

healthwatch

Holding to Account

How well is your system working?

A toolkit produced by Healthwatch Surrey



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Terminology

ICS	Integrated Care System
ICP	Integrated Care Partnership
ICB	Integrated Care Board
PCN	Primary Care Network
PPG	Patient Participation Group
LMC	Local Medical Council
CQC	Care Quality Commission
HCO	Health and Care Organisations
HCS	Health and Care System
OSC	Overview and Scrutiny Committee
EQIA	Equality Impact Assessment
TLAP	Think Local Act Personal
NED	Non-Executive Director
VCSE	Voluntary, Community or Social Enterprise

Chapter one



1.1 Background to the holding to account project

Holding health and care services to account is a vital part of the role of local Healthwatch. The Integration White Paper (2022) sets out some of the ways health and care systems will draw on the resources and skills across the NHS and local government to better meet the needs of communities, reduce waiting lists and help level up healthcare across the country.¹



Healthwatch England wants to ensure that local Healthwatch have the information and skills they require to do this effectively. As local Healthwatch work independently, changes to the commissioning process may affect local accountability processes differently.

The [Francis Inquiry report](#), published in 2013, examined the causes of failings in care at Mid Staffordshire NHS Foundation Trust between 2005 and 2009. The report made 290 recommendations, including openness, transparency, and candour throughout the health care system establishing fundamental standards for healthcare providers. Much of the emphasis on scrutiny and holding to account stems from this report including the establishment of the Healthwatch network.

1.2 Purpose of this toolkit

This toolkit aims to help each Healthwatch understand the local impact of developments in the system and our role in holding to account. The toolkit provides suggestions and examples for building relationships and facilitating collaboration across systems, at place and within neighbourhoods.

In Chapter 5, there are a number of tools which we can use locally to evaluate the strength of relationships with our health and care organisations. The mapping tools used in Chapter 5 can be found in more detail in the Healthwatch England Collaboration Toolkit - Helping Local Healthwatch facilitate collaboration at place and system.²

Local Healthwatch have a dual role in holding to account, both of which require building and maintaining relationships and developing effective behaviours:

- Proactive: to influence strategy and service development by bringing lived experience to the table
- Reactive: to provide feedback and scrutiny on strategy or service delivery

1 [Government publishes Integration White Paper for health and social care - Social Care Reform : Social Care Reform \(dhsc.gov.uk\)](#)

2 [20220202 - Collaboration toolkit - Phase two \(3\).pdf \(healthwatch.co.uk\)](#)



Chapter two

2.1 What do we mean by ‘holding to account’?

NHS Providers states that Accountability means different things to people at different times. At one level accountability might just mean the obligation to tell someone what you are doing and might have little impact on how business is conducted. At the other end of the scale, being accountable can mean being legally liable for the quality and availability of services.

As we move towards integrated system working, we need to be vigilant that the power to decide could become separated from those answerable for decisions. This could occur if ‘system leaders’ have the capacity to take unilateral decisions with no legal accountability or liability for the outcome. We should be looking to work in a genuinely collaborative environment, ensuring that important decisions affecting healthcare and the lives of thousands of citizens, are taken following due debate, challenge and scrutiny. Decision-makers must also be transparent about both process and output.³ (paraphrased)

The NHS Leadership Academy defines holding to account as:

“...agreeing clear performance goals and quality indicators; supporting individuals and teams to take responsibility for results; providing balanced feedback.”⁴

The Health and Care Act gives Healthwatch the right to scrutinise the system and challenge Health and Care organisations to ensure local population needs or service development engagement have been met. The introduction of Integrated Care Systems and place-based working offers a real opportunity to ensure people and communities are at the heart of health and care.

Local Healthwatch play an important part in advocating for inclusive engagement programmes at all levels of the Integrated Care System by ensuring the involvement of patient and service-user voice in service development, monitoring and governance processes. We participate in groups, committees, boards and in a non-voting capacity to contribute insight and a citizen perspective to discussions and, importantly, by holding these bodies to account.



The King’s Fund ‘Integrated Care Systems explained’ provides guidance but at the heart of this work has to be the recognition that the voices of people and communities matter and need to be heard and that equality/diversity is being prioritised. Done well, this work can bring partners together around a shared purpose, one that is set by the people and communities they serve. It can be used to measure progress towards that purpose and offer real clarity and insight on what is needed to get there.⁵

The King’s Fund report that whilst “Integrated Care Systems have only been in operation for a year (pilot sites), there are encouraging signs of progress. The evidence

3 [When we hold someone accountable, what do we mean? - NHS Providers](#)

4 [Holding to account – Leadership Academy](#)

5 [Integrated care systems explained | The King’s Fund \(kingsfund.org.uk\)](#)

reported shows that partner organisations and their leaders are working more collaboratively to manage performance and finances across a system in a way that was not happening previously. Evidence of tangible improvements in services and outcomes is limited to date, but this is to be expected given the brief time they have been in existence. This must be a key priority for all Integrated Care Systems going forward. We found broad consensus that the Integrated Care System model has real potential to bring about improvements in health and care, and to place services on a sustainable footing”.⁶

2.2 What does ‘holding to account’ mean for us and how do we fit in?

The Healthwatch England Quality Framework sets out clear guidance and self assessment tools. It offers guidance on how to apply the ‘Theory of Change’ to understand how local Healthwatch bring about change and what outcomes they want to see from their work. The framework asks if local Healthwatch have a clear influencing plan linked to its strategy and business plan which uses the most effective methods, approaches and relationships to challenge at various levels and if outcome indicators are aligned to projects and allow Healthwatch to measure the difference it makes.^{7 8}

Integrated care partnerships must consult with local Healthwatch organisations at an early stage of strategy development to ensure they are actively involved in planning engagement work. They can determine locally how to enable this: For example, individually with each Healthwatch or through a larger network of local Healthwatch organisations.

