where are you going to have the most significant impact? How will you assess whether you are putting available resources to best use? How do you know, and are you able to evaluate that impact?
Capacity	Do you have a mechanism to discuss any new requests for representation on a particular forum or board? How do you broach that conversation if this means dropping representation on an existing forum or board? For some Boards, local Healthwatch can be sent hundreds of pages of documents to read in advance – how will you decide how to make the best use of your capacity? How do you decide what information everybody in your collaboration needs to know (and must be proactively shared)?
Competence	What are the skills and competencies of a credible representative of your local Healthwatch collaboration? Consider splitting skills and competencies into essential and desirable categories. Are there any training needs?

Structure for decision making and governing the collaboration

Tool: Decision-making structure and how it links with decision-making structures of each local Healthwatch

Purpose

This tool will help you think about making decisions with the system. What you agree will then be included in your collaboration agreement.

How to use this tool

Think about the lines of accountability you want to set up:

- How much authority do you want to give the people interacting at the system level?

- Will they have some delegated authority from the boards of the local Healthwatch collaboration, or will each query need to go to individual boards?

Think about the lines of communication you will need to have:

- How will updates from the system be distributed to the local Healthwatch in the collaboration? Who needs to receive them in each local Healthwatch?

- What will be the process for local Healthwatch feeding local peoples' views up to the system?

- How can this be realistic and achievable?

In considering these issues, which may be challenging to resolve, ensure you keep referring to your values and behaviours agreed upon in Phase one.

With these values in mind, you need to consider how the collaboration responds if anyone doesn't work in the way set out in the agreement. If you identify areas where you need to agree on a response, the Collaboration Agreement Principles section will help you consider what is appropriate.

Outline of tool

Use the table below to prompt your discussions and record how you will manage each area as a collaboration.

What do you need to consider?	What arrangements would be realistic and achievable?	How will the collaboration respond if arrangements aren't working?
Using the map of the system, identify who will be the system contact for each part you have mapped.	*This will vary across individual local Healthwatch collaborations.*	
Will the system contact be able to give views based on what they know of each local Healthwatch situation?	For example: The system contact has a good understanding of each local Healthwatch, its priorities and approach. The system contact will review agendas and consults with the collaboration on agenda items where they may be able to have input.	*This will vary across individual local Healthwatch collaborations.*
How should the system contact respond to requests to get the collaboration of local Healthwatch involved in system activity?	A process must be implemented to enable the system contact to bring requests and make a timely decision.	How would this be reviewed if responses repeatedly were not timely?
How will the collaboration agree on its priorities for work with the system?	A process must be established to proactively agree on what system areas are a priority, e.g., upcoming service change, services in crisis, and engaging with seldom heard communities. How will each local Healthwatch keep the	When will there be a regular review of the arrangements?

What do you need to consider?	What arrangements would be realistic and achievable?	How will the collaboration respond if arrangements aren't working?
	collaboration informed about their priorities? How will your local Healthwatch collaboration determine where priorities can be joined?	
What if a local Healthwatch doesn't work within the values and behaviours you agreed on in Phase one?	In responding, the collaboration should adhere to the values and behaviours agreed upon in Phase one.	What informal discussions will take place and by whom? What if you need to take a more formal approach? What if you need to escalate elsewhere? To whom? Who escalates?
How will updates from the system be distributed to the local Healthwatch in the collaboration? Who needs to receive them in each local Healthwatch?	*This will vary across individual local Healthwatch collaborations.*	
How will the collaboration collate their insights from the public and share them with the system?	Will you provide regular updates or collated insights only when there is a clear need to do so? Who will collate the insights from the public and produce the presentation? Will you make recommendations based on these insights?	How does the collaboration respond if any local Healthwatch members are unable or unwilling to provide information in time? How do you respond if this happens repeatedly?

What do you need to consider?	What arrangements would be realistic and achievable?	How will the collaboration respond if arrangements aren't working?
How will each local Healthwatch update the collaboration on activity that could impact it?	*This will vary across individual local Healthwatch collaborations*	*This will vary across individual local Healthwatch collaborations*
Joint projects between all local Healthwatch in the collaboration	Will you initiate your own joint projects? Will you undertake joint projects if requested by the system? Will you do them using existing resources or require them to be commissioned by the system? Will you make recommendations in your project? Who will monitor them to ensure they are acted on?	*This will vary across individual local Healthwatch collaborations.*

Tool: Diagram of lines of accountability and communication example

Purpose

You have reviewed what representation there will be to the system and thought about the practicalities. You can now make proposals about organising decision-making to ensure a timely response.

