Public Health Practitioner Commentary 3: Commissioning Healthwatch

Standards claimed	
1. 1b.	**Recognise and address ethical dilemmas and issues demonstrating;** The proactive addressing of issues in an appropriate way
3. 3b 3d	**Act in ways that:** Promote the ability of others to make informed decisions Value people as individuals
5. 5c. 5e	**Promote the value of health and wellbeing and the reduction of health inequalities - demonstrating:** knowledge of main terms and concepts used in promoting health and wellbeing Awareness of how culture and experience may impact on perceptions and expectations of health and wellbeing
6. 6c.	**Obtain, verify, analyse and interpret data and/or information to improve the health and wellbeing outcomes of a population / community / group - demonstrating:** ability to make valid interpretations of the data and/or information and communicate these clearly to a variety of audience
8 8b	**Identify risks to health and wellbeing, providing advice on how to prevent, ameliorate or control them – demonstrating:** Knowledge of the different approaches to preventing risks and how to communicate risk to different audiences
9 a 9e	**Work collaboratively to plan and/or deliver programmes to improve health and wellbeing outcomes for populations/communities/groups/individuals – demonstrating:** iii. inequalities in health and wellbeing Awareness of the effect the media has on public perception

Context and background

This commentary relates to my role as commissioner of both Healthwatch Isle of Wight, and the NHS complaints advocacy service.

This commentary is intended to demonstrate key competencies which I have not covered in commentary one and two, or to further demonstrate and support competencies which I covered in these commentaries, to show robust evidence of my public health knowledge, understanding, skills and practice.

National context

In March 2012, the government introduced the Health & Social Care Act 2012 (the 'Act') requiring each local authority to set up a new organisation called Healthwatch by April 2013.

The legislation provided that Healthwatch would effectively act as a 'consumer champion', making the views and experiences of the local community known to influence decisions being made about these services, both locally and nationally.

The ‘Act’ also transferred responsibility for the commissioning of NHS complaints advocacy services to the local authority from 1 April 2013.

Local context

It was locally agreed that the Island’s local healthwatch would be known as Healthwatch Isle of Wight and would provide information and advice for communities and individuals resident on the Island about health and social care services, as well as directing people to services (so they can understand the choice of care available). It would also involve people in improving and shaping the services on which they rely to improve their health and wellbeing. It would continue many of the roles previously carried out by the Local Involvement Network (LINk) which ceased to exist on 31 March 2013.

Following consultation, the Isle of Wight Council decided to keep the core roles and functions of Healthwatch Isle of Wight (in the commissioning papers referred to as Lot 1) separate from the NHS complaints advocacy support service which was called NHS Complaints Advocacy Isle of Wight (Lot 2). This meant that although both services were advertised in one set of tender documents organisations could tender for one or both lots.

The roles and functions of both Healthwatch Isle of Wight and NHS Complaints Advocacy Isle of Wight were based on national legislation together with local requirements and need.

My role
My role was to;

- Commission Healthwatch Isle of Wight and NHS Complaints Advocacy Isle of Wight
- Plan, carry out and analyse comprehensive community and individual engagement about the provision of Healthwatch on the Isle of Wight.
- Write the service specification for these services
- Procure the services including advertising the contracts, assessing and evaluating the bids and awarding the contracts
- Ensure a smooth transition from the previous provider of Local Involvement Network (LINk) to the new Healthwatch provider.

My aims
My aims were to;

1) Comply with legislation, national guidance and best practice
2) Ensure the service specifications were clear and unambiguous in order that any prospective service provider could easily understand what I was expecting of them.
3) Provide timely reports in order to comply with internal commissioning processes
4) Develop engagement with the commissioning process from all relevant stakeholders.
5) Ensure best value not only in financial terms but also in terms of building social value.
6) Ensure services that I commissioned would be able to deliver real benefits to the health and wellbeing of Island residents (individuals, families, groups and communities)