Integrated Care Partnership statutory functions may be supported in many ways by local Healthwatch including:

- Collating and sharing existing insight about people’s experience of health and care services
- Undertaking additional research and engagement in support of the development, or delivery of the strategy to gather the views and experiences of local people, including those from marginalised groups who are seldom heard
- Providing advice and expertise to support the integrated care partnership to undertake and commission community engagement to a high standard
- Supporting the integrated care partnership to collaborate with people with lived experience of inequality to carry out monitoring processes

2.3 Framework and statutory powers for holding to account

The Health and Care Act 2022 and concurrent reforms to the public health system have introduced a range of changes and some simplifications to the landscape of national bodies in the health and care system. The core functions of the national bodies with the most significant role in setting policy for and shaping the operation of the health and care system are shown in the diagram on page 10.⁹

6 [A year of integrated care systems | The King’s Fund \(kingsfund.org.uk\)](https://www.kingsfund.org.uk/publications/2022/a-year-of-integrated-care-systems)

7 [Quality Framework | Healthwatch Network website \(staff\)](https://www.healthwatch.org.uk/quality-framework)

8 [20191011 Quality Framework Qs Prompts and Rationale.pdf \(healthwatch.co.uk\)](https://www.healthwatch.org.uk/20191011-quality-framework-qs-prompts-and-rationale.pdf)

9 [Where does the buck stop? Understanding accountabilities and structures in the national health and care system in England | The King’s Fund \(kingsfund.org.uk\)](https://www.kingsfund.org.uk/publications/2022/where-does-the-buck-stop-understanding-accountabilities-and-structures-in-the-national-health-and-care-system-in-england)

The first step is effective scrutiny of which the primary aims are to identify whether:

- Health and care services reflect the views and aspirations of the community
- All sections of the community have equal access to services
- All sections of the community have an equal chance of a successful outcome from services
- Proposals for substantial service changes are reasonable

Local Healthwatch's statutory powers are to:

- Ensure public views influence the strategies, plans and commissioning of health and social care
- Enable local people to monitor and scrutinise services
- Obtain the views of people about their needs and experience of local health and care services and make known to those involved in the commissioning and scrutiny of care services (this includes the power to Enter and View)
- Share insights and experiences with Healthwatch England to fulfil its role as national champion
- Make recommendations to Healthwatch England and advise the Care Quality Commission (CQC) of areas of concern



The key areas for scrutiny of services are evaluating whether they are: safe, effective, caring, responsive and well-led.¹⁰