How to use this tool

Below is an example of what this might look like. You may feel there needs to be something sitting between the system contact and CEOs/boards of each local Healthwatch. This may be a management committee, a delegated working group or something less formal like an online forum via email or secure messaging/social media.

Included is the presentation slide below that you can adapt to reflect your own situation and arrangements.

Outline of tool

Use the template PowerPoint slide to create your own decision-making structure.
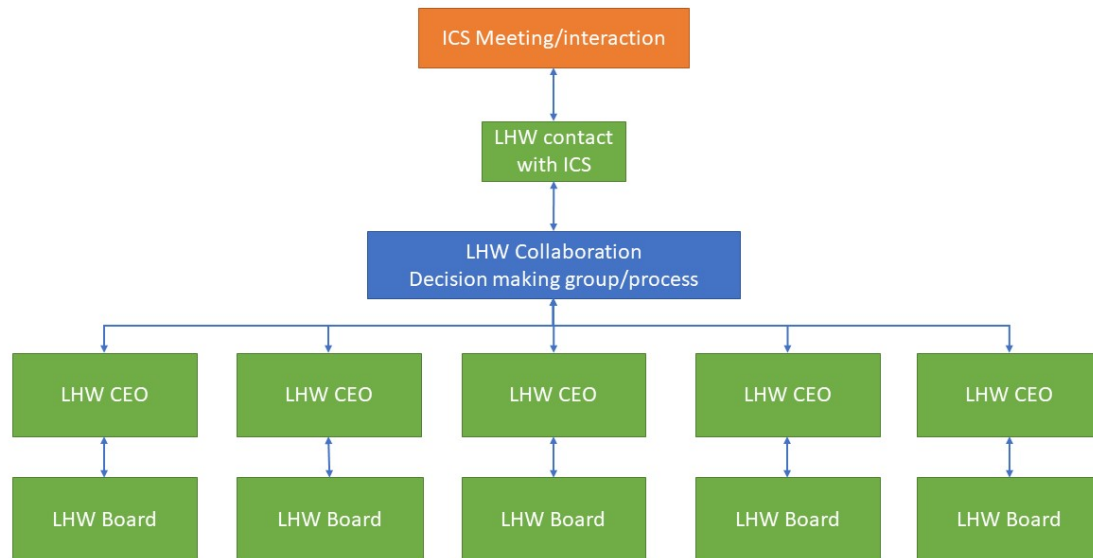
The collaboration agreement

Tool: Headings and prompts for your collaboration agreement

Purpose

Discussions with local Healthwatch have led us to avoid giving out a template for a collaboration agreement. The risk voiced by local Healthwatch was that things might be in the agreement which have not been explored sufficiently.

Instead, we have produced a discussion guide with key headings we feel need to be in your agreement and the conversations that you need to consider having together.

How to use this tool

Start by writing down your shared goals and vision and mission statement from Phase one so that you can refer to them as you work through the table below. The left-hand column provides you with suggested headings for your agreement. The right-hand column is a series of prompts to consider as you work through this tool.

Outline of tool

Collaboration agreement headings	Prompts
1. Shared priorities	What goals did you want to achieve from working with the ICS (you may have used the tools in Phase one to develop these)? How will you agree to prioritise other issues happening in the system, e.g., significant service change or services in crisis?
2. Transparent and fair decisions	What structure have you considered using the previous tool, 'Structure for decision making and governing the collaboration.'

Collaboration agreement headings	Prompts
	Delegate authority where possible, so no huge chain of agreement is needed in every decision. How will you agree the position of the collective on things? E.g., if the system contact needs to speak to the media? Where will shared decisions be taken? Will you have a decision-making group representing the local Healthwatch, or will you consult each local Healthwatch each time?
3. Accountability for achieving goals	Who is responsible for the activity required to meet your shared goals? How will progress be monitored and impact evaluated?
4. Maintaining independence	Independence can be interpreted differently depending on local conditions and attitudes. Your collaboration agreement needs to include a shared definition of independence for your local Healthwatch collaboration, drawn from the shared values in each of your own statements on independence. The agreement needs to include how your local Healthwatch collaboration will respond when your independence is potentially compromised. How will you manage conflicts of interest if they arise?
5. Mutual support	Your local Healthwatch collaboration should use the Healthwatch England Quality Framework to identify areas requiring improvement. Areas for improvement can be attributed to the following elements listed below. **Ongoing challenges:** • Low levels of available resources.

