

Induction for Board members

A transcript to accompany the online Board induction module.

An induction for new Healthwatch Board members.

Introduction

Welcome to our induction module for new Healthwatch Board members.

This short course has five clear sections and will take you less than 60 minutes to complete. We will introduce you to all the key things you need to know in your new role and show you where to go for more information and any support you need. You are now part of the Healthwatch family so help is only ever a phone call or an email away.

This module has some multiple-choice questions at the end of every section. You can check your answers when you have finished by looking at the end of this document.

Welcome to Healthwatch: our role and values



It gives me great pleasure to welcome you to your new roles in your local Healthwatch. You are joining a network which ensures that ‘our’ health and social care services are truly ‘ours’, informed and shaped by those who use health and care services.

You will be helping us ensure that the views and experiences of all those who need and use our services are heard and acted upon, wherever and whenever decisions affecting health and wellbeing are made.

It has never been more important to ensure that our wonderful health and care staff are supported by all of us in designing and maintaining services which work for everyone.

One compelling conclusion that emerges from every review of service shortcomings is the overarching importance of listening to and acting upon what people tell of their experience of

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the service. Without taking full account of that grounded experience, we would simply carry on doing things which may no longer be needed, in ways which are no longer effective. The NHS and social care system is vast in scale and complicated and challenging to understand, but by joining us you will have the chance to be part of making it all work better and more effectively.

The Healthwatch network is the only patient and public representative group with a presence in every local authority area in England. Each and every one has a direct link to local health and care leaders, and through Healthwatch England to the national bodies and the Government.

Local Healthwatch boards play a pivotal role in leading our efforts in your geographical area. With your colleagues you will be:

- Upholding the values of Healthwatch: independence, integrity and commitment to equality, diversity and inclusion. You will be able to do this not only by making sure the right policies and procedures are in place, but by demonstrating those values in your work for Healthwatch.
- Steering the course of ‘your’ Healthwatch and setting its strategic priorities. This is a really important role because the remit of Healthwatch is so wide. You will need to make judgements as to where you can make the most difference, and in particular how you can ensure that the views and experiences of those people who find it difficult to be heard are at the table when decisions are made about them.
- Making sure your Healthwatch is a well-run organisation and is meeting its objectives and commitments. You will ensure that your team is well supported, and well integrated into the community it serves. You will ensure that there are clear lines of accountability and oversight, and that all involved are aware of where progress has been made and what could benefit from more focus.



The opportunity of working as part of the Healthwatch network is exciting and its impact is life-changing. We work collegiately, with a lot of assistance and guidance readily available. Our power comes from our ability to act together to achieve game-changing results.

So, thank you for joining us, and my very best wishes go with you as you embark on your work for those who may need health and care services. I hope to meet many of you very soon.

Professor David Croisdale-Appleby OBE, Chair, Healthwatch England

The difference local Healthwatch Board Members can make

“I joined the Healthwatch Board to raise the importance of diversity and inclusion and to ensure the impact of health inequalities on Black, Asian and minority ethnic communities in Greenwich continues to stay at the top of our agenda.”

“As a Healthwatch Greenwich Board member I can influence strategic decisions that result in long-lasting changes to health and social care systems for all. I have been a

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board member for more than five years and feel a huge sense of pride in the work of Healthwatch Greenwich”

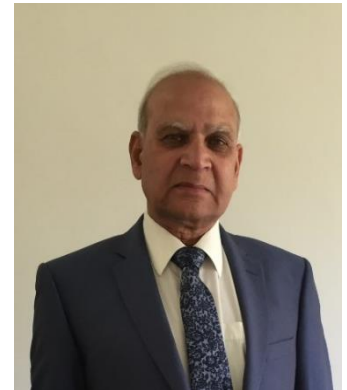
Lola Kehinde, Healthwatch Greenwich Board Member

“As a Healthwatch Board member, I am able to champion the needs of the community, thereby influencing the decisions at a local and national level.”

