



Local Healthwatch And Health and Wellbeing Boards

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Foreword

In April 2013, around 150 local Healthwatch organisations came into being throughout England, with a dual role - to champion the rights of consumers of health and social care services and to hold the system to account for how well they engage the public.

At the same time, a Health and Wellbeing Board came into being in each top tier and unitary local authority in England - with a role to promote the integration of the commissioning of services, to produce a Joint Strategic Needs Assessment (identifying the health and wellbeing needs of local communities) and a Joint Health and Wellbeing Strategy (setting out how those needs will be met and identifying priorities).

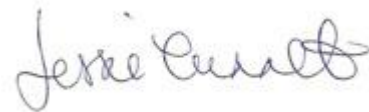
As part of its statutory minimum membership each Health and Wellbeing Board includes a representative from the local Healthwatch as a full and equal member.

It is crucial that local Healthwatch uses this place effectively, to ensure that the consumer voice is at the heart of the Board's deliberations and decision-making.

We have produced this guide in the hope that it will be a practical tool not only for local Healthwatch but also for all partners around the Health and Wellbeing Board table, helping us to understand our independent but complementary roles and responsibilities and to work together effectively towards our shared goal - to improve health and care services and health and wellbeing outcomes for Dorset's communities.



Dr. Samuel Johnson
Chair, Healthwatch Dorset



Jessie Cunnett
Director, Patient and
Public Involvement
Solutions

Part 1

Health and Wellbeing Boards

Health and Wellbeing Boards (HWB) are a forum where key leaders from the health and care system work together to improve the health and wellbeing of their local population and reduce health inequalities.

Each upper tier and unitary authority has its own HWB. Board members collaborate to understand their local community's needs, agree priorities and encourage commissioners of health and social care services to work in a more joined-up way. As a result, patients, service users and the public should experience more joined-up services from the NHS and local councils.

Health and Wellbeing Boards were introduced by the Health and Social Care Act 2012, operating in shadow form until April 2013 when they became a statutory requirement of each upper tier Local Authority.

In the legislation HWBs are required to have a statutory minimum membership. This includes:

- At least one local authority councillor
- A representative of local Healthwatch
- A representative of each local Clinical Commissioning Group (CCG)
- The local authority director for adult social services
- The local authority director for children's services
- The local authority director of public health

Further information can be obtained by visiting the following Local Government Association web page <http://bit.ly/17l8HJK>

There are two Health and Wellbeing Boards in Dorset:

- Dorset Health and Wellbeing Board (covering the area of Dorset County Council)
- Bournemouth and Poole Health and Wellbeing Board (covering the area of Bournemouth and Poole Borough Councils)

Each HWB meets 4 times a year. Meetings are open to the public and press. More information on specific membership, governance, standing orders and action plans is available here:

