

Carrying Out our Statutory Duties and Maintaining Our Independence

What is Healthwatch Kent?

We are described as the consumer champion for health and social care, our role was created by law, The Health & Social Care Act of 2012.

Healthwatch Kent exists to add value to people's lives by amplifying their voice and experiences of the most pressing and difficult issues in health and social care. That strength of purpose will only be upheld if we, and those with whom we work, value independence and respect it in everything they do.

What does the law say you should be doing?

The key requirements of the Health & Social Care Act are:

- Promote and support the involvement of local people in the commissioning, the provision and scrutiny of local care services
- Obtain the views of local people regarding their needs for, and experiences of, local care services and importantly to make these views known
- Make reports and recommendations about how local health and social care services could or ought to be improved. These should be directed to commissioners and providers of care services, and people responsible for managing or scrutinising local care services and shared with Healthwatch England.
- Provide advice and information about access to local care services so choices can be made about local care services (this is met by our dedicated Information & Signposting service)

What is independence?

Independence is sometimes perceived as something you can only have when you have no prior knowledge or involvement in something. In the case of Healthwatch Kent, it is better described as listening to everyone equally and communicating what has been said without bias or misinterpretation. It is the ability to speak up independently on behalf of sometimes unpopular issues or marginalised groups, in an evidence-based way, and to look at areas and produce reports that, in the view of Healthwatch Kent, best meet the needs of the people we serve.

Being independent can also be perceived as sitting outside the health and social care system, however we have found that many organisations are already working on improving things, and our work would end up duplicating existing activities and bringing nothing new to the discussion. Not only does this risk undermining how the process of raising public feedback is perceived but working with organisations to ensure we target our activities in the right place and at the right time, makes Healthwatch more effective.

Carrying Out Our Statutory Roles

A key statutory role is:

Promote and support the involvement of local people in:

- the commissioning
- the provision
- the scrutiny

of local care services

How we do this in practice

Promote and Support the Involvement of Local People in Commissioning

- Recruit, train and support volunteers to represent the public at commissioning and planning meetings
- Collate the information from those meetings and other sources to ensure we understand the commissioning plans for each area
- Have regular liaison with health and social care commissioners to understand how we can work together
- Ensure our work fits with timescales for commissioning and procuring new services
- Influence health and social care commissioners to better engage with the public
- Work with patient and public forums and groups to ensure they are involved in commissioning plans
- Advise on the planning of engagement and consultations to ensure good practice - see our good practice guides
- Support the Kent & Medway wide Patient & Public Advisory Group (PPAG) for the Sustainability & Transformation Partnership (STP by assisting with recruiting, out of pocket expenses and support on progressing actions)
- With the PPAG, promote co-production with patients and public across Kent & Medway
- Ensure our volunteers work to the values of co-production
- Share our activities with the public

Promote and Support the Involvement of Local People in the Provision of Local Care Services

- Recruit, train and support volunteers to work with providers
- Regular liaison meetings with the main health and social care providers in Kent to:
 - Ensure clarity on our role and activities
 - Share intelligence at those meetings that we have received from the public
 - Understand the plans and priorities of the organisation
 - Ensure our activities align with organisations timescales
 - Encourage improvements by following up on progress against our project recommendations and action plans
- Attend Patient Experience Committee meetings
- Influence providers to better engage with patients and public and encourage co-production
- Share our activities with the public

Promote and Support the Involvement of Local People in the Scrutiny of Local Care Services

- Gather the experiences of patients and service users in identifying areas for improvement (statutory functions:
 - Obtain the views of local people regarding their needs for, and experiences of, local care services and importantly to make these views known
 - Make reports and recommendations about how local health and social care services could or ought to be improved. These should be directed to commissioners and providers of care services, and people responsible for managing or scrutinising local care services and shared with Healthwatch England.)
- Enter & View visits and reports
- Project priorities and reports
- Publish reports and outcomes from our work.
- Act as a critical friend of consultations reviewing evidence to ensure they are good practice
- Review the evidence base for proposed changes to ensure they will deliver the expected benefits
- Work with the Kent Health Overview & Scrutiny Committee (HOSC) to share information
- Maintain a workplan of our activities so we ensure they align with timescales and achieve maximum impact

Ensuring Clarity & Separation

Healthwatch Kent is one team of paid staff and volunteers. We aim to separate the functions of supporting commissioning and provision from scrutiny to ensure no one is carrying out the two functions with the same organisation. However, we aim to do this without losing the benefits of sharing information and experience with other parts of the team.

We review our activities to confirm whether they are supporting commissioning, supporting providers or scrutiny.

We ensure that all parties are clear on our purpose for being there and we set out how we will work together

We assess those who are taking part in activities to ensure they are clear on their role

We ensure they are not undertaking any other activities that may have an impact e.g. supporting and scrutinising the same provider. However we do ensure they are working closely with the other members of the team working with that provider.

e.g

Bob has been a volunteer with Healthwatch Kent for some time and has a regular meeting with a hospital trust. He understands the challenges and demands on the trust and their plans for the future. He is helping them review the terms of reference for the Patient Experience Committee, which he also attends. He has a positive and constructive relationship with the senior trust staff that he meets. Bob also works with other members of Healthwatch to gather patient experiences in the foyer of the hospital every month.

