Evaluation of HealthWatch Stockton-on-Tees

1.0 Introduction

Local HealthWatches across England commenced operations in April 2013 as part of major NHS re-organisation which has significantly changed the health commissioning landscape. HealthWatch replaced the Local Involvement Networks (LINks) system which previously had provided public and patient involvement in health. The Health and Social Care Act gave them additional powers and responsibilities, including a signposting responsibility and an extension of coverage to social care for children and young people. As with LINks, local authorities were responsible for commissioning local HealthWatches.

When the five Tees Valley local authorities commissioned their local HealthWatches, they committed to reviewing progress after a year of operation. The councils collectively commissioned an independent evaluation which would focus on each local area and allow lessons learned and effective practice to be shared across the Tees Valley. The evaluation acknowledges that HealthWatches are relatively new organisations which have necessarily spent much of the last year getting established. HealthWatch Stockton-on-Tees is only part way through its contract and it is too early to evaluate the full impact that it will have. All HealthWatches are subject to rigourous contract management by their commissioning local authority. This research is intended to complement rather than replicate that process.

A separate report, *Tees Valley HealthWatch Evaluation: Overarching Report, May 2014* identifies issues common to the Tees Valley HealthWatches and which relate to the wider Health and Social Care landscape. It should be read in conjunction with this locally-focussed report, the purpose of which is to highlight aspects of HealthWatch Stockton-on-Tees which are working well, note any aspects which might need attention, and to comment on the any impact it has had on the provision of health and social care so far.

2.0 Summary

In Stockton, Redcar and Cleveland and Middlesbrough, HealthWatch is delivered by Pioneering Care Partnership (PCP), a Third Sector health improvement organisation based in Newton Aycliffe. There was positive early progress in setting up the three HealthWatches leading to high expectations amongst commissioners, providers and members. However, staff turnover and a period of absence in the small staff team created an hiatus in the second half of 2013. This impacted on overall progress and led to concerns about capacity, visibility and output. After the first year of operation, many stakeholders felt that Healthwatch Stockton-on-Tees, in the words of one observer, '..had not yet made its mark.' In particular it was relatively slow to present work programmes, had produced very little completed work and had not made use of new Enter and View powers.

One feature of HealthWatch is that it has to spread its modest resources over a wide health and social care landscape. Much of its activity since January 2013 will not have been visible to all stakeholders. HealthWatch Stockton-on-Tees has been relatively successful in:

- establishing a distinct and separate identity from the former LINk organisation
- consulting widely as the basis for a work programme
- demonstrating a rigourous and successful process to recruit Board Members and provide them with ongoing support
- developing effective relationships with CCGs and Trusts, at both strategic and operational levels
- achieving a moderate level of public awareness (according to survey results)
- extending the reach of HealthWatch into a wider constituency than had been achieved with LINks
- engaging individual members and training volunteers.

Looking ahead, interviewees were tentatively confident that HealthWatch Stockton-on-Tees would be capable of moving forward positively. One said that, '…the next year will be crucial and certainly some outputs and outcomes will be expected by then.' There was general agreement about where efforts should be concentrated over the coming months. They were that HealthWatch Stockton-on-Tees should:

- help local people to have a better understanding of what HealthWatch is and does
- ensure a period of stability in terms of staffing
- increase the pace of activity and output in terms of the work programme, particularly by using Enter and View where appropriate
- improve levels of dialogue and exchange with local authority officers as commissioners of HealthWatch and the Service Navigator project, commissioners of social care services and public health, as well as with Overview and Scrutiny.

3.0 Approach

HealthWatch operates across a large and complex health and social care system and is observed and assessed from multiple vantage points within that system. Few commissioners, providers or other stakeholders have the opportunity to observe the whole picture. This evaluation has provided a timely opportunity to present an aggregate view of HealthWatch Stockton-on-Tees based on a wide range of perspectives.

The research was carried out over eleven weeks between February and May 2014. Twenty-one face to face or telephone interviews were held with Health and Social Care commissioners and providers, Healthwatch staff, Board members and Delivery Partners, local VCS organisations, HealthWatch volunteers, 'non-affiliated' voluntary organisations, VONNE, and the Independent Complaints Advocacy Service (see full list of interviewees at Appendix 1).

In addition, 153 people in Stockton responded to a survey entitled Public Awareness of HealthWatch Stockton-on-Tees which was emailed to 592 people on Stockton's Online Panel (a response rate of 26%). A 360 degree feedback questionnaire designed to measure perceptions of HealthWatch Stockton-on-Tees issued to named commissioners and providers, HealthWatch staff and Board members, and other relevant stakeholders was completed by 14 people. (The full results are available to Healthwatch Board and the commissioners of HealthWatch only.) Where practicable, researchers attended HeathWatch public meetings or volunteer events.

The evaluators have examined the website, social media output, newsletters, promotional material, any published reports and and minutes from Health and Wellbeing Board meetings.
These are the sources of data which have informed the evaluation. All the points made in the report can be substantiated through at least one of these sources of information.

