

## Healthwatch Halton Advisory Board

Thursday 18 April 2024

### Public Board Meeting Agenda

*HW Advisory Public Board meetings include an opportunity for members of the public to feedback issues about local Health and Social Care issues at the end of the meeting.*

		Item	Enclosure (Paper, Verbal etc)	Outcome (Noting, Decision etc)	Presenter
1.00pm	1	<b>Welcome and Apologies</b>	V		Chair
	2	<b>Declaration of Interests</b>	V		All
1.05pm	3	<b>Minutes and Action log</b> from January Public Board Meeting	V&P		Chair
1.20pm	4	<b>Work Programme Project and reports updates</b> – Year end project overview and priorities update <ul style="list-style-type: none"> <li>14+ Health Check draft report</li> </ul>	V	N	Staff Team
2.00pm	5	<b>Stakeholder Meetings feedback</b> <b>HWE – Regional update</b>	P	N	LHM
2.15pm	6	<b>Intelligence/Feedback – year end overview</b>	V&P	N	LHM
2.30pm	7	<b>Any other business</b> – ISAB Framework 360 Survey responses Databank	P		Chair
3.00pm	9	<b>Date and Time of Next Meeting</b> TBC			

Chair – Healthwatch Advisory Board Chair

LHC – Local Healthwatch Chief Officer

# Agenda Item 3

Minutes and action log

## Healthwatch Halton Advisory Board (HAB) Meeting – Action Log

	Date of meeting	Task Description	Owner	Status
1	Jan 24	Send out the priorities survey	DW	completed
2	Jan 24	Set dates for HAB away day	DW / LH	18/04/24 - ongoing
3	Jan 24	Postal delays – check with Trusts over delays in appointment letters	DW	18/04/24 - ongoing
4	Jan 24	360 survey to be completed	DW	completed
5	Jan 24	Set Board dates for year	CS	completed
6	Jan 24	Part-Time role to be advertised	DW	completed
7	Jan 24	Invite Richard Yelder to HAB meeting – 18/04 need to agree what we want from Richard	DW/EL	18/04/24 - ongoing
8	Jan 24	Circulate new ISAB terms of reference	EL	completed
9	Jan 24	E&V issues	DW	18/04/24 Ongoing – two reports completed, two awaiting responses from Provider. HWE have supplied CQC contact details for Halton

## Healthwatch Halton Advisory Board

Thursday 25 January 2024

### Public Board Meeting Notes

#### **Attendees:**

Lydia Hughes (LH) – Healthwatch Halton Chair  
 Dave Wilson (DW) – Healthwatch Halton Chief Officer  
 Elizabeth Learoyd (EL) – Managing Director, Engaging Communities Solutions  
 Lorna Plumpton (LP) – HAB member  
 Maureen Isherwood (MI) – HAB member  
 Michelle Downes (MD) – HAB member  
 Kathy McMullin (KM) – Healthwatch Halton – Community Outreach Lead

**Apologies** – Smita Patil (SP) – HAB member

	Item
1	<p><b>Welcome and Apologies</b>                      Apologies – Smita Patil (SP) Clare Screeeton (CS)</p>
2	<p><b>Declaration of Interests</b></p> <ul style="list-style-type: none"> <li>Noted</li> </ul>
3	<p><b>Minutes and Action log</b> from November Public Board</p> <ul style="list-style-type: none"> <li>ADHD medication follow-up. We received an update from Bridgewater – They are still carrying on communicating with patients over the ADHD meds shortage. Noted and approved.</li> </ul>
4	<p><b>Work Programme and Project Updates</b></p> <ul style="list-style-type: none"> <li>Family Hub project – work ongoing.</li> <li>Discharge project – coming to an end. Next stage is follow up interviews and producing final report.</li> <li>Enter &amp; View feedback on four recent care home visits. Update noted and reports will be produced in due course.</li> <li>Visit carried out to Runcorn Shopping City Community Diagnostic Centre as part of Healthwatch England project. Another visit to be planned for the Halton Hospital site.</li> <li>Visits to Runcorn &amp; Widnes UTCs have been carried out, spoken to almost 200 patients across the two sites. Report on Runcorn UTC almost complete. Widnes UTC needs another visit to be arranged. Satisfaction with the services is relatively high. Good option instead of A&amp;E. We have some concerns over increasing waiting times and the number of patients attending as no available GP appointments.</li> </ul> <p><b>Action – Reports to be sent to HAB when completed</b></p>
5	<p><b>Stakeholder Meeting feedback reports</b></p> <ul style="list-style-type: none"> <li>We continue to be involved in a range of meetings. Quieter couple of months, allowing for Christmas.</li> <li>Of note: Bridgewater CHCT meeting to discuss ADHD medication shortages</li> <li>Primary Care Group – Updates on Primary Care recovery</li> <li>Patient Experience Committees at both acute hospital trusts</li> <li>Health &amp; wellbeing Board – good feedback given on the role our former chair Kath Parker had played on the board over the past 5 years.</li> <li>Quality &amp; Performance meetings – We have had discussions with Halton Place over the best way to bring our intel to the committee.</li> </ul>

	Item
6	<p><b>Intelligence/Feedback update</b></p> <ul style="list-style-type: none"> <li>• Dental enquiries still coming through, which we are trying to support where applicable. We've had a few issues raised around Pharmacies recently. Some feedback collected around pharmacy closures and patients requiring medicines in blister packs, but facing issues.</li> <li>• Over 300 people have given feedback on services through our surveys, project work and outreach sessions since November.</li> <li>• We are still reviewing the best way we feed into various committees across Health &amp; Social Care. We will bring updates to the next meeting to include stats / themes and trends from the feedback collected and reports produced.</li> <li>• Long waits and poor communication continue to be raised with us. People have told us they are generally satisfied once they get to see the service they need.</li> </ul>
7	<p><b>Any other business</b></p> <p>Dates to be agreed for future HAB meetings. LT to send dates out for HAB members to agree.</p> <p>Updates - Halton Cancer Support have recruited a new centre coordinator. Bereavement Café is going really well.</p> <p>EL confirmed a contribution will be made for a memorial for Diane McCormick.</p> <p>Youthwatch update – KMstill tryng to develop a Youthwatch. No uptake so far. Will continue up to April and review it then. EL suggested contacting DofE coordinators at the schools. MI suggested trying Widnes Cadets KM will be interviewed on Halton Hospital Radio. Possibility of regular slot on the Hospital Radio.</p> <p>Ashley School – We have agreed to have a student placement from Ashley School for 5 weeks, starting after February half-term.</p>
9	<p><b>Date and Time of Next Meeting</b></p> <p>18 April 2024</p>

# Agenda Item 4

## Priorities survey list

A relatively small number of responses received, but they raise very much the same issues that have come up when we've spoken to people in the community and from the feedback we've collected during the past year

### Primary Care

Access to GPs	85%
Access to dentistry	85%
Quality of GP services	36%

### Hospital services

Waiting times	68%
A&E	55%
Outpatient services and clinics	39%

### Other health services

CAMHS	46%
Adult mental health services	44%
Dementia services	31%

### Social Care

Care Homes	49%
Children and Young People's Social Care	44%
Social Care Assessments	36%

### General topics

Cost of Living	69%
Getting a referral	64%
Accessible information and communication	61%

### **Other high scores**

Maternity	19%
UTCs	28%
Pharmacies	21%
Cancer Care	32%
Hospital Discharge	26%
Community Mental Health	20%
Safeguarding	23%
Services for carers	31%
Home adaptations	26%

### **The question is what can we focus on and make a difference?**

What needs more research / background info and what do we know we can do?

Suggest no more than 2 'big' projects and keeping flexibility for whatever else comes up.

### **Primary Care**

There will be work on the Primary Care recovery plan this year that we will be included in anyway, so we may not need to have a large project on this.

