

NAVCA Health Research Briefing, March 2014.

Healthwatch and Voluntary and Community Organisations

NAVCA (The National Association of Voluntary and Community Action) is the national voice of local infrastructure charities in England. We are a charity that champions and strengthens voluntary and community action by supporting our members in their work with over 160,000 local charities and community groups.

NAVCA is a member of the Voluntary Sector Strategic partner programme. This programme builds transparent relationships between the Department of Health, NHS England and Public Health England and the voluntary sector and increase capability and knowledge within the voluntary and community sector (VCS). In December 2013, NAVCA distributed a survey to its members and the wider voluntary and community sector, to find out about attitudes and experiences of local health organisations, including influencing the **Joint Strategic Needs Assessment (JSNA)**, working with local **Clinical Commissioning Groups (CCGs)**, and working with the local **Healthwatch**.

The survey received 122 responses, from organisations working with a range of beneficiaries. Organisations covered a range of incomes, and a range of geographical areas. Organisations with an income of between £100,000 and £500,000 represented the largest share, and almost half had a geographical scope of a single local authority area. Just under a third of organisations identified 'other charities and community groups' as their main beneficiary group, with around 20 per cent selecting the general public, 10 per cent selecting older people, and the remainder working with a range including, but not limited to, those with physical disabilities, long-term conditions, children and young people and BME communities. Appendix one contains a more detailed breakdown of this information.

About this Briefing

This briefing focusses on responses relating to local Healthwatch organisations. NAVCA asked voluntary and community organisations to respond to three statements:

- The local Healthwatch actively engages the voluntary sector in representing the views of a range of groups.
- Our organisation is actively engaged with the local Healthwatch.
- The needs and views of our main beneficiary group are represented on the local Healthwatch.

The results are encouraging regarding engagement with local Healthwatch organisations. The majority of respondents stated that they are engaged at least to some extent with Healthwatch, and a significant proportion feel that the views of their beneficiaries are represented. There is, however, a sense from a number of organisations that this work is still in its early stages. In a few cases there was a suggestion that the initial set-up of Healthwatch locally had hampered its work, and there was a need for development. Overall, however, the view is tentatively positive.

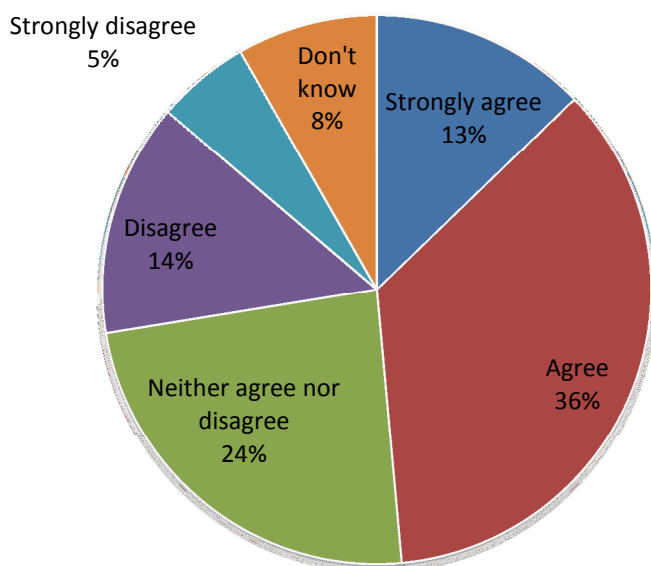
The local Healthwatch actively engages the voluntary sector in representing the views of a range of groups.

Almost half of respondents either strongly agreed or agreed that the voluntary sector was actively engaged by the local Healthwatch organisation. A further **quarter** were **neutral**. There were a number of good examples of practice quoted, including work to share voluntary sector intelligence on service user needs with Healthwatch, and commitments from Healthwatch to regularly update networks and organisations. One example came from Community and Voluntary Action Tameside:

Community and Voluntary Action Tameside

“Healthwatch has been established as an independent organisation within our group structure (we had previously been LINK hosts). The working relationship between both and our VCS Health, Care and Wellbeing networking is well established and this has enabled a good transition for VCS groups to Healthwatch. Healthwatch has developed a network of Healthwatch Champions many of whom are also active members of VCS groups. This has enabled wider communication with the public – both in community spaces (e.g. libraries, health venues, etc.) and through established groups. The use of eBulletins and local radio has also given groups much more opportunity to engage in ways that suit their needs and capacity”

Figure 1: percentage responses to ‘The local Healthwatch actively engages the voluntary sector in representing the views of a range of groups.’