Dorset <http://bit.ly/1bYsqig>

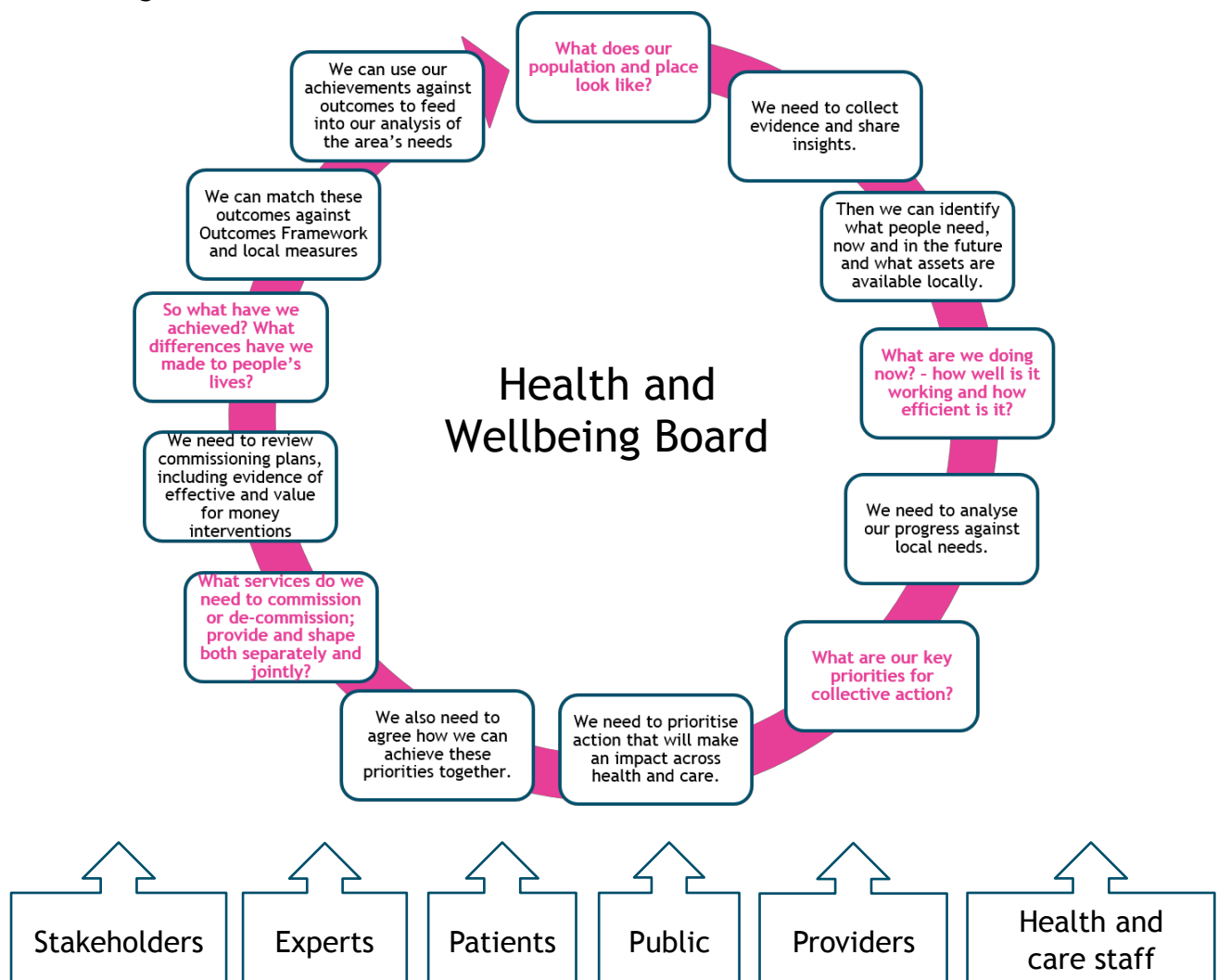
Bournemouth and Poole <http://bit.ly/HXgaFg>

Each HWB is supported by an officer of the local authority. For Dorset County Council HWB this is Ann Harris, who can be contacted at a.p.harris@dorsetcc.gcsx.gov.uk . For the Bournemouth & Poole HWB this is Debra Jones, who can be contacted at debra.jones@bournemouth.gov.uk

Health and Wellbeing Boards and Local People

All members of the Health and Wellbeing Board have a remit to consider the views of local people, patients, service users and carers.

In particular, Health and Wellbeing Boards support the involvement of local people in the preparation of Joint Strategic Needs Assessments (JSNAs) and the development of Joint Health and Wellbeing Strategies (JHWS). JSNAs identify the current and future health and wellbeing needs of local populations. JHWS set out the strategies that will be undertaken to ensure that the needs identified in the JSNA are met. The following diagram, based on one developed by the Department of Health, shows how evidence flows from patients and the public to inform joint strategic planning and decision-making.



The Dorset and Bournemouth & Poole JSNAs can be found here: <http://bit.ly/1m5pRkd> .