Collaboration agreement headings	Prompts
	• The quality of local relationships and partnerships and the lack of cooperation from the local system meaning the local Healthwatch role is more challenged. • Lack of capacity to review and learn from local Healthwatch. **Timebound challenges:** • Loss of staff and time taken to recruit and induct. • Crises in local services that need additional input. • Project commitments. Your local Healthwatch collaboration should ensure that there are opportunities for local Healthwatch members to highlight challenges in meeting the requirements of the Quality Framework and consider what support can be offered. Examples may be: • Sharing templates and documents. • Sharing processes and ways of doing things. • Formal agreements to share staff or resources, perhaps on a short-term basis.
6. Managing the finances in joint projects	If the ICS commissions your local Healthwatch collaboration, how will you agree: • How to calculate costs to ensure full cost recovery (FCR) for every local Healthwatch involved? • Will you assess FCR for each individual project, or will you develop a 'day rate' acceptable to everyone to simplify budgeting? • Who will complete the bid and negotiate? What role will the rest of the Healthwatch collaboration have in

Collaboration agreement headings	Prompts
	the bid? What information will be needed? • Who will hold and distribute the finances? • Who manages the contract and monitors performance?
7. local Healthwatch commissioning and competition	The reality of potential competition for local Healthwatch contracts must be discussed openly in your collaboration. It can be a key area of potential tension and should not be ignored by the group. It is likely that each local Healthwatch in the collaboration will have thought about competing for contracts, and any concerns should be raised sensitively and in line with your agreed values and behaviours from Phase one. You may aspire to develop a non-competition agreement in your local Healthwatch collaboration so that when contracts are tendered, no one else in the collaboration will apply. However, with the range of hosted and non-hosted models, the variation in sizes of organisations and the numbers of local Healthwatch they may run, this is likely to be extremely challenging, if possible at all. Another approach is to agree that each local Healthwatch in your collaboration will take responsibility for ensuring that they are performing well against the Quality Framework and the requirements of their commissioner and the system. By doing this, local Healthwatch, who already have the local knowledge and connections in their area, should be best placed to secure the new contract. You should consider the section on mutual support above alongside considerations about competition. Local Healthwatch have the right to withhold information if they feel another member of the collaboration is

Collaboration agreement headings	Prompts
	seeking a competitive advantage over them.
8. Handling concerns and disputes within your local Healthwatch collaboration	The 'Tool: Decision-making structure and how it links with decision-making structures of each local Healthwatch' in this phase of the toolkit has prompted you to think about examples where local Healthwatch in your collaboration may be unable or unwilling to participate as agreed.

Your local Healthwatch collaboration may feel they need to address this with the local Healthwatch in question. To manage this, revisit the shared values and principles you agreed on in Phase one.

Below is a suggested approach to start discussions that you can adapt and make your own.

Informal phase

Ensure that any concerns from your local Healthwatch collaboration are shared with the local Healthwatch.

This may initially just be between local Healthwatch lead officers. You might need to consider whether Chairs be involved. The conversation should be in-person (or virtual) rather than by email.

Your local Healthwatch collaboration should look at any support they can give the local Healthwatch.

For clarity, the conversation should be followed with a written summary of the discussion with any next steps that all parties can agree on.

How has the local Healthwatch responded? Is the issue likely to reoccur? If so, a more formal approach may be required. |

Collaboration agreement headings	Prompts
	Formal phase Have further conversations to understand if any mitigating circumstances mean adjustments within your local Healthwatch collaboration or the local Healthwatch in question are required. Support should be reviewed or offered again to ensure everything possible is being done to ensure the local Healthwatch can work effectively with your collaboration. This should result in a written situational statement or agreement between the local Healthwatch and the collaboration. **Crisis phase** This phase occurs after the informal and formal phases have been explored thoroughly, but the local Healthwatch in question is not engaging or undertaking activities that the local Healthwatch collaboration feel risk reputational damage to the Healthwatch England brand. This will often require escalation: • The local Healthwatch collaboration makes the ICS aware in private of their concerns. This may also mean making public statements, e.g., at the ICB if formal clarification is required to the wider system. • Healthwatch England should be made aware if brand guidelines are not being followed. • In extreme circumstances, your local Healthwatch collaboration may feel the need for Healthwatch England to speak with the commissioner of the local Healthwatch.

