

# Establishing Local Healthwatch

Advice, information and signposting



Establishing local Healthwatch (LHW) is a series of briefings produced by the LGA to assist local authorities and their partners in local communities and the NHS to support the commissioning, setting up and early development of local Healthwatch.

The briefings are intended as a general introduction to what is involved and a brief summary of issues and questions which local authorities and others may wish to consider.

The full suite of briefings can be found at: [www.local.gov.uk/health](http://www.local.gov.uk/health)

Information in the briefings has been compiled from a document review, web-based research and information from LHW leads from around the country.

It should not be regarded as a comprehensive picture or as statutory or non-statutory guidance, which is provided by the Secretary of State for Health and the Department of Health.

Case examples show a range of different ways in which local authorities and partners are setting up, developing and supporting LHW – they reflect local ideas and solutions which may stimulate thinking about options, rather than being recommendations for general good practice.





## Key messages

- Clarity is needed on what the core offer of an advice, information and signposting service will be and the mechanisms by which it will be delivered.
- Early discussion with outgoing PCTs and incoming CCGs will be important in reaching an understanding of the respective information and signposting services of CCGs and local Healthwatch, to avoid replication and confusion.
- In deciding how such a service will work, it will be important to understand what relevant information, signposting and advice services and networks are already available locally, how local Healthwatch might work with and draw on these services, how it will identify gaps and provision to fill them
- The complaints advocacy service is not part of the core local Healthwatch contract, but it will be helpful in thinking about information and signposting services to have an idea of how the complaints advocacy service will be commissioned
- Local authorities may want to ensure that there is some requirement in emerging contracts that LHW and any new complaints advocacy service work in partnership to ensure joined up services and user experience
- Local authorities may wish to give some thought as to how they characterise the information and signposting function in their service specifications for local Healthwatch (if they have not already done so)

- It will be important to have an understanding of how the proposed information repository to be provided by Healthwatch England will work
- Decisions about the design and delivery of information and signposting services will need to be informed by consultation with service users and those who might use services.

NB: Local authorities are advised to consult their legal advisers about any possible TUPE implications of local Healthwatch taking on any functions currently performed by PCT PALS or ICAS. This question is outside the scope of this document.



## Introduction

In addition to ensuring that the voices of service users, patients and the public are heard in the design, commissioning and delivery of services, the functions of local Healthwatch created by the Health and Social Care Act 2012 include providing an advice and information service to the public about accessing health and social care services and choice in relation to aspects of those services.<sup>1</sup> Later policy documents refer also to a “signposting” service, so the assumption now is that the function should be described as “advice, information and signposting”.

The Government’s purpose in creating this function is “to enable people to take more control of their own health, treatment and care, and understand and use the increased choices available to them”.<sup>2</sup>

Local Healthwatch is intended to provide a single point of contact to help people find information about the choices they have or to put them in touch with the right advocacy organisation.

In April 2012, the Department of Health’s ‘Answers to frequently asked questions from Healthwatch pathfinders’ responded as follows to a question whether a phased approach to advice and information would be in line with the spirit of the legislation:

“We would want to encourage all local Healthwatch to provide all its functions to local people from the outset, and this would be in the spirit of the legislation. However, a phased approach to providing advice and information could be welcomed if there is a plan to ensure (a) that local people know when this is coming on stream from their local Healthwatch; and (b) that funding has been made available to make this happen.”

Enabling people to make informed choices is an important part of tackling inequalities in access to and provision of services, as local authorities and local Healthwatch providers will be aware. There is always a danger that, where there are choices to be made, people who have had greater educational opportunities and/or experience of dealing with complex public services and finding their way round information systems will be at an unfair advantage over those with less access to information (for example because of the language they speak or lack of access to the information). This means that, as well as engaging communities in planning, designing and evaluating services, local Healthwatch will also have a specific role in supporting individuals by, for example, assisting them to understand what their options are in their current situation and helping them access further sources of information. Some advice and signposting of this kind is currently provided by PCTs as part of their Patient Advice and Liaison Services (PALS) responsibilities, and it is partly this function which local Healthwatch is expected to develop.