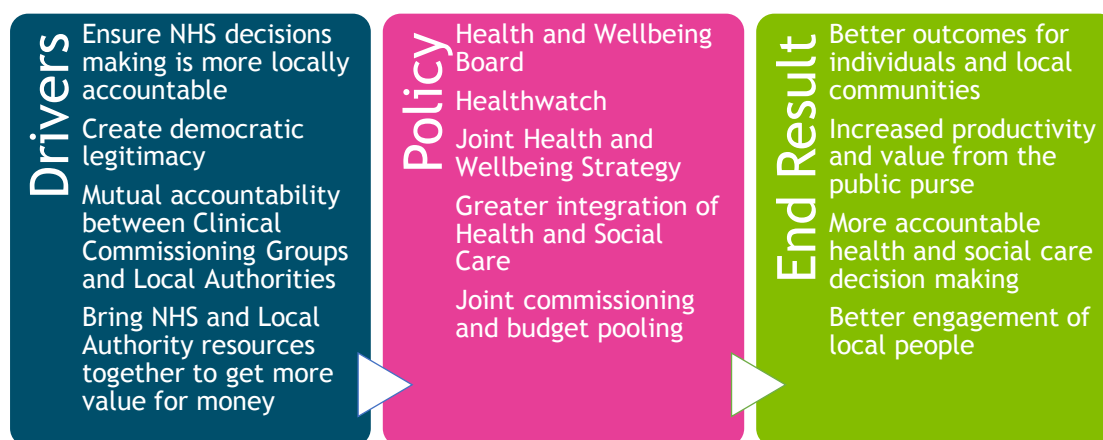
The Bournemouth and Poole JHWS can be downloaded from this page: <http://bit.ly/HXgaFg>

The Dorset JHWS can be found here: <http://bit.ly/17l9cDB>

All Health and Wellbeing Boards are democratically accountable to local people through having local councillors as members of the board.

Additionally, each Health and Wellbeing Board has a member who is a representative of local Healthwatch. Healthwatch has a statutory role to enable patients and the public to influence decision-making around health and social care.

The following diagram shows how local government and health are working more closely and the role of the Health and Wellbeing Board to support better collaboration and shared accountability.



What is Healthwatch?

Healthwatch exists at national and local level and is the independent consumer champion for adults' and children's health and social care. Introduced by the Health and Social Care Act 2012, each upper tier Local Authority is responsible for ensuring local residents have access to, and gain the benefit from, a Healthwatch for their area that is efficient, effective and representative.

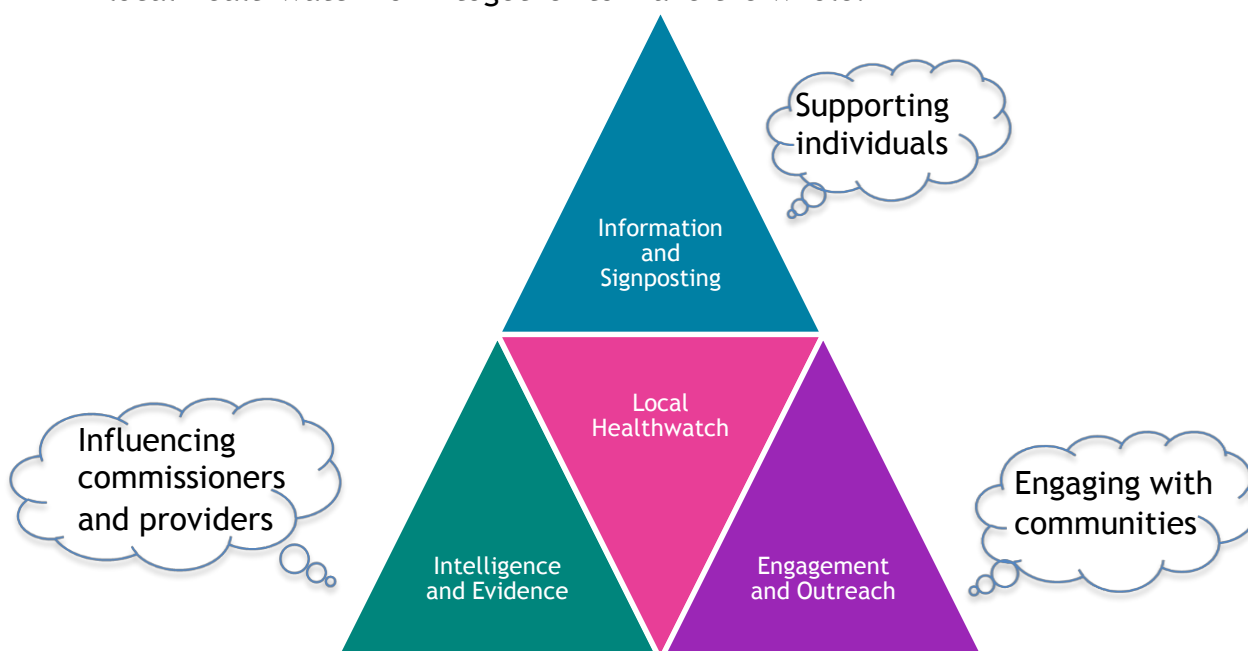
Locally Healthwatch has a number of core functions:

1. To provide information and advice about local health and social care services and how to access them
2. To promote and support the involvement of people in the commissioning, design, delivery and scrutiny of local health and social care services
3. To obtain the views of people about their needs for and experience of local health and social care services
4. To provide access to independent NHS complaints advocacy
5. To make reports and recommendations on how services could be improved
6. To make recommendations to Healthwatch England and advise CQC (Care Quality Commission) on areas of concern

Local Healthwatch organisations across the country have a number of common characteristics:

- They carry out statutory functions (such as sitting on the Health and Wellbeing Board)
- They are corporate bodies, embedded in local communities
- They are established as social enterprises
- They act as a local consumer champion representing the collective voice of patients, service users, carers and the public
- They play an integral role in the preparation of the statutory Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies
- They have influence with commissioners, providers, regulators and Healthwatch England

The following triangle is a useful way of seeing how the component parts of local Healthwatch form together to make the whole.



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There is one Healthwatch organisation (Healthwatch Dorset) that covers the local authority areas of Dorset, Bournemouth and Poole. More information about Healthwatch Dorset is available here <http://www.healthwatchdorset.co.uk>

Healthwatch Dorset CIC was created by a consortium of local voluntary organisations (made up of Help and Care, Citizens Advice in Dorset and Dorset Race Equality Council). Each of those three organisations has a nominated Director sitting on the Board of Healthwatch Dorset, alongside four non-executive Directors, working together to ensure that Healthwatch Dorset is fully accountable to the public in the way it delivers its services.

On a day-to-day basis the Healthwatch Dorset Manager is Martyn Webster, who can be contacted here: martyn.webster@healthwatchdorset.co.uk, tel. 0300 111 0102.

Local Healthwatch and the Health and Wellbeing Board

The Healthwatch representative on the Health and Wellbeing Board is an equal member alongside all others and is key to ensuring that the consumer perspective is presented and taken into account when reaching decisions.

Healthwatch is independent from health and social care organisations and through its contact with local consumers develops insight and evidence about the issues that matter most to local people.

Healthwatch has one seat on each HWB. To represent the wider consumer perspective it is essential for there to be good two-way communication. The Healthwatch representative role is to present evidence from the consumer perspective to the HWB and information from the HWB back to the consumer.

The Healthwatch representative also has a key role to lead and coordinate the shared responsibility to ‘hardwire’ the voice of the citizen and consumer in the Joint Strategic Needs Assessment, the Joint Health and Wellbeing Strategy and across the Health and Wellbeing Board itself.

At a workshop with the two Health and Wellbeing Boards in Dorset we asked members about their individual perspective and how that contributed to the Board as a whole.

The GP perspective was seen as an advocate for health consumers, particularly how to ensure best value for money by contributing to setting the strategic direction of the Board and its priorities so that they are centred on what communities need, with an emphasis on clinical quality. The elected members’ (councillors’) perspective was seen as grounded in the grass roots and a focus on the citizen through the democratic process. Through Public Health a perspective is presented that brings in to play a strong evidence base and a larger view of populations and their needs, with

the Voluntary and Community Sector playing a dual role as both a provider of services to the community as well as bringing a focus on health inequalities from the community upwards and well established relationships with patient groups and wider stakeholders. All agreed that there was a collective perspective informed by both a professional and personal knowledge base and a responsibility and commitment to contribute as a Board member positively to ensure the best outcomes possible for local people.

We also surveyed Health and Wellbeing Board members about how they saw their own roles on the Board related to that of local Healthwatch. The following sets out some of what they said in response:

‘Consumers are responsible for their own health and wellbeing and should be central to the design of services. However there are many inequalities in health, which are outside the control of our most vulnerable communities. Healthwatch has a key role to play in alerting us to the consequences (intended or otherwise) of local policies and the impact that they have on individuals.’