Similarly on dentistry, I recommend a watching brief on this.

Pharmacy First – possibility to review the effectiveness of this later in the year

### **Hospitals**

I don't think we'll learn much from a project on A&E. We may do some more A&E Listening Events

We should look to follow up on our previous Maternity project. This could also fit in with One Halton Starting Well/Living Well themes.

### **Other health services**

CAMHS – Possibility of looking at the provision of the service across Halton.

Dementia – Work on this may fit in well with the new One Halton Dementia Delivery Plan. (Ageing Well)

### **Care Homes**

E&V visits as needed. Make better use of the intel from the Advocacy Team.



# **Agenda Item 5**

## **Meeting Feedback Report**

# Updates from Healthwatch England

# Dentistry updates

## Our work post Dental Recovery Plan

### Headlines

- Following calls from the BDA and Healthwatch, the Government published the Dental Recovery Plan.
- The plan concludes: *We will track local experience as the plan is rolled out and keep its impact for patients under close review. We will look to evaluate elements within the plan, working closely with stakeholders including the British Dental Association and Healthwatch England.*
- We will work with local HW to get an overview of whether and how the plan works for your communities e.g. dental vans, new premiums for dentists to open up access.

# Dentistry updates

## New poll

Headlines:

We published an [insight piece in March](#) alongside [providing evidence to Health and Social Care Committee](#) based on a new poll.

We ran the poll with over 1,900 adults in England:

- 40% of respondents hadn't been able to get an NHS appointment in the past two years
- **South West** had lowest levels of accessing appointment in last two years.
- Of those who couldn't get an appointment, 26% went on to pay privately; 13% treated it themselves
- 30% felt worried or anxious about not being able to get timely treatment; 19% lived with constant pain when they couldn't get an appointment

# Accessible Information Standard

## Healthwatch England understands it will:

- Be published by NHS England in Spring 2024
- Has been informed by a working group of national charities and Healthwatch reps
- Emphasise broad definition of communication needs, not just eligibility by specific conditions such as being deaf
- Require integrated care boards to seek assurances from providers of compliance with AIS
- Introduce a voluntary self-assessment tool for providers to complete annually
- Clarify CQC's role: its new assessment regime includes standards that how providers communicate with people
- Recommend providers and ICS boards have an AIS lead to champion/oversee compliance
- Include more detail about website information – generally excluded from AIS, except where used to support treatment
- Introduce new NHSE e-learning modules for staff on how to implement AIS day to day

## Healthwatch England will produce guides for local Healthwatch on refreshed AIS once published

# Women's health project

## Headlines

- As part of our work around women's health, we're going to focus on **cervical screening ('smear test') take-up**, which has been decreasing in recent years.
- We're running a polling with Savanta – it asks participants about their experience of cervical screening as well as the views on home screening.
- Following the soft launch in January, we will launch the new poll findings on 19–24 June to coincide with **Cervical Screening Awareness Week**.
- We're planning to get transcripts from local Healthwatch interviews for further evidence/ comms stories.



# Vision for the NHS report

## Update

### Headlines

- We launched **What patients want: a vision for the NHS in 2030**
- The report is based on experiences of 10mIn pieces of feedback collated over the past 10 years
- It sets out a vision for the NHS in 2030, calling for:
  1. Making the NHS easier to access and navigate.
  2. Tackling health inequalities.
  3. Building a patient-centred culture.
- Our media launch focused on health inequalities: Worst-off find it harder than well-off to access NHS care, survey finds
- You can use the key messages and calls in your influencing work

# Share for Better Care campaign

## Update

- The long-term feedback campaign launched on 15 February
- It focuses on engaging with communities who are underrepresented in our national feedback, asking them to share their experiences of NHS and adult social care
- It also emphasizes that people are more likely to give feedback when they can see it has made an impact.
- Thank you to everyone who has participated so far.
- Visit [the network site](#) or contact [hub@healthwatch.co.uk](mailto:hub@healthwatch.co.uk) for more information and assets.



# Pre-election guidance

## Update

- In the run-up to a Government election, it is critical that all members of the Healthwatch network act in a politically-neutral way.
- With local elections on the way in May, [our resource](#) gives you guidance to remain impartial during the pre-election period (often known as 'purdah').
- Generally, the period of sensitivity starts when the notice of election is published. This may vary in different areas, but is no later than 25 working days before a local election
- The guidance covers publications, media and social media activity, as well as working in partnership.

# For more information

Healthwatch England  
National Customer Service Centre  
Citygate  
Gallowgate  
Newcastle upon Tyne  
NE1 4PA

[www.healthwatch.co.uk](http://www.healthwatch.co.uk)

t: 03000 683 000

e: [enquiries@healthwatch.co.uk](mailto:enquiries@healthwatch.co.uk)

 [@HealthwatchE](https://twitter.com/HealthwatchE)

 [Facebook.com/HealthwatchE](https://www.facebook.com/HealthwatchE)

**healthwatch**

# Agenda Item 6

## **Last Year Outreach overview**

**Engagement sessions:** approx. 216

Leaflets handed out – in excess of 2348

People engaged with between 2348 and 4000 this figure is not accurate as we're not always recording the numbers!

**General outreach feedback** – Approx 883 feedback

**Listening Events** – 276 responses

- 141 from Whiston & St Helens
- 135 from Warrington & Halton
- 95% rating of Excellent or Good, 4% fair, 1% Terrible / Poor

## **Urgent Treatment Centres**

113 Runcorn responses

- 77% Four or Five star reviews
- 9% Three star
- 11% two star
- 4% one star

98 Widnes responses

- 76% Four or Five star reviews
- 22% Three star
- 2% Two star

## Website Form

165 feedback received through website Have Your Say form.

A&E / Urgent Care	5	Mental Health	2
Community	10	NHS 111	2
Dentist	13	Other	19
GP	58	Pharmacies	10
Hospital	44	Social Care	2

## Recorded on IMP

231 feedback

(84 general comments, 109 signposting, 24 informal complaint, 11 formal complaints, 3 compliments).

These are also likely to be under reported.

We need to review IMP and use it correctly or find a better system for recording activities and feedback

## Last Year Website and Socials overview

### Website :

- 33,216 users
- 46,002 page views – caveat Google played about with analytics in September so it's not easy to guarantee accuracy. It may be higher than this.
- 9490 views of news pages
- 23,015 views of advice and info
- 998 views of Advocacy information.
- 145 news articles added during the year
- 44 advice articles added during the year bring total to 71

### Facebook 1,310 (up 152)

Q1	117	Q3	155
Q2	185	Q4	149
Reach	23.5k individuals viewing 83602 times		

### Instagram 826 followers (up 87)

Q1	32	Q3	56
Q2	53	Q4	73
Total	214 posts viewed 5346		

### Twitter 2539 followers

Q1	6.1k	46	Q3	6.0k	57
Q2	5.8k	52	Q4	4.3k	59
Total	217 messages with 22.2k reach				

# Agenda Item 7

**Healthwatch Halton**  
**360 Stakeholder Survey Report**  
**March 2024**



## Introduction

As part of Healthwatch Halton's continuous improvement a stakeholder 360 survey has been undertaken in order to gather feedback from partners to understand how they see Healthwatch Halton and identify any areas of improvement that are needed. The following report outlines the feedback from the survey.