4.0 Transition from LINk to HealthWatch

Stockton, Redcar and Cleveland, and Middlesbrough councils individually awarded contracts for local HealthWatches to Pioneering Care Partnership (PCP), a Third Sector health improvement organisation based in Newton Aycliffe. PCP was not new to patient involvement, having held the contract for County Durham LINks for the previous four years. The organisation was also awarded the contract to provide HealthWatch in Sunderland.

PCP's bid for the contracts in Tees Valley offered the prospect of efficiencies from a shared back office, and a new approach to reaching out to communities through a 'network of networks' model. It planned to collaborate with with local voluntary, community and social enterprise (VCSE) groups and utilise their networks, including sub-contracting specific project work to local Delivery Partners with specific skills, expertise or local knowledge.

PCP was awarded the contract to begin in January 2013 with a transition phase to 1 April 2013. PCP's former chief executive was active in laying the ground for HealthWatches. Several interviewees noted her efforts to build key relationships in localities and this helped to generate confidence and a high level of expectation amongst stakeholders.

To deliver HealthWatch, PCP set up an entirely new venture. Although some staff transferred from Stockton LINks to HealthWatch, PCP strategic managers needed to develop new relationships with commissioners and providers, the VCSE sector and the council as commissioners. The shared back office was at Catalyst House, Stockton, so there were potential benefits to be had from co-location with Catalyst, the VCS infrastructure and development organisation. A practical challenge was the transfer of staff (under TUPE regulations) from the Shaw Trust (Stockton's former LINk provider), Catalyst and Carers' Federation organisations.

5.0 Practicalities

5.1 The local health, social care and VCS landscape

The North Tees and Hartlepool NHS Foundation Trust (NTHFT) provides the majority of general hospital and community services for Hartlepool and Stockton residents. The last few years have been affected by consolidation of services between the two main hospitals within NTHFT. Most emergency services are now at North Tees Hospital. Most mental health services are provided by the Tees, Esk and Wear Valley NHS Foundation Trust, whose services cover an area including Durham, Tees, and North Yorkshire. Ambulance services are regional (North East Ambulance Service NHS Foundation Trust). These parts of the NHS were relatively unaffected by the 2012 changes.

The main health commissioner is the Hartlepool and Stockton Clinical Commissioning Group (CCG) which commissions secondary and community healthcare across the two boroughs. Stockton HealthWatch is represented on the locality committee. The CCG was established in 2013 at the same time as HealthWatch Stockton-on-Tees. NHS England, another part of the new infrastructure, has an Area Team responsible for primary care (GP) and specialised service commissioning.

Public Health is now part of the local authority. Drawing the new system together is the Health and Wellbeing Board (HWBB) which operated in shadow form during 2012 and became statutory from April 2013. Local HealthWatch has a right to be on all local HWBBs. Service providers do not, although the Chief Executive of North Tees and Hartlepool NHS Foundation Trust attends in his capacity of chair of the Stockton Health and Wellbeing Partnership.

In terms of adult social care, Stockton has a combination of commissioned and direct services. There is small range of direct services which includes day services for people with learning disabilities, older people, people with dementia and a re-ablement service. Adult care has some structural issues, described as excess capacity in residential home beds alongside under-capacity of Elderly Mental Ill (EMI) beds.

Catalyst is Stockton's VCS infrastructure organisation. It has a Service Level Agreement (SLA) with the council which includes a role in developing the sector, producing and implementing a Third Sector Strategy. HealthWatch and Catalyst acknowledge potential overlap of their roles in terms of engaging with VCS organisations but also the opportunity to work together. Catalyst supports HealthWatch's efforts to inform the community by providing a page (not charged) in its quarterly newsletter (sent to 800 email addresses: a printed version goes to 300 addresses). HealthWatch also adds a regular message to Catalyst's weekly e-bulletin (which goes to circa 300 organisations

signed up as Catalyst members and is cascaded beyond that). Catalyst and HealthWatch share information about each others' events and consultations.

Three VCS organisations are officially known as Delivery Partners for HealthWatch Stockton-on-Tees. They are Stockton Residents & Community Groups Association (SRCGA), Stockton Middlesbrough MIND, and Know How North East. They receive a small amount of funding in return for assistance with particular local knowledge and expertise. Tristar is also a partner, but with no funding arrangement.

5.2 Capacity to deliver

For PCP, a shared back office with staff working across three HeathWatches provided an opportunity for efficiencies and flexibility, which was also attractive to the local authority commissioners of HealthWatch. In the first 15 months, PCP employed a Programme Manager, Liz Greer, to oversee the establishment of HealthWatch in the three Tees Valley localities and also in Sunderland. The remaining staff were a HealthWatch Manager with responsibility across the three localities, three Community Development Workers (CDWs), an Information and Signposting Officer (also working across Tees and Sunderland), and an administrator. This is equates to 6.50 Whole Time Equivalents (WTEs), based on an assumption that the two staff working across Sunderland and Tees each worked for three quarters of their time on Tees Valley HealthWatches. HealthWatch commissioners were concerned that there was insufficient capacity in this model. This issue was raised by other interviewees, who felt that although staff were enthusiastic and capable, overall capacity was stretched.

