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1 About the Quality Statements

Each local Healthwatch works in a different part of England, with its own challenges and priorities. However, there are specific statutory activities that all Healthwatch are required to deliver and many share other areas of common work.

The local Healthwatch Quality Statements outline what it means to be a local Healthwatch. They are designed to help build a common understanding of the work of the 148 organisations that make up the Healthwatch network.

The Quality Statements aim to:

- Enable local Healthwatch to understand how they are doing and identify areas for improvement and development;
- Provide a framework to help local Healthwatch and stakeholders, such as those that commission them, to discuss impact and effectiveness;
- Help Healthwatch England understand the quality of practice across England and to direct its resources to areas that require support or improvement;
- Enable those leading innovative and influential areas of work to be identified and for their work to be shared across the network to provide inspiration, leadership and support.

What do they cover?

The Quality Statements fall into five groups. Each area and its accompanying statements have been set out below.

- **Strategic Context and Relationships** - Having a strong understanding of the strengths and weaknesses of the local health and social care system is critical to the success of local Healthwatch.
- **Community Voice and Influence** - Local Healthwatch enable local people to have their views, ideas and concerns represented as part of the commissioning, delivery, re-design and scrutiny of health and social care services.
- **Making a Difference Locally** - A local Healthwatch needs to formulate views on the standard of health and social care provision and identify
where services need to be improved by formally or informally collecting the views and experiences of the members of the public who use them.

- **Informing People** - A core part of the role of local Healthwatch is to provide advice about local health and social care services to the public.

- **Relationship with Healthwatch England** - Local Healthwatch work with Healthwatch England to enable people’s experiences to influence national commissioning, delivery, and the re-design of health and social care services.

**How were the Quality Statements developed?**

Healthwatch England appointed Leeds Beckett University and the Federation of Community Development Learning to facilitate the development of the statements. They were developed in partnership with local Healthwatch, with more than 40 contributing directly to them.

An advisory group of 20 local Healthwatch played a central role in sharing their ideas and experiences. Several local Healthwatch were interviewed and the emerging findings were discussed with a small sample of local authority commissioners and directors in councils. Around 20 local Healthwatch were also involved in testing these statements and their supporting surveys, prior to publication.

**How can the Quality Statements be used?**

The Quality Statements can be used to help local Healthwatch structure development conversations with their commissioners and stakeholders.

They are supported by a self-reflection survey and a 360° survey. These surveys are designed to help local Healthwatch understand how they are performing against the statements in order to identify areas of success and possible areas of development. More details, and the surveys, are at the end of this document.
1.1 Strategic context and relationships

Having a strong understanding of the strengths and weaknesses of the local health and social care system is critical to the success of local Healthwatch.

The credibility of the network is rooted in its knowledge of local services, its impact on local people, and its ability to establish effective working relationships with key stakeholders. A key factor in building the credibility of local Healthwatch is using this insight to inform their priorities and sharing this insight with others.

Local Healthwatch should work with existing networks, build relationships and ensure that the voice of the public is heard. If needed, they should also establish additional networks to ensure that every section of the community, including seldom heard groups, are engaged and listened to.

There are many ways local Healthwatch can contribute to the development of decision making structures, such as helping a provider set up a patient participation group or advising a commissioner planning a public consultation. They will also take part in local decision making through their seat on their local Health and Wellbeing Board and other decision making groups.

### Strategic context and relationships

#### Quality statements for local Healthwatch

1. Local Healthwatch develops priorities based on the experience and concerns of the public, whilst recognising the local health and social care context and priorities.

2. Local Healthwatch has trusting, collaborative relationships with key local decision makers through regular formal and informal meetings where its role as a critical friend is understood.

3. Local Healthwatch plays a clear and distinct role in key local decision making structures (going beyond its formal position in the Health and Wellbeing Board) and contributes to

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1 An organisation that can be describe as a “critical friend” is one which is trusted to thoroughly examine the work of another, offering robust challenge and fair critique, resulting in the organisation presenting practical solutions (and praise) that acknowledge its context and purpose.
better local decision making.

4. Local Healthwatch contributes to the development of decision making structures in the local health and wellbeing system and, where appropriate, their delivery.

**Quality statements for local partners**

A. Local partners, including commissioners and providers of health and social care services, feel that they understand the rationale behind local Healthwatch priorities.

B. Local partners, including commissioners and providers of health and social care services, feel that local Healthwatch brings added value to their work thanks to its unique perspective.

C. Local partners, including commissioners and providers of health and social care services, feel that key decision makers within their organisations have collaborative relationships with local Healthwatch that allow information to be shared and concerns to be addressed.

D. Local commissioners and providers of health and social care services feel that local Healthwatch brings a distinct contribution to decision making structures in the local system.
1.2 Community voice and influence

Local Healthwatch has a statutory role:

- Promoting and supporting the involvement of local people in the commissioning, the provision and scrutiny of local care services;
- Enabling local people to monitor the standard provision of local care services and whether and how local care services could and ought to be improved;
- Getting the views of local people regarding their needs for, and experience of, local care services and importantly to make these views known.

Local Healthwatch enables local people to have their views, ideas and concerns represented as part of the commissioning, delivery, design and scrutiny of health and social care services.

Healthwatch enable and support local people to understand how their health and social system works, express their views and share their experience.

Local Healthwatch also has a role ensuring the voices of the vulnerable, disadvantaged and people and communities who are easily ignored or excluded are listened to.

Where appropriate it can use its unique position to draw out common themes from a range of different community groups. It is important that this work is seen as having integrity, so that local stakeholders feel confident promoting local Healthwatch findings.

Depending on the work it is undertaking, as well as the resources available, the level of engagement of local Healthwatch with the public will vary. In some instances local Healthwatch may just provide information to the public, whereas in others they may consult, collaborate or fully engage local people in decision making.