“It gives me enormous satisfaction as I am able to give something back to society, make a difference and improve my own knowledge and skills. For example, I sit on the committee of the eRed Bag initiative which aims to change written care home records into digital form, reducing the potential for paper records to go missing and giving comfort to residents who do not have to keep repeating their story. This also avoids unnecessary assessments and interventions while in hospital.”

“I am pleased to say that soon the eRed bag will be rolled out throughout the country, subject to a final decision by NHS England/Improvement - this is just one example of the real change we are able to achieve.”

Shri Mehrotra Healthwatch Sutton Board Member.



Based on what you have just read, please select all the statements below that are true.

- All Healthwatch board members are expected to operate within the Healthwatch values of independence, integrity, and accountability.
- Equality, diversity and inclusion is a priority in the Healthwatch England strategy, and in many local Healthwatch strategies.
- Decision making and priority setting is a key responsibility of Healthwatch board members.

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Running an effective Healthwatch

Healthwatch continues the ambition to provide an effective voice for patients and the public in the NHS and social care. **Healthwatch** follows in the footsteps of:

Community Health Councils (CHCs) - established in 1974 in Regional Health Authority footprints;

Commission for Patient and Public Involvement in Health (CPPIH) and Patient and Public Involvement Forums (PPIFs) - replaced CHCs in 2003 with a PPIF attached to each NHS Trust;

Local Involvement Networks (LINKs) - replaced CPPIH and PPIFs in 2008 with one LINK in each local authority area and a remit extended to include social care;

Healthwatch England - established as a committee of the independent regulator the **Care Quality Commission (CQC)** in October 2012. **Local Healthwatch** - replaced LINKs in April 2013.

Running a Healthwatch comes with a number of responsibilities which require Healthwatch to uphold principles of independence, integrity and accountability.

Our [Guide to running Healthwatch](#) is essential reading for all new board members and sets out:

- Statutory requirements, including the eight statutory activities
- Decision-making
- Involvement of volunteers and local people
- The role of the local authority
- The role of Healthwatch England.

The guide refers to the trademark licence issued by Healthwatch England which supports consistent application and protection of the brand for the benefit of all Healthwatch. It also covers additional obligations that come with providing public functions and in receipt of public finances, including adhering to the Nolan principles.

These also include public equality duties and the importance of equality, diversity and inclusion integrated into all aspects of Healthwatch activity from recruitment practices for board, staff and volunteers to setting work priorities and approaches to public engagement and involvement.

Your statutory obligations as a Healthwatch contract holder

Function	Section 221 of the 'Local Government and Public Involvement in Health Act 2007' (signed up to in your Trademark Licence agreement).
Involvement	Promote and support the involvement of local people in the commissioning, provision and scrutiny of local care services.
Holding to account	Enable local people to monitor and review the commissioning and provision of local care services with regard to the standard of provision and whether and how they can be improved.
Engagement and research	Obtain the views of local people about their needs for, and experiences of, local care services. Make these views known via reports and recommendations about how local care services could or ought to be improved, to commissioners, providers, managers, scrutineers of local care services and Healthwatch England.

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Advice and information	Provide advice and information about access to local care services and choices that may be made with respect to aspects of those services.
Relationship and responsibility to Healthwatch England	<ol style="list-style-type: none">1. Share reports and recommendations with Healthwatch England.2. Make recommendations to the CQC, directly or via Healthwatch England, about special reviews or investigations into conduct.3. Make recommendations to Healthwatch England to publish reports about particular matters.4. Support Healthwatch England to enable it to carry out its functions effectively, efficiently and economically