<sup>1</sup> DH, A strong voice for people – the policy explained: <http://healthandcare.dh.gov.uk/files/2012/03/Local-Healthwatch-policy.pdf>

<sup>2</sup> Op.cit.

However, the picture about exactly what kind of service the information, signposting and advice service should be is complicated by the fact that CCGs will have and local authorities now already have patient, service user and public engagement functions themselves, part of which involves providing information, signposting and advice to individuals. It is unlikely to be the case that, as has been assumed in some areas, all PCT PALS will simply transfer with their staff and budgets to local Healthwatch. It will be important to ensure that the service provided by local Healthwatch does not replicate functions that either the local authority or CCGs are intending to provide. Early discussions about how the information role will be carried out and its remit in each organisation will help to develop mutual understanding, avoid duplication and potentially contribute to enhancing the local public service information system as a whole.

The core functions of NHS PALS include:

- providing information on health and local services to enable people to make an informed decision or choice
- signposting members of the public to services and assisting with onward referral
- helping patients navigate their way through the complex NHS systems and liaison
- listening to concerns and handling complaints through support and as a gateway to the Independent Complaints Advocacy Service (ICAS)
- working collaboratively across organisational boundaries
- acting as a catalyst for service improvement.

While CCGs and local authorities themselves have a duty to provide this kind of information and signposting to residents, the information they provide will most likely be based on expertise on the services for which they have specific responsibilities. There will be an additional role for local Healthwatch in explaining from an external service user perspective how the system works, how different parts of it relate to each other, where people can get additional independent information and advice (for example from specialist voluntary organisations) and how they can take up issues both formally and informally if they are not happy with the services they receive. LHW will need to be able to point the way to complaints and advocacy services, unless they are specifically commissioned to provide such services (see Appendix 2 on complaints). They will also have a key role in ensuring that all sections of the community are enabled to benefit from information about and signposting to services.

Local authority Healthwatch commissioners consulted in the preparation of this briefing suggested that the signposting function of local Healthwatch is not:

- to tell people what to do, or what course of action to take, or give their opinions about what people should do
- to give clinical or anything that could be thought to be clinical guidance or advice on medical interventions or conditions
- to build up case work
- to provide counselling
- to undertake referrals (unless following agreed protocols with local organisations, or a potential safeguarding issue)
- as a replacement NHS Direct or 111 service.

The DH Healthwatch Programme Advisory Group which includes representatives of LINKs, local authorities and the voluntary sector has produced an overview of the signposting and information function. To carry this out effectively, the Group has identified that local Healthwatch will have to:

- identify what information already exists and how to access it
- identify unmet needs so gaps in information can be plugged
- have its finger on the pulse of the latest information and news and know where to direct people
- fully understand and champion the NHS Constitution and the concept of personalisation
- build people's knowledge of local Healthwatch as an information and advice resource, ensuring visibility and ease of access
- develop relationships with commissioners and providers
- make sure people can get information in different formats eg electronic, hard copy, Braille, preferred language translations
- make full use of social networking tools to reach communities that are otherwise under-represented
- have the capacity and systems to direct people to services they require
- ensure that it provides feedback to individual members of the public and other partners.<sup>3</sup>

## Complaints

Dealing with complaints and advocating on behalf of complainants is not part of the core local Healthwatch contract. Appendix 1 briefly describes arrangements which will need to be made locally in commissioning a complaints advocacy service.

Whatever arrangements are made, if local Healthwatch is not itself commissioned to provide the complaints advocacy service for its population as an addition to its core contract, it will need to have an excellent understanding of how the service works for local residents, as part of its signposting activities.

It will also need to work closely with the providers of the service as part of local data collection work to help commissioners and providers of services to understand the issues which concern service users, whether these are part of a pattern and where things may be going wrong and, especially, how services could be improved.

<sup>3</sup> <http://healthandcare.dh.gov.uk/how-will-local-healthwatch-work/>



Kirklees Council is letting the NHS complaints advocacy service under a separate grant for a 12 month period. Kirklees is joining up with Calderdale Council on this temporary contract with a view to value for money, greater efficiency and to exploit economies of scale.