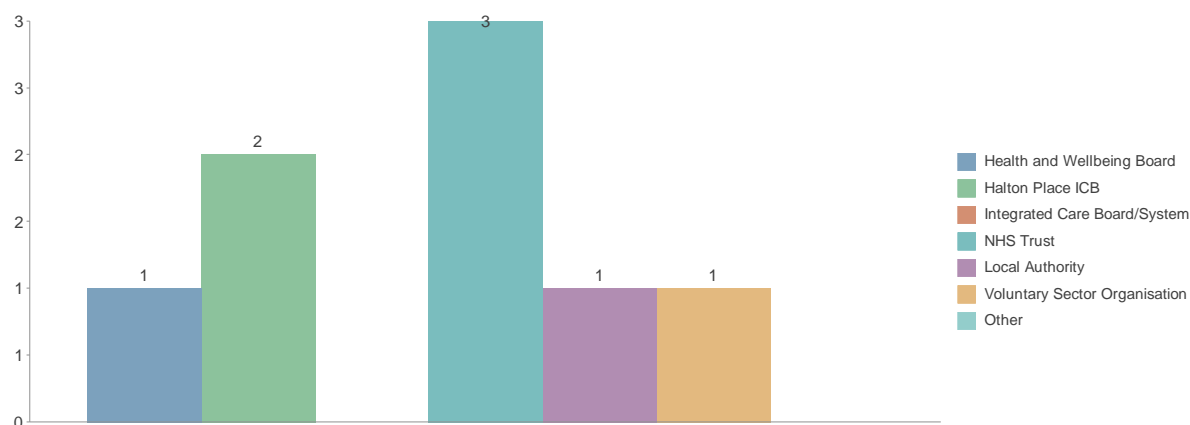
## Methodology

An online survey was utilised that was sent via an email invite to a list of 33 stakeholders identified by Healthwatch Halton. A reminder was sent automatically seven days after the initial invite to people who had not completed the survey.

## Findings

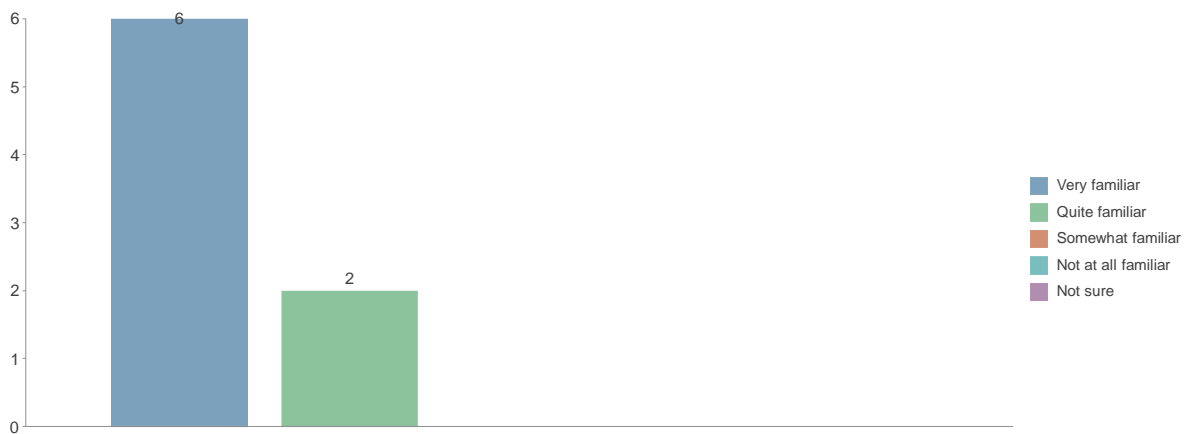
There were a total of 8 survey responses. Giving a response rate of 24%

Which of the following are you are member, employee or representative of?



People were asked to tell us what type of organisation they work for or represent. They were able to indicate all of the organisations that they are involved with. 3 people said that they were from an NHS Trust; 2 that they were from the Halton Place ICB; 1 from the Health and Wellbeing Board; 1 from the Local Authority and 1 from a Voluntary Sector organisation.

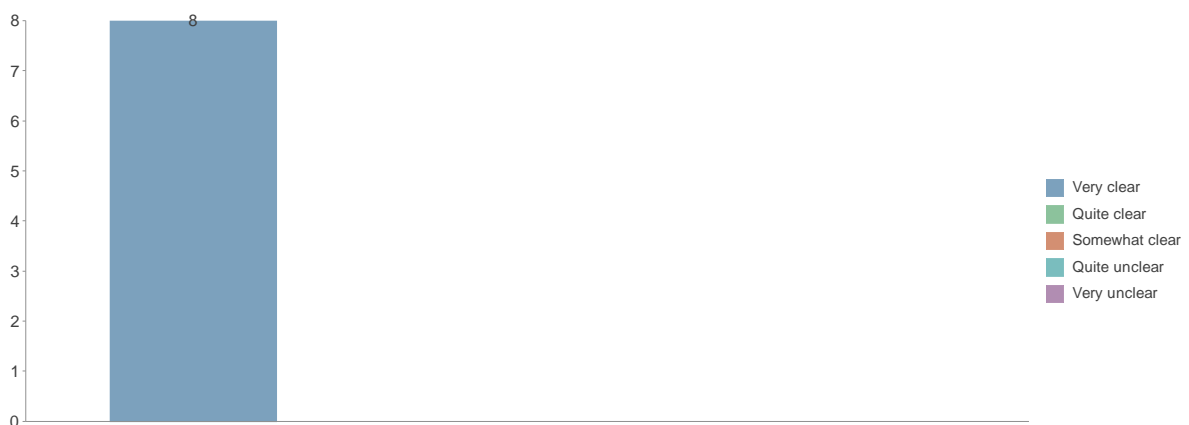
In general how familiar are you with Healthwatch Halton?



When asked how familiar they were with Healthwatch Halton 6 people said that they were very familiar with Healthwatch Halton and 2 people said that they were quite familiar.

When asked how clear they felt the purpose and aims of Healthwatch Halton are, all 8 people who took part in the survey said that they were very clear.

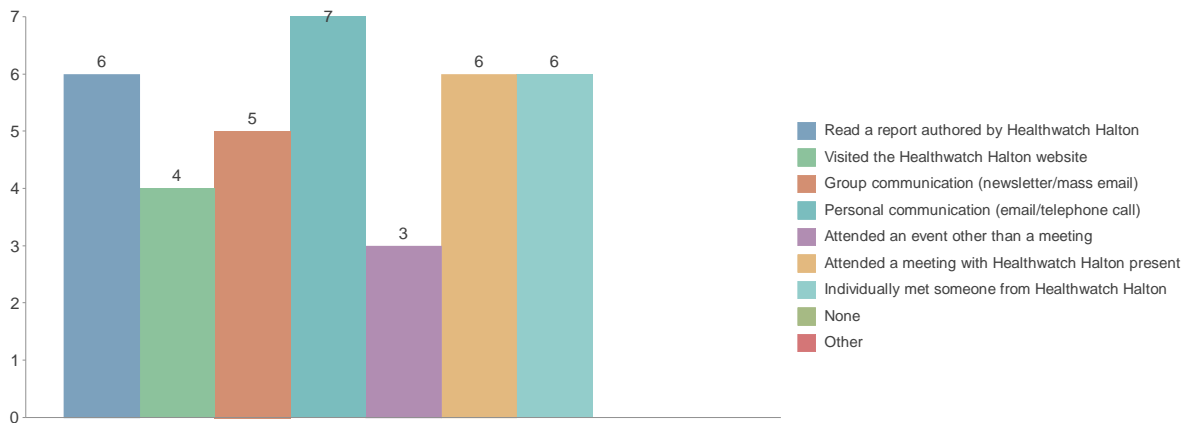
How clear do you feel the purpose and aims of Healthwatch Halton are?