Comments from respondents overwhelmingly stressed the sense that it is ‘**early days**’ for Healthwatch, and that, even where there is a good relationship, there is room for development and improvement:

“The local Healthwatch group has been working to engage with the voluntary sector and raise its profile amongst voluntary organisations. More could be done to build on these initial links.”

“Only just getting it together but are showing a strong interest in the sector being invoked in shaping their priorities.”

“They are still in their infancy so would be unable and unfair to comment positively or negatively.”

A number suggested that the willingness to engage with different groups was evident, or had been expressed, but for a number of reasons it was **not necessarily reflected in practice**:

“They are trying their best but are overwhelmed.”

“The local Healthwatch has gotten off to a bit of a false start, so there is catching up to do”

“Although we don't actively take part, we do encourage and advise our clients of any events that they can take part in, however, they are reluctant to take part and this needs to be investigated as to why.”

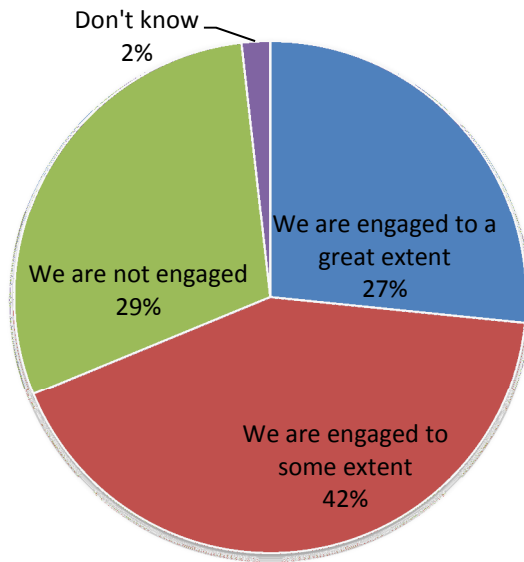
“There is a claim by HW to represent the views of the VS - I have yet to see it.”

Finally, although they were in the minority, there were a number of organisations who did not feel that the local Healthwatch engaged with the voluntary sector. **Just over a quarter** responded either **‘strongly disagree’, ‘disagree’, or ‘don’t know’**. A small number stated that they didn’t know about Healthwatch, that they had not been contacted by the local organisation, or, as described by some of the quotes above, that it was too early on in the process to have had significant engagement.

Our organisation is actively engaged with the local Healthwatch

There was a similarly positive response to the statement 'our organisation is actively engaged with the local Healthwatch'. 69 per cent of respondents stated that they were engaged either to a great extent or to some extent. Again, it is important to recognise that the picture is not wholly positive, with almost 30 per cent not engaged.

Figure 2: percentage responses to 'Our organisation is actively engaged with the local Healthwatch'



A number of organisations primarily working with other voluntary and community organisations stated that they run or host their local Healthwatch, and as a result were both engaged to a great extent, and able to reflect the interests of their member organisations. Others stated that they have been approached to find 'ambassadors', that the option of having a Healthwatch officer based in an organisation was being explored, and that they had been involved in some initial stages of set-up.

Of those not engaged, some responded that they were not engaged yet, implying, as above, that the process is in its early days. A small number stated that they are developing plans to engage, or engage more, in the future. Others cited more serious problems, often related to communication:

"We are members of 2 local Healthwatch groups and receive newsletters from them but have not yet met with any representatives from either of them."

"[We are not engaged] but would very much like to be and have made this known many times to the Healthwatch organisation."

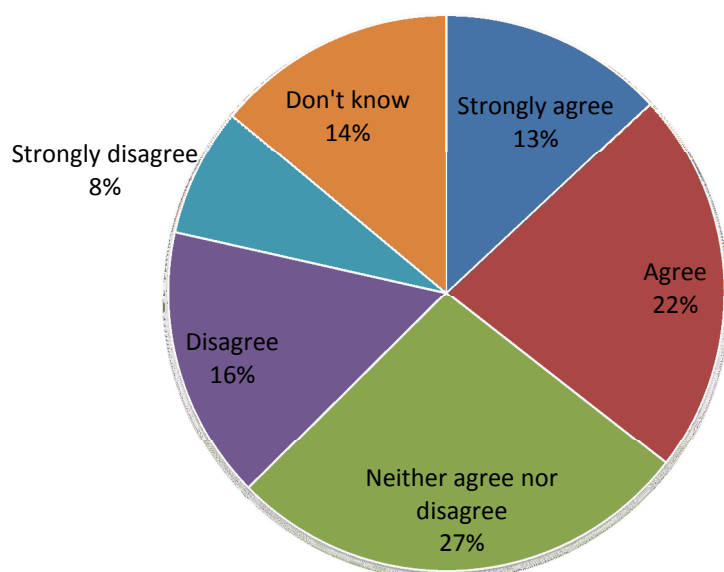
"I wonder if they engage with carers at all, despite their stated intention to support the carers agenda, I have yet to meet anyone who personally represents the carers agenda at HW."