Local Healthwatch also has an important role holding health and care providers to account for the quality of their public engagement.
# Community voice and influence

## Quality statements for local Healthwatch

1. Local Healthwatch has a clear action plan for reaching out to and informing local people of its priorities and activities.

2. Local Healthwatch has made a distinct contribution to improving engagement with seldom heard communities.

3. Local Healthwatch supports local people to share their experience and opinions of local services.

4. Local Healthwatch involves local people in setting priorities and commenting on the quality of local Healthwatch activities.

5. Local Healthwatch provides pathways for local people to become involved informally and formally in contributing to the delivery of local Healthwatch activities.

6. Local Healthwatch contributes to the increased confidence and ability of local people to influence the local health and wellbeing system.

7. Local Healthwatch encourages and enables local commissioners and providers of health and social care services to engage the public.

## Quality statements for local partners

8. Local partners, including commissioners and providers of health and social care services, feel that local Healthwatch demonstrates added value through its work engaging local people.

9. Local partners, including commissioners and providers of health and social care services, feel that local Healthwatch pays particular attention to seldom heard groups.

10. Local partners, including commissioners and providers of health and social care services, feel that they can confidently promote local Healthwatch through their own media channels.

11. Local partners, including commissioners and providers of health and social care services, feel that local Healthwatch bases its insight on the experiences of local people.

12. Local partners, including commissioners and providers of health and social care services, feel that local people are involved in the delivery of local Healthwatch as volunteers, spokespeople and committee members.
J. Local partners, including commissioners and providers of health and social care services, feel that the work of local Healthwatch enables local people to actively participate in commissioning, delivery and scrutiny of local health and social care services.
1.3 **Making a difference locally**

**Local Healthwatch has a statutory role:**

- Making reports and recommendations about how local care services could or ought to be improved. These should be directed to commissioners and providers of care services and shared with Healthwatch England.
- Formulating views on the standard of provision and whether and how the local care services could and ought to be improved. Share these views with Healthwatch England.

A local Healthwatch needs to formulate views on the standard of health and social care provision and identify where services could be improved by collecting the views and experiences of the members of the public who use them.

It has an important role to play in raising issues that are important to members of the public, and which otherwise commissioners and providers may not give due attention to.

It is important that it uses, and promotes the use of, a coherent methodology when collecting the views of the public and that commissioners and providers are enabled to collect their own evidence effectively, rather than local Healthwatch always undertaking this work for them.

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**Making a difference locally**

**Quality statements for local Healthwatch**

12. Local Healthwatch captures the experience and aspirations of local people in its research and reports.

13. Local Healthwatch collects public opinion on issues in a way that is appropriate and ethical.

14. Local Healthwatch uses the opinions and experiences of the public, where appropriate, to produce recommendations for change.

15. Local Healthwatch recommendations for change are heard and responded to by relevant decision makers.
### Quality statements for local partners

<table>
<thead>
<tr>
<th>Statement</th>
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<tbody>
<tr>
<td><strong>K.</strong> Local partners, including commissioners and providers of health and social care services, feel that the activities of local Healthwatch bring added value through the incorporation of strong public voice - particularly from seldom heard people and communities.</td>
</tr>
<tr>
<td><strong>L.</strong> Local partners, including commissioners and providers of health and social care services, feel that local Healthwatch feedback and reports are constructive, independent and clear about the rationale for the evidence used.</td>
</tr>
<tr>
<td><strong>M.</strong> Local partners, including commissioners and providers of health and social care services, feel that they have been involved in the production of local Healthwatch insight reports in an appropriate and timely way.</td>
</tr>
</tbody>
</table>
1.4 Informing people

**Local Healthwatch has a statutory role:**

- Providing advice and information about access to local care services so choices can be made about local care services.

A core part of the role of local Healthwatch is to provide advice about local health and social care services to the public.

Members of the public may be more likely to share their experiences with local Healthwatch if they perceive the organisation to be credible. This means that they receive good quality advice, information and signposting services and believe that the organisation will seek to address any concerns that they raise about local health and social care services.

It important that local Healthwatch is aware of other organisations that also provide these services so that they can avoid duplication.

<table>
<thead>
<tr>
<th>Informing people</th>
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<tr>
<td>Quality statements for local Healthwatch</td>
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</table>

16. Local Healthwatch provides the public with accurate, reliable, relevant and useful information about local services, when they need it, in a format that meets their needs.

17. Local Healthwatch considers the needs of easily ignored and marginalised groups in the design, focus and delivery of the information and signposting service.

18. Local Healthwatch has a clear map of signposting services and refers members of the public to appropriate services or to places they can access information and signposting services.

19. Local Healthwatch provides members of the public with appropriate advice and support if they need to raise a complaint about any part of the health and social care system.

20. Local Healthwatch systematically uses the intelligence it gathers in its advice and information role to inform its priorities.
## About the Quality Statements

### Quality statements for local partners

<table>
<thead>
<tr>
<th>Quality Statement</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>N.</td>
<td>Local partners, including commissioners and providers of health and social care services, feel that the signposting, information and advice service provided by local Healthwatch has a clear and distinct role that complements those provided by other local health and social care information and advice services.</td>
</tr>
<tr>
<td>O.</td>
<td>Local partners, including commissioners and providers of health and social care services, feel that the signposting, information and advice service provided by local Healthwatch makes a clear contribution to ensuring that the voice and experience of easily ignored and marginalised groups is heard.</td>
</tr>
<tr>
<td>P.</td>
<td>Local partners, including commissioners and providers of health and social care services, feel that the signposting, information and advice service provided by local Healthwatch is delivered to high standards through the quality of information and advice provided, referral to other providers, and the way in which personal information is recorded and used.</td>
</tr>
<tr>
<td>Q.</td>
<td>Local partners, including commissioners and providers of health and social care services, feel that the signposting, information and advice service provided by local Healthwatch is used to provide an insight into gaps in local information and advice services so that they can be addressed.</td>
</tr>
</tbody>
</table>
1.5 Relationship with Healthwatch England

Local Healthwatch has a statutory role:

- Making recommendations to Healthwatch England to advise the Care Quality Commission (CQC), to conduct special reviews or investigations direct to the CQC; and to make recommendations to Healthwatch England to publish reports about particular issues
- Providing Healthwatch England with the intelligence and insight it needs to enable it to perform effectively

Local Healthwatch works with Healthwatch England to enable people’s concerns to influence national commissioning, delivery, and the redesign of health and social care services.