Next steps

After completing Phase two of this toolkit, your local Healthwatch collaboration should be in a position to draft your collaboration agreement. This collaboration agreement will form the basis of how you will work together to ensure that the local community's voice is represented across the ICS.

Phase three considers the outputs your local Healthwatch collaboration might deliver as part of commissioned work or as part of fulfilling your statutory duties. Phase three will also provide the tools required to ensure your working relationship with the ICS is equitable and constructive. Below is an overview of Phase three:

- Collating, processing, and sharing data and insights.

- Guidelines for using Healthwatch England branding.

- Creating effective communications materials and sharing them with the media.

- Drafting a Memorandum of Understanding for you and your ICS.

Collaboration Toolkit Phase three

A toolkit to facilitate collaboration between local Healthwatch at place and system.

Introduction

Focusing on deliverables

This is Phase three of the collaboration toolkit. It is designed to facilitate collaboration between you and your Integrated Care System (ICS), to work effectively at place and system levels.

Phases one and two, which are available by [clicking here](#), provide advice and tools supporting the preparatory work to build a strong foundation for collaboration. We suggest you review Phases one and two to determine whether any of the tools they include are useful for your local Healthwatch collaboration. In particular, the tools in Phase two should help ensure that you have prepared a collaboration agreement with the other local Healthwatch in your ICS footprint. This is a critical step as your collaboration agreement will inform the contents of your Memorandum of Understanding (MoU) with your ICS.

The aim of Phase three is to enable your local Healthwatch collaboration to come to an agreement on how you will work consistently to meet your statutory duties. By the end of Phase three, your local Healthwatch collaboration should have clear processes for jointly produced deliverables such as insight reports and press releases. Phase three also provides your local Healthwatch collaboration with a template MoU for you to complete with your ICS.

Phase three: Engaging with the ICS

This phase of the toolkit builds on the collaboration agreement you have developed with the other local Healthwatch in your ICS footprint using the tools in Phase two.

This phase includes:

- Collating, processing, and sharing data and insights.

- Guidelines for using Healthwatch England branding.

- Creating effective communications materials and sharing them with the media.

- Drafting a Memorandum of Understanding for you and your ICS.

Self-reflection

Before commencing on Phase three, take the opportunity to reflect on your progress from Phase two. As a group, ensure that your local Healthwatch collaboration has agreed on the following:

How your local Healthwatch collaboration will fit into your statutory ICS's governance structure as it emerges.

How you want to interact with the different components of the statutory ICS, and who is best placed to take on this role.

How you will participate in decision-making in the ICS.

What effective representation with the ICS looks like for your local Healthwatch collaboration.

If you are confident in the above elements, you are ready to use the tools in Phase three. As with previous Phases, your local Healthwatch collaboration is not required to use each tool in order. You can use any of the tools below in the way that meets your needs. We do suggest, however, that you review each tool in turn as a group to determine whether you think it is useful or not.

You are encouraged to frequently review your outputs by reusing the tools regularly to ensure they still meet the needs of your local Healthwatch collaboration within the rapidly changing ICS landscape.

Collating, processing, and sharing data and insights

Tool: Guidance on Data Protection and Privacy

Purpose

This section sets out how to produce a joint, system-wide report, either by collating the insight gathered by each local Healthwatch or undertaking a joint project.

How to use this tool

Work your way through the sections below to ensure that your reporting practices are compliant with data protection requirements.

Outline of tool

GDPR Requirements

The Data Protection Act 2018 and General Data Protection Regulation (GDPR) establish a framework to regulate the processing of personal data. This framework balances the legitimate need for organisations and individuals to process personal data with the rights and interests of individuals.

Data protection legislation applies to personal data, information which relates to a living person and from which that person can be identified (from the data itself, or the data along with other information in possession of, or available to, the data controller). Additional protection applies to special category data, including details about people's health and wellbeing.

You must do the following:

- Decide which organisation is going to be a data controller for data that is collected jointly

- Have a data-sharing agreement in place between your Healthwatch – we have provided a template for this.

- Undertake a data protection impact assessment to understand the implications of sharing data across Healthwatch before you start doing so – see our template.

- Have in place a system for you to share data securely across Healthwatch
- Ensure your privacy notice includes the fact that you are sharing data across Healthwatch to influence service provision across an ICS and with whom you are sharing data – see the privacy notice template.