As so much of the operating landscape for health and social care services is changing beyond 2013, the two councils felt this arrangement would provide some 'breathing space', enabling them to commission the NHS complaints advocacy service with more confidence from 2014/15 onwards.

Healthwatch Kirklees will not be responsible for providing advocacy for clients for NHS or social care complaints.

However the provider of the complaints advocacy service will be required to develop effective partnerships with Healthwatch Kirklees to identify trends and patterns of issues around NHS complaints and ensure that information and intelligence is reported on regularly to commissioners.

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## What might a new local Healthwatch signposting service look like?

Some local authorities have started to define the signposting role for their LHW which could include (subject to the availability of adequate financial resources) some or all of the following functions:

1. the technical management and administration of a knowledge management system which:
  - repackages national datasets for easier local consumption
  - aggregates local data for sharing with national commissioning agencies and regulators (CQC)
  - operates a local media monitoring service
  - produces regular e-mails, updates and alerts to local Healthwatch members
  - networks with other local Healthwatch organisations and Healthwatch England (eg via the Healthwatch England information repository – see below)
2. analysis of information and data by local Healthwatch staff, governors and volunteers
3. presentation of data and intelligence to the wider public through various communications media (eg website, newsletters, social media etc.) operated by local Healthwatch
4. interpretation and dissemination of local information and how to access this at an individual/ community level, including access by minority and marginalised groups, through trained volunteers recruited and supported by local Healthwatch.

In formulating a specification and a strategy for developing an information and signposting system, it will be important to understand what information and information networks already exist locally, through libraries, voluntary sector organisations and community groups, as well as statutory organisations.

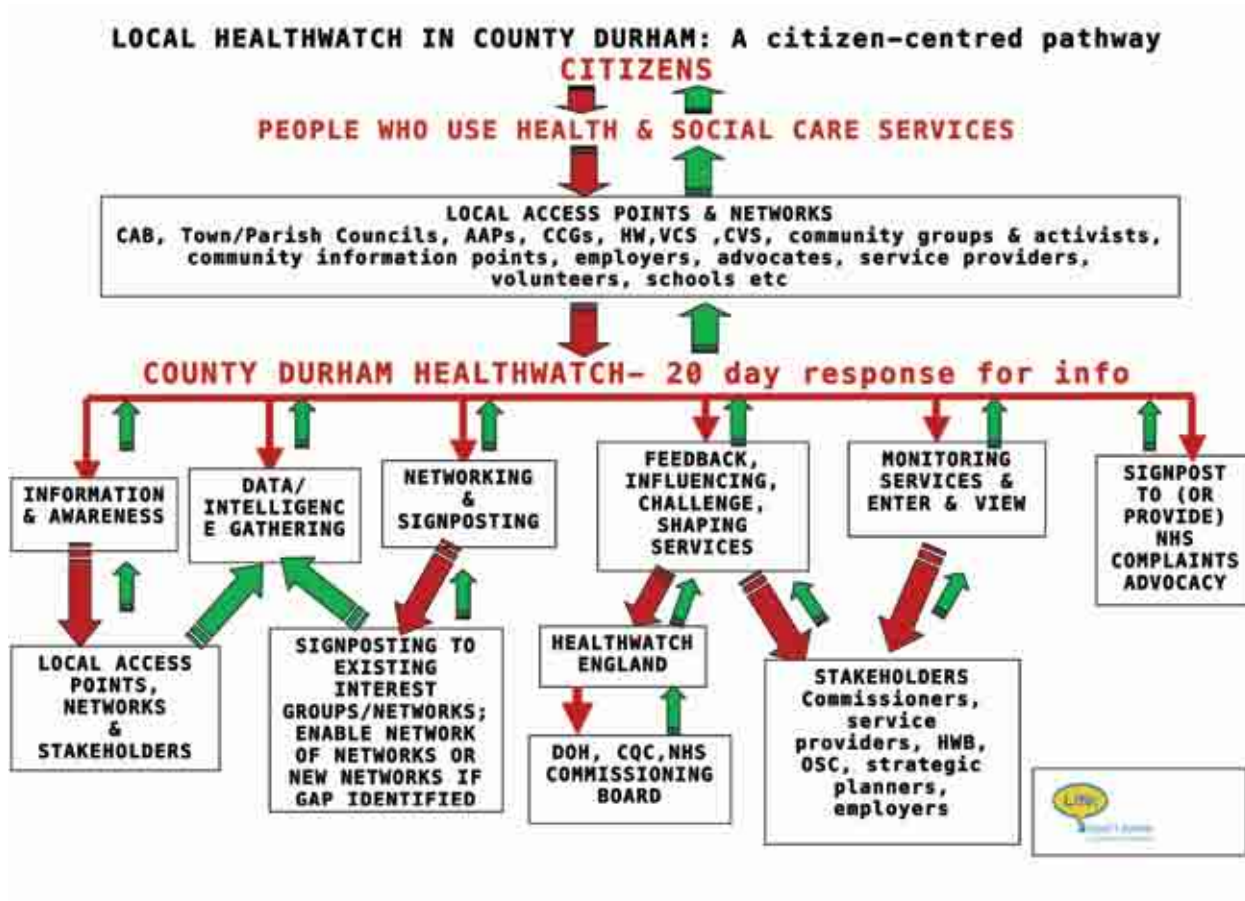
Durham County Council's description of the information and signposting service is:

**Provide information and signpost and support access to information for service users and their carers**

- provide a one point “no wrong door” approach to service provision
- provide, where possible, a “tell us once” approach to service provision
- provide advice and information (signposting) services to ensure that all sections of the local population have access to good quality impartial advice and advocacy relating to health and social care services available to them
- identify what information already exists and how to access it
- identify unmet needs in information so gaps can be plugged
- be visible and known as an information and advice resource
- develop and maintain a database of existing local networks and support systems to direct people to the services they require
- offer a referral/redirection service to existing health and social care services
- ensure that information is provided in plain English avoiding the use of jargon and in alternative and appropriate formats where appropriate
- make full use of social networking tools to reach communities and citizens that might otherwise not be represented
- ensure that appropriate IT support systems are in place to enable Local Healthwatch to effectively analyse and develop insight from the information and data that it will gather.



In its Service Model for local Healthwatch, the County Council includes shows where information and signposting fit in a 'citizen centred pathway' diagram prepared by the LINK:



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Based on work carried out by the London Healthwatch commissioners group, and following extensive community consultation in Harrow, the London Borough of Harrow has included in its service specification for local Healthwatch a checklist of what individuals and organisations should experience in using an information, advice and signposting service. There is a flourishing and well-established network of sources of advice and information in existence in Harrow. LHW are not expected to replicate or duplicate existing provision but to co-ordinate current activities to ensure the best possible range of sources of high quality and accurate advice and information. If gaps in provision are identified, LHW will be expected to ensure that these are met either by an already existing organisation or organisations or by direct provision.

### **What should individuals and organisations experience?**

Individuals should experience:

#### **A service which:**

- is easy to find and access
- informs them about how they can get more involved in their own health and social care as part of the wider HealthWatch remit and informs them about how they can get involved in HealthWatch to bring about change to health and social care services
- provides information through a range of mediums and formats eg leaflets, electronic, telephone
- communicates general health and social care information through local networks
- supports and promotes local public health information and awareness raising activities
- provides accurate and accessible information to patients, carers and families, about local health and social care services and can help introduce people to local networks and support groups.

Organisations (Community, Statutory, Regulatory, the Health and Wellbeing Board and HealthWatch England) should experience:

- a service which links with other local information sources for health and social care
- an organisation with extensive local networks
- an organisation which actively communicates information from local health and social care organisations to the local community through its networks
- an organisation which provides an early warning system for local health and social care commissioning and provider bodies by identifying issues or gaps in services raised through the signposting service
- an organisation which understands the limits of the local HealthWatch information and advice giving function.

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## The information repository and local systems

Work is currently ongoing between some LINKs, pathfinder Healthwatch and CQC staff to develop an information repository for local Healthwatch to use from April 2013. The repository will be a free of charge, central, secure, controlled-access online store where every local Healthwatch will be able share comments and documents with 151 other local Healthwatch and with Healthwatch England. The repository will be accessible to local Healthwatch, Healthwatch England and selected CQC staff.