Sharing reports, recommendations and issues identified at a local level enables a national perspective to be developed, incorporating local views from across the network. Issues that cannot be resolved locally can also be passed on to Healthwatch England to consider at a national level.

Local Healthwatch also works with Healthwatch England to identify areas for organisational development and growth, to raise awareness of and protect the Healthwatch brand, and publicly demonstrate the effectiveness of the network.

Healthwatch England has a statutory role to raise concerns about local Healthwatch with the local council. Healthwatch England is committed to having an open relationship with local Healthwatch where concerns about a local Healthwatch can be raised and a joint approach to address these agreed.

Quality statements for local Healthwatch

21. Local Healthwatch learns from and shares their learning with other local Healthwatch.

22. Local Healthwatch consistently shares the views and experiences of local people with Healthwatch England to be reflected in national work.

23. Local Healthwatch understands how information about their local Healthwatch has
been shared with Healthwatch England and how this information has been used.

24. Local Healthwatch has given consideration to getting involved with national pieces of work, identifying the relevance of this work for their locality.

25. Local Healthwatch has discussed any concerns and issues that Healthwatch England or other partners have raised about its effectiveness and reflected on how best to resolve the situation in a constructive manner.

26. Local Healthwatch contributes its expertise to national policy development.

**Quality statements for local partners**

R. Local partners, including commissioners and providers of health and social care services, feel that when local Healthwatch has escalated an issue to Healthwatch England this has helped the local health system improve.

S. Local partners, including commissioners and providers of health and social care services, feel that local Healthwatch has helped place local concerns into a national policy and practice context through their relationship with Healthwatch England.

T. Local partners, including commissioners and providers of health and social care services, feel that local Healthwatch has used its relationship with Healthwatch England to strengthen the development of good practice internally, within the local Healthwatch network and within the local health and social care system.
2 How to use the Quality Statements as a development tool

The Quality Statements can be used as a development tool for local Healthwatch. They were co-produced by Leeds Beckett University and over 40 local Healthwatch to describe the common work of the network and can be used as a structure for conversation with staff, Board members, commissioners and local partners to create an overview of the work of a local Healthwatch and identify areas of strength and areas for further work.

They are designed as a flexible development tool and can be used in a number of ways, they:

- create a framework for local Healthwatch of what good looks like;
- are a tool to share good practice across the network;
- help local systems understand the local Healthwatch role and how they can engage and support it;
- Provide a framework to help local Healthwatch - and stakeholders, such as those that commission them - to discuss impact and effectiveness; and
- Enable those leading innovative and influential areas of work to be identified and for their work to be shared across the network.

By bringing together collective evidence of experience, local Healthwatch support improvement and provide challenge to the local health and care system. Local Healthwatch will therefore want to consider engaging with the organisations that they work with in their local health and social care system, including providers and commissioners, to inform their understanding of their own activity.
The Quality Statements can be used as a framework for internal discussion.

This can be seen as a light touch self-assessment review against the Quality Statements. The review is placed on the agenda for a Board and/or staff meeting. Meeting attendees are sent the Quality Statements in advance of the meeting and asked to consider the extent to which they feel the local Healthwatch is delivering against each category activity, providing examples to support their case.

At the meeting (it is suggested that the item is allowed a minimum of one hour), the discussion is focused on how effective the local Healthwatch is in each category. This is captured on a flipchart and written up to be circulated with the minutes of the meeting.

The key purpose of this approach is to develop an understanding of the Quality Statements among staff and Board members and to inform the delivery of the statutory functions of local Healthwatch.

Surveys can also be used to provide a more detailed view

Leeds Beckett University has also co-created a suite of surveys with the local Healthwatch network which can be used for a more in depth analysis of activity against the Quality Statements. The surveys encourage both a quantitative and qualitative approach as quantitative measures alone (such as measuring activity) are not sufficient when it comes to trying to understand the role of local Healthwatch. Each survey captures different perspectives and engages different stakeholders in considering findings and actions.

**Self-reflection review** - The self-reflection review aims to capture the views of the Board and staff of a local Healthwatch using a survey sent to staff and Board members. It is straightforward to use but does not engage with external stakeholders or offer an independent view.

**360° Stakeholder review** - The 360° review survey aims to capture the views of wider stakeholders, engage them in discussion about the findings and help them determine what actions they can take to support local Healthwatch using an external stakeholder survey. The 360° stakeholder review is the most resource intensive but also the most effective at ensuring that key stakeholders in the local health and care system engage with local Healthwatch.

These approaches can be used in combination to different degrees. For example, the 360° stakeholder review would usually be complemented by an internal review,
allowing local Healthwatch and Commissioners to develop a well-informed, comprehensive conversation.

There are also opportunities to introduce a peer view into the process, for example, by inviting a colleague from another local Healthwatch to participate in the workshop stage of the process. Healthwatch England is currently developing how a peer review approach can be used. More information about this is available in the ‘Next Steps’ section.
2.1 Conducting a review of your local Healthwatch

Both methods - self-reflection and stakeholder review - have the same basic structure; a survey is sent out, the results are analysed, a workshop is held to discuss the findings, and a report of the conclusions and actions agreed in that workshop is produced. The following section sets out the core components of these common elements.