The contract between Stockton-on-Tees Council and PCP to deliver HealthWatch Stockton-on-Tees is valued at £398,270 based on 27 months (a three-month 'mobilisation phase' was added) from January 2013 to March 2015, with an option to extend for a third year. It includes £50,000 p.a. for the Service Navigator project. The commissioners anticipated that this contract size would provide for staff capacity that was at least equivalent to that provided under the former LINks (2.5FTE).

From 1 April 2014, PCP reviewed the staffing structure. It deleted the Programme Manager post and redistributed some of its value into a new structure. This provides 7.8 WTEs across Tees Valley and includes three new part-time Community Development Assistant (CDA) posts (see diagram). CDAs will be assigned to a specific locality and their primary role will be information gathering and giving. PCP intends that the new posts will improve local visibility of HealthWatch enable it to respond more effectively to local issues. Each CDW has been assigned a specialist lead role as well as responsibility for a particular locality. However, it is intended that they will support each other's role and cover any period of absence. The new structure brings the staff capacity more into line with commissioners' expectations.

Stability of the staff team was an issue raised by many interviewees. The first CDW in Stockton was credited with having contributed significantly to a positive early start. PCP experienced a period of staff turnover, including this individual, which compounded some of PCP's practical challenges. (It should be noted that the turnover has been described by several people as natural, rather than due to any adverse circumstances.) A period of unavoidable absence for the Programme Manager in autumn 2013 had a detrimental affect on overall progress and two-way communication with the local authority as commissioner.

During the evaluation research period, the relatively new HealthWatch Manager left the organisation. Given the staff turnover and absences up to this point, this was concerning for local authority commissioners and unsettling for staff. On some occasions, PCP has been able to draw on support for HealthWatch from other parts of the organisation, for example in the rapid recruitment of the new HealthWatch Manager and to cover the Service Navigator post during a recruitment phase. However, in any small team, the absence of one member is likely to impact disproportionately on those who remain. In addition, recruitment processes further divert management resources and newly appointed staff need time to settle in.

Some interviewees commented on the movement of CDWs between localities at different times which impacted on the ability to forge consistent local relationships. Some confusion was caused in Stockton and Middlesbrough when a CDW was assigned to each locality only for the decision to be reversed shortly afterwards. Unfortunately, the original intention had been communicated in Catalyst's magazine.

Demands on all HealthWatch staff are significant and several interviewees pointed to the high expectations of stakeholders. As one commissioner noted, the value of most HealthWatch contracts was not significantly higher than for the former LINk organisations, yet commissioners and providers of Health and Social Care, as well as the public, had been primed to expect greater visibility, a more sophisticated operation and more active role. For a HealthWatch Manager with a strategic role, this level of expectation is represented by the significant quantity and frequency of meetings to which they are invited (see *Tees Valley HealthWatch Evaluation: Overarching Report, May 2014)*.

PCP's staffing model, with one strategic manager working across three localities, places pressure on that role in particular. On occasions, CDWs have represented the HealthWatch Manager at strategic meetings, but have sensed (particularly in Health fora) that more senior representation would have been preferred. A new development which has yet to be tested is that one of the CDW's will formally deputise for the HealthWatch Manager.

6.0 Vision, identity and public awareness

The PCP HealthWatch organisations have managed to create an identity which is distinct from LINks. HealthWatch Stockton-on-Tees staff, board and volunteers were consistent in how they described the role and purpose of HealthWatch.

As might be expected with the shared staff and back office, there is a consistent quality of presentation of local HealthWatches on websites and social media. The HealthWatch Stockton-on-Tees web-site is functional and easy to navigate using drop down bars. It has a strong national HealthWatch branding as well as a local flavour. It is well connected to National and local sources of information, for example, under 'Find services' it has links to NHS Choices, and the CQC with short descriptions of what these organisations do. More locally, there is a link to First Contact, the access point for Stockton-on-Tees Borough Council's Children, Education and Social Care services. There is a tab for the Service Navigator service.

The website has information on HealthWatch staff with contact details (at the time of viewing, this needed updating with the name of the new HealthWatch Manager) and Board Members, with biographies and photographs. The Board meetings minutes are viewable, and the work plan, are all easy to find (although this section was a little out of date also). It is intended that reports from work undertaken will feature here.

A section titled, 'Are you unhappy with a service?' gives the PALs (Patient Information and Liaison) contacts for the main service providers and details of the ICA service. There are forms for feedback and for joining HealthWatch as an individual or group member. News updates are posted regularly; the site is being used to advertise a current vacancy for a HealthWatch Community Development Assistant. Recent News also included HealthWatch England's complaints mapping work. The resources section also has a mixture of national and local information, health and care organisation material and advice on using health services. The local CCG is featured here.

HealthWatch Stockton-on-Tees also has Facebook and Twitter accounts. The Facebook page had an item on Dementia Week and Dementia Friends. There are frequent tweets on the Twitter account seeking views on national and local studies and re-tweeting items on health and care.

One notable delivery issue for the PCP HealthWatches was the delay in delivering a public-awareness raising campaign. This was planned for autumn 2013 but did not gather momentum until April 2014. The problem was compounded by HealthWatch England's own failure to deliver a promised national campaign. More than half of the respondents to the 360 feedback questionnaire gave HealthWatch Stockton-on-Tees a low rating for 'promotes itself effectively through the use of marketing materials such as leaflets and newsletter' although more people gave a high rating for 'uses social media to inform and engage people'.