Standards claimed	Approach	Evidence
1b	**Individual and community engagement** In 2012 I was asked to commission Healthwatch and an NHS complaints advocacy service for the Isle of Wight. Both these services where provided for in statute under the Health and Social Act 2012 and were to commence on 1 April 2013. I began by reading the legislation and understanding the principles and drivers for these services. It became apparent that these services where aimed at supporting individuals, carers, families, groups and communities to be able to not only gain fair access to quality health and social care but also to empower them to be able make decisions about how they access the care and support they need and to be able to influence the way care is delivered. Based on my values of inclusivity and a desire to listen to individuals, groups and communities I wrote a comprehensive engagement and consultation plan. My aim was to establish what the people of the Island would like from the Healthwatch service and not to impose on them a service that I and other council officers feel is appropriate. My work in this regard was influenced by me recognising the ethical dilemma of; who knows best about improving health and wellbeing- the individual or the professional? By fully engaging and genuinely listening I tried to proactively address the issue of professionals 'doing unto' people rather than empowering individuals and groups to make informed choices and shape the services available. In the consultation plan I identified a range community engagement opportunities to make it as easy as possible for people to give their opinions and feed into the consultation. **(1b)** In the plan I made it explicit that I wanted to identify whether people have particular views about the functions that local Healthwatch should provide (information and signposting, patient advice and liaison, complaints and advocacy) and any issues, observations or opportunities that I needed to consider in forming the specification to commission local Healthwatch. I did not assume that I or the council collectively would have all the answers but that I would value the opinions of individuals, groups and communities from a variety of backgrounds and perspectives to provide their views on this specific aspect. I also wanted to explore with all stakeholders their views about how Healthwatch can be a truly inclusive and engage all members of the local community taking into account socio economic groups, people from different religions or cultures and different abilities. This again shows that my intent was to ensure the service I commissioned would be ethically, morally and legally robust with regard to true community engagement	E3.1 Consultation Plan pg2 E3.1 Consultation Plan pg 2, 4 and 5

Standards claimed	Approach	Evidence
1b 9aiii	and listening to the views of individuals and communities taking into account diversity and helping to redress inequalities by supporting those from all groups to have a voice, rather than the organisation imposing their own values and agenda. **(1b, 9aiii)**	
1b 3d	In the consultation plan I made it clear that I wanted to explore the role of volunteers and how Healthwatch might make the most of existing volunteer networks on the Island as well as discover what people thought about the transition from Local Involvement Network (LINk) to Healthwatch so I could ensure a successful transition. A key aim of the consultation for me was to ensure that all stakeholders felt that they had sufficient opportunity and information to comment on the changes and that they had been listened to by the council as well as enabling me to make a true assessment of the impact of establishing local Healthwatch would have on the Islands population and on individuals. I believe this is a good example of an appropriate way for me to proactively address ethical issues relative to the commencement of Healthwatch. I was thinking about issues such as should the professionals alone decide on what services should be available to individuals, groups and communities to help improve health and wellbeing for those individuals and communities? Are professionals alone able to understand the complexities of health and wellbeing issues? I certainly believe this is not the case. I think individuals and communities can make a huge contribution to not only identify the issues and need but also the solutions and how those solutions should be delivered i.e. what would work locally. These issues will also be affected by the social culture and the beliefs of the individuals and communities in the area. I firmly believe that if we are to improve health and wellbeing we need to fully understand the issues or potential issues from not only research and theory but also we need to listen to people from all walks of life and take their views into account. **(1b, 3d)**	E3.1 Consultation Plan
5c	In order to do this it is vital that we engage with people, groups and communities and inform and empower them to become fully participatory to have more control over their own health and wellbeing through community engagement which I know is a key term and concept for public health work. **(5c)**	
5c	The full and comprehensive engagement I undertook allowed me to work with people on their own terms based on the value of self-empowerment. I informed people with regard to the changes in legislation, the effects this would have and how individuals and groups could influence what would happen locally. I did this by writing (in collaboration with my then line manager) a comprehensive consultation document. Thus I was applying the educational and client-centred health promotion approaches (from Ewles and	E3.1 Consultation Plan pg 3,4 and 5 E3.2 Email trail support group