The surveys which support these reviews are at the back of this report. Electronic versions are also available from Healthwatch England. Local Healthwatch should email research@healthwatch.co.uk to request the electronic versions of the surveys.

Stage one: Sending out the Surveys

The most efficient way of collecting this data is through online survey software. Local Healthwatch can get an electronic version of this survey from Healthwatch England which can be uploaded on to a Survey Monkey account. If using Survey Monkey it is important to let respondents know on the welcome page that any data they input will be stored overseas by Survey Monkey and that they should not input any personal information. The surveys therefore do not ask for names or any demographic information, and only place of work if the respondent is external.

Every survey should be sent out with a covering letter. The covering letter should:

- Set out the reason why this questionnaire is being conducted and why it is important to fill it in
- Highlight the independent co-ordination aspect of these reviews
- Give an idea of how long it will take to fill in the survey
- Set out the process of evaluation and reporting
- Explain the purpose of ‘Don’t know’, and ‘Neither Agree nor Disagree’ questions and the role of the text box.
The stakeholder and self-reflection surveys both consist of a mixture of ratings questions and a text box for narrative at the end of each Quality Statement topic area.

**Example of Question with ratings:**

| Provides pathways for local people to become involved informally and formally in contributing to the delivery of the local Healthwatch service |
|---|---|---|---|---|---|
| Strongly Agree | Agree | Neither Agree or Disagree | Disagree | Strongly Disagree | Don’t know |

The ‘Don’t know’ option will help inform understanding about who knows what local Healthwatch is responsible for and what it is doing. If people say they ‘Don’t Know’ this is an area of concern and should be investigated. It is important to understand why they don’t know and what can be done to address this.

The ‘Neither Agree nor Disagree’ option allows respondents to indicate that there are some areas of activity where they consider that local Healthwatch has a mixed story to tell in terms of its effectiveness. Again, if this is an area that is strongly rated this should be discussed to understand why this is the case.

It is important to ensure that people explain the reason for their ratings and the text box asks for this.

**Stage two: The Analysis**

Once the results of the surveys are in, the data can be analysed. It is important to remember that any samples will be small. The analysis should therefore only include aggregated data; all data should be pulled together so that no individual respondent can be identified. However, if it is clear that some groups of stakeholders, for example NHS commissioners, have a particular perspective then it is worth drawing attention to this.

When reporting the findings from the analysis, the discussion report should have:

- An overview - which identifies key themes that have been raised by the respondents.
How to use the Quality Statements as a development tool

- A summary of quantitative data (e.g. number who strongly agree)
- Sections with analysis of qualitative statements (the text box response) by topic area

**Example of how the quantitative and qualitative data could be represented in the report**

The purpose of the report is to form the basis of a discussion and not the end point of the process. It should highlight interesting findings, but also recognise that the results will represent the perceptions of a small group which will require context and discussion before conclusions can be formed and actions agreed.

**Example of how the quantitative data could be represented in the report**

| Strategic context and relationships (16 respondents) | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
|-----------------------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| DEVELOPS PRIORITIES BASED ON PEOPLES CONCERNS        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| TRUSTING RELATIONSHIPS WITH DECISION MAKERS          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| CLEAR ROLE IN DECISION MAKING                        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| CONTRIBUTES TO DEVELOPMENT OF LOCAL HWB STRUCTURE    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

| AGREED      | 9 | 9 | 12 | 12 |
| NEITHER AGREE OR DISAGREE | 2 | 1 | 1 | 0 |
| DISAGREE    | 2 | 4 | 1 | 3 |
| DON'T KNOW  | 2 | 1 | 1 | 0 |
| NOT COMPLETED | 1 | 1 | 1 | 1 |
**Example of how the qualitative data could be represented in the report**

**Strengths**

- Recognised that Healthwatch X brings an independent perspective that is helpful, this included collaboration with local authority scrutiny boards where some felt there was a good working relationship, particularly with regard to understanding the quality of local health and care provision.

- Some also noted that local Healthwatch has already made a positive difference to some local services, such as the quality of acute care.

- Local Healthwatch X noted that its strongest relationships were with the health sector such as with the CCGs, A Hospital and B Hospital - these relationships were often at a very senior level. The developing collaboration around the Domiciliary Care Review was seen as positive.

**Areas for further discussion**

- Healthwatch X noted that collaboration with local government needed further development as it felt as though relationships with the NHS were better developed. There was a feeling that some local authority officers do not understand the role of local Healthwatch - some local authority officers recognised this, hoping for a greater involvement in areas such as the Local Account.

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**Stage Three: the workshop to discuss findings**

The workshop should aim to share findings from the survey in a way that sets out the key themes and allows discussion to focus on testing whether these are correct and then to focus on challenges.

It is important to avoid getting diverted into small areas of detail on the scoring in particular. The purpose of the ratings is to start to set the agenda - it gives a broad view of opinions and perceptions and should not be considered an exact measure.

The findings from the pilots suggest the workshop should take the following structure:
How to use the Quality Statements as a development tool

- An independent coordinator shares findings verbally or through a presentation.
- Check for understanding and that analysis is generally correct.
- Discuss the key issues raised.
- Discuss the actions needed to address challenges.

It will be useful to invite the relevant Healthwatch England Development Officer to the workshop as they will bring a wider perspective, offer examples of good practice from elsewhere and bring a knowledge of development support that may be available.

The following sections go into more detail about how to undertake the reviews.
2.2 Using the Quality Statements for a self-assessment internal review

Self-assessment is a means for local Healthwatch to assess its own effectiveness through an internal review. This can be carried out as a project (an internal review based on survey results) which requires involvement of individual Board members as well as the staff team. In this review, everyone considers their views and activity, individually and then collectively, against the Quality Statements.