‘It is essential that the development of priorities for the Health and Wellbeing Board are rooted in understanding the experience and views of a wide range of local people. Whether we have made improvements must be judged by the experience of local people. My view is that Healthwatch needs to ensure it is bringing to the Board key issues/priorities from its work with local people. Also Healthwatch can work with the Board and also hold the Board to account to ensure that all plans/strategies etc. are based on meaningful engagement with local people.’

‘I believe Healthwatch can bring an independent perspective and act as the people’s “champion” on a range of issues. I believe Healthwatch can bring constructive challenge to statutory partners.’

‘Healthwatch will play a vital role in bringing the client view and being a critical friend in terms of the Board’s performance. We will need to have continual and informed input to help us assess whether or not our joint working is having the desired effect. The broader public / consumer view will provide a good measure of our effectiveness sitting alongside the data that will come our way. As we move toward more joined up working between Health and Social Care the feedback that Healthwatch colleagues will bring will be vital to our on-going working processes.’

Health and Wellbeing Boards, local Healthwatch and Overview and Scrutiny

As well as great potential for collaboration, there is potential tension between the different roles of local Healthwatch, Health and Wellbeing Boards and Overview and Scrutiny.

Healthwatch is an equal partner on the Health and Wellbeing Board, but will also have the possibility of referring contentious commissioning issues to the health overview and scrutiny function of the local authority.

The local authority commissions local Healthwatch and the Overview and Scrutiny committee may therefore be interested to scrutinise how well this is going.

Healthwatch will participate in the decision making of the Health and Wellbeing Board and will therefore share responsibility for decisions made, but it will also support the local authority health overview and scrutiny function to scrutinise those very decisions should the need arise, by providing information and intelligence.

These roles and relationships are complex and carry with them a number of potential conflicts of interest. Through working hard at relationships and at understanding the contribution of each partner, early discussions of potentially contentious issues, an open and transparent system for making decisions and a culture of 'no surprises' between the partners, it should be possible to manage the relationships, despite their complexity.

Developing a joint working protocol may be a helpful way of heading off any issues at the pass before they become too difficult to manage.

More information is available at <http://cfps.org.uk/publications?item=7195>

Part 2

Healthwatch Representative Role Description and Person Specification

Main Responsibilities

1. Commit to attending the majority of meetings or nominate a suitable substitute who can attend. Only Board members or their named representatives can attend Board meetings.
2. Read and adhere to the HWB Terms of Reference.
3. Receive, read and consider reports and question these where necessary to ensure that decisions are in the interests of individuals and communities within and across the HWB area.
4. Contribute to shared decision-making, priority setting, review and assurance as part of the HWB.
5. Present evidence from Healthwatch as the independent consumer champion to inform any proposal, decision or outcome considered by the HWB.
6. Participate actively in discussions using evidence to back up and inform views.
7. Take a particular interest in the HWB strategy for engagement and communications and to ensure that local people and communities are 'hardwired' into the work of the HWB.
8. Be committed to valuing diversity, and equal opportunities through consideration of proposals, decisions or outcomes to ensure that the interests of marginalised individuals and groups are protected.
9. Attend and participate in training events and development workshops as required.
10. Contribute to, abide by, and take collective responsibility for decisions made by the Board.
11. Undertake special tasks and/or responsibilities agreed by the Board or one of its sub-committees, for example attendance at stakeholder events.
12. Declare any relevant personal, professional or commercial interests in any matters being discussed by the Board
13. Uphold any HWB and/or Healthwatch Dorset code of conduct alongside the Nolan Principles of Public Life and maintain the highest standards of probity. The principles are selflessness, integrity, objectivity, accountability, openness, honesty and leadership.
14. Respect the confidentiality of information, where its release would compromise the interest of the people and communities of Dorset.