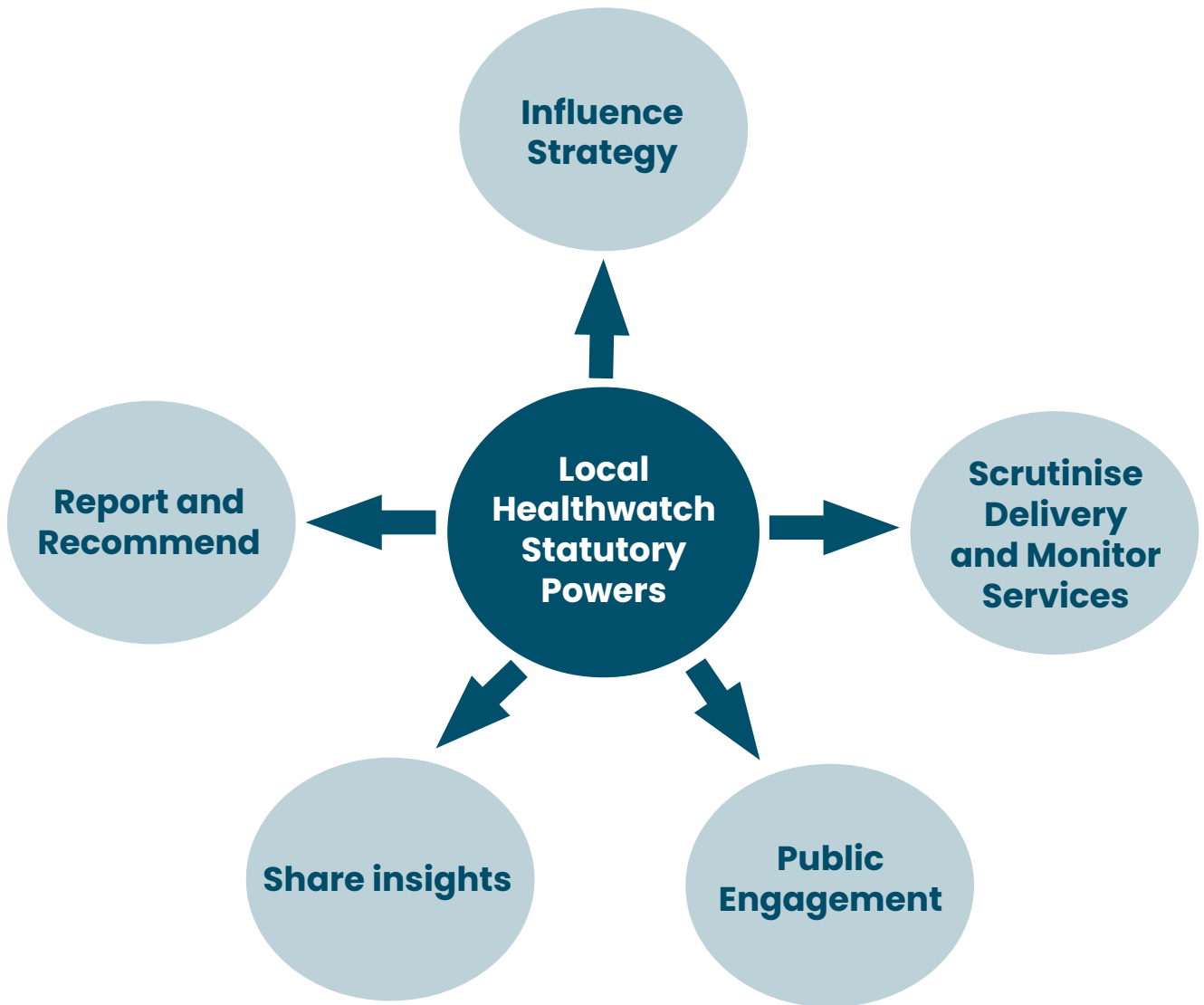


Diagram to show local Healthwatch statutory powers to enable scrutiny and support Holding to Account across all four stages of the framework. Ref: Healthwatch Surrey.

¹⁰ [Overview and Scrutiny - Service Details \(iow.gov.uk\)](https://www.iow.gov.uk)

The following stages may be applied when applying statutory powers when holding to account:

Stage		Action	Examples
1	Pre-scrutiny	Assessing impact before a decision is taken	Report and recommend Share insights Public engagement
2	Performance	How are services actually performing?	Scrutinise delivery and monitor services Share insights Report and recommend
3	Policy and partnerships	What is the impact of local policies? How are the local authority and its partners held to account?	Influence strategy Scrutinise delivery and monitor services
4	Post-scrutiny	Looking at the impact of decisions after they have been made	Influence strategy Scrutinise delivery and monitor services