There are a number of advantages to the self-assessment approach; it doesn't expose local Healthwatch in view of stakeholders, it allows for a comprehensive and in-depth review based on the views of both staff and Board members and it prepares local Healthwatch to have a well-informed, evidence-based conversation with stakeholders and commissioners, to develop their understanding of the role of local Healthwatch. It can also be used to:

- Enrich monitoring reports.
- Identify areas for organisational development providing a focus for structured improvement.
- Inform annual reports and strategic planning.
- Underpin staff and Board member appraisal and development systems.

This approach is the least resource intensive and can either stand alone or run alongside a 360° stakeholder review.
## How to use the Quality Statements as a development tool

### The approach to holding an internal review based on self-reflection survey results

<table>
<thead>
<tr>
<th>Process</th>
<th>Rationale and Issues</th>
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<tbody>
<tr>
<td><strong>Stage 1</strong></td>
<td></td>
</tr>
<tr>
<td>Appoint an independent coordinator or identify a project lead</td>
<td>An independent facilitator gives the process more credibility and may produce a better product because staff and board members may feel better able to share their opinions and discuss challenges. Coordinating the project internally is also cost effective. It is likely that the Healthwatch Manager will be appointed as coordinator; they will need to be supported by the Chair to ensure board members are fully engaged.</td>
</tr>
<tr>
<td>Agree process</td>
<td>It is important to be clear from the outset who will have access to information gathered, who will be invited to contribute to the questionnaire and workshop, how the findings will be shared and with whom. The internal review may differ from the external as it is difficult to promise anonymity in very small teams. The questionnaire for Board members and staff teams states that comments will not be attributed directly in the report but it also says that due to respondents working closely together and the small numbers anonymity cannot be guaranteed.</td>
</tr>
<tr>
<td>Inform staff and Board members of the process and what they will be asked to do</td>
<td>The Chair of the Board and the project coordinator brief Board and staff members respectively on what is happening, why and how, requesting that they return their completed questionnaires by the required date.</td>
</tr>
<tr>
<td>Surveys based on the Quality Statements are sent to Board members and staff either by the independent or internal coordinator</td>
<td>Sending the questionnaire to individuals first helps to ensure everyone’s views are incorporated. It also prevents those who speak loudest or who are more senior dominating the discussion. It also saves time at the review workshop which can focus instead on findings rather than generating data.</td>
</tr>
<tr>
<td>Project coordinator encourages non respondents to engage with questionnaire</td>
<td>It is useful to ensure that the project coordinator monitors responses and encourages those who have yet to return their questionnaire to do so.</td>
</tr>
</tbody>
</table>
### Stage 2: Analysis

Once questionnaires have been returned the project coordinator will need to analyse the results - both quantitative and qualitative - pulling out themes. They must be sensitive to the issue of anonymity, particularly if the team is very small.

The report produced should not be too long or detailed - the aim is to present a balanced view that provides a basis for discussion at the review workshop.

### Stage 3: Review workshop - in two parts

Ideally all Board members and staff who have contributed to the questionnaires should be invited. The workshop should take no more than half a day.

The workshop should include some time for separate discussions between Board members and staff before bringing the two groups together.

It is important to ensure that the discussion is not just about the deficits and strengths of local Healthwatch but that it is discussed within the context of the wider environment and stakeholders that contribute to its effectiveness.

### Stage 4: Final report

The project co-ordinator should produce a summary report of findings and actions agreed at the workshop, which will be shared with all staff and Board members.

### Stage 5: Action planning and review

If the internal review is to be effective, the final report should be used to inform an action plan for the organisation and/or for individual staff members. The action plan should be reviewed at regular intervals, determined by the purpose and objectives.
2.3 Using the Quality Statements for a 360° stakeholder review

Local Councils have a statutory function to ensure they have a local Healthwatch and this will seek to influence and improve the local health and care system. In order for it to be effective the local system needs to understand the local Healthwatch function, have expectations of it and, where appropriate, work in a way that contributes to its success. A 360° review is an inclusive approach that ensures the views of all relevant stakeholders are heard.

The Quality Statements can be used to generate a view of local Healthwatch and its effectiveness from a range of stakeholders including:

- The local Healthwatch Board
- The local Healthwatch Staff Team
- Local Authority Commissioners
- Local Authority Provider Services
- NHS Commissioners
- NHS Providers
- Local Voluntary and Community Sector

The private sector is currently less significant as an audience, as is the public because though they have an interest in local Healthwatch, they are not responsible for its success. Therefore Leeds Beckett University suggests they are not included in the list of stakeholders who receive this survey.

A 360° stakeholder review may be initiated by the local Healthwatch or by commissioners as part of contract review and negotiations. If a local Healthwatch has undertaken a 360° stakeholder review as a way of assessing its effectiveness, external stakeholders should be involved in outcome discussions and future planning as this would help tie those stakeholders into the longer term future of local Healthwatch.

Two surveys have been developed for use in a 360° stakeholder review; one is for local Healthwatch staff and Boards, the other is for external stakeholders. They are attached at the end of this document. These can be supplemented with a small number of telephone or face to face interviews with key individuals.
**Table 1 - Key Stages and Rationale**