People were then asked what they understood the purpose and aims to be. People recognised the role of Healthwatch to be **'the voice of the public'** and to **'represent the views of local people in relation to health and social care services.'** It was also recognised that Healthwatch is an **'independent ear'** and that that Healthwatch Halton present the views and experiences of people to **'those responsible for service planning and delivery [who are] best suited to achieve changes.'**

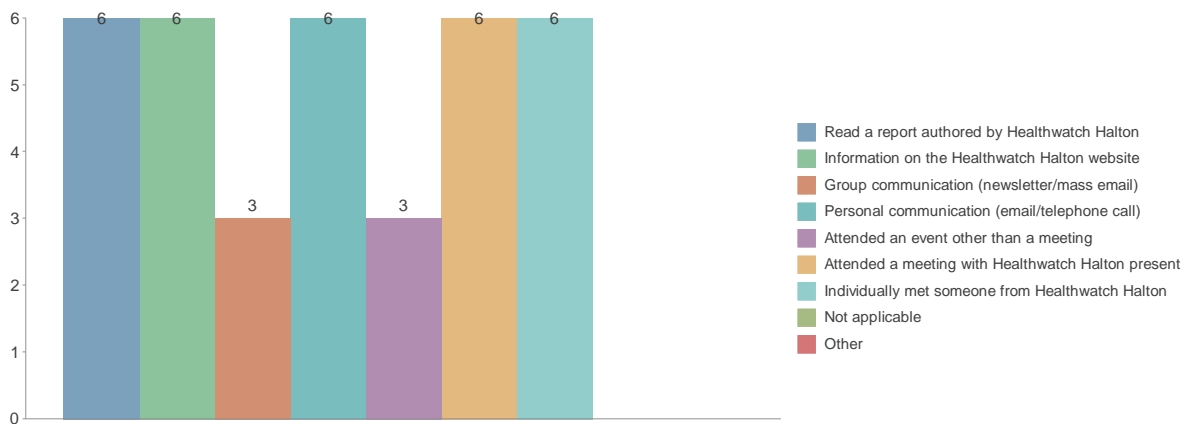
There was some feedback that Healthwatch Halton were there to **'advocate'** for people and that they were there to **'support local people to access health/care they and their families need and to act on their behalf if they are facing particular challenges/issues.'** This view suggests that they believe the role of Healthwatch Halton is to provide an advocacy service for individuals, linking the Healthwatch role with the Independent Advocacy Service.

What forms of contact have you personally had with Healthwatch Halton?



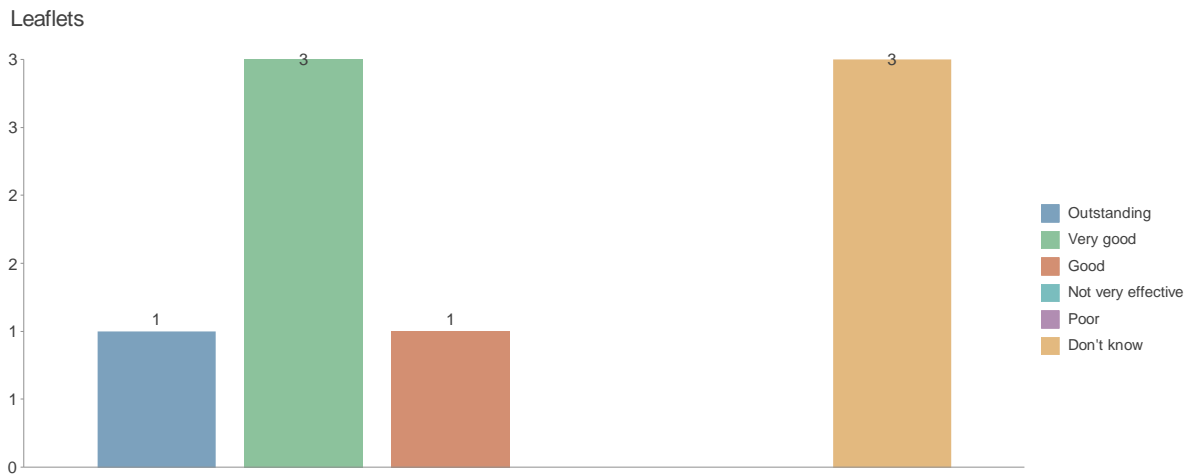
People were asked to indicate all of the ways that they have personally had contact with Healthwatch Halton. The most frequent form of contact was personal contact such as an email or telephone call (7). The next most frequent contacts were having read a report by Healthwatch Halton (6); attended a meeting where Healthwatch Halton were present (6) or individually met with someone from Healthwatch Halton (6).

In what ways have you observed Healthwatch Halton speaking on behalf of patients and the public?

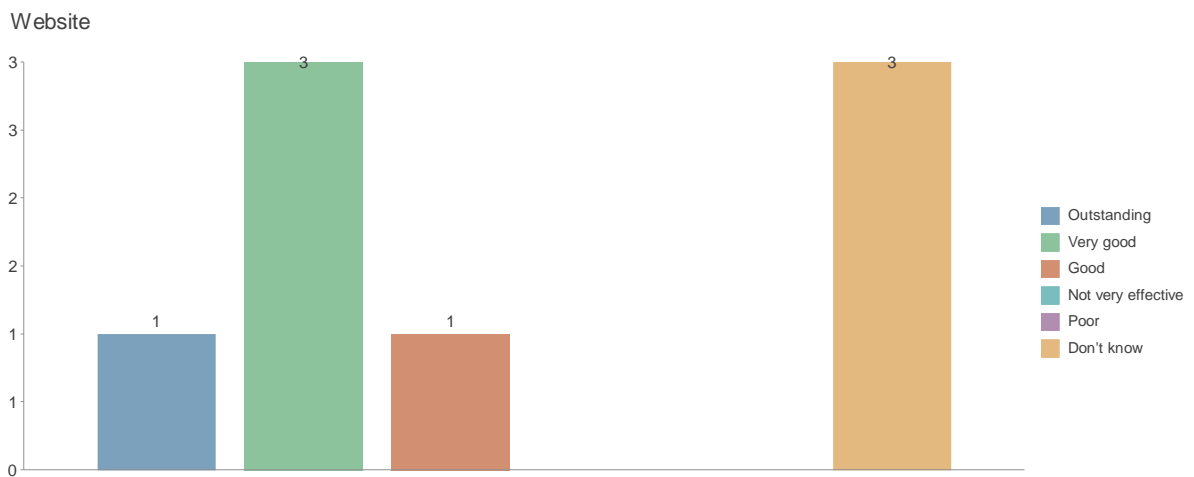


When asked ways that they have observed Healthwatch Halton speaking on behalf patients and the public having read a report; seeing information on the Healthwatch Halton website; personal communication; attending a meeting where Healthwatch Halton were present; and individual meeting someone from Healthwatch Halton all received 6 responses each. Group communication such as newsletters and attending an event received 3 responses each.

People were asked to rate how effective they thought each of the following were at making Healthwatch Halton known about.

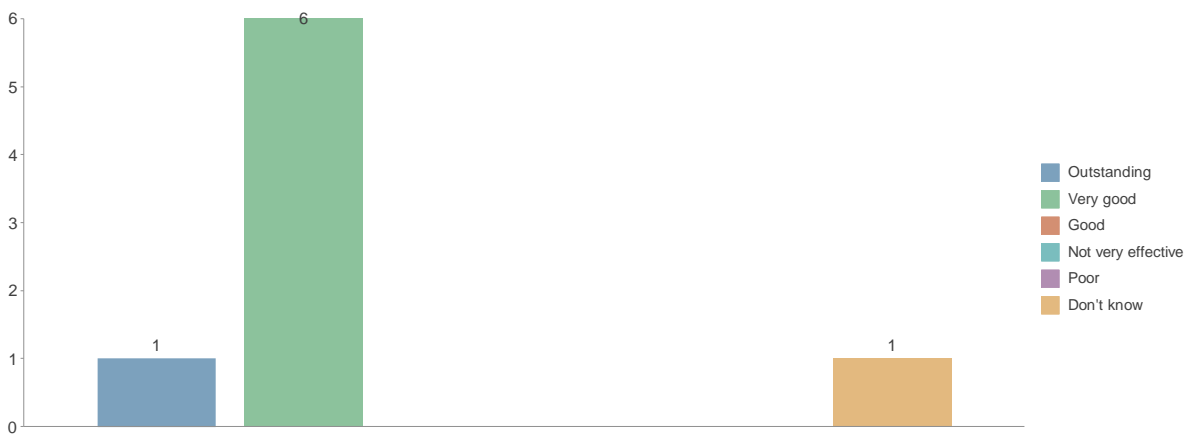


5 people rated leaflets from outstanding to good and 3 people said that they did not know.