The contents will include:

- feedback comments given to Healthwatch by service users and the public, like those kept by LINKs today in stand-alone spreadsheets and databases.
- relevant documents, such as enter and view reports, including those sometimes made available online today on separate, non-integrated LINKs websites.
- CQC documents of interest to the Healthwatch community such as published compliance reports, so that these can be searched and viewed alongside local Healthwatch comments and documents.

All items in the repository will be tagged and made easily searchable by standard Healthwatch categories and codes. Local Healthwatch will be able to use the repository as their only system for feedback comment storage and reporting, if they wish. The repository will be based on Microsoft SharePoint and provided by Healthwatch England.<sup>4</sup>

Clearly the repository will be an important tool to support LHW in carrying out their information and signposting duties. To some extent, the usefulness of the repository at local level will depend on how much each LHW contributes to its content.

Thinking about how and when to use the repository will be an early stage for each LHW in setting up its information and signposting function, since there is a danger of duplication in setting up new information systems which may not be compatible with the repository.

In addition, local authorities and LHW will need to work with CCGs in understanding the nature and remit of each other's information services and the extent to which they can share information platforms. The Government has made it clear that it expects the NHS and local government to have a 'presumption of openness' delivering the fullest possible public access to the information they hold as soon as possible.

Routine and regular publication of nationally and locally held datasets should make it easier for LHW and colleagues in the voluntary and community sector to access and analyse data about the quality of services and turn it into information that the public can readily access.

Where the content or quality of published information gives concern, LHW should be able to draw it to the attention of commissioners and regulators.

<sup>4</sup> Further information about the repository can be obtained from [Enquiries.Healthwatch@cqc.org.uk](mailto:Enquiries.Healthwatch@cqc.org.uk).

At the local level, health and wellbeing boards as well as community and voluntary sector networks could provide a forum in which to develop systems for sharing information and relationships to underpin the systems.

Successful signposting depends not just on a knowledge of information systems and sources, but also on having good relationships with service and information providers. 'Knowing who to go to' and being able to ring contacts in the local authority, the CCG and service providers may help cut through the complexities of the system.

### Signposting in Hertfordshire

HertsHelp is a network or hub of 200+ community organisations working together to help people in Hertfordshire to find and access practical support, guidance and information. Partner organisations include Healthwatch Hertfordshire, NHS Hertfordshire and Hertfordshire Council. HertsHelp offers non-labelling, non-stigmatising help. The network has 14,000 voluntary organisations on its database, enabling staff to access specialist sources of help – the caller doesn't have to know they exist. Staff provide 'triage' assessing the kind of information need that callers have and act as an open gateway to information, advice, guidance and support. For the user of HertsHelp, the intention is that they should receive manageable amounts of information, may only need to use HertsHelp once before they are in touch with the right organisation, but will know that HertsHelp is there if they need it (or if it needs them to understand their experiences and preferences or to promote its services).

Partner organisations are clear that the HertsHelp hub has helped the system to respond in a more co-ordinated and efficient way and has released additional value from finding and partnership.

For local Healthwatch:

- HertsHelp will be a **funnel** – it will funnel users who don't know about Healthwatch to the unique Healthwatch offer
- Healthwatch will be a **spoke** of the HertsHelp hub – when HertsHelp needs more than a simple phone call to NHS Choices, it will contact Healthwatch Hertfordshire or refer clients to it
- HertsHelp can be a **marketing tool** giving added value to local Healthwatch's membership
- It will help the local authority **maximise** local Healthwatch's usefulness, ensuring it is not creating a new 'stand alone' information service that people don't know about
- It will enable Healthwatch Hertfordshire to **start its signposting service small and build to fill gaps** in the local information network which relate to the local Healthwatch offer.

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East Sussex county council has begun to think about options for how a number of local providers of information, including library services and LHW, might work together in the future to deliver some of the Council's information functions. This could include public health messages as well as the universal information services that local authorities are now required to provide on adult social care. Discussions are taking place around the commissioning of Healthwatch to understand what skills, competencies and capacity a LHW social enterprise might need if, further down the line in its development, it were commissioned to deliver wider information services.