<table>
<thead>
<tr>
<th>Stage 1</th>
<th>Rationale and Issues</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appoint an independent coordinator or identify a project lead</td>
<td>An independent coordinator is recommended as it may give the process more credibility and should produce a better product because stakeholders will feel more able to share their opinions and discussions about challenges will feel less personalised. However, there are resource implications.</td>
</tr>
<tr>
<td></td>
<td>Less resource intensive options for the 360° can include, collaboration with a partner organisation or commissioner or it being led by the Healthwatch Manager. In this latter case it is recommended that an independent person undertakes the data collection and analysis to maintain some level of objectivity.</td>
</tr>
<tr>
<td>Agree process and responsibilities</td>
<td>It is important to be clear from the outset who will have access to information gathered, who will be invited to contribute to the questionnaire and workshop, how the findings will be shared and with whom.</td>
</tr>
<tr>
<td>Independent coordinator / project analyst sends out stakeholder survey to identified stakeholders using survey monkey or equivalent</td>
<td>Sending the questionnaire to individuals first helps to ensure everyone's views are all incorporated. It also prevents those who speak loudest or who are more senior dominating the discussion. Interviewing key local decision makers will provide an understanding of the perception of local Healthwatch amongst stakeholders.</td>
</tr>
<tr>
<td>They also interview key decision makers if interviews are to be used</td>
<td></td>
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<tr>
<td>Independent coordinator / project analyst encourages non respondents to engage with questionnaire</td>
<td>It is useful to ensure that the independent coordinator / project analyst monitors responses and encourages those who have yet to return their questionnaire to do so.</td>
</tr>
</tbody>
</table>
**Stage 2: Analysis**

Once questionnaires have been returned, the independent coordinator / project analyst will need to analyse the results - quantitative and qualitative, pulling out themes (see appendix 3 for an example).

This report should not be too long or detailed, the aim is to present a balanced view that provides a basis for discussion at the review workshop.

**Stage 3: Review Workshop**

Ideally all stakeholders who have contributed to the questionnaires should be invited. The workshop should take no more than half a day.

It is important to ensure that the discussion is not just about the deficits and strengths of local Healthwatch but that it also takes into account the wider environment and stakeholders can contribute to its effectiveness.

It is strongly recommended that the workshop is facilitated by someone with a good understanding of health and social care systems and is independent.

**Stage 4: Final Report**

The independent coordinator / project lead produces a summary report of findings and actions agreed at the workshop - this report is to be shared with all partners including Healthwatch England.

The benefits of engaging an independent coordinator to undertake the review are outlined in the table above and this is the recommended approach. The cost of a full 360° stakeholder review can be between £5,000 and £10,000. If this resource is not available then the following options might reduce the resource required.

- Reciprocal arrangements with another Healthwatch for elements of the review, e.g. the management and / or the analysis of the stakeholder survey.
- Identify an individual e.g. analyst within Healthwatch to manage and analyse the survey only providing the overall project manager with the summary report at the end of the process.
• Identify a neutral partner e.g. local university who will either undertake or provide a level of external verification that the survey has been analysed and written up accurately reflecting the responses received.

Specific Points to Consider for a 360° stakeholder review

The independent coordinator

Appointing an independent coordinator to lead the review is recommended. They could come from a relevant university, policy consultancy or VCS organisation. Leeds Beckett University suggests that key requirements for such a coordinator include understanding of:

• how local health and care systems work
• how to effect change and influence at a local level
• the relationship between the public and the local health and care system
• analytical skills and report writing
• facilitation

The Interviews

Interviews with key decision makers give a more strategic view of where local Healthwatch is seen in the system. The interviews can be conducted by telephone or face to face and may include the following:

• Health and Wellbeing Board Chair
• CCG Chair
• Local Provider Chief Executives / Directors of Engagement
• Voluntary Sector Organisation Chief Executive
The following questions may be useful as an interview guide;

- What involvement have you had with local Healthwatch?
- What do you understand their strategic priorities to be?
- What do you feel their contribution has been?
- Where do you think they should be going in the future?
- What messages would you give to local Healthwatch to ensure it makes a more powerful contribution in the future?
- What more could your organisation do to help make them more effective?
- Any other comments?

The responses can be analysed and built into the workshop and final reports.
2.4 Next Steps

Training
Leeds Beckett University is running a number of training sessions with local Healthwatch across the country to share learning and positive examples of how the local Healthwatch involved in the pilots used the Quality Statements as a development tool.

Peer Review
Peer review was a popular option amongst the local Healthwatch piloting the Quality Statement tools, but it was not tested by enough local Healthwatch for a final version of a peer review process to be produced. Healthwatch England will explore and test options for supporting a peer review process for local Healthwatch.

The Quality Statements
Feedback from local Healthwatch of their experiences of using the Quality Statements will be collected by Healthwatch England and used to modify and improve the statements as their use becomes embedded in the network.
3 The Surveys

3.1 Self-reflection survey

Please email research@healthwatch.co.uk if you are a local Healthwatch using this self-reflection survey for an internal review or 360° review and wish to receive an electronic copy of this survey.

Welcome page

Thank you for agreeing to help your local Healthwatch. These Quality Statements are intended to help local Healthwatch, their commissioners and other stakeholders develop a clearer understanding of the impact that their local Healthwatch has made, its strengths and areas where further development might be required. It is intended that the Quality Statements will be used by local Healthwatch staff, Board and external stakeholders.

It is important that as well as the tick list assessment you also use the free text boxes to provide evidence that justifies your scoring.

The questionnaires will be analysed by ________________. Comments made in the questionnaire will not be ascribed to respondents in the report.

Please note:

- Please answer all questions - insert “Don't know” into the text boxes if you don't wish to comment and want to move on.
- Where questions refer to ‘local Healthwatch’, they are asking about your local Healthwatch.
- The ‘neither agree nor disagree’ box will be taken to mean that there is a mixed response to that statement.
Strategic Context and relationships

Having a strong understanding of the strengths and weaknesses of the local health and social care system is critical to the success of local Healthwatch. Our credibility is routed in our knowledge of local services, their impact on local people, and our ability to establish effective working relationships with key stakeholders and share this insight to inform their priorities.

1: Local Healthwatch develops priorities based on the experience and concerns of the public, whilst recognising the local health and social care context and priorities.

2: Local Healthwatch has trusting, collaborative relationships with key local decision makers through regular formal and informal meetings where its role as a critical friend is understood.