Key things all Healthwatch leaders should know

Area of activity	Regulatory requirements, specific to Local Healthwatch ¹⁽¹⁾	Have you got?
Political independence	Regulation 36	<ul style="list-style-type: none"> • Conflict of Interest policy • Register of interests
Involvement of lay people and volunteers	Regulation 38	<ul style="list-style-type: none"> • Volunteer policy and handbook. • Diverse governing body of volunteers and lay people.
Independence of decision making	Regulations 40 & 41	<ul style="list-style-type: none"> • Decision Making policy. • Board minutes detailing relevant decisions made and the reasons for making them.
Enter and view ²⁽²⁾	Regulation 42	<ul style="list-style-type: none"> • Document covering who may become an authorised representative. • Up-to-date list of authorised representatives.
Brand infringement	Regulation 43 & Trademark Licence	<ul style="list-style-type: none"> • Signed Trademark Licence • Partnership working (where relevant): • Memorandum of Understanding • Terms of reference
Influencing	Regulations 44 & 45	<ul style="list-style-type: none"> • Reports and recommendations compliant with the regulations
Data security, storage and sharing of personal data	Data Protection Act 2018: UK General Data Protection Regulations	<ul style="list-style-type: none"> • Data Protection Officer. • Privacy statement. • Data Impact Assessments. • Consent process for engagement. • Information Asset Register. • Record keeping and retention schedule.
Liability and risk	Health and Safety Law	<ul style="list-style-type: none"> • Insurance incl. • Employers liability and public indemnity • Health and Safety policy. • Risk assessments for all public activity. • Business Continuity Plan.

¹ References to Regulations refer to Part 6 of 'The NHS Bodies and Local Authorities (Partnership Arrangements, Care Trusts, Public Health and Local Healthwatch) Regulations 2012'

² Enter and view activity is also regulated by 'The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2012'

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Conduct and integrity: transparency	Nolan Principles	<ul style="list-style-type: none">• Accounts published in line with statutory guidance• Code of Conduct Policy.• Equality, Diversity and Inclusion Policy.• Freedom of Information Act Policy.
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Based on what you have just learned about running an effective Healthwatch please select all the statements that are correct:

- There are eight statutory activities for all local Healthwatch to fulfil
- The obligations of Healthwatch boards, including adhering to the Nolan principles, are covered in the Guide to running a Healthwatch
- Healthwatch do not have a public equality duty

New to health and care?

If you are new to health and care, here is an animated video from the King's Fund providing a general introduction to the complex world of the NHS, and everything that is in scope of local Healthwatch.

View the video: <https://www.youtube.com/embed/DEARD4I3xtE>

Some organisations have changed/merged in the three years since this video was made but it's still broadly accurate. If you are unable to view the video online, we have provided a transcript of the video below.

Transcript from the Kings Fund Video- How does the NHS in England work?

Since the NHS is largely funded by our taxes, let's start with the government. They decide how much money the NHS receives and do top level priority setting. The secretary of state for health oversees the department of health which is quite slimmed up compared to what it used to be. It passes most of its money on to a range of other organisations. The lions share goes to an organisation called NHS England.

It was created in 2013 as part of sweeping reforms aimed at improving services by increasing competition, cutting red tape and keeping the government out of the day to day running of the NHS, but this is all actually quite far from what's really happening as we will see.

NHS England is responsible for overseeing the commissioning, the planning and buying of NHS services. In practice it also sets quite a lot of NHS strategy and behaves like an NHS headquarters. NHS England commissions some services itself but passes most of its money to 200 or so clinical commissioning groups across England also known as CCG's, which identify local health needs and then plan and buy care for people in their area, for people like you and me. CCG's buy services from organisations of different shapes and sizes, from NHS trusts that run hospitals and community services to GP's and other that provide NHS care including organisations run by charities in the private sector.

Jostling for positioning alongside NHS England is NHS improvement. It oversees the NHS trusts and right now its focus is very much on managing the money. So, for example, it tries to ensure that trusts keep a lid on costs, operate efficiently and you know, improve. Also, in the mix is the Care Quality Commission, which inspects the quality of the care provided.

There are also a whole load of other bodies with their own remits and acronyms. This is quite a crowded landscape and the upshot is that these different organisations can at times issue seemingly contradictory messages. There are also unclear boundaries about exactly which organisation is responsible for what, prompting questions about who is really in charge.

The NHS never stays the same for long and the way these organisations work together is changing. The most recent changes started in 2014 when NHS England published a vision for the future of health care called the NHS five year forward view. This called for more of a focus on people getting ill in the first place and giving patients control of their own care. It also set out a range of so-called new models of care that aimed to get services working together to provide joined up care for patients. There has not been much progress on the prevention bit, but lots of energy has been put behind the new models. These set out to do things like provide care traditionally delivered in the hospitals like chemotherapy in people's homes, getting people to work differently e.g. dementia specialists carrying out clinics in GP surgeries.