More guidance on GDPR is available from Healthwatch England here.

Tool: Guidance on collecting data, analysis and reporting

Purpose

This tool is designed to help guide you through the process of collecting, analysing and then planning your report.

How to use this tool

Work through the sections below to ensure that you collect the correct data on local populations and service users. Then refer to Healthwatch England's guidance on quantitative and qualitative analysis before planning your reporting process.

Outline of tool

Ensure you are recording and analysing demographic information

Demographic data refers to information about the characteristics of the population. It allows you to work out who you are talking to. Protected characteristics are specific aspects of a person's identity defined by the Equality Act (2010), protecting someone from discrimination.

The Healthwatch England Research and Insight team have revised the demographic fields currently used in the national reports library and CiviCRM to be more complete and aligned with best practice. They have developed a taxonomy based on the nine protected characteristics in the Equality Act 2010. See our Question Bank for the taxonomy and other key survey questions.

Your research and engagement should be representative of the local community. Healthwatch are required by the legislation to obtain the views of local people about health and social care, and the term local people is defined as being representative of the area.

You can add value to the health and care systems you seek to influence with your ability to understand if people's experiences of health and care differ according to different personal characteristics. It allows you to highlight relevant themes or issues to a particular group of people.

It can help you meet your public sector equality duty which requires public bodies to have due regard to the need to eliminate discrimination, advance

equality of opportunity, and foster good relations between different people when carrying out their duties.

It may be something that your commissioner is expecting you to do. Healthwatch England has had a number of conversations with commissioners where they have said that it is essential for them to understand the experiences of 'local people and how experiences might differ between different groups. This will help you meet the Quality Framework Sustainability and Resilience Domain.

We provide guidance and e-learning on collecting demographic data.

It's not enough to collect demographic data – the real insight comes from analysing your findings by demographics. This will enable you to highlight the challenges that different groups face. For further help, see our guidance on using demographic data.

Analysing quantitative and qualitative information

You carry out quantitative data analysis when you can count, measure, and express data as numbers. It can help you answer questions such as "how much" or "how many", and you can visually represent your findings using graphs and charts. Typically, at Healthwatch, you would collect quantitative data via surveys; however, you could also collect such data via your feedback and signposting activities.

Quantitative data analysis is much quicker than qualitative data analysis and involves less complicated processes. It generates only a certain range of values, allowing you to generate unbiased information from the population easily.

Qualitative data captures people's views, emotions, thoughts, and attitudes. Analysing qualitative data allows you to draw meaningful insights and discover patterns and relationships in your evidence.

You should ensure you have a shared system within your local Healthwatch collaboration of how you analyse your quantitative and qualitative data. Healthwatch England provides detailed guidance here:

How to carry out quantitative data analysis

How to analyse qualitative data | Healthwatch Network website (staff)

Project reports

Healthwatch England provides a wide range of guidance on planning projects that help ensure successful outcomes.

Ensure when commencing joint projects, you review the guidance: 20210727 essentials to local Healthwatch project planning.pdf and use the nine steps to success:

Stage one: What are you planning to do?

1. Assess your options (background, scope, goals and expected benefits)

2. Make your decision

Stage two: How are you planning to do it?

3. Plan your activity (Who is involved, your reporting requirements, the relevant taxonomy to use, your budget,

timescales, milestones and communications planning)

4. Understand your data protection responsibilities

5. Understand your equality impact

6. Understand your risks

Stage three: Doing it

7. Deliver your project (Engagement activity, influencing, reporting)

8. Assess and celebrate your outcomes

Stage four: How you can do it better next time

9. Evaluate your success

You may also find it helpful to refer to Healthwatch England's guidance on writing up your research or engagement findings into a report.

Utilising the existing approaches and templates available from Healthwatch England will, in most cases, be more straightforward than having a unique approach for your local Healthwatch collaboration. Over time as you work together more, you can develop and refine the approaches developed by Healthwatch England.

If you need help with any aspect of a research project, please contact the Healthwatch England Research and Insight Team at research@healthwatch.co.uk.

Guidelines for using Healthwatch England branding

Tool: Healthwatch brand messaging guidance

Purpose

When producing deliverables, such as reports or public-facing campaigns, you must adhere to Healthwatch England branding guidelines. This will help ensure that your work is visually consistent and maximises impact for the reader. It is also a requirement that you abide by the Healthwatch England trademark agreement.