3: Local Healthwatch plays a clear and distinct role in key local decision making structures (going beyond its formal position in the Health and Wellbeing Board) and contributes to better local decision making.
4: Local Healthwatch contributes to the development of decision making structures in the local health and wellbeing system and, where appropriate, their delivery.

As well as giving examples to illustrate your responses please state how Healthwatch could be more effective in this area.
Community Voice and Influence

Local Healthwatch plays a central role in enabling local people to have their views, ideas and concerns represented as part of the commissioning, delivery, re-design and scrutiny of health and social care services. In each local setting Healthwatch enable and support local people to understand how the health and social system works, express their views and share their experience. Local Healthwatch has a particular role to play in ensuring that the voices of people and communities who are easily ignored or excluded are heard.

5: Local Healthwatch has a clear action plan for reaching out to and informing local people of its priorities and activities.

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neither Agree nor Disagree</th>
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6: Local Healthwatch has made a distinct contribution to improving engagement with seldom heard communities.

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<th>Strongly Agree</th>
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7: Local Healthwatch supports local people to share their experience and opinions of local services.

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<th>Strongly Agree</th>
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8: Local Healthwatch involves local people in setting priorities and commenting on the quality of local Healthwatch activities.

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<tr>
<th>Strongly Agree</th>
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9: Local Healthwatch provides pathways for local people to become involved informally and formally in contributing to the delivery of local Healthwatch activities.

<table>
<thead>
<tr>
<th>Strongly Agree</th>
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10: Local Healthwatch contributes to the increased confidence and ability of local people to influence the local health and wellbeing system.

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<th>Strongly Agree</th>
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11: Local Healthwatch encourages and enables local commissioners and providers of health and social care services to engage the public.

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<th>Strongly Agree</th>
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As well as giving examples to illustrate your responses please state how Healthwatch could be more effective in this area.
Local Healthwatch Quality Statements

Making a difference locally

A local Healthwatch needs to formulate views on the standard of health and social care provision and identify where services could be improved - whether through formal research or through informal intelligence gathered through its networks. It has an important role to play in raising issues that are important to members of the public, and which otherwise commissioners and providers may not give due attention to.

12: Local Healthwatch captures the experience and aspirations of local people in its research and reports.

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13: Local Healthwatch collects public opinion on issues in a way that is appropriate and ethical.

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<tr>
<th>Strongly Agree</th>
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14: Local Healthwatch uses the opinions and experiences of the public, where appropriate, to produce recommendations for change.

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<th>Strongly Agree</th>
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15: Local Healthwatch recommendations for change are heard and responded to by relevant decision makers.

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<th>Strongly Agree</th>
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As well as giving examples to illustrate your responses please state how Healthwatch could be more effective in this area.
Informing people

A core part of the role of local Healthwatch is to provide advice about local health and social care services to the public. Members of the public may be more likely to share their experiences with local Healthwatch if they receive good quality advice, information and signposting services and believe that the organisation will seek to address any concerns that they raise about local health and social care services. It is important that local Healthwatch is aware of other organisations that also provide these services so that they can avoid duplication.

16: Local Healthwatch provides the public with accurate, reliable, relevant and useful information about local services, when they need it, in a format that meets their needs.

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<th>Strongly Agree</th>
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17: Local Healthwatch considers the needs of easily ignored and marginalised groups in the design, focus and delivery of the information and signposting service.

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<tr>
<th>Strongly Agree</th>
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18: Local Healthwatch has a clear map of signposting services and refers members of the public to appropriate services or to places they can access information and signposting services.

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<thead>
<tr>
<th>Strongly Agree</th>
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19: Local Healthwatch provides members of the public with appropriate advice and support if they need to raise a complaint about any part of the health and social care system.
20: Local Healthwatch systematically uses the intelligence it gathers in its advice and information role to inform its priorities.

As well as giving examples to illustrate your responses please state how Healthwatch could be more effective in this area.
Relationship with Healthwatch England

Local Healthwatch works with Healthwatch England to enable people’s concerns to influence national commissioning, delivery, and the re-design of health and social care services. Sharing reports, recommendations and issues identified at a local level enables a national perspective to be developed, incorporating local views from across the network. Local Healthwatch also works with Healthwatch England to identify areas for organisational development and growth, to raise awareness of and protect the Healthwatch brand, and publicly demonstrate the effectiveness of the network.

21: Local Healthwatch learns from and shares their learning with other local Healthwatch.

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<th>Strongly Agree</th>
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22: Local Healthwatch consistently shares the views and experiences of local people with Healthwatch England to be reflected in national work.

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<tr>
<th>Strongly Agree</th>
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23: Local Healthwatch understands how information about their local Healthwatch has been shared with Healthwatch England and how this information has been used.

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<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neither Agree nor Disagree</th>
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24: Local Healthwatch has given consideration to getting involved with national pieces of work, identifying the relevance of this work for their locality.

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<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neither Agree nor Disagree</th>
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25: Local Healthwatch has discussed any concerns and issues that Healthwatch England or other partners have raised about its effectiveness and reflected on how best to resolve the situation in a constructive manner.

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<tr>
<th>Strongly Agree</th>
<th>Agree</th>
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26: Local Healthwatch contributes its expertise to national policy development.

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<tr>
<th>Strongly Agree</th>
<th>Agree</th>
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As well as giving examples to illustrate your responses please state how Healthwatch could be more effective in this area.
3.2 Stakeholder survey

Please email research@healthwatch.co.uk if you are a local Healthwatch setting up a 360° review and wish to receive an electronic copy of this survey.

Welcome page

Thank you for agreeing to help your local Healthwatch. These Quality Statements are intended to help local Healthwatch, their commissioners and other stakeholders develop a clearer understanding of the impact that their local Healthwatch has made, its strengths and areas where further development might be required. It is intended that the Quality Statements will be used by local Healthwatch staff, Board and external stakeholders.