Stages of holding to account - Credit: Steve Inett

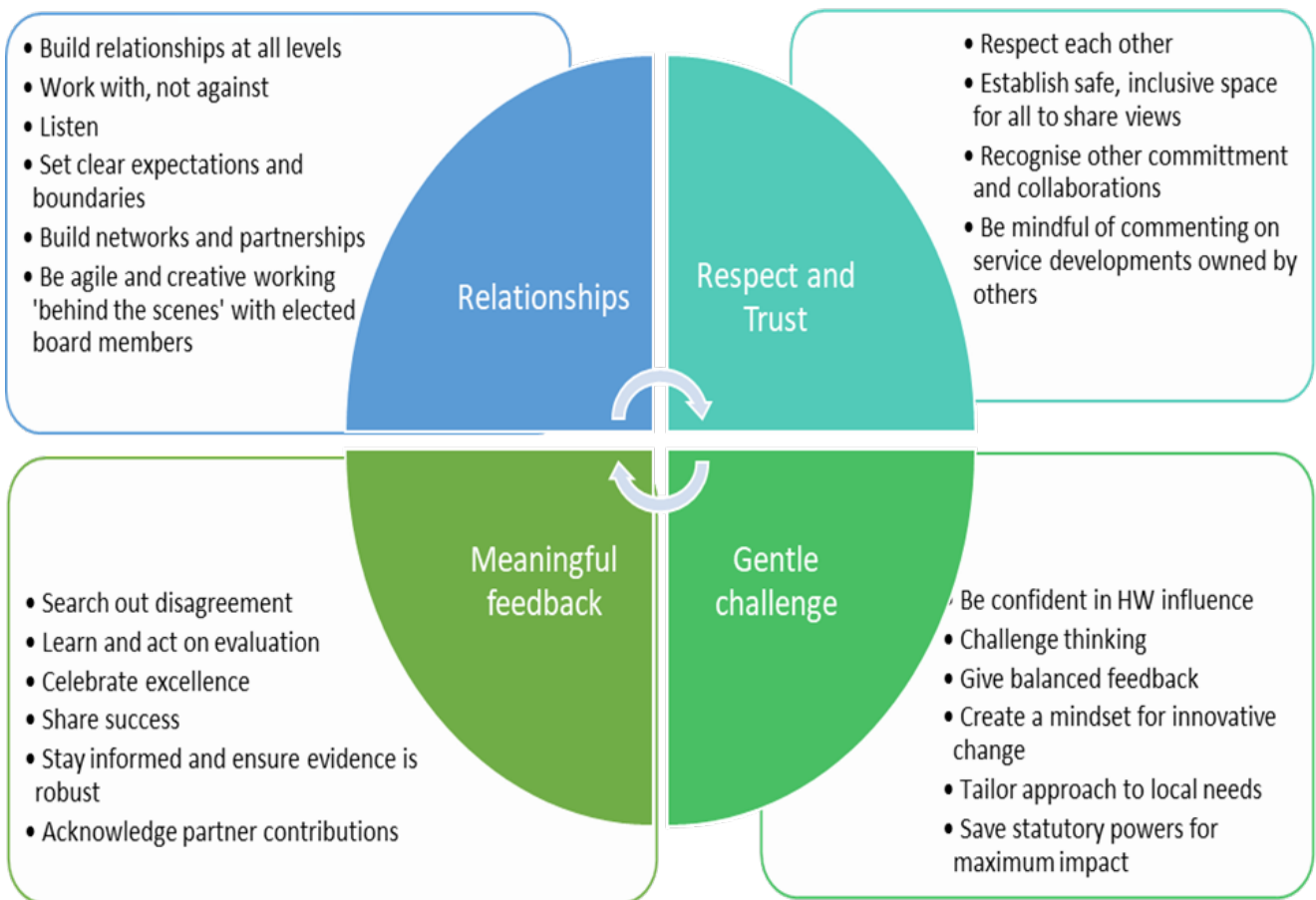
Chapter Three



3.1 Behaviours when holding to account

Collaboration skills enable us to successfully work toward a common goal with others. They include communicating clearly, actively listening to others, taking responsibility for mistakes, using appropriate language and respecting the diversity of our colleagues. Our behaviours are the practical application of our values, translating them into day-to-day actions including how we communicate and work with others. We asked colleagues what principles and behaviours were important to them.

Diagram to show behaviours when holding to account – Ref: Healthwatch Surrey.



Tool: Behaviours when holding to account

Managing and supporting performance	yes/no
Do we challenge ways of thinking and encourage people to use data (and experiences) to support their business planning and decision making ?	
Do we set clear standards for behaviour as well as for achieving tasks?	
Do we give balanced feedback and support to improve performance?	
Strong – Challenging for Continuous Improvement	
Do we constantly look out for opportunities to celebrate and reward high standards?	
Do we actively link feedback to the overall vision for success?	
Do we notice and challenge mediocrity, encouraging people to stop drifting and stretch themselves for the best results they can attain?	
Exemplary – Creating a mindset for innovative change	
Do we encourage a climate of high expectations in which everyone looks for ways for service delivery to be even better?	
Do we share stories and symbols of success that create pride in achievement?	
Do we champion a mindset of high ambition for individuals, the team and the organisation?	

Table adapted from The NHS Leadership Academy. ¹¹

3.2 Benefits and risks of different influencing approaches

There are many ways to influence decisions and outcomes and it is crucial that leaders and managers are well versed and skilled in the different influencing approaches. The key principles are about building relationships and trust with colleagues across the health and care system.

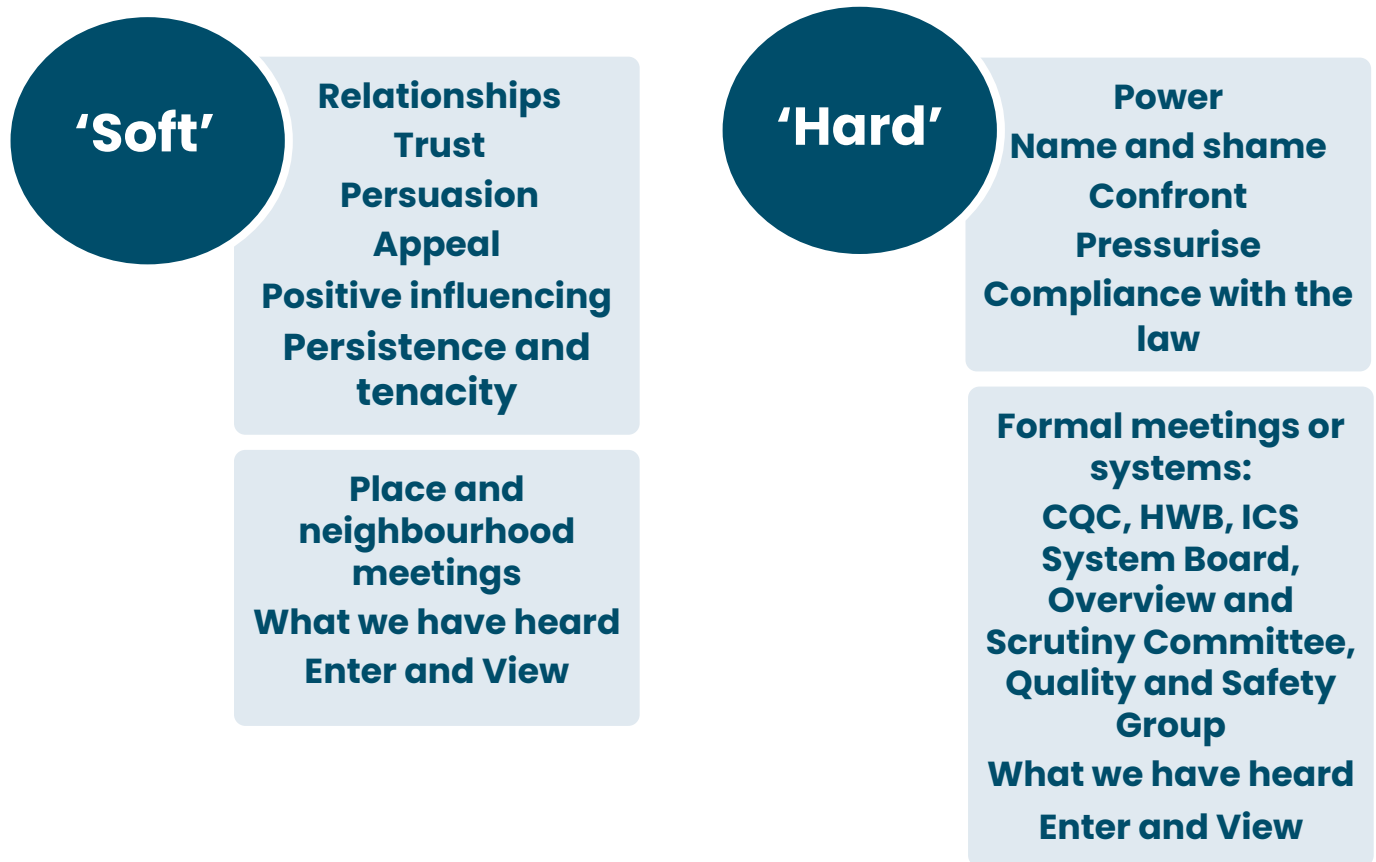
Hard influence can be a short and sharp output to achieve a specific goal. A soft influence approach is often a longer-term strategy requiring persistence and tenacity. There may be instances when a combined approach is indicated. It is important to note that genuine influencing can add to the local workload as there needs to be a commitment to maintain relationships, attend meetings, read notes and challenge on