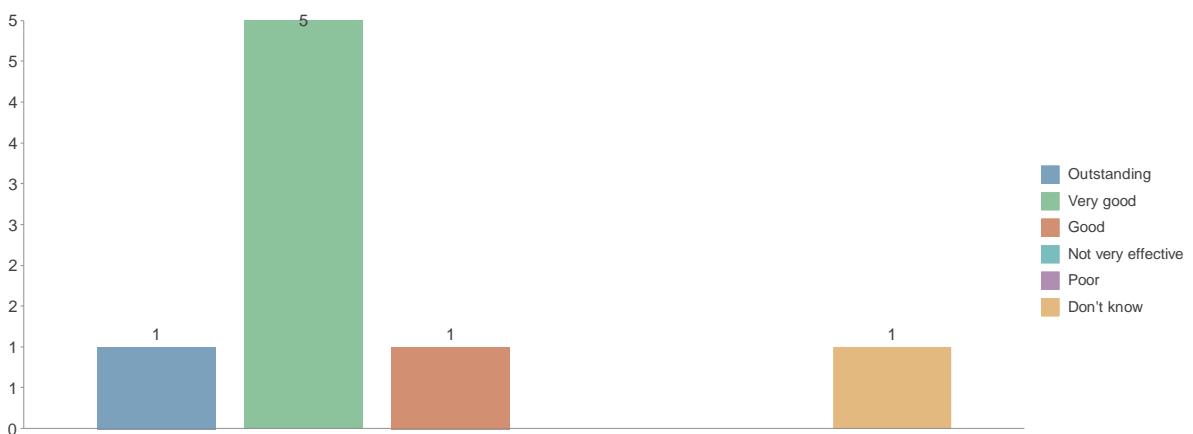
5 people rated the Healthwatch Halton website from outstanding to very good and 3 people said that they did not know.

Attendance at Events/Meetings



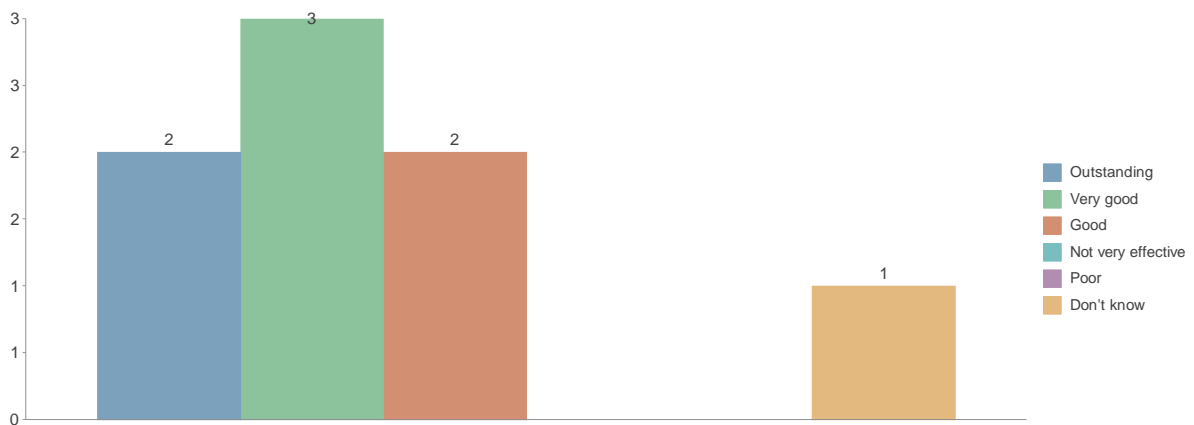
7 people rated attendance at events and meetings by Healthwatch Halton from outstanding to very good at making Healthwatch Halton known, and 1 person said that they did not know.

Reports/Publications



7 people rated the reports and publications by Healthwatch Halton between outstanding and good at making Healthwatch Halton known, and 1 person did not know.

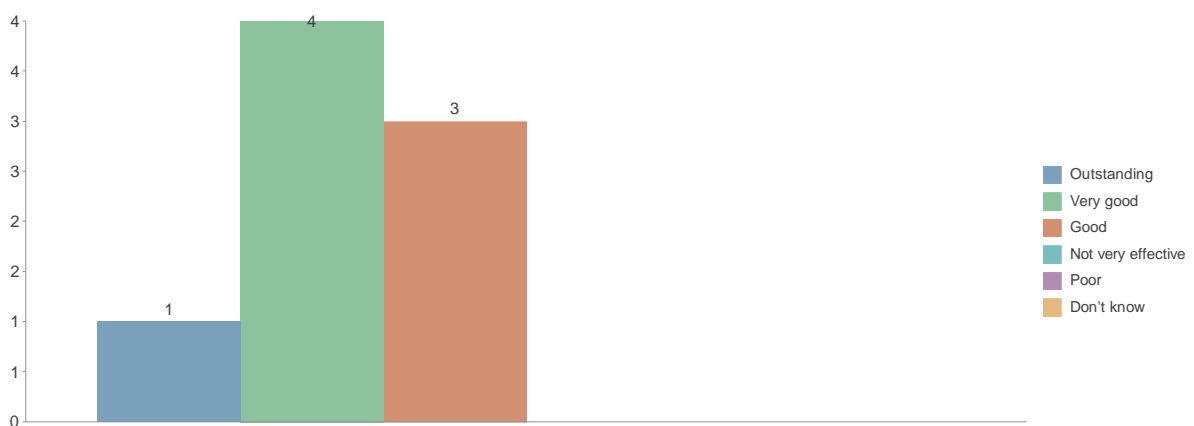
How effective has Healthwatch Halton been at engaging with all parts of the community?



When asked how effective they thought Healthwatch Halton has been at engaging with all parts of the community 2 people said they thought Healthwatch Halton have been outstanding, 3 that they were very good and 2 were good. 1 person said that they did not know.

When asked how they thought that Healthwatch Halton could engage more effectively with all parts of the community, people generally commented positively and it was recognised that engagement could be limited due to resources. It was said that 'because of limited resources engagement is difficult' and that 'we should all work better together to engage with our communities.'

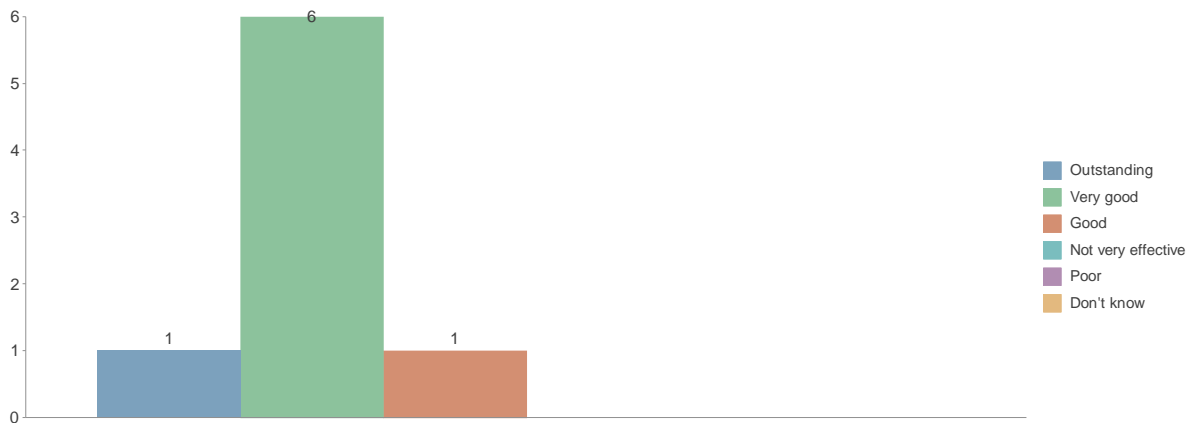
How effective has Healthwatch Halton been at providing greater insight into the experiences of the patients and the public?