Skills, Knowledge and Experience

1. Effective communication skills with the ability to actively participate in discussion and decision-making.
2. The ability to consider the 'bigger picture' with a track record in contributing to and influencing strategic planning.
3. The ability to remain professionally detached providing an objective and evidence based viewpoint at all times.
4. Knowledge of health and social care structures and an understanding of the wider determinants of health.
5. Confidence in interpreting and presenting data and statistics.
6. Horizontal and vertical influencing and negotiation skills and the ability to hold a point of view as part of the decision making process.
7. Confidence to participate including giving presentations and workshops as and when required.
8. Good analytical skills and awareness, and understanding of research and research costs, in order to identify gaps in public feedback and the provision and quality of local care services.

Part 3

Local Healthwatch and the Health and Wellbeing Board: Representative's Checklist

Before the Meeting: Things to consider

- Do you feel confident to undertake this role? If not, what information or support do you need? Do you know whom to ask?
- Where will the meeting take place - can you get there? Are the facilities appropriate?
- How long will the meeting last?
- Who will deputise for you if you are unable to attend? How can you contact that person if you cannot attend at the last minute?
- Who is the contact for arranging the meeting? Do you have their contact details?
- Do other members of the HWB understand the following:
 - The purpose of Healthwatch and that as the Healthwatch representative you are accountable to the wider population
 - That you are attending on behalf of Healthwatch not as an individual
 - That you will be limited to what you can 'vote' on without seeking further input from consumers
- Do other members of the HWB realise you have a duty to share information publicly, how does this effect confidentiality issues for example if another organisation representative says "this is just for the people here, not to be reported elsewhere" - how will you manage this?
- Have you seen the Terms of Reference?
- Do you know who the other members or representatives are?
- Who will provide you with information in advance of the meetings?
- How far in advance will you have the papers?
- If you need to consult for views prior to attendance, who will coordinate this and how will it be done?

- Is there enough time before the meeting to consult effectively? If there is not enough time, should it be proposed that reporting back is done at a later date to allow discussion to take place?
- Will you be making a presentation / contribution on behalf of Healthwatch? If yes,
 - What information do you need to have with you?
 - Who will provide that information?
 - What evidence do you have to support your points of view as the community view?
- Have you been asked to supply any information in advance? If yes, who will co-ordinate this? How will you know this has been done?
- Would it be helpful to have a 'pre-meeting' to discuss particular issues with the Chair or other Board member/s?
- Are there any networks or groups you belong to that present a conflict of interest in undertaking your role? If yes, would it be better for someone else to attend or are you confident that you can remain free from bias at all times?

During the meeting: Questions to ask

- What evidence is there to suggest that the proposal, decision or outcome is in the interests of consumers?
- Do consumers understand what the purpose is of the proposal, decision or outcome?
- Has a proposal, decision or outcome been tested with relevant communities of interest or place?
- How is this discussion benefitting consumers?
- Can it be demonstrated that the proposal, decision or outcomes will lead to improved health and social care services?
- Whose responsibility is it to ensure local people can contribute to proposals, decisions or outcomes as part of the work of the Health and Wellbeing Board?

Avoiding the traps

- Be careful not to feel under pressure to give a definitive personal view as a proxy for consumers
- Be sure to base your contributions on evidence

- Aim for Healthwatch to have a standing item to report back on emerging evidence at each meeting
- Be confident to say you need to seek wider input before you can agree or disagree with a particular proposal, discussion or outcome
- Be self-aware and aware of others
- At times of disagreement or lack of momentum remind the Board and its members of the common purpose of better health and social care for all
- Healthwatch is commissioned by the Local Authorities, which may introduce an element of perceived conflict. It is therefore vitally important to base any input on good evidence.
- As a representative and where there are genuine differences of consumer opinion within the Healthwatch, you may on occasion be required put forward arguments or points that you do not necessarily support. Whatever argument or view is being put forward needs to be firmly based on what local Healthwatch has as clear evidence.

After the meeting: Things to consider

- How are you feeding back to Healthwatch colleagues?
- How will feedback from the meeting be provided to consumers?
- Who is responsible for ensuring the information is shared and what are any agreed timeframes?
- How will consumers be able to comment on any feedback and who will co-ordinate this? How will you know this has been done?
- Do you need to take responses to a further meeting?
- How will information be fed back to the meeting? For example in advance of the next meeting or at the next meeting? Will this be verbally or a written report?
- Do you need to write a report? If yes, by when?
- Are you confident that everyone who needs to have information from the meeting has received it?