¹¹ [Holding to account – Leadership Academy](#)

actions. Local Healthwatch should be prepared for people coming back and requesting continuing engagement and involvement.

Diagram to show influencing approaches Ref: Healthwatch Surrey

3.3 Examples from Local Healthwatch



Soft Influence Approach

Example 1

Healthwatch Thurrock reported that 87% of mental health service users were not happy with support, access to services and the lack of crisis support. They fed back to commissioners that there was an identified need for a low-level support service out of hours, where people with mental health issues could talk with peers and support workers. They took this insight to the HWB and OSC, shared lived experiences of service users who fell in the missing middle at Place. As a result of this recommendation a Crisis Sanctuary was commissioned.

Example 2

Healthwatch Cambridgeshire and Peterborough saw increasingly long waits for referrals to secondary care and diagnostics because of COVID pressures. They involved the LMC and , as a result of their soft approach, a patient helpdesk was set up by the CCG (now ICB), taking 800 - 1,000 calls per week, resulting in a better experience for patients and a decrease in people contacting Healthwatch.

Hard Influence Approach

Example 3

Healthwatch Cambridgeshire and Peterborough used the media to escalate NHS dentistry issues following an Enter and View of the Dental Access Centres. They escalated the issues to OSC and NHS England.



Example 4

Healthwatch Southend challenged the ICS during a board meeting on their Quality Strategy as the word patient was only used eight times, five of which were in the titles of documents in the appendix. The Accountable Officer designate set up a meeting with Healthwatch Southend and the neighbouring Healthwatch the next week to discuss the implementation plan and their involvement in ongoing work.

Example 5

Healthwatch Southend also used an ICB meeting to call out the long response times for complaints about hospital services. As a result, the ICB chief nurse designate arranged a meeting between the Trust and Healthwatch to discuss in more detail. Regular meetings will be scheduled to keep progress under review; providers of independent health complaints advocacy will be invited at Healthwatch Southend's recommendation.

Combined Influence Approach

Example 6



Healthwatch Surrey ran a project on 'How people find advice and support to live well in the early years after dementia diagnosis'. Healthwatch Surrey presented at the Dementia Strategy Action Board and a request for a formal response was made. The recommendations were included in the Surrey Dementia Strategy. A volunteer with lived experience as a carer attends the bi-monthly Dementia Strategy Action Board and is an active participant monitoring and challenging on progress.¹²

¹² [Healthwatch-Surrey-dementia-report-Nov-2021.pdf \(healthwatchesurrey.co.uk\)](https://www.healthwatchesurrey.co.uk/Healthwatch-Surrey-dementia-report-Nov-2021.pdf)

Chapter Four



4.1 Who else holds the NHS and Social Care to account and how might we work together?

There is complex mapping between local Healthwatch and the health and care system. Local structures and population sizes vary from area to area and may be larger or smaller. Providers may be supporting patients from multiple areas represented by multiple Integrated Care Systems and several local Healthwatch. Given the potential for confusion that can arise from this complexity, it is important to try and be clear about which Healthwatch is taking the lead with each Health and Care Organisation.

Integrated care systems (ICSs) Key planning and partnership bodies from July 2022