Standards claimed	Approach	Evidence
5c 9aiii (part here and part in commentary 2) 3b 3d 9d	Simnett) to this situation. (I expand on this point more in the reflection section of this commentary). **(5c)** Whilst my work in commissioning Healthwatch would not directly affect behaviour change, the work of Healthwatch would, so commissioning Healthwatch would ultimately be client centred, educational and use the behaviour change approach to empower individuals and groups to positively contribute to the health and wellbeing outcomes for individuals and communities on the Isle of Wight. **(5c)** I was carrying out the consultation alone and could not physically see and support everyone to ensure the fullest engagement was gained therefore I used the principles of community engagement by building partnerships with a wide variety of groups such as patient groups at GP's surgeries, voluntary sector and support groups for people and carers, town and parish councils. I identified these groups in the consultation plan as primary stakeholders and other groups who had agreed to assist with supporting people to reply to the consultation. To support people who were gathering the views of the community for me I wrote down supplementary information as well as communicating verbally either face to face or on the telephone. I put all the materials together into a facilitators briefing pack which included the consultation document (mentioned above) and the easy read version of this document which I wrote with assistance from council staff who supported people with learning difficulties. This was used to involve and support those with learning difficulties to engage in the consultation. For me, it was important to hear from this group as I know they can be disadvantaged in regard to having the ability to make healthy life choices and when accessing healthcare yet they are a vulnerable group and to address these inequalities I knew I had to be proactive in supporting them. **(9aiii)** I provided the documents to all those community groups who had agreed to assist in the engagement process. By issuing all this information I was supporting the community groups to support attendees and members of those groups to gain the knowledge and understanding of what was changing, and how Healthwatch could help people and groups in the future with regard to health and wellbeing. This enabled them to be supported to make informed decisions about improving health and wellbeing on the Island and demonstrates that I acted to promote the ability of others to make informed decisions and I value people, and what their opinions are, as individuals. For those who wished to contribute independently I developed an online survey and made paper copies available in all libraries and council public buildings such as help desks and childrens centres. **(3b, 3d and 9d).** I am aware of the importance the media plays in health and	E3.3 consultation doc E3.1 Consultation plan pg 5 E3.4 Facilitators pack E3.5 cons doc easy read. E3.6 Survey E3.7 press articles E3.8 Consultation

Standards claimed	Approach	Evidence
9e 6c 3d	wellbeing issues and how media can strongly influence the perceptions of communities and individuals. Throughout the engagement I wrote press releases the results of which were articles in the local newspaper. (**9e**, further to evidence in commentary one) At the end of the consultation I gathered the feedback and analysed it by coding and identifying themes and wrote the consultation results report and used this to communicate the outcomes to my line manager, directors and council members both in written format and in face to face discussions **(6c).** I also used the points and comments raised to inform my development of the service specification for Healthwatch and NHS complaints advocacy service on the Isle of Wight. Thus I valued people as individuals and used their contributions through the community engagement to directly influence the development of the service which would ultimately affect health and wellbeing of individuals, groups and communities. **(3d)**	results report E3.9 service specification
5e 8b	**Equality and diversity** I carried out a comprehensive Equality Impact Assessment (EIA) and used the results from the engagement exercise to fully inform this. I highlighted in the EIA that there was a potential risk to certain groups and individuals and how these risks could be mitigated. I did also acknowledge that, given the primary aim of Healthwatch was to provide a voice for local service users and carers in the commissioning of services, and in doing so champion equality of health and care access and provision, that I assessed the likelihood of this to be low. For example I stated that people could be disadvantaged by reason of religion if Healthwatch events or venues to access its services were to be held on days or in venues where people could not attend due to race, religion or beliefs then these individuals would be unfairly disadvantaged (e.g. holding events on a day held as sacred or meetings on premises which sell alcohol may inadvertently preclude some people). I then used this to state in the service specification that the provider must always ensure they are accessible and inclusive thus communicating to prospective providers that they must consider these issues. Therefore I demonstrated of how culture and experience may impact on others and how I communicated this risk, in writing in both the EIA and the service specification. **(5e, 8b)**	E3.10 EIA pg 6 E3.9 service specification pgs 10 and 19
	Procurement process I used legislation, national guidance and feedback from the consultation to write the specification for the Healthwatch service. I also had legal advice from the council's procurement and legal teams. As can be seen in the specification for both Healthwatch and	E3.9 Service specification