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The new way of working is particularly designed to help meet the needs of increasing numbers of people who need support to help manage a range of long-term health conditions, particularly older people. 50 areas across England known as vanguard sites have been trailing these different ways of delivering more joined up care over the past couple of years. This is all part of a broader shift towards organisations working together more closely to meet patients physical and mental needs and away from the NHS market place.

The NHS has invented or adopted a whole array of acronyms to describe this new and evolving approach. Firstly, there are STP's or sustainability and transformation partnerships which aren't things or organisations in themselves, but as the name suggests more of a way of working together in partnership. These were created when the NHS organisations were asked to come together with local authorities, charities and others to agree how to improve health and modernise services in their patch.

There are 4 STP's in England all focused on progressing the ideas set out in the 5 year forward view, but they have not exactly had an easy birth with accusations of plans being cooked up behind closed doors and driven by financial cuts. Some STP areas are on track to develop into another 3-letter acronym, ACS's or accountable care systems. These take inspiration from parts of the USA where organisations work together under a set budget to improve health and coordinate services for people who live in a particular area.

In part these changes are all about managing the limited resources available to the NHS, but they are also about working together with services outside the NHS like social care and public health, that have an important impact on our health, that have a really important impact on our health.

This requires much closer working with local authorities. Some areas are taking this regional based approach even further, for example in Greater Manchester devolution is giving local NHS and council leaders more control over how health and care services should work. There and across England we are also starting to see CCG's merging, hospitals working together in chains and GP's forming large groups of practices.

So where does this leave us and what next? Well There is a lot of change going on and throws up loads of unanswered questions not least what does this all mean for patients like you and me? Well in some ways nothing much changes. You will still see a GP when you are ill and there will still be hospital care, but if these changes are successful you may well get more support and treatment at home rather than having to go to the hospital, more help to stay healthy and you might also get to see a GP quicker. You might see more controversial changes too for example you may need to travel further from home to access better hospital services.

All these services take time and won't be easy especially when the NHS budget is failing to keep up with the growing cost of caring for an ageing population with increasingly complex healthcare needs and when NHS are feeling stretched and under pressure.

70 years after its creation, the NHS continues to be highly valued by the public with many seeing it as a national treasure. Looking at the bigger picture change in the NHS is nothing new and this is just a snap shot of where we are now. The story will inevitably continue.

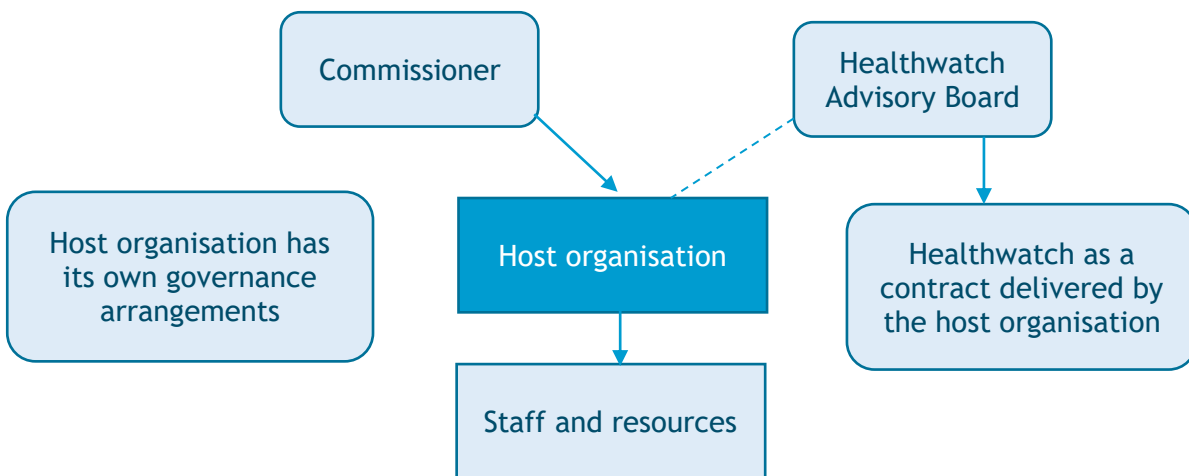
Your role, responsibilities and Healthwatch decision making