The needs and views of our main beneficiary group are represented on the local Healthwatch.

35 per cent of respondents strongly agreed or agreed with this statement, compared to 24 per cent disagreeing or strongly disagreeing. 41 per cent stated that they either didn't know, or neither agreed nor disagreed, suggesting that, whilst the picture is on the side of positive, there is a certain sense of uncertainty about whether different beneficiary groups are represented. From comments submitted by respondents, there is a sense that communication needs to be improved, and that, whilst there is a spoken commitment to representing a range of beneficiaries, groups have been missed out.

“As it is in its early stages, more could be done to engage with our main beneficiary group. However, Healthwatch in [my area] is regularly holding open-invite sessions to engage with the wider community. Healthwatch [in my area], as with other areas, need to consider attending already-established groups for discrete beneficiary groups such as local Learning Disability Partnership Boards.”

Figure 3: Percentage responses to ‘the needs and views of our main beneficiary group are represented on the local Healthwatch.’



One local infrastructure charity that responded rightly highlighted that Healthwatch has a specific remit to represent individuals, rather than groups or organisations – an infrastructure charity’s usual beneficiary. It is important to highlight this statement, alongside the findings of Regional Voice’s recent research into attitudes and experiences of voluntary sector representatives on Health and Wellbeing Boards; that there was a perceived conflict or dilution of the role of some Healthwatch representatives through the need to represent both individuals’ views and those of the voluntary and community sector. This may go some way to explain the high percentage of uncertain responses. However, one other local infrastructure charity responded that work was being done to engage with voluntary and community groups, as a means to working with their beneficiaries. Indeed, a higher percentage of those identifying other voluntary and community organisations as their main beneficiaries stated that they strongly agreed or agreed with the statement – 57 per cent – than the overall response rate. 30 per cent, in this case, either didn't know, or neither agreed nor disagreed.

Conclusions and Next Steps

Work with local Healthwatch organisations, and their representation of different groups, seems to be, on the whole, positive. There is clearly more work that could be done, particularly to ensure the representation of particular beneficiary groups that may currently be underrepresented, and to improve communication between the local Healthwatch and local voluntary and community organisations.

What more do we need to know?

- A more in-depth piece of research would be needed in order to tell us more about the experiences of organisations working with particular beneficiary groups. Whilst this report provides a number of examples of organisations working with different groups, it is not representative of sub-sectors within the voluntary and community sector.
- Some work has already been done regarding particular beneficiary groups; National Children's Bureau, for instance, has produced a guide applying lessons learnt from Local Involvement Networks to involving children and young people in Healthwatch. It has also produced consultation reports based on young people's views of new health structures.
<http://ncb.org.uk/health/prioritising-children-within-health-systems-and-structures/healthwatch/healthwatch-resources>
- It would be useful to have more examples of where voluntary and community organisations and local Healthwatch organisations have successfully worked together, and what has happened as a result. A number of organisations were clear that these processes were in their early days, so it may take some time before the impact of voluntary and community sector involvement can be seen.

Existing examples of good practice

- Healthwatch Dudley has created a series of 'information points' in key locations in the Dudley community, and 'information champions' to signpost individuals to health, wellbeing and social care services. The aim is to prevent individuals from reaching crisis point.
<http://healthwatchdudley.co.uk/dudley-information-points/>
- A number of local Healthwatch organisations have created or linked to 'Trip Advisor' style rating mechanisms for local health and wellbeing services. Healthwatch Birmingham features one as an integral part of its website, although it is in its early days of use. The success of these will depend on the uptake of the feedback service, and whether health organisations are able, and choose, to respond to feedback, and change their practice as a result where necessary.
<http://healthwatchbirmingham.co.uk/services/#sthash.G6y1kU9M.dpbs>

Tools and Resources

- *Healthwatch England* has a directory of all local Healthwatch organisations.
<http://www.healthwatch.co.uk/find-local-healthwatch>

- *Regional Voices* has produced a guide called ***The voluntary sector: a key partner in local Healthwatch***, featuring guidance on how the local voluntary and community sector can play an active role in supporting local Healthwatch to provide a voice for citizens.

http://www.regionalvoices.org/sites/default/files/library/VCSapartnerinlocalHW_0.pdf

Appendix 1: data relating to respondents

Figure 1: What is your annual income?