When asked how effective Healthwatch Halton has been at providing greater insight into the experiences of patients and the public, all 8 people gave a rating between outstanding and good.

When asked how effective Healthwatch Halton has been at representing people from all parts of the community all 8 people gave a rating of between outstanding and good.

How effective has Healthwatch Halton been at representing people from all parts of the community?



When asked how they thought Healthwatch Halton could be more effective in representing people from all parts of the community it was suggested that more could be achieved by 'working in partnerships with other organisations.' It was also suggested that linking with 'local councillors/representatives' would 'be beneficial' but that the person suggesting this had 'no knowledge of capacity.' It was also suggested by another person that 'focused work in different wards and across cross sections of the community' would be helpful.

When asked for any other comments about Healthwatch Halton there were only three comments which are shown below.

'Healthwatch Halton utilises the knowledge, skills within the team to good effect though faces challenges from a resource perspective that all public/voluntary sector bodies face.'

'Working for a provider of NHS services I value the insight Healthwatch Halton provides into the views of the communities we serve. They are a true advocate for the people of Halton, challenging us when necessary but always with the aim of helping us improve.'

'Great service and staff.'

## Conclusion

The number of responses to the survey was limited but the feedback is generally positive about the service delivered by Healthwatch Halton.

There were some areas for consideration that could improve the service further.

Ensuring that people are aware of the difference between the role of Healthwatch Halton and the Independent health Advocacy Service.

Working in partnership with other organisations to extend reach and engagement with all parts of the community.

Consideration of undertaking ward-based engagement activity and community specific activity.





# Independent Strategic Advisory Board (ISAB) Framework and Terms of Reference

## Healthwatch Halton



**April 2024**

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## What is Healthwatch?

Healthwatch was established under the Health and Social Care Act 2012 to understand the needs, experiences and concerns of people who use health and social care services and to speak out on their behalf.

The purpose of Healthwatch is to give people using Health and Care Services a powerful voice. By doing so, Healthwatch ensures that the public's views and experiences are heard by those who plan and deliver NHS health and social care services, giving people a real say over how their local services are run.

Healthwatch not only has the ability to influence how services are commissioned, redesigned, and delivered, but are also able to provide advice and information on local service provision and signpost those wishing to make a complaint.

## Visions and Values

The vision of Healthwatch is to be the independent patient champion for local people, enabling them to improve health and social care.

Our mission is to listen to local communities and use their views to challenge providers and commissioners to bring about improved services.

### Our Objectives are to:

1. Seek out opportunities for service improvement.
2. Be recognised as the independent patient champion.
3. Listen to all the communities' voices and seeking out the quieter voices.
4. Be a credible source for data collection.
5. Be accountable and hold commissioners and providers to account.
6. Be trusted and respected as a fair and professional organisation.

### Our Strategy is to:

1. Build public awareness of the Healthwatch brand.
2. Obtain the views of the public.
3. Build strong, sustainable relationships with providers and commissioners.
4. Create effective partnerships with local groups and organisations.
5. Challenge organisations to improve service provision.

## Functions of Healthwatch

### Statutory Functions of a local Healthwatch

The legislation that has created Healthwatch can be summarised in to eight statutory activities:

1. Promoting and supporting the involvement of local people in the commissioning, the provision and scrutiny of local care services.
2. Enabling local people to monitor the standard of provision of local care services and whether and how local health and social care services could and ought to be improved.
3. Obtaining the views of local people regarding their needs for, and experiences of, local health and social care services and importantly to make these views known.
4. Making 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 health and social care services, and people responsible for managing or scrutinising local care services and shared with Healthwatch England.
5. Providing advice and information about access to local health and social care services so informed choices can be made about local care services.
6. Formulating views on the standard of provision and whether and how the local health and social care services could and ought to be improved; and sharing these views with Healthwatch England
7. Making recommendations to Healthwatch England to advise the Care Quality Commission to conduct special reviews or investigations (or, where the circumstances justify doing so, making such recommendations direct to the CQC (Care Quality Commission)); and to make recommendations to Healthwatch England to publish reports about issues.
8. Providing Healthwatch England with the intelligence and insight it needs to enable it to perform effectively.

### The core legislative basis for Healthwatch

The Local Government and Public Involvement in Health Act 2007, amended by the Health and Social Care Act 2012, outlines the main legal requirements for the provision of Healthwatch.

This is underpinned by many other regulations that detail activities undertaken. The law refers to the roles of:

- Local authorities are required to make provisions for Healthwatch statutory duties to be effectively fulfilled.
- Providers of Healthwatch services.

- Healthwatch England, whose main role is to provide advice and support to every local Healthwatch and to provide general recommendations to local authorities on making contractual arrangements for the delivery of Healthwatch duties.

Legislative frameworks are often complex. It is important to consider what legislation states about Healthwatch, local authorities and Healthwatch England. It says:

- What they should do (duties).
- What they may do (powers).
- What is prohibited.

### **Additional key legislation which Healthwatch should follow**

Healthwatch is subject to a wide range of other legislation, and we have identified some of the key areas below. The Health and Care Act 2022 does not change the statutory functions of local Healthwatch but does amend the Local Government and Public Involvement Act 2007 to replace the Clinical Commissioning Group (CCG) with the Integrated Care Board regarding the duty to respond to local Healthwatch reports. Statutory guidance places a requirement on Integrated Care Systems to collaborate with local Healthwatch, e.g., guidance on the preparation of integrated care strategies. [www.gov.uk](http://www.gov.uk)

### **Legal powers of local Healthwatch**

Having been developed under the Health and Social Care Act 2012, local Healthwatch organisations have been granted several legal powers:

1. To gather people's views on, and experiences of, the health and social care system.
2. To send trained Authorised Representatives to 'Enter and View' local services to speak to patients and service users, and observe services being delivered.
3. To make reports and recommendations and to get a response from commissioners and service providers.
4. To have influence on local commissioning decisions through membership of the statutory Health and Wellbeing Board and involvement in preparing joint health and wellbeing strategies.
5. To alert Healthwatch England, or the CQC, where appropriate, to concerns about specific care providers, health, or social care matters.

## Other local Healthwatch regulations

Additional to the statutory activities, there several other requirements of a Local Healthwatch organisation:

1. To be an independent organisation.
2. To produce an Annual Report as per the guidance set by the Department of Health.
3. To apply for and hold a licence to use the Healthwatch Trademark.
4. Be accountable under the Freedom of Information Act 2000.
5. To hold meetings in public.
6. To have a decision-making procedure as per the local Healthwatch regulations.
7. For DBS checks for people undertaking volunteer roles like Enter and View to be considered by the local Healthwatch, which should be subsequently satisfied that the individual is a suitable person for the purposes of Enter and View and other volunteering roles. We use the DBS eligibility guidance from gov.uk to determine the appropriate level of check for roles.
8. To publish and maintain a list of Authorised Representatives.
9. To present clear, impartial teams and not involve ourselves in political activities.
10. To have provision for the involvement of lay persons and volunteers in governance and activities.