Clarity of roles and responsibilities

There are two models for delivering Healthwatch - standalone (delivering a single Healthwatch) and hosted (the contract holding organisation may deliver non-Healthwatch activities and/or multiple Healthwatch contracts).

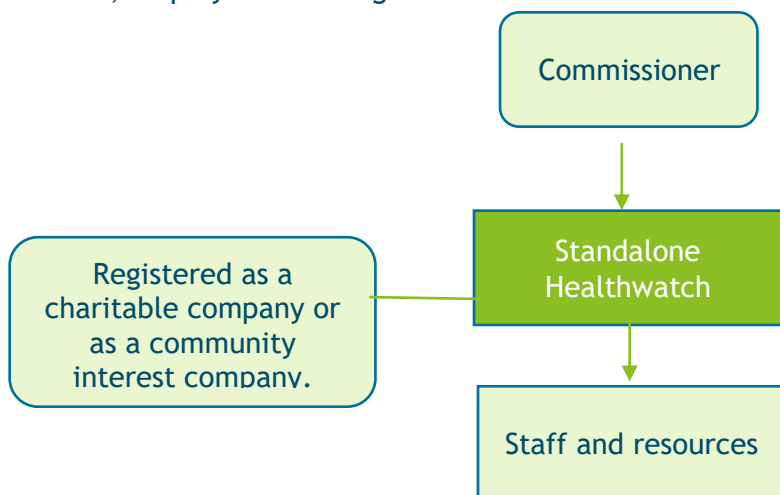
Hosted

The host organisation holds the contract, employs staff and is accountable for the delivery of the local Healthwatch.



Standalone

Local Healthwatch is a separate legal identify with its own legal status. The Board enters into contracts, employs staff and governs its work.



It is important to have clarity about arrangements for governance and decision-making.

The board of a standalone Healthwatch will be responsible for all the tasks as laid out below, while a hosted model will need to decide on arrangements between the board of the contract holder and the Healthwatch advisory board.

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Clear terms of reference, a good induction and support can help to avoid confusion and ensure the independence of a Healthwatch Advisory Board.

Board of contract holder

- Delivering the contract and statutory duties
- Managing staff
- ‘Appoint’ and set out terms for independent board (hosted model)

Healthwatch Advisory Board

- Setting priorities
- Making decisions and publishing decision-making policy
- Representing Healthwatch

Either the Healthwatch advisory board or the board of contract holder and the Healthwatch advisory board are responsible for maintaining independence and agreeing and monitoring the work programme. This must be agreed and transparent.

Case study: Healthwatch Northumberland

In this example below, Healthwatch Northumberland describes their hosting arrangements. You can either [watch the video online](#) or read the transcript below.

Derry Nugent (DN), Manager of Healthwatch Northumberland: I am here with David Thompson, Chair of Healthwatch Northumberland, and **Liz Prudhoe (LP)**, Director of Adapt North East, which has hosted Healthwatch Northumberland since 2013. David, if I can come to you first, what makes the relationship between Adapt and Healthwatch Northumberland work?

David Thompson (DT): Yes, thank you Derry, the formal side is that the contract to deliver Healthwatch Northumberland is commissioned by Northumberland County Council and is held by Adapt North East, which has the corporate legal responsibility for the delivery of Healthwatch and the achievement of the key performance indicators.

Now that sounds very grand, but really, it means that Adapt is the contract holder and Healthwatch Northumberland is the actual delivery project, and this partnership works, it really does, not least because Adapt, for a management fee deals with administration, salaries, legalities etc and that allows Healthwatch Northumberland to concentrate exclusively on health, wellbeing and care issues.