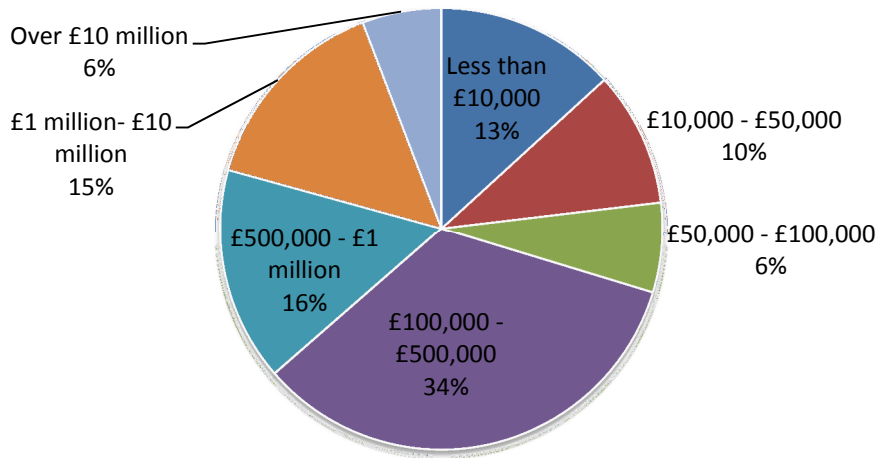


Figure 2: What size of area is served by your organisation?

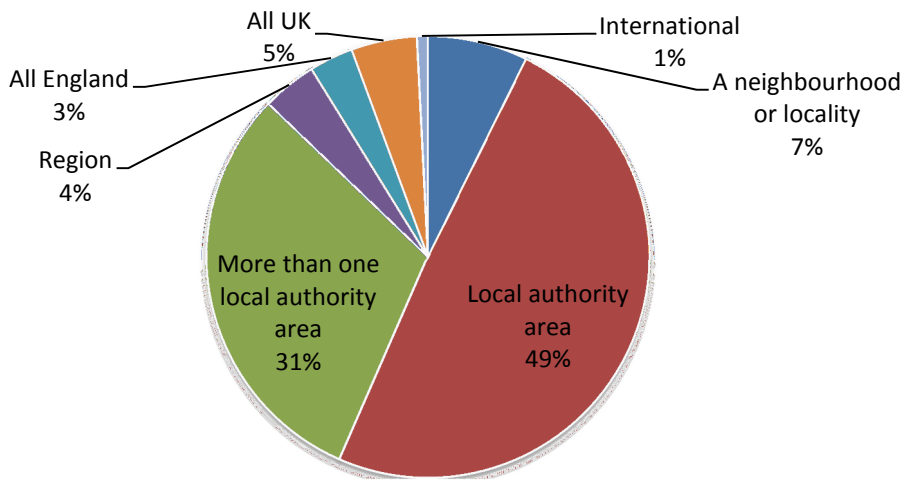


Figure 3: What region is your organisation based in (for national and international charities please say where your headquarters is based).

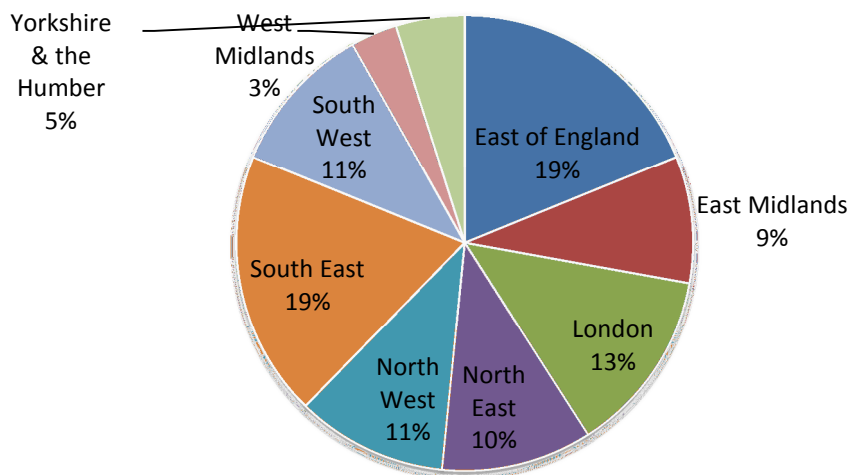


Figure 4: What groups of people does your organisation work with? (Please tick as many as apply.)