Local authority commissioners had observed little promotion of HealthWatch in public and community spaces in their localities and were understandably concerned about the degree of visibility local HealthWatches had with the general public. Most 360 degree feedback raters gave HealthWatch Stockton-on-Tees low scores for 'has a visible presence in our town'. Despite this, the public awareness survey carried out for this evaluation [see full results attached] showed that 20% of respondents recognised the HealthWatch Stockton-on-Tees logo, and 25% had heard of HealthWatch Stockton-on-Tees.

For those who had some awareness of HealthWatch Stockton-on-Tees, this was based on various factors. The two most common ways that respondents had heard about HealthWatch were through a council newsletter or a voluntary sector organisation. This reflects the council's efforts to inform residents throughout HealthWatch's establishment in Stockton News magazine, and Catalyst's assistance as mentioned earlier.

Levels of public awareness in all three PCP-delivered HealthWatches are comparable with HealthWatches in Hartlepool and Darlington which both have an office based in the community. This suggests that PCP's shared back office has not necessarily been detrimental in terms of public awareness. As part of its renewed awareness raising, PCP was beginning to increase the number of exhibition stands, including at supermarkets in the borough.

In common with other HealthWatch areas, there remains some confusion about what HealthWatch is and does amongst the general public.

7.0 Information gathering, advice and giving

7.1 Information gathering

HealthWatch gathers information about patient and public experience of health and social care services through its networks and community engagement, the work of Information Volunteers and enquiries into its Information and Signposting service. HealthWatch staff, Board Members and volunteers need to have the skills and sensitivity to synthesise, interpret and understand different kinds of data and information and use it appropriately.

PCP's 'network of networks' model is generally agreed to have extended the reach of the former LINks organisations. In Stockton (at time of writing) there are 113 organisations linked to Healthwatch. Most interviewees and respondent felt that its reach was good, with 360 degree feedback respondents scoring it high overall for 'is connected to a wide range of groups and organisations'.

PCP acknowledges that although the 'network of networks' model is effective at reaching a wider constituency, but does not always give HealthWatch the visibility that is desirable, as work being done on behalf of HealthWatch by a local VCS organisation may not be associated by local people

with HealthWatch. From the point of view of the staff, having a breadth of organisations engaged with HealthWatch allows them to target particular groups more effectively. For example, HealthWatch was able to engage with children and young people in a project was looking at School Nursing services by drawing on the networks of their Delivery Partner, Know-How North-East. HealthWatch Stockton-on-Tees was able to gather the views of young people of a range of ages, including from a BME Boys group in a deprived ward.

360 degree feedback respondents were ambivalent about whether HealthWatch Stockton-on-Tees 'engages effectively with service users and carers'. It might be that reaching out via organisations was seen to be at the expense of connecting with individuals.

PCP used a consistent approach to developing a work programme in each locality. Community Development Workers gathered information on people's health and social care concerns over a nine-month period in 2013. They engaged with around 240 people in the borough. Details of all the events attended and issues raised were recorded and summarised for HealthWatch Boards to consider. The information was cross-referenced with HWBB strategies and CCG priorities. Two PCP staff members mentioned that the Boards had needed more support with the process of prioritisation than had been expected. They first had to familiarise themselves with a considerable amount of contextual information about the the changing health and social care landscape.

In Stockton-on-Tees, the the work programme priorities selected by the Board included:

- personal budgets for recipients of social care services, in particular the use of direct payments for residents receiving mental health services (Following on from some work done in mid 2013
- discharge from North Tees Hospital: the patient experience
- low levels of breastfeeding and actions taken to address these.

Most 360 degree feedback questionnaire respondents rated HealthWatch Stockton-on-Tees positively for the statement 'is working on appropriate priorities'. However, in interview, some commissioners and providers questioned whether HealthWatch's work programme priorities were appropriate and represented key issues for the local community, particularly in relation to social care. PCP could have done more to 'show its working out' by sharing background information which illustrated the process of engagement and analysis it went through. This would would give commissioners and providers greater assurance that priorities were gleaned from specific engagement and consultation with patients and the public.

HealthWatch staff had directly engaged with Children and young people in researching the take-up of the C-Card (contraceptive and sexual health advice) at local distribution centres, and also as part of its research into talking therapies. However, this was not recognised by respondents to the 360 degree questionnaire who mostly gave HealthWatch Stockton-on-Tees a very low rating for 'ensures it engages with children and young people'. HealthWatch was given a slightly better

rating by 360 degree feedback respondents for ‘includes the views and experiences from diverse communities of interest’.

Most 360 degree feedback questionnaire respondents rated it positively for ‘has good knowledge and understanding of the local community’.

7.3 Information giving

HealthWatch’s information giving role is to:

- Provide information and signposting about health and care services to support local people to make informed choices
- Advise people them where to go if they wish to complain or be supported in making a complaint

PCP’s Signposting Officer responds to enquiries through a free telephone number, email and social media. They promote the available information and signposting service, including designing and ordering publicity materials and distributing these into public places such as GP surgeries.