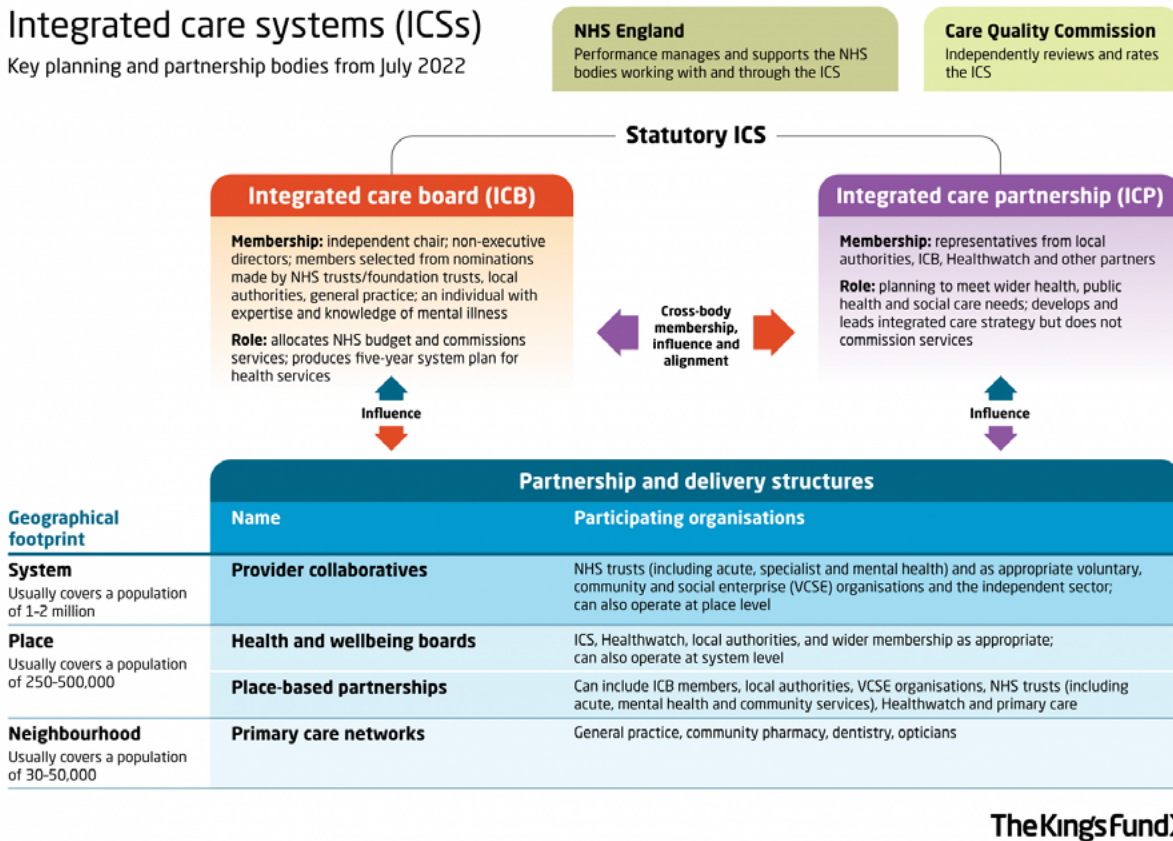


Diagram to show current bodies and their interaction. Ref: The Kings Fund.

Various parts of these systems have responsibilities to hold to account. For example, local Councillors and Non-Executive Directors on Trust boards and commissioning boards have responsibility for performance and scrutiny and can have access to meetings that local Healthwatch may not be invited to. We would recommend that we develop helpful relationships in our local areas. Some will be responsible for patient insight and engagement in their portfolio, making them important people to build relationships with. Likewise, certain councillors will have an interest in health and care due to their position on certain committees such as the Overview and Scrutiny Committee or Health and Wellbeing Board.

The key roles taken by local councillors may include:

- Executive decision-making
- Scrutiny of decisions
- Regulatory functions
- Representing their ward
- Member of Health and Wellbeing Board

4.2 To what extent do you focus on scrutiny and accountability?

The challenge we face in terms of holding to account is that each Integrated Care System is likely to take a slightly different approach and will have different expectations of their Healthwatch. You may already have strong relationships with system and place teams or be developing them. The following meetings and tools can be used to gather data and feedback:

Meetings	Tools
Overview and Scrutiny Committee Health and Wellbeing Board Provider/commissioner Board Place meetings e.g. Safety and Quality Group Enter and View	Joint strategic needs assessment (JSNA) Quality accounts Equality Impact Assessments Local escalation procedure Board papers Clinical network data Friends and Family Test Public Survey Performance data ONS National Census Local Healthwatch Qualitative data and experiences

The Overview and Scrutiny Committee (OSC) is a part of a council's democratic process designed to provide effective overview and scrutiny to drive improvement in public services. In many councils, a small number of councillors form the cabinet (sometimes called the executive). They can take strategic decisions and set priorities for the council. This arrangement includes the leader of the council or a directly elected mayor. Some councils also allow individual cabinet members (portfolio holders) to make decisions.

These local authorities have a legal requirement to overview and scrutinise the planning and delivery of health and healthcare services. Relationships and helpfulness of the committee may differ and where a Healthwatch is sufficiently concerned about an issue, it can make a direct referral to its local Overview and Scrutiny Committee, providing the requirements of its decision-making policy have been met.¹³

Health and Wellbeing Boards are a formal committee of the local authority charged with promoting greater integration and partnership between bodies from the

¹³ [Overview and scrutiny: statutory guidance for councils and combined authorities - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/61221/130113main.pdf)

NHS, public health and local government. They have a statutory duty, with Integrated Care Systems, to produce a joint strategic needs assessment, a pharmaceutical needs assessment, and a joint health and wellbeing strategy for their local population. The boards have very limited formal powers. They are constituted as a partnership forum rather than an executive decision-making body. However, increasing numbers are taking on commissioning responsibilities, especially where a partnership approach is beneficial (e.g. to substance misuse). This may cause tension for the local Healthwatch representative.

In most cases, Health and Wellbeing Boards are chaired by a senior Local Authority elected member. The board must include a representative of each relevant Integrated Care System, local Healthwatch, as well as Local Authority representatives. The Local Authority has considerable discretion in appointing additional board members. Most have chosen not to invite providers to become formal members, though many engage with providers in other ways.