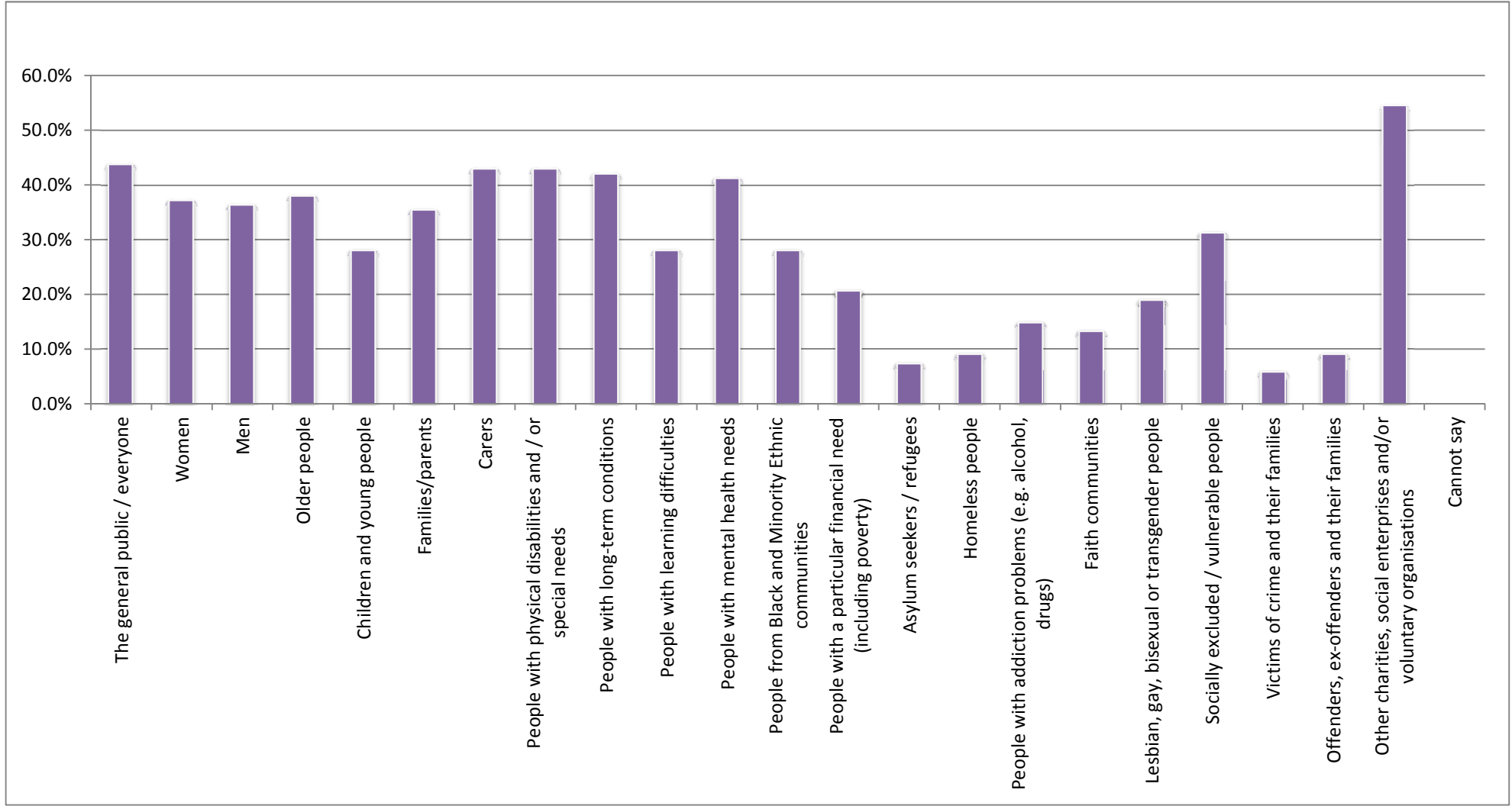


Figure 4: Who are the main beneficiaries of your work? (Please tick only one. If you feel there are more than one, please pick the group with whom you work the most, or select one group from across your work).