For every enquiry into the freephone number, by email or through the website, PCP record details of the enquiry and how they were referred on or the information they were given. Occasionally, HealthWatch makes the first onward contact on behalf of the caller, particularly if they are unsure about the appropriate pathway for referral. According to the Signposting Officer, it is not uncommon for callers to say something like, ‘You are the eighth person I've called!’. PCP has not followed up with callers to monitor the impact of signposting advice. So far, the focus has been on setting pathways for signposting and becoming familiar with the health and social care landscape.

The volume of calls to the HealthWatch freephone number varies from month to month but has generally been low to date. Amongst the PCP HeathWatch areas in the Tees Valley, Stockton-on-Tees residents have been more likely to call. PCP acknowledges that the delay in their campaign to promote information and signposting was a factor. The Just Ask campaign was launched in April 2014, first in Redcar and then in Stockton and Middlesbrough. (See Appendix 2 for a case study on engaging Information Volunteers for the Just Ask campaign.) The Information and Signposting Officer noted that an increase in volume of calls was becoming apparent in some areas.

Service Navigator is a specific service commissioned by Stockton-on-Tees Council and incorporated into the HealthWatch contract specification. The original Service Navigator initiative was funded by Public Health for several years under the Social Prescribing banner. It was considered a good fit with the ‘information giving’ role of HealthWatch. There are some concerns within the council about the visibility of the project and its ability to hit targets set in the specification. More communication is needed between HealthWatch and the council about the progress of this project.

7.4 Complaints

If a complaint which is raised with HealthWatch appears to be complex, it is referred to Independent Complaints Advocacy (ICA). Healthwatch staff are not able to judge how effectively or efficiently ICA is dealing with complaints. Limited data or information about the service is shared with HealthWatch. (See *Tees Valley Healthwatch Evaluation: Overarching Report* for more detailed information and discussion.)

PCP staff have observed some examples of confusion in the Health and Social Care system about complaints procedures. With the dismantling of Primary Care Trusts and PALS, there was an assumption in some quarters that HealthWatches would take over the handling of individual complaints.

8.0 Representation

Most respondents to the 360 degree feedback rated HealthWatch Stockton-on-Tees as having 'representatives who are credible and effective'.

8.1 Board membership

PCP made a concerted effort to reinforce the distinction between LINk and HealthWatch through the recruitment and selection of Board Members. In each locality, this involved identifying and engaging with potential candidates. One HealthWatch interviewee said, 'We looked for people with contacts, networks and experience. We've targeted a very different constituency and succeeded in getting very different people [from LINks].'

Prospective Board Members went through a rigourous selection process. Several HealthWatch staff acknowledged that, in retrospect, the recruitment and selection process had been unnecessarily onerous, elongating the time taken for setting-up HealthWatch and causing understandable concerns for commissioners. A consequence of the rigour, according to several staff and Board Members who were interviewed, is committed, capable Boards, which are supportive of staff, understand their role, and are focussed on the work in hand.

The Board has more experience and knowledge in social care and community than in health (Nb. practising health professionals may not be HealthWatch Board Members). The appointment of Tony Beckwith as Chair, with his considerable knowledge and experience of health, goes some way to addressing this imbalance. Board members understand that they must ensure that health issues, which make up the greater part of public spending, are reflected in work programme priorities

PCP is clear about the role of HealthWatch Board Members, which is to set and oversee strategic direction, and provide a credible, expert voice representing Healthwatch on key partnerships, rather than to run the organisation itself. This has the potential for tension to arise out of questions

of accountability, and the limitations of the Board's influence if issues of management affect delivery of the work programme.

HealthWatch has a statutory seat on the Health and Wellbeing Board (HWBB) and is a voting member. Until the appointment of the Chair, HealthWatches were generally represented by PCP senior officers. All members of the HWBB are legally co-opted members of Stockton-on-Tees Council. Any tensions which may arise out of HealthWatch's role in holding providers and commissioners to account, or balancing the roles of 'partner' and 'watchdog', will need to be addressed by the exercise of fairness and good judgement on the part of the HealthWatch Chair or representative.

PCP staff covering three localities have had to take account of local expectations and nuances in terms of the dynamics of partnership working in each area. This has occasionally been difficult to get right and staff turnover has not helped PCP to establish a consistent relationship with commissioners and providers.

There is a limit to the number of invitations to represent HealthWatch at various fora which the Chair of the Board is able to accept. Other Board members also represent HealthWatch but the demands and expectations of stakeholders are high, as experienced by staff. Initially, there was very little support for chairs from HealthWatch England but more was beginning to be offered. According to one Board Member, 'there is still an assumption that voluntary chairs can drop anything and go to national meetings.'

8.2 Recruitment, numbers and diversity of volunteers

There are three levels of membership in the PCP model: board member, Information Volunteer, Enter and View volunteer. Members were recruited in an open process over the summer 2013. Community Development Workers engaged with VCSE organisations and invited new members. Most of the individual members were formally involved with LINk. There are 65 individual members in HealthWatch Stockton-on-Tees (in April 2014).