Quality Accounts are reports about the quality of services a NHS healthcare provider offers. The reports are published annually by each provider, including the independent sector if commissioned to provide NHS care, and are available to the public. Currently (2022), the quality of the services is measured by looking at patient safety, the effectiveness of treatments patients receive, and patient feedback about the care provided. The NHS (Quality Accounts) Regulations 2010 set out the legal requirement to send their draft Quality Account to one Healthwatch only to review; the final version should contain that Healthwatch's comments. Healthwatch do not have to respond, but if we do our comments should be included.

Quality Accounts give healthcare providers the opportunity to engage with stakeholders representing their patients and service users, and Healthwatch can use these to support discussions about NHS healthcare matters in the area.

Questions for Healthwatch to consider when providing comment on Quality Accounts include:

- Does the draft Quality Account reflect people's experiences as told to local Healthwatch by service users, their families and carers over the past year?
- Is there evidence that the provider is not doing any of the basic things well?
- Is it clear from the draft Quality Account that there is a learning culture within the provider organisation that allows people's real experiences to be captured and used to enable the provider to get better at what it does year on year?
- Are the priorities for improvement as set out in the draft Quality Account challenging enough to drive improvement and is it clear how improvement has been measured in the past and how it will be measured in the future? ¹⁴

Equality Impact Assessments (EQIA) are evidence-based approach assessments designed to help organisations ensure that their policies, practices, events and decision-making processes are fair and do not present barriers to participation or disadvantage any protected groups from participation. This covers

14 [Quality Accounts - NHS \(www.nhs.uk\)](https://www.nhs.uk)

both strategic and operational activities. Using its networks, a local Healthwatch can triangulate any assumptions made in the EQIA by providing challenge and insight and identifying respondents. These may be part of the pre or post-scrutiny stage.

4.3 Examples from Local Healthwatch

Example 7

Healthwatch Cambridgeshire and Peterborough built relationships with the combined authority Mayor elected from a different political party than previously. They have two-way communications with key councillors and log their feedback and occasionally use them as allies to raise and progress concerns. They have linked in with ICS NEDs about what they are hearing and the general approach to listening, gathering and responding to patient experience.

Example 8

Healthwatch Havering used joint scrutiny of referrals to treatment through a formal committee with the Havering OSC. Recommendations were made, and Healthwatch Havering is now discussing with them a new collaboration on hospital discharge to care homes. Enter and View powers were held in reserve .

The four stages, i.e, pre-scrutiny, performance, policy and partnerships and post-scrutiny, have been used at some point in the process of local Healthwatch holding to account.





Chapter five

5.1 Tools to use when evaluating and understanding your local relationships

Below are tools which you can use locally to evaluate the strength of relationships with your health and care organisations and which Healthwatch (if there is more than one in your system) is taking the lead. The mapping tools below have been taken from the Healthwatch England Collaboration Toolkit.¹⁵

Tool : How strong are your relationships?

	Very strong	Strong	Neither weak nor strong	Weak	Very weak
Developing ICS					
Adult social care					
Primary care network					
Patient participation group					
Health and wellbeing board					
Overview and scrutiny committee					
Acute NHS trust					
Community trust					
Mental health trust					
Seldom heard communities					
VCSE alliance/groups					

¹⁵ [Helping you facilitate collaboration at place and system level | Healthwatch Network website \(staff\)](#)

Tool: Mapping your relationships with your ICS

	Relationship	Contact	LHW Lead	Progress
Developing ICS				
Adult social care				
Primary care network				
Patient participation group				
Health and wellbeing board				
Overview and scrutiny committee				
Acute NHS trust				
Community trust				
Mental health trust				
Seldom heard communities				
VCSF alliance/groups				

Tool: Mapping your providers (major service areas)

Provider	ICS level/out of area Contact details	Place	Neighbourhood
Primary care			
Primary care network			
Acute NHS Trust:			
ED and non elective care			
Elective care			
Maternity service			
Community provider			
Ambulance service			
NHS 111			
Mental health			
Dentistry			
Pharmacy			
Social care:			

Tool: Co-production

Until recently, NHS policy guidance on co-design and co-production was limited, but with the introduction of the integrated care system, it's guidance is more prominent.

Guidance from NHSE is:

- To put the voices of people and communities at the centre of decision-making and governance at every level of the Integrated Care System
- To start engagement early when developing plans
- To feed back to people and communities on how their engagement has influenced activities and decisions working with Healthwatch and the voluntary, community and social enterprise sector as key partners ¹⁶

This is achieved through the use of co-production, insight and engagement to achieve accountable health and care systems.

Co-production is an equal relationship between people who use services and the people responsible for services. They work together, from design to delivery, sharing strategic decisions about policies and the best way to deliver services.