It is important that as well as the tick list assessment you also use the free text boxes to provide evidence that justifies your scoring. Comments made in the questionnaire will not be ascribed to respondents in the report.

Please Note:

- Please answer all questions - insert ‘Don’t Know’ into the text boxes if you don’t wish to comment and want to move on.
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Address

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<thead>
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<th>Name</th>
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<td>Organisation</td>
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Strategic Context and relationships

Having a strong understanding of the strengths and weaknesses of the local health and social care system is critical to the success of local Healthwatch. Our credibility is rooted in our knowledge of local services, their impact on local people, and ability to establish effective working relationships with key stakeholders and sharing this insight to inform their priorities.

A: Local partners, including commissioners and providers of health and social care services, feel that they understand the rationale behind local Healthwatch priorities.

B: Local partners, including commissioners and providers of health and social care services, feel that local Healthwatch brings added value to their work thanks to its unique perspective.

C: Local partners, including commissioners and providers of health and social care services, feel that key decision makers within their organisations have collaborative relationships with local Healthwatch that allow information to be shared and concerns to be addressed.
Local Healthwatch Quality Statements

D: Local commissioners and providers of health and social care services feel that local Healthwatch brings a distinct contribution to decision making structures in the local system.

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<th>Strongly Agree</th>
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Please give examples to illustrate your responses to this section

Community Voice and Influence

Local Healthwatch plays a central role in enabling local people to have their views, ideas and concerns represented as part of the commissioning, delivery, re-design and scrutiny of health and social care services. In each local setting Healthwatch enable and support local people to understand how the health and social system works, express their views and share their experience. Local Healthwatch has a particular role to play in ensuring that the voices of people and communities who are easily ignored or excluded are heard.

E: Local partners, including commissioners and providers of health and social care services, feel that local Healthwatch demonstrates added value through its work engaging local people.

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<th>Strongly Agree</th>
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F: Local commissioners and providers of health and social care services, feel that local Healthwatch pays particular attention to seldom heard groups.

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G: Local partners, including commissioners and providers of health and social care services, feel that they can confidently promote local Healthwatch through their own media channels.

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<tr>
<th>Strongly Agree</th>
<th>Agree</th>
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H: Local partners, including commissioners and providers of health and social care services, feel that local Healthwatch bases its insight on the experiences of local people.

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<th>Strongly Agree</th>
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I: Local partners, including commissioners and providers of health and social care services, feel that local people are involved in the delivery of Local Healthwatch as volunteers, spokespeople and committee members.

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<th>Strongly Agree</th>
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J: Local partners, including commissioners and providers of health and social care services, feel that the work of local Healthwatch enables local people to actively participate in commissioning, delivery and scrutiny of local health and social care services.

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<th>Strongly Agree</th>
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Please give examples to illustrate your responses to this section

Making a difference locally

A local Healthwatch needs to formulate views on the standard of health and social care provision and identify where services need to be improved - whether through formal research or through informal intelligence gathered through its networks. It has an important role to play in raising issues that are important to members of the public, and which otherwise commissioners and providers may not give due attention to.

K: Local partners, including commissioners and providers of health and social care services, feel that the activities of local Healthwatch bring added value through the incorporation of strong public voice - particularly from seldom heard people and communities.

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<tr>
<th>Strongly Agree</th>
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**L:** Local partners, including commissioners and providers of health and social care services, feel that local Healthwatch feedback and reports are constructive, independent and clear about the rationale for the evidence used.

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**M:** Local partners, including commissioners and providers of health and social care services, feel that they have been involved in the production of local Healthwatch insight reports in an appropriate and timely way.

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Please give examples to illustrate your responses to this section

...
Informing people

A core part of the role of local Healthwatch is to provide advice about local health and social care services to the public. Members of the public may be more likely to share their experiences with local Healthwatch if they receive good quality advice, information and signposting services and believe that the organisation will seek to address any concerns that they raise about local health and social care services. It is important that local Healthwatch is aware of other organisations that also provide these services so that they can avoid duplication.

N: Local partners, including commissioners and providers of health and social care services, feel that the signposting, information and advice service provided by local Healthwatch has a clear and distinct role that complements those provided by other local health and social care information and advice services.

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O: Local partners, including commissioners and providers of health and social care services, feel that the signposting, information and advice service provided by local Healthwatch makes a clear contribution to ensuring that the voice and experience of easily ignored and marginalised groups is heard.

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P: Local partners, including commissioners and providers of health and social care services, feel that that the signposting, information and advice service provided by local Healthwatch is delivered to high standards through the quality of information and advice provided, referral to other providers, and the way in which personal information is recorded and used.

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Q: Local partners, including commissioners and providers of health and social care services, feel that the signposting, information and advice service provided by local Healthwatch is used to provide an insight into gaps in local information and advice services so that they can be addressed.

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Please give examples to illustrate your responses to this section
Relationship with Healthwatch England

Local Healthwatch works with Healthwatch England to enable people’s concerns to influence national commissioning, delivery, and the re-design of health and social care services. Sharing reports, recommendations and issues identified at a local level enables a national perspective to be developed, incorporating local views from across the network. Local Healthwatch also works with Healthwatch England to identify areas for organisational development and growth, to raise awareness of and protect the Healthwatch brand, and publicly demonstrate the effectiveness of the network.

R: Local partners, including commissioners and providers of health and social care services, feel that when local Healthwatch has escalated an issue to Healthwatch England this has helped the local health system improve.

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S: Local partners, including commissioners and providers of health and social care services, feel that local Healthwatch has helped place local concerns into a national policy and practice context through their relationship with Healthwatch England.

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T: Local partners, including commissioners and providers of health and social care services, feel that local Healthwatch has used its relationship with Healthwatch England to strengthen the development of good practice internally, within the local Healthwatch network and within the local health and social care system.

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