Members receive newsletters and bulletins. PCP staff acknowledged that they, '…could do more to ask [members] for ideas, make the conversation more two-way.', and that they had been, 'an underused resource.' To address this, PCP is planning Network Events in each locality with the aim of updating members about progress and opening up a dialogue about how to work better together, including ideas about how to improve two-way communication. PCP is also recruiting new individual members as part of the campaign to promote the signposting and information service.

Board members were keen to develop stronger links with the wider membership. One way of achieving this was through Task and Finish groups. One such group was being set up to consider

how the Voice Forum (coordinated via Catalyst) and HealthWatch could develop complementary engagement activity.

According to HealthWatch staff, Information Volunteers are most likely to be retired people who are happy to circulate leaflets but may be less confident in gathering information. The evaluators spoke with several Information Volunteers at an event on 9 April. Amongst them were former LINks volunteers, retired NHS workers or civil servants and / or carers or users of services. Recruitment of Information Volunteers was an open process. and two cohorts (25 in total) have been trained across Tees Valley to date. This included twelve in Stockton-on-Tees. Training was at a fairly general level and spread over three separate days. PCP staff were also conscious that HealthWatch should recruit more young people as Information Volunteers but that they would need to adjust the offered training so that it was less time-consuming and more compact.

In retrospect, HealthWatch staff felt that Information Volunteers had been recruited before there was sufficient work for them to do, leading to a lag in engagement. Several interviewees mentioned the impact of this on motivation of volunteers, who were by their nature activists. One Information Volunteer said, '…the long gap… It's been disjointed. I was so enthusiastic at the start. […] The danger is you don't feel useful and valued because it has come to nothing. I'm sticking with it though.'

PCP is beginning to increase engagement and communication with volunteers. When HealthWatches were interviewed, no individual member of staff was responsible for maintaining the relationship with Information Volunteers, although this was a point of discussion internally. At the event for Information Volunteers in Middlesbrough, it was announced that the Information and Signposting officer would be their key contact going forward.

9.0 Relationships

As discussed, PCP have established HealthWatches across three boroughs with a staffing structure that has provided less strategic capacity than community-facing capacity. One strategic relationship that might be seen as having suffered from the strain on capacity is that with councils as commissioners of HealthWatch itself. This relationship is key to HealthWatch and the council as a corporate body. The commissioners of Healthwatch are in a position to support its development by sharing relevant information and networks. For many councillors and social care professionals in the council, they are also the key source of their information and understanding about HealthWatch.

PCP staff credit the Council's approach with helping to establish HealthWatch early on. Once said, 'Stockton have been very engaged. They took their role very seriously. They set up a formal structure of alternating Relationship meetings and Contract Monitoring meetings. They brokered

key relationships between HealthWatch, the local authority and local community early on. It paid off.'

A long and unavoidable period of absence for the HealthWatch Programme Manager in the autumn 2013, led to an unhelpful hiatus in two-way communication. It took time to establish relationships with the incoming HealthWatch Manager and commissioners were understandably anxious in the absence of regular contact and progress updates. As one (outgoing) member of PCP staff said, 'HealthWatches need an open approach with no secrets. […] You need realistic objectives and the key to getting those is good relationships.' Reflecting on this, PCP staff have recognised that the importance of regular Relationship Meetings and the PCP chief executive has recently met with commissioners in each locality to reconfirm the format and regularity of these.

By and large, PCP staff have developed good relationships with the council as commissioners and providers of health and social care. The former Programme Manager met regularly with Adult Services. It will be important that the incoming HealthWatch Manager establishes a similarly productive relationship early on. Most respondents to the 360 degree feedback questionnaire thought that HealthWatch Stockton-on-Tees 'works constructively with partners in health and social care'.

Interviews and respondents to the 360 degree feedback questionnaire generally agreed that HealthWatch Stockton-on-Tees had also set a constructive relationship with the Overview and Scrutiny Committee (OSC), which committed to keeping each other informed and avoid overlapping or duplication. Stockton Health Scrutiny had been active on issues such as GP provision and emergency access. PCP staff recognise an overlap in terms of HealthWatch's accountability role and that of Overview and Scrutiny and intend to pursue the relationship sensitively. When HealthWatch commences use of Enter and View powers, this may be an appropriate time to identify some joint working opportunities.

HealthWatch Stockton-on-Tees's relationship with Hartlepool and Stockton CCG was described as good, and included regular meetings with the CCG chief executive and locality lead, although the PCP staff turnover had impacted on consistency of relationship. The CCG sees HealthWatch as the collective voice of the population. It relies on them to understand their localities and to create links to local groups. The input into a Call to Action was welcome (this work was carried out by Catalyst on HealthWatch's behalf during a period when staff capacity was particularly stretched.) Contact with North Tees and Hartlepool NHS Foundation Trust were more limited. Health Scrutiny is more significant from the Trust's point of view.