The Think Local Act Personal (TLAP) National Co-production Advisory Group says the following: "Co-production is not just a word, it is not just a concept, it is a meeting of minds coming together to find shared solutions. In practice, co-production involves people who use services being consulted, included and working together from the start to the end of any project that affects them. When co-production works best, people who use services and carers are valued by organisations as equal partners, can share power and have influence over decisions made." ¹⁷

¹⁶ [NHS England » Co-production resources](#)

¹⁷ <https://www.thinklocalactpersonal.org.uk>

Tool: Useful evidence and how you might use it

Useful evidence	How you might use it
NICE guidelines	<ul style="list-style-type: none"> ✓ How well do facilities meet guidelines in premises on Enter and View visits? ✓ Do service plans reflect the guidelines?
Annual report (inclusive quality statement)	<ul style="list-style-type: none"> ✓ How well has the service performed against strategic objectives? ✓ What evidence is there of collaboration in the ICS?
Quality Account (if available)	<ul style="list-style-type: none"> ✓ How well has the service performed against priorities for quality improvement?
Business plans	<ul style="list-style-type: none"> ✓ What was the service setting out to do? ✓ Does service provision meet what was in the plan?
Complaints data	<ul style="list-style-type: none"> ✓ Does this match what you are hearing? ✓ How has the service responded to complaints?
League tables	<ul style="list-style-type: none"> ✓ How well is your system doing compared with others e.g., on vaccination rates or waiting times?
Friends and Family Test	<ul style="list-style-type: none"> ✓ How is your system using patient experience to drive improvement or celebrate good practice?
Patient Surveys	<ul style="list-style-type: none"> ✓ How well is your system doing compared with others e.g. cancer patient experience?

Tool: 'At a glance' reference tool - worked examples from local Healthwatch

Local Healthwatch Example			Integrated Care System				Stages of holding to account			
No	Local Healthwatch	Issue	S	P	N	W	1	2	3	4
1	Thurrock	Mental Health crisis support	✓				✓	✓	✓	✓
2	Cambridgeshire and Peterborough	Long waits for secondary care and diagnostics	✓	✓			✓	✓	✓	
3	Cambridgeshire and Peterborough	Dentistry issues.	✓	✓	✓	✓		✓		✓
4	Southend	ICS Quality Strategy	✓						✓	✓
5	Southend	Long response times for complaints about hospital services .		✓			✓	✓		
6	Surrey	Contribution to the Surrey Dementia Strategy.	✓				✓	✓	✓	✓

7	Cambridgeshire and Peterborough	Building relationships	✓		✓				✓	
8	Havering	Joint scrutiny of referrals to treatment	✓	✓			✓	✓	✓	

Key

Stages of holding to account			
S	System	1	Pre-scrutiny
P	Place	2	Performance
N	Neighbourhood	3	Policy and partnership
W	Wider	4	Post-scrutiny

Tool: Useful sense-check guides

NHS England and NHS Improvement have published the following useful ICS implementation guidance on working with people and communities:

[Report template - NHSI website \(england.nhs.uk\)](#)

Healthwatch impact tools and guidance can be found on this resource page:

[Resources | Healthwatch Network website \(staff\)](#)

Other useful links are listed in the table below.

Tool: Useful sense-check guides

Link	Level	Framework
Government White Paper		
https://engage.dhsc.gov.uk/social-care-reform/2022/02/09/government-publishes-integration-white-paper	Neighbourhood; Place; System	Pre-scrutiny; Performance; Policy; Post-scrutiny
Healthwatch Guides		
Quality Framework Healthwatch Network website (staff)5	System	Performance; Policy/ Partnership
Equality Impact Assessment Template Healthwatch Network website (staff)	Neighbourhood; Place; System	Pre-scrutiny
Learning from promising practice case studies to improve care Healthwatch Network website (staff)	Neighbourhood; Place; System	Performance; Policy/ Partnership
Working together to deliver a consistent and high performing network Healthwatch Network website (staff)	System	Performance; Policy/ Partnership
https://network.healthwatch.co.uk/sites/network.healthwatch.co.uk/files/20220610%20Collaboration%20Toolkit%20GDPR%20rewrite.pdf	Place	Pre-scrutiny; Partnership
20220202 - Collaboration toolkit - Phase two (3).pdf (healthwatch.co.uk)	Place	Pre-scrutiny; Partnership
Creating your own Theory of Change Healthwatch Network website (staff)	Place	Pre-scrutiny; Performance; Policy; Post-scrutiny
A guide to Enter and View Healthwatch Network website (staff)	Neighbourhood; Place	Performance; Post-scrutiny

Other Guides		
https://www.england.nhs.uk/get-involved/resources/co-production	System	Policy/Partnership
Recommendations Community engagement: improving health and wellbeing and reducing health inequalities Guidance NICE	Neighbourhood; Place; System	Pre-scrutiny; Performance; Policy; Post-scrutiny
Human rights and health (who.int)	System	Performance; Policy
NHS Constitution for England - GOV.UK (www.gov.uk)	System	Performance; Policy
Delivering effective governance and accountability for integrated health and care - Centre for Governance and Scrutiny (cfgs.org.uk)	Place	Policy/Partnership

5.2 Final Notes

The authors note that we are in a time of change (as is usual) regarding NHS structures and organisations. Therefore it is likely that some of the points discussed above may be different at the time of reading from the time of this toolkit being produced. However, it is our belief that the principles of holding to account will largely be generic and it is hoped that the advice, resources and tools mentioned here will be of value now and into the future.

Please let us know if you have any feedback or suggestions and we will be pleased to incorporate this into future versions.

Healthwatch Surrey would like to acknowledge and thank Healthwatch Cambridgeshire and Peterborough, Havering, Stoke-on-Trent, Southend and Thurrock who collaborated on this tool kit. We also thank Steve Inett for sharing his 'Four Stages of holding to account Framework'.

Please contact Healthwatch England if you would like this document in another language or format, for example in large print, in Braille or on CD.

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