This and other feedback received via our freephone line is recorded in a database held by Healthwatch Kent

The Information and Signposting Team have collated and anonymised the last 6 months patient feedback on the trust which is themed and summarised by the Intelligence Coordinator into a feedback report. Bob shares this report when he meets with the trust. It highlights a number of concerns about the trust's A&E.

Sharon is another volunteer who regularly attends the Health Overview & Scrutiny Committee (HOSC), where concerns are also raised there re the A&E department.

The concerns are raised with the Healthwatch Kent Steering Group and it is agreed we will carry out a visit to the A&E, reporting the findings to the trust and to HOSC.

When allocating volunteers to carry out the visit it is agreed that Sharon will undertake the visits with another volunteer. It is agreed with Bob that he will not be part of the visit as he has details of the staff shortages and other pressures on the department, and this may influence how he writes the report.

Once the report is completed and shared with the trust and HOSC, Sharon meets with the trust to agree the actions arising from the report recommendations.

She then hands the action plan to Bob who will monitor progress on the plan by the trust in his regular meetings.

Bob will advise the Intelligence worker when actions have been completed and we report our outcomes every month on our website.

How do you ensure you can objectively scrutinise changes to services and consultations with the public?

Healthwatch Kent has two areas of focus:

- The evidence that the process of consulting with the public met legal and best practice requirements
- The evidence that the proposed change will deliver the intended outcomes e.g. better patient experience, better care and outcomes, better use of resources, more cost effective

Ensuring the consultation meets legal requirements and good practice means talking to as wide a range of people as possible. As people may have a wide range of views, this ensures that it is not just the loudest voices that are heard. We have published our [Best Practice Guide to Consultations](#) which was developed with NHS & Social Care organisations and sets out our expectations.

From this we developed a Critical Friend Framework which contains all the questions that need to be answered to ensure best practice. With this and training from the Consultation Institute, a small team of our volunteers review the evidence available to give a lay person's view of the quality of a consultation process. They then produce a report that the organisation responds to, and we publish the report and response on our [website](#).

Why do you try to have good relationships with stakeholders?

Healthwatch Kent is not an inspector or regulator. Organisations must respond to our recommendations, but they do not have to act on them. We must ensure organisations understand our approach and are confident that our recommendations are based on evidence from the public and are realistic, to ensure they are acted on. In turn, we need to understand the service we are evaluating, to ensure we are credible. We also find we need to regularly meet with organisations to monitor how they are implementing our recommendations, as some can take many months.

In short, we have seen that we achieve much more working with, than working against.

We have a Steering Group in Healthwatch Kent made up of volunteers and paid staff that constantly looks at how we work, and they are confident in our approach.

How can you scrutinise something objectively when you've been involved in discussions and planning about it?

Where we have acted as a critical friend, we have often given negative feedback that has been difficult for the organisation to hear. In response, they usually invite us into discussions much earlier next time. We view this as a success, as one of our statutory duties is to promote and support the involvement of local people in the commissioning, the provision and scrutiny of local care services, which means being involved when conversations about change are just starting.

It can be difficult to be objective when scrutinising a process you have been part of. Fortunately, Healthwatch Kent has over 30 volunteers, most of whom will not have been involved in those discussions, and we have a process of assessing who should undertake a piece of scrutiny work, to ensure there are no conflicts of interest.

What about if you have done some of the engagement yourselves?

Healthwatch Kent will not usually supplement the engagement on a consultation, as this is the responsibility of the organisation who is consulting. We have a contract, managed by Kent County Council, and we have clear outcomes we need to deliver from that contract. It would not be appropriate for us to use that funding to undertake work on a consultation unless it clearly met those outcomes.

If we do any additional engagement it will be because it fits with one of our already agreed strategic priorities, or our Steering Group will decide if it should happen.

However, we will always share information on the consultation and use our networks to encourage people to take part.

What about if you have been paid to do some of the engagement yourselves?

Many local Healthwatch across the country are paid by NHS & social care organisations to do work over and above their core contract. This is usually to improve the engagement with the public, either on a single topic, or by supporting things like patient forums.

However, in Kent, we want to ensure it is clear to anyone whether a piece of work is part of our core contract or had been additionally funded. Engaging Kent CIC, the social enterprise that runs Healthwatch Kent, has set up a trading arm, called Engage, who deliver any commissioned engagement work and also applies for funding for new projects.

We try to ensure that staff working in Engage do not also work in Healthwatch, but where they do, there is a clear separation of their time, so any funding goes where it is supposed to.

Engage will only undertake a piece of work if it is sure it complies with the Healthwatch Kent Best Practice Guide. It has often turned down commissions that do not. Engage is usually involved only in a part of the overall engagement leading up to a consultation, and will not deliver the consultation itself.

Scrutiny of consultations is undertaken by Healthwatch volunteers who were not involved in the Engage work, and have the integrity, confidence and authority to be critical of Engage work if necessary.

Aren't you influenced by your relationships with stakeholders and so soften your feedback?

The process above sets out how we separate the different statutory functions to strike the right balance between maintaining constructive relationship with commissioners and providers, and carrying out scrutiny objectively and effectively holding organisations to account.