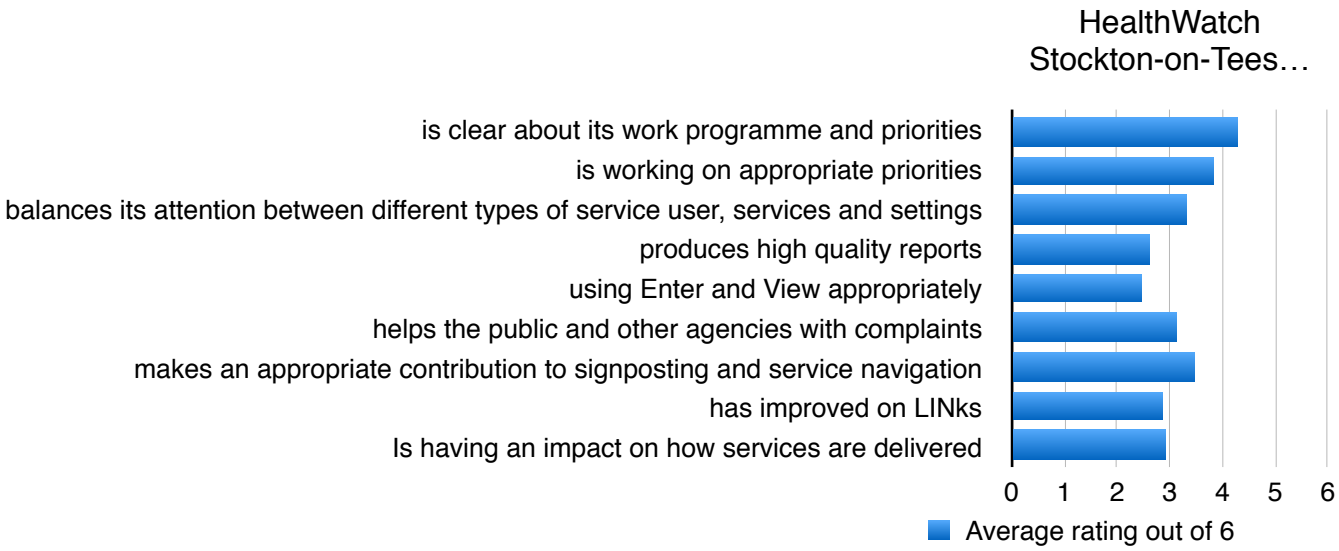
Most respondents to the 360 feedback questionnaire gave HealthWatch Stockton-on-Tees a positive rating for 'is listened and responded positively to by commissioners and providers'.

HealthWatch Stockton-on-Tees is seen as reasonably well embedded in the wider voluntary and community sector. It has drawn on the sector's excellent local knowledge and improved relationships with local organisations over time. Some interviewees noted that HealthWatch could have done more to capitalise on its proximity to Catalyst and to the networks offered through specific projects based there. The importance of building relationships and working together to share information was highlighted by HealthWatch and other stakeholders. This had been hampered to some extent by staff turnover and the way CDWs were assigned across localities. HealthWatch Stockton-on-Tees was rated positively by the majority of respondents to the 360 feedback questionnaire as being 'a trusted and credible partner for public and voluntary sector agencies'.

Relationships with the Care Quality Commission (CQC) and HealthWatch England and the Independent Complaints Advocacy are discussed in more detail in the *Overarching Report*).

10. Impact

For many interviewees, it was too early to assess the impact of HealthWatch Stockton-on-Tees but it was acknowledged that it was 'not yet holding health and social care to account'. The chart at The chart below shows the average ratings given by respondents to the 360 degree feedback questionnaire on activity and impact.



The introduction of HealthWatches was in part intended to address concerns which were often raised about LINk organisations, including that they did not connect with a broad and diverse constituency and that their representatives did not always engage effectively at a strategic level. HealthWatch Stockton-on-Tees is generally seen as having successfully moved on from LINks in terms of reach, engagement and the appointment of a credible Board.

Sensitivities around HealthWatch Stockton-on-Tees' early published Review of Adult Mental Health services was mentioned by several interviewees as having temporarily 'fractured' relations between it and the council. One consequence was that the Council devised a Reporting Protocol, with input from HealthWatch, which formalised processes between the two organisations.

According to one PCP staff member, 'Real credibility and visibility [of HealthWatch] will only come from doing worthwhile and quality high quality pieces of work.' As with LINks, Healthwatch gathers personal experiences and stories from the patients, carers and the public. This sort of information may not easily sit alongside vast data sets gathered by NHS and social care organisations. HealthWatch staff were conscious of the distinction between such different types of knowledge and the potential for challenge. One said, 'We don't have the capacity to produce pieces of work to stand up to the critique of medics and professionals. It's a massive imbalance in resource and expertise, but with high expectations [of HealthWatch].'

Having only recently agreed its work programme, HealthWatch Stockton-on-Tees' output has so far been limited, although the project on School Nursing services is well developed. Along with other Tees Valley HealthWatches, HealthWatch Stockton-on-Tees assisted NHS England (as a paid service) with a patient and public engagement exercise on eye health services. It is important that it has sufficient flexibility to involve the membership in discussions about valid concerns such as CCGs commissioning intentions. For the Eye Health work, PCP called on its wider organisation to provide some extra capacity. One member of staff said that HealthWatch 'need to be really clear about their capacity and not allow themselves to be diverted from the actual work programme. […] It can react [to requests for assistance] but be more choiceful about what to do and able to say why.'