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## Managing the signposting and information function

Local Healthwatch organisations and the local authorities with which they are contracted will need to develop a strategy for developing their information function. This is likely to require:

- agreement between the commissioning local authority and the LHW organisation about what type and level of service is included in the function and clarity about what is not included (this is likely to involve agreement on definitions and preliminary discussions with social services departments and CCGs about their own provision of information and signposting)

- an understanding of how the Healthwatch England information repository will work, what it will provide and what the LHW will upload to it and how LHW can access information
- an understanding of how the local authority is proposing to commission the complaints advocacy function and how this will interact with the signposting function
- mapping existing information collection, management and dissemination
  - by the LINK
  - by public sector organisations (the local authority, including library services, and the CCG(s))
  - by the local voluntary and community sector
- a process for consulting people who will use the information and signposting services about what their needs are and how they can best be met – this is likely to mean providing information by different means to different groups, ie not all through the internet
- a process for developing the information function, including
  - a transition plan for the handover of information/systems from LINKs and of the relevant information signposting role from PCT PALS
  - any external contracting by LHW to an existing or new provider
  - any potential sharing with neighbouring LHW organisations and/or other local information providers
- a governance model, including how issues such as data protection, trust and privacy will be managed and how the performance of the function will be assessed for quality and outcomes

- consideration of staffing issues, including training and support for staff.

The skills, knowledge and experience likely to be required for an effective information and signposting service include:

- a clear understanding of roles and responsibilities
- knowledge of local networks, support and advice services

- staff trained in IT, knowledge management and communication and listening skills

- an understanding of organisational and sector boundaries and ability to work within those boundaries

- clear understanding of expected behaviours and codes of conduct for delivering the service

- ongoing training and support for those delivering the service.

Cornwall's proposed delivery model for local Healthwatch (subject to final funding and contracts) gives details of how the signposting service will be accessed.

The only advertised Healthwatch telephone contact will be a central free-phone number. Where the caller has a complex request the call will be forwarded to a specialist provider. During normal office hours this will be a redirection of the call. After 5pm there will be an offer of a call back from the specialist during the following working day and/or the direct contact number for the specialist for a self referral. The specialist areas will be:

- |   |                       |
|---|-----------------------|
| • Older persons services                              | Age UK Cornwall       |
| • Enduring illness service                            | Disability Cornwall   |
| • Younger persons Service                             | Young People Cornwall |
| • Mental Health related services                      | Pentreath             |
| • Access to services for isolated and minority groups | tbc                   |

The likely level of demand is hard to predict and is closely dependent on publicity and engagement at both a local and national level. Subcontracts for the delivery of this element of Healthwatch will be reviewed after 6 months.

If affordable the phone line will operate daily Monday to Friday from 10am to 2pm and from 4pm to 8pm and will be reviewed in the light of actual demand.

In addition, specialist partners who are Healthwatch Cornwall branded, may receive direct calls from the public requesting signposting information. These calls will be monitored, data gathered and reported.

A main Healthwatch Cornwall website will be established. This will not duplicate the local authority, NHS or other web portals but will link to them.

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## Questions to consider

1. Is there clarity about definitions of information, advice, signposting, referral, advocacy and complaints and where the demarcation of responsibilities for each will lie? To what level of detail is the information and signposting function to be specified by the local authority? How will it be performance managed by the local authority?
2. Have there been discussions with existing local information providers with a view to avoiding duplication and filling gaps?
3. Can the health and wellbeing board and other local networks provide a forum for discussion of a strategic approach to information and signposting, for example developing a common understanding of clear pathways for signposting and referral?
4. Are there local opportunities for providing a shared service, either with neighbouring LHW or with other local organisations which have established information collection, management and distribution systems?
5. What existing systems developed by LINK and PCT PALS should not be lost and could be built on to support the information function?
6. Will Healthwatch wish to contract with another organisation to provide all or part of the function and, if so, what will be the specification and how will the contract be performance managed by the LHW governing body?
7. Will there be a plan in place before April 2013 to ensure that local people know when an advice and information service is coming on stream from local Healthwatch?
8. Will funding be made available from April 2013 to enable an advice and information service to be set up?