It also works because there is a carefully worked out operating agreement, which sets out the respective responsibilities and working protocols for example, underpinning everything there are the high-level principles, collaboration for the benefit of Northumberland residents, mutual support and advice and both being inclusive, open and accountable.

And there are also the more practical governance issues, setting out who does what by the Adapt board and the Healthwatch board, and by the Chairs, directors and so on. For example, it covers areas such as recruitment, appointments and the evaluation of Healthwatch Northumberland board members, decision making, complaints, use of resources, so everyone understands where they stand, and what they do.

And the key in all of this, being partnership and trust, and in all of this is a clear understanding that Healthwatch Northumberland retains its independence and can therefore do things in the best interests of the local community.

DN: Thank you David. Liz, I'll ask you the same question, what makes the relationship with Adapt and Healthwatch Northumberland work?

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Liz Prudhoe (LP): I feel the relationship works very well because, from Adapts perspective, the delivery of Healthwatch Northumberland, fits very much within our aims.

As a charity, we work very much to improve the quality of life for people, both disabled and disadvantaged by rural location, and that is a big issue for Northumberland, access and inclusivity is a key issue for the county.

The relationship works well because we all know what we are doing, we all know where we fit within it, and we all share the same aim. I think if we can improve where necessary, services for people who use them, then we have improved them for everyone, so if and when they come to good governance and decision-making use them, they will see they are good solid services. So, for us, it very much matches with what we want to do, and it also gives the independence for Healthwatch so that we are not the person bringing the issue, I think that's important, because obviously we have a big footprint of work across Northumberland, so that works for us.

DN: Thank you Liz and David. I think that was a very clear explanation.

Governance and decision-making

Governance and decision-making are important aspects of running a Healthwatch. The Healthwatch Quality Framework, which aims to provide a shared understanding of the key components to an effective Healthwatch, has a whole domain dedicated to it.

Legislation requires every Healthwatch to publish a policy which sets out how 'relevant decisions' are made. It is important that decisions are made in line with qualities that underpin the Healthwatch brand, including independence, transparency, integrity and accountability. These qualities ensure that good governance is embedded at the very core of a Healthwatch and how it operates. [Take a look at our decision-making guidance.](#)

Julia Unwin, Chair of the Inquiry on the Future of Civil Society and commentator on governance, has identified five roles for Boards. Good Boards are clear about the difference between governance (setting goals and ensuring things are done) and managing (making things happen).

Role	Activities	Questions
Strategy	Setting priorities and future direction	How does this idea fit with our plan?
Scrutiny	Overseeing performance	Are we on track?
Support	Ensuring that the Chief Officer is supported	What help do you need?
Stewardship	Risk management, asset and reputation protection	What's the risk for us in this activity?
Stretch	Challenging and questioning	What are we doing about?

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Which key activities should every new board member do in their first three months to make sure they understand the key ingredients of an effective Healthwatch and where to access help?

Select all that apply

- Read the Healthwatch England Guide to Running a Healthwatch
- Review the governing document for their Healthwatch
- Review the Healthwatch England's decision-making guidance and the decision-making policy for their Healthwatch
- Take the Healthwatch board induction module

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Your role in representing Healthwatch

Not all Board members represent Healthwatch, but all are ambassadors. You may be asked to represent your Healthwatch at various meetings, where it will be important to know your work plan priorities and key messages, and to feedback to your own board your main findings.

In representing Healthwatch, all board members should:

- Declare any interests
- Adhere to their code of conduct

Some of your key partnerships will be:

- Health and Wellbeing Board
- Adult Health overview and scrutiny committee
- Safeguarding Adults Board
- Various other health and care committees and meetings

Being a media spokesperson

Some board members can also act as a media spokesperson for their Healthwatch and may take part in interviews with regional print, online, radio and TV news outlets.

Media spokespeople give Healthwatch both a face and a voice, helping to build trust with the public and stakeholders and enhance awareness about our work locally. Regardless of what part of the health or social care field you specialise in, your expertise can be invaluable in addressing topical issues and helping influence decisions at a local level.