11.0 Areas for development

HealthWatches make up a tiny part of a large and complex health and social care system. The majority of 360 degree feedback respondents think that the Healthwatch model 'provides an important function'. Some interviewees questioned whether further changes were likely to the system of public involvement in health, and raised concerns about the whole of the new health system, in which many organisations were seen as under-resourced in the face of mounting pressures. Other interviewees thought it was important that there should be an effective HealthWatch function. The analogy was given of the relationship between Trades Unions and Human Resources: by being arm's-length from provider / commissioners, HealthWatch could probe, collect intelligence and raise issues that people may not wish to bring up directly.

People were generally supportive of HealthWatch Stockton-on-Tees and showed understanding about its efforts to establish itself. There was broad agreement that the role of HealthWatch and the contribution it can make to the health and social care system needs to be better understood by all stakeholders. Having begun to establish itself, HealthWatch needs to continue to evolve this

understanding with commissioners and providers, being clear about what it can and cannot contribute, and securing mutual respect and consideration. The council as commissioners of HealthWatch are well-placed to assist this process.

Interviewees were tentatively confident that HealthWatch Stockton-on-Tees would be capable of moving forward positively. One said that, '…the next year will be crucial and certainly some outputs and outcomes will be expected by then.' There was general agreement about where efforts should be concentrated over the coming months. They were that Healthwatch Stockton-on-Tees should:

- help local people to have a better understanding of what HealthWatch is and does
- ensure a period of stability in terms of staffing
- increase the pace of activity and output in terms of the work programme, particularly by using Enter and View where appropriate
- improve quality and frequency of dialogue and exchange with local authority officers as commissioners of HealthWatch and Service Navigator, commissioners of social care services and public health, as well as with Overview and Scrutiny.

Emily Sweetman & Elaine Rodger
May 2014

Appendix 1

Interviews carried out with HealthWatch Stockton-on-Tees

Organisation and role	Name	Type of interview F = face to face T = telephone
LA commissioner of HealthWatch	Laurayne Featherstone	T
Director of Public Health	Peter Kelly	T
Chair of HWBB	Councillor Jim Beall	F
Check title	Sean McEneany	T
Hartlepool and Stockton CCG	Karen Hawkins	T
North Tees and Hartlepool Foundation Trust.	Alan Foster	T
Tees, Esk and Wear Trust, Director of Nursing,	Chris Stanbury	T
NHS England: Area Team for Durham and Tees	Sue Metcalfe	T
Policy, Improvement and Engagement	Lesley King	F
Stockton Service Navigator commissioner	Jo Heaney	T
PCP, Chief Executive	Carol Gaskarth	T
PCP Programme Manager	Liz Greer	F
HealthWatch Manager	Martin Booth	F
Community Development Worker	Joanne Shaw-Dunne	F
Information and Signposting Officer	Linda Sergeant	F
Chair of Board	Tony Beckwith	T
Board Member	James Hadman, Catalyst	T
Information Volunteers	Beryl Magson, Margaret Wright, Gillian Restall	F
Catalyst, Chief Executive	Steve Rose	F
VONNE	Joanne Smithson (Health and Social Care Policy Lead)	T
ICAS	Phillip Kerr	T

Appendix 2

Case study: Promoting the Just Ask campaign with Information Volunteers

Just Ask is the strap line for PCP's campaign to direct people to HealthWatch's Information and Signposting service. PCP Information Volunteers from Stockton, Stockton and Redcar and Cleveland were invited to a meeting in Stockton on 9 April. Thirteen people attended and all the boroughs were represented. The three HealthWatch Community Development Workers were present, along with the Information and Signposting Officer and a newly appointed Community Engagement Assistant.

The aim of the day was to engage Information Volunteers in PCP's Just Ask campaign, as well as to update them on the HealthWatch 'story so far'. All volunteers were given a 'goody bag' with HealthWatch logo containing:

- A laminated A4 sheet on The Role of Healthwatch (for volunteers and for sharing)
- The programme for day
- A summary of the work programmes for each area
- Clipboard and notepad
- Expenses forms
- Freepost envelopes
- HealthWach branded t-shirt and balloons

PCP staff created an event which was lively and engaging throughout. Volunteers got involved with obvious energy in the exercises and showed interest in the information which was shared with them. They were presented with posters and postcards for the Just Ask campaign, individualised for each locality. The volunteers pointed out that people like information in a a handy 'business card' format and staff confirmed that these were also being produced. There was a discussion about what was meant by 'signposting' and staff emphasised the importance of volunteers in directing people to the signposting service, instead of offering advice themselves. People were asked to make a note of when they referred someone on and also to record all their leafleting efforts.

The staff team introduced some exercises to help Information Volunteers to plan how they would promote the Just Ask campaign. They marked local maps with some of the locations where they could distribute leaflets, and drew diagrams showing their personal networks of neighbourhood, family, friends and community as a route to sharing and gathering information from others. The final exercise asked volunteers to list three key actions they would take.

The group discussed social media and were encouraged to be active on Facebook in particular. Volunteers were asked to share any particular skills which would be useful to HealthWatch. One volunteer present had helped to design a local survey.

Information Volunteers were keen to get going with Enter and View, and staff promised that training would soon be available. They concluded the event by offering more support and development for volunteers, including a new Volunteer of the Month award and a further event planned for October.