## Resources

LGA/DH, 'Developing effective local Healthwatch': <http://www.dh.gov.uk/health/2012/07/healthwatch-engagement/>

LGA/DH, Healthwatch Factsheet – Independent Complaints Advocacy Service: [http://www.local.gov.uk/c/document\\_library/get\\_file?uuid=3a6dc983-36bc-4183-82d2-cb3a4f563031&groupId=10171](http://www.local.gov.uk/c/document_library/get_file?uuid=3a6dc983-36bc-4183-82d2-cb3a4f563031&groupId=10171)

The Legal Services Commission regulates the legal aid scheme in England and Wales providing information, advice and legal representation to people in need. This is more formal and specialist advice than would be expected to be provided by Healthwatch, but the LSC sets quality standards which may be of interest to commissioners of local Healthwatch, albeit at a less specialist level: <http://www.legalservices.gov.uk/aboutus.asp>

The Advice Services Alliance took over ownership of the General Help Quality Mark from the Legal Services Commission. It will now be known as the Advice Quality Standard which advice organisations can attain by meeting certain criteria. There is no provision at present for local Healthwatch to be part of this regime, but commissioners and LHW organisations may be interested in aspiring to a Standard of this kind as they develop.

## Appendix 1 – commissioning of local NHS complaints advocacy service

Currently complaints about NHS services are handled by the local Independent Complaints Advocacy Service (ICAS) (which usually covers significantly more than one local authority area). The services are provided to people making, or intending to make, a complaint in relation to the provision of NHS services, or to the exercise of statutory functions by certain NHS bodies. Section 185 of the Health and Social Care Act transfers responsibility for commissioning a complaints advocacy service in relation to NHS services from the Secretary of State to local authorities from 1 April 2013. This will be added to local authorities' current responsibilities for commissioning advocacy services for social care complaints and mental health. Options available to local authority commissioners of complaints advocacy services include:

- local authorities jointly commissioning NHS complaints advocacy with
- neighbouring authorities
- a local authority individually commissioning NHS complaints advocacy services for its own residents
- an individual local authority 'bundling' all its NHS complaints and wider advocacy contracts into a single contract with a provider

Providing a complaints advocacy service is not part of the Healthwatch core contract. Local authorities may decide to offer a separate contract to a local Healthwatch to carry out the complaints advocacy function, but they need not do so. If a local Healthwatch is commissioned to provide this function, it may either employ advocates to carry out the function or sub-contract with a third party to do so.

In deciding how and from which organisations to commission this service, local authorities will undoubtedly take into account the need to ensure that the service operates effectively and delivers value for money.

This may mean bringing together the complaints advocacy services for social care and mental health and/or collaborating across local authority boundaries to commission a regional or sub-regional service.

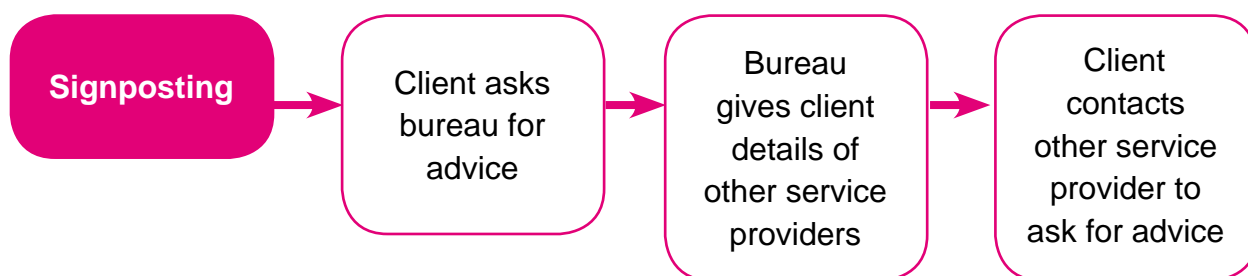


## Appendix 2 – definitions of relevant terms

The Citizens Advice Bureau uses a number of definitions in designing its own advice, information and signposting services. While these would probably need some amendment for use by local Healthwatch, they may provide the basis of a helpful classification:

### Signposting

Signposting takes place when you give a client basic information about other service providers, including contact details, based on the client's needs and your knowledge of the organisations. There is no attempt to determine the outcome of the signposting.