As a media spokesperson you will never be left to your own devices. Healthwatch offers media training run by experienced trainers, covering interview tips, techniques, key messages and handling difficult questions. Additionally, our central communications team offers advice and guidance.

If you'd like to be considered as a potential media spokesperson and have the support of your board colleagues/lead officer where required, contact Chris Gorman, Campaigns and Regional (Central) Manager, via 07393 754225 or chris.gorman@healthwatch.co.uk

Social media

While you may use social media accounts primarily for personal use, please remember that you can still be regarded as a representative of your Healthwatch by your local media and members of the public.

Because of this, anything you post, share or even like should be appropriate to your role and in keeping with the values and behaviours of your organisation. Your Healthwatch or its host organisation may have a specific social media policy which will give further guidance around this subject.

Any questions?

If you have any questions please feel free to contact Chris Gorman, Campaigns and Regional (Central) Manager, via 07393 754225 or Chris.Gorman@healthwatch.co.uk

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Benefits of representing your local Healthwatch

As Chair of a local Healthwatch Advisory Board, my role involves carrying out a number of important activities on behalf of the local health and social care users we serve.

I chair the Local Advisory Board meetings, working closely with our Healthwatch Manager to identify issues, decide on priorities, and feedback local intelligence.

I also represent the organisation, and local patients and service users, at key strategic meetings including the Health and Wellbeing Board, CCG, and local authority scrutiny committees. I am frequently the only lay person at these meetings - this means my role is essential in amplifying issues raised by local people which can otherwise fall through the gaps or slip down the agenda.



Rikki Garcia, Chair Healthwatch Bexley

Please take a moment to reflect on how you feel about your new role and representing your Healthwatch

- In your local area who do you think your key relationships will be with?
- What strengths do you have that will help you build those relationships?
- Are there any relationships you may need help building?
- Who can help you?

There are no right or wrong answers, but this will help you focus on this fundamental part of your role and identify any areas where you may need support from your own Healthwatch or your Healthwatch England Regional Manager'

Support from Healthwatch England

There is a lot of information and support available.

- There is a newsletter that goes to all Chairs - Chairs can sign up to receive this by contacting hub@healthwatch.co.uk
- You can access all our guidance and resources on the network site: <https://network.healthwatch.co.uk/>
- There is a Chairs group on Facebook workplace which you can join by contacting hub@healthwatch.co.uk
- Training and events are available to book via the network site: <https://network.healthwatch.co.uk/training-and-events>
- Your regional managers will be your first point of contact for any queries. You can find their contact details here: <https://www.healthwatch.co.uk/our-staff>
- You can follow us on official social media channels, such as LinkedIn and Twitter: <https://twitter.com/HealthwatchE>
<https://www.linkedin.com/company/healthwatch-england/>

Reflecting on what you have learnt

We hope you have found this induction useful. If you have any feedback you would like to share you can contact feedback@healthwatch.co.uk

Answers to the three questions.

Based on what you have just read, please select all the statements below that are true.

1. All Healthwatch board members are expected to operate within the Healthwatch values of independence, integrity, and accountability.
2. Equality, diversity and inclusion is a priority in the Healthwatch England strategy, and in those of many local Healthwatch.
3. Decision making and priority setting is a key responsibility of Healthwatch board members.

ALL 3 ANSWERS ARE CORRECT

Based on what you have just learned about running an effective Healthwatch please select all the statements that are correct:

1. There are eight statutory activities for all local Healthwatch to fulfil
2. The obligations of Healthwatch boards, including adhering to the Nolan principles, are covered in the Guide to running a Healthwatch
3. Healthwatch do not have a public equality duty

NUMBER 1 & 2 ARE THE CORRECT ANSWERS

Which key activities should every new board member do in their first three months to make sure they understand the key ingredients of an effective Healthwatch and where to access help?

1. Read the Healthwatch England Guide to Running a Healthwatch
2. Review the governing document for their Healthwatch
3. Review the Healthwatch England's decision-making guidance and the decision-making policy for their Healthwatch
4. Take the Healthwatch board induction module

ALL 4 ANSWERS ARE CORRECT