## Governance and Accountability

### Contracting and Funding of Healthwatch

The Health and Social Care Act 2012 introduced Healthwatch from 1st April 2013. Each of the 153 upper tier local authority areas in England has its own local Healthwatch organisation. Funding for local Healthwatch was devolved from the Department of Health to each local authority who were then responsible for commissioning a provider to develop an independent Healthwatch organisation in their area. Following a competitive tendering process, the local authority appointed Engaging Communities Solutions CIC (Community Interest Company) as the provider of Healthwatch Halton.

### Governance Model

Local Healthwatch across the country have adopted varying governance structures. Our framework has been developed from over ten years successful implementation and delivery of multiple local Healthwatch organisations within the Midlands, Northwest, and East of England.

This experience has identified that the more complex the governance structure, often the more the nature, role and responsibilities of the Board lack clarity. Our experience has also proven that, due to the contracting and accountability arrangements between Local Authority commissioners and the contracting body, a traditional Fiduciary Board structure only adds to a lack of clarity. It is for this reason therefore we have adopted a model of an Independent Strategic Advisory Body (ISAB). Such a model removes any complexities whilst at the same time provides an effective mechanism to access both external lay and professional wisdom and generate insights and ideas which can only come with distance from the day-to-day operations.

## **Accountability & Transparency**

As holder of the contract from the Local Authority for the development and delivery of Healthwatch Halton, Engaging Communities Solutions CIC will remain accountable for ensuring that Healthwatch is meeting its statutory and contractual requirements during the contract period. This will be governed by the Engaging Communities Solutions CIC Board who provide strategic leadership and promote good governance and accountability on all contractual, legal, and financial duties of Healthwatch. Overseeing the day-to-day operations of Healthwatch will be the responsibility of the Healthwatch CEO in conjunction with the Managing Director of Engaging Communities Solutions CIC. However, the ISAB will provide added independent lay insight and overview regarding delivery of the annual strategic work programme.

Delivery of the contract against the specified outcomes (KPIs) will be closely monitored by the Managing Director of Engaging Communities Solutions CIC and the Local Authority Commissioner as part of the contract management process. The ISAB will be appraised of the contractual requirements so that their strategic input complements and supports these requirements and enables them to offer effective consideration of delivery against the overarching strategic vision.

## Key Features of the ISAB Model

The Healthwatch model of an ISAB differs from 'traditional' Board models as follows:

### **Traditional role of a Board:**

Setting purpose and mission.

### **Why Healthwatch is different:**

This has already been determined by statute – the 8 statutory functions of Healthwatch sets out the purpose. To a further extent have also been determined by the Local Authority commissioner and stipulated in the service specification.

### **Traditional role of a Board:**

Determining the operational delivery and fulfilment of the service.

### **Why Healthwatch is different:**

This has been determined by the provider tender response which forms part of the contract.

### **Traditional role of a Board:**

Determining the work programme.

### **Why Healthwatch is different:**

A high proportion of the workplan is determined in part by each of the above and from what is being raised by the public. There is however scope for the ISAB to contribute to the setting of this.

### **Traditional role of a Board:**

Determining budget and resources.

### **Why Healthwatch is different:**

This has been determined by the tender response, and due to the level of funding, there is limited freedom of movement. The ECS Board retain responsibility for financial management, setting a local budget and allocating resources.

### **Traditional role of a Board:**

Monitoring performance.

### **Why Healthwatch is different:**

Engaging Communities Solutions CIC are responsible for ensuring delivery of the contract to a high standard, and the Local Authority as the commissioner are to ensure this happens.

### **Traditional role of a Board:**

Legal duties.

### **Why Healthwatch is Different:**

The ISAB is created in a voluntary advisory capacity with no legal responsibility/accountability.



## Purpose of the ISAB

The central purpose of the ISAB is to ensure a winning strategy for Healthwatch and be a strategic partner within senior management, enabling it to be one of the best Healthwatch services in the country. Its core work includes setting strategic priorities for Healthwatch as aligned to the statutory and contractual requirements; reviewing and modifying strategic plans; and observing the execution of work programmes. The ISAB will also have responsibility for maintaining and safeguarding the independence, probity, and transparency of Healthwatch Halton, and ensuring that delivery is focused specifically on the needs of local people.

The role of the ISAB does not include:

1. Operational delivery.
2. Operational decisions.
3. A platform for personal agendas.
4. Managing or directing staff.
5. Performance management of staff or Engaging Communities Solutions CIC.

## Recruitment and Composition

Membership of the ISAB will comprise of the Engaging Communities Solutions CIC Managing Director or their deputy and local Healthwatch CEO as accountable contract and operational leads, in addition to further individuals (both lay and professional) appointed based on their ability to represent specific needs or voices of local communities. The ISAB will be led by a lay Chair who will Chair all meetings. If the Chair is unavailable or absent, the Chair role will be undertaken by the ECS Managing Director or Deputy.

The recruitment of the Chair will be through open public recruitment. The Chair will receive a small remuneration and be appointed on a Service Level Agreement for a period of three years, with an option to extend the appointment for a further two terms at the discretion of the Managing Director.

ISAB members will be recruited to sit on the board for an initial period of three years, with an option to extend for a further term.

The maximum number of members for the ISAB is 14. The minimum number is 4.

The quorum for the ISAB with 4 members is 2. The quorum for the ISAB with 5,6, or 7 members is 3. The quorum for ISAB's with 8,9 or 10 members is 4. The quorum for ISAB's with 11,12,13 or 14 members is 5.

A dedicated member will be recruited from the Voluntary and Community Sector with the purpose of representing the views of grassroots voluntary and community organisations. To improve our engagement with and representation of younger people, we will seek to ensure that at least one lay member position is held by someone under the age of 30. If necessary, we will co-opt a younger person for a period of time to fulfil this role.

**As a minimum the ISAB membership should include the following:**

1. Engaging Communities Solutions CIC Managing Director/ Deputy
2. ISAB Chair
3. Local Healthwatch CEO
4. ISAB VSCE – Community Voice (Lay)
5. ISAB Member – Community Voice (Lay)
6. Youth HW representative – CYP (Children and Young People) Voice (Lay)

Additional lay members of the Advisory Body will be selected via an open application process for their knowledge and expertise in one or more of the following areas:

1. Patient and public engagement.
2. Children and young people.
3. Marketing and communications.
4. Health and social care.
5. Volunteer management.
6. Safeguarding.
7. Older People.
8. Strategic leadership.

All applicants will be assessed against the person specification and role description by the recruitment panel. If necessary, Healthwatch will seek out individuals with the right skills representing different areas and interests to maintain a balanced ISAB.

## **Roles of Individual Members**

The person specification and role description for ISAB members detail specific requirements. Attributes and involvement required of individuals will include:

1. Experience – Offer advice and insights that comes from seniority and/or time served experience.
2. Specialist Knowledge – Contribute or be called upon for expert knowledge from their specialist area.
3. Horizon Scanning – To contribute to being the ‘eyes and ears’ of things Healthwatch needs to be aware of.
4. Local Knowledge – Share knowledge of local concerns, plans or developments.
5. Different Insight – Consider approaches to activity and offer alternative insights.
6. Ideas – Contribute ideas towards mind mapping for the strategy development session.
7. Ambassador – Utilising opportunities to promote and champion the work of Healthwatch and encouraged engagement and involvement by others.
8. Independence – contributing to safeguarding the probity and transparency of Local Healthwatch.