How to use this tool

Use the brand messaging guide, which includes a strapline, tone of voice and handy marketing messages for different audiences. There are descriptors and a style guide, and you can also access the visual guidelines via the link provided below.

Outline of tool

Brand messaging guide

A one-page cheat sheet, including the Healthwatch England strap line, proposition, tone of voice, and messages for different audiences.

The guide is available to download by <u>clicking here.</u>

Healthwatch descriptors

Short and long 'about us' text describing Healthwatch England and local Healthwatch. This includes text you can copy/paste for your website and social media, as well as a handy checklist.

The descriptors are available to download by <u>clicking here.</u>

Brand language guide

Includes top tips to write in the Healthwatch tone of voice, a style guide, writing about people and an accessibility checklist.

The guide is available to download by <u>clicking here</u>.

Visual brand guide

The guide includes updated fonts, new colours, guidance on photography, accessibility and more. You will need to use the new visual guidance for any new materials.

The guide is available by [clicking here](#).

Creating effective communications materials and sharing them with the media

Tool: Agreeing on shared outputs

Purpose

The purpose of this tool is to help your local Healthwatch collaboration decide how you will set recommendations from a joint piece of work.

How to use this tool

As a group, work through the prompt questions below before you deliver the joint piece of work.

Outline of tool

- Who are the individuals who need to come to the table and agree on the publication of joint recommendations?

- Have you jointly agreed project aims, target audience and format of the deliverables? (e.g., report)

- What methodology will you use to collect insight?

- What key milestones during the project can you use to review progress and seek input from all partners involved to ensure you still all agree on the recommendations?

- Who is responsible for sharing the interim findings?

- How will you share the interim findings?

- Who will be responsible for drafting the joint comms plan?

- How will you agree on sign-off on the findings?

- How will you agree on publishing the findings? (e.g., which website?)

- Where will you publicise the findings and share recommendations? (e.g., media outlets)
- What process do you have for resolving disputes if you disagree on the outputs?

Tool: Developing a communications strategy

Purpose

Now that you have agreed on how your local Healthwatch collaboration will manage the publication of shared outputs, the next step is to develop an effective communications strategy. This is important to ensure that you maximise the reach and impact of the insights you have generated and shared. Drawing attention to your key messages and sharing them with the media is a good way of raising awareness of the changes you are trying to bring about as a local Healthwatch collaboration.

How to use this tool

Healthwatch England has created a series of valuable resources on developing an effective comms strategy. These resources are hosted on the Healthwatch England Staff and Volunteers Network website.

Below is a collection of useful resources hosted on the Network website that can support you in developing and applying an effective comms strategy. A brief description accompanies each resource to help you navigate them. Access the resources by clicking on their respective hyperlinks.

Outline of tool

How to develop an effective communications strategy

Find the critical ingredients for developing a communications strategy and then apply and review your chosen approach. An effective communications strategy is essential. It can help you engage local people, encourage them to use your service and bring to the attention of health and care services the improvements people want.

This guide aims to help you consider the key ingredients for developing an effective communications strategy for your organisation.

How to plan your communications

There are a number of things to think about when planning your communications. We've put together a checklist of things to consider throughout your campaign.

Risk and crisis communications plan

Every organisation should have a risk and crisis communication plan in place. Anything that could affect your organisation's profile or stall business continuity, from financial loss to staff misconduct, is an example of a risk that warrants communication with stakeholders and/ or the public.

While the types of communication plans will differ depending on the risk you're dealing with, this resource brings together some common steps to help you deliver an effective response and protect your public profile.

Healthwatch campaign calendar 2022

Download the 2022 campaigns calendar to help you plan your yearly communications strategy for 2022. To help you plan your communications, we have created a calendar that provides you with:

- Key network communication dates

- Campaigns that will allow you to communicate your work

- Other communication opportunities

- Religious dates you might want to mark

Drafting a Memorandum of Understanding for you and your ICS

Tool: Guidance for MoUs

Purpose

This Guidance for MoUs provides a structure that your local Healthwatch collaboration and the newly formed ICS can use and adapt to agree on how you will work together.

How to use this tool

Work your way through the MoU template with key representatives from your local Healthwatch collaboration and ICS staff. Where there is suggested text, you can amend it to meet your local requirements. Where there are prompt questions, come together as a group and co-create some responses.

Outline of tool

To access the guidance for MoUs, please click here.