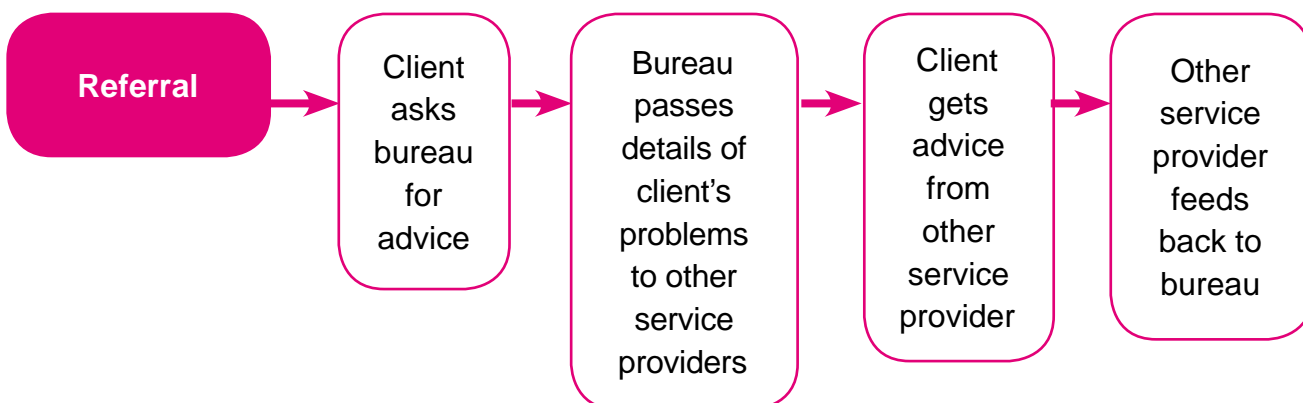


### Referral

A referral takes place when you pass the client's details, together with instructions and relevant documents to another service provider on the understanding that the service provider will:

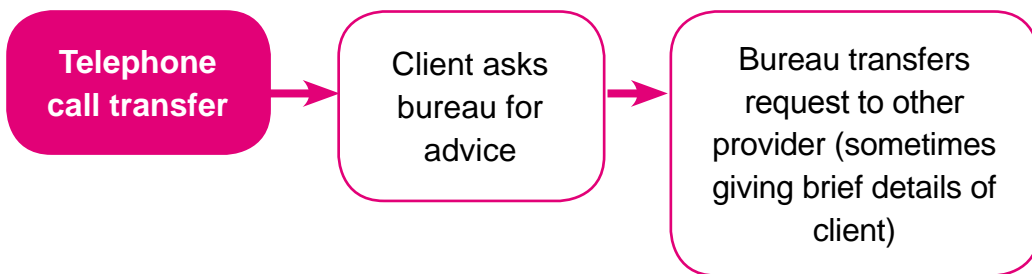
- deal with the client by appointment
- advise you of the outcome of the referral.

An appointment can be made by the referring service at the same time that the referral is made, or at a later date by the receiving agency. Appointments can be conducted in person, by telephone or electronically.



## Telephone call transfer

A telephone call transfer takes place when you pass the client's enquiry to another service provider but make no attempt to determine the outcome of the transfer. Transfers can be "warm" when basic information is forwarded or "cold" when no information is forwarded.



## **Deciding whether to signpost, refer or transfer the call**

The following should be taken into account:

- client's understanding of their problem
- nature of the problem
- client's ability to express themselves
- whether the client will be able to choose which agency is best
- complexity of the problem
- urgency of the problem
- seriousness of the problem
- possible impact of not getting advice.

Before a referral is made, you must always consider its appropriateness, particularly where clients have been identified as vulnerable.

### **Information or self-help information**

involves the 'provision of services that rely on individuals finding and using information themselves.' Assistance in locating the information can be provided within this definition but not the identification of specific answers to a client's problem. For example, a client asking for information on tax