Standards claimed	Approach	Evidence
3b 3d 5e 5c	the NHS complaints advocacy service I paid particular attention to and highlighted the need for both services (Health watch and NHS complaints advocacy) with regard to promoting the ability of others to make informed decisions **(3b),** valuing people as individuals **(3d)** and ensuring individuals and groups are supported with regard to health and wellbeing. I also made specific reference to ensuring individuals could equally access the service regardless of their background, culture, experience and that the expectation would be that the information would be provided in an unbiased way **(5e)** I worked with the procurement and legal teams in order to develop the invitation to tender documentation and the contract for the services (Healthwatch and NHS complaints advocacy) and advertise the opportunity to bid for the contract(s). The evaluation panel consisted of my line manager, a senior manager from the clinical commissioning group (CCG), a senior manager from adult social care (council) and me. On receipt of the tenders I lead on the process of evaluation. One of the sections in the tender document which I ensured we would evaluate against was that of social capital (I ensured this by asking the procurement team to include it). When developing the tender documents it was an essential component of the contract that the successful bidder would be able to demonstrate how they contribute to the social fabric of the Island's community, building and positively affecting community networks, relationships and structures in order to improve health and wellbeing. I have extrapolated and anonymised my evaluation against each bidder in E3.8. **(5C)**	Pages 3,4,5,7,8,10,11 and 19 E3.11 extract from evaluation of tender

Outcomes

The outcomes of my work have:

1. Led to a comprehensive Healthwatch being delivered on the Isle of Wight who are actively supporting individuals, groups and communities as well as influencing provision of services which contribute to health and wellbeing on the Island. This is evidenced by E3.12 which is copy of recent media coverage of the work of Healthwatch. **(9d)**
2. Ensured that an appropriate complaints advocacy service is available to support individuals, carers and families if they need support with regard to the NHS complaints systems and procedures.

Personal reflection

The portfolio approach has helped me to reflect on past pieces of work. With particular relevance to this commentary I carried out the commissioning of Healthwatch and NHS

complaints advocacy when I was not working in public health. Writing this commentary has helped me to reflect on this work. I now realise that through applying engagement and partnership good practice and principles I was actually using public health terms and concepts. I now know through formal training, CPD events, portfolio master class events, reading and discussions with colleagues that community engagement, empowerment, social capital and social marketing are key terms and concepts in public health. I was using knowledge of these in my role as strategic partnership and consultation manager and used much of my knowledge in this area to carry out the commissioning of Healthwatch as explained earlier in this commentary. **(5c)**

Since working in public health I have learnt about primary, secondary and tertiary prevention and health promotion and prevention and now use these terms on a daily basis when talking to colleagues both inside and external to my team.

Through writing my portfolio I have also realised that I have been using other principles of public health for a long time for example ethics and the principle of not doing harm which I have developed during my nursing and police careers. Therefore whilst I have, and am still, broadening my appreciation of ethical dilemmas I have a variety of experience on which to draw and build into my public health practice.

Writing the commentaries has definitely helped me to realise the public health knowledge I have and to realise some of the academic knowledge gaps I have. So I am acting and thinking in a public health way but sometimes I lack the public health knowledge to back this up. I have recently applied to study for an MSc Public Health to address these knowledge gaps and improve my public health practice.

List of evidence

E3.1 Consultation Plan
E3.2 Email trail support group
E3.3 consultation doc
E3.4 Facilitators pack
E3.5 cons doc easy read
E3.6 Survey
E3.7 press articles
E3.8 Consultation results report
E3.9 service specification
E3.10 EIA
E3.11 extract from evaluation of tender
E3.12 copy of recent media coverage

References and bibliography

Douglas, J. Jones, L (editors) 2011Public Health: Building Innovative Practice, Sage publications in association with Open University.

Ewles and Simnett, 1985, Approaches to health promotion, as described in Douglas, J. Jones, L (editors) 2011Public Health: Building Innovative Practice, Sage publications in association with Open University pg. 151.