ISAB members, although appointed for their knowledge and/or expertise in particular areas, may also will invariably bring their own specific interest areas. This may present an opportunity with two-way benefit for ISAB members to ‘sponsor’ a particular area with a view to assessing the potential of inclusion on the future local Healthwatch workplan. This would involve:

1. Being the eyes and ears of development in this area.
2. Identifying potential gaps that fit within the HW remit.
3. Determining how local Healthwatch can offer specialist knowledge to partners in this area.

## Requirements of the Role

### Meetings

All ISAB members are expected to attend the majority of all scheduled meetings. Absence for three consecutive meetings will, at the discretion of the Chair, disqualify an individual from continuing as a member and the Chair may then request the ISAB to terminate membership, which will be notified to the individual in writing.

Members will be expected to work constructively with other ISAB members and the staff team and be required to allocate time for reading reports and preparing for ISAB Meetings.

Members will also be required to respond to requests for approval of decisions and or projects within a 7-day timeframe to ensure efficient governance and decision-making processes are adhered to.

The format of ISAB meetings will be led by the approved agenda and the business of the ISAB will, as far as possible, be conducted by consensus of members. If necessary, decisions will be made by simple majority vote. All members shall have one vote. In the event of a tied vote, the Chair will have the casting vote.

All decisions must be made in accordance with the Decision-Making Process and Procedure.

### **Representing Healthwatch**

There may be times when there may be two-way benefits or efficiencies in ISAB members attending meetings or events under the guise of Healthwatch. Any such circumstances would be based on the following requirements:

1. It is at the request of, or agreement by, the Executive team.
2. The meeting is sufficiently prepared for, including reading papers for the meeting in advance, and liaising with the Healthwatch CEO/ Manager in advance for any pertinent updates or information.
3. The most economical means and route of transport are agreed with the Operational Leads.
4. A summary or outcomes of the meeting are fed back to the Executive team and wider ISAB.
5. Requests or decisions are not committed to by the representative but are instead fed back to the Executive team.
6. Representatives are clear in their remit for being at the meeting.
7. Individual views are not presented as being those of Healthwatch. If there is a strong desire to present a personal view, the representative is to be implicit in informing the meeting that it is their own view and not that of Healthwatch.
8. A professional image is always portrayed.

If an ISAB member is attending a meeting in another personal or professional capacity, then they should ensure that other attendees and minute taker are aware that they

are there in that capacity, and not on behalf of Healthwatch.

## Communications with partners and stakeholders

It is important that all contact with partners and stakeholders is made via the Executive team. The reasons for this being:

1. It ensures information is up to date with other activity taking place.
2. It ensures there is not conflicting messaging with what has been conducted by the Executive team.
3. It allows for consistency in delivery of all activity.
4. Partners are not confused by multiple contact points to the service.
5. All activity can be recorded and followed up appropriately.
6. It ensures all parties are involved in any relevant decision-making requests.

Invariably by attending meetings in the capacity as an ISAB member, there will be the need to contribute to discussions which is encouraged, however the above impacts should be considered in doing so.

## Eligibility

Anyone who is over the age of 18 and lives in, or uses health or social care services within, the Local Authority boundary is eligible to apply. However, the following exceptions may apply:

1. Current health and social care providers (Managers, Trustees, employers, and current employees) whose main function is to provide services in the Healthwatch contracted area.
2. People whose work directly involves them in commissioning health or social care services in/for the Healthwatch contracted area, or in commissioning or making strategic policy for other local authority services.

Applicants are expected to provide honest, full, and accurate information and any failure to declare relevant information, or the provision of false information could result in an application being rejected or a place on the ISAB being withdrawn. Applicants must declare any relevant personal, professional, or commercial interests in any matters which are likely to be passed before the ISAB.

A conflict may arise from financial, professional, or personal circumstances, and may include but are not limited to:

1. Direct financial gain or benefit to the member, such as:
  - A. Payment to an ISAB for services provided to the Healthwatch organisation.
  - B. The award of a contract to another organisation in which an ISAB member has an interest and from which an ISAB member will receive a financial benefit.
  - C. The employment of an ISAB member in a separate post within the Healthwatch organisation, even when the member has resigned in order to take up the employment.
2. Indirect financial gain, such as employment by the Healthwatch organisation of a spouse or partner of an ISAB member.
3. Non-financial gain, such as when a user of Healthwatch services is also an ISAB member.
4. Conflict of loyalties, such as where an ISAB member is appointed by the local authority or by one of the funders of Healthwatch, or where a friend of an ISAB member is employed by Healthwatch.

## ISAB Meetings

The ISAB will meet formally at least four times a year, with dates, venues and agendas for meetings published in advance. Apart from the annual strategy development workshop, all meetings will be in public to further enable lay involvement.

The agenda for the meetings will be set on an annual basis in order to ensure effectiveness and optimum contribution. Having a set annual schedule will also enable planned priorities to be adhered to, whilst also being able to effectively monitor capacity to respond to unexpected demands.

### **Standing items of the ISAB will include:**

1. Declaration of Interests.

(All ISAB meetings have Declarations of Interest as a standing agenda item for all meetings. Members who may be perceived as conflicted by an interest in an item under discussion- whether personal or by association with another organisation or enterprise with which they are associated- are required to have this recorded in the notes of the meeting. At the discretion of the Chair, the individual should remain silent

or, if appropriate, withdraw from the meeting for the relevant item and this should be recorded in the notes of the meeting).

2. Apologies.
3. Minutes & Matters arising.
4. Past quarter activity and developments (for info)
5. Decision log (for info)
6. Progress against strategic plan.
7. Themes and trends reported in last quarter.
8. Risk log, including ad hoc/unexpected requests and ability to respond.
9. ISAB members feedback/horizon scanning.
10. HW Network scoping feedback.
11. Public questions.

**Other key areas of business discussed over the course of the year will include:**

1. Annual work planning.
2. Thematic project planning and review.
3. Annual Report collation.

## Annual Workplan Setting

At the beginning of each calendar year, the ISAB will set out the strategic priorities for the 12 months ahead. The setting of priorities will be facilitated by a matrix approach that enables the ISAB members to identify and map them against the statutory and contractual requirements. Intelligence that is gathered by the Healthwatch team, including themes and trends, in addition to known system workplans and strategies, will be provided to help inform decision making. A separate decision matrix will then also be utilised to aid in identifying which specific issues Healthwatch should focus upon, that ensures the decision is equitable, avoids duplication and enables Healthwatch to make optimum impact.

Due to the cross-boundary nature with neighbouring Healthwatch, and the potential for having a shared contracted provider, there is also potential to hold future joint strategy development sessions with the fellow Healthwatch ISAB's (Independent



Strategic Advisory Board) and teams. Not only will this aid the avoidance of duplication, but it will also help maximise resources, skills, intelligence, and impact, as well as enabling opportunities for joint pieces of work.

Following the annual strategy development, the Healthwatch team then translates this in to an operational workplan, for agreement, and commencement of delivery in the April, in time for the new financial and contractual year.

## Code of Conduct

ISAB Members will be expected to abide fully with the ECS (Engaging Communities Solutions)/ Healthwatch code of conduct and the Nolan Seven Principles of Public Life thus maintaining high standards of probity. They must also present a positive image of the wider ISAB and Healthwatch at external events.

The Principles of Public Life are a template for conduct in the public domain. Healthwatch ISAB Members will follow these principles and be expected to sign up to a code of practice pertaining to:

1. **Selflessness** – Holders of public office should take decisions solely in terms of the public interest. They should not do so in order to gain financial or other material benefit for themselves, their families, or their friends.
2. **Integrity** – Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might influence them in the performance of their official duties.
3. **Objectivity** – In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.
4. **Accountability** – Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.
5. **Openness** – Holders of public office should be as open as possible about all the decisions and actions that they take. They should give reasons for their decisions and restrict information only when the wider public interest demands.
6. **Honesty** – Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.
7. **Leadership** – Holders of public office should promote and support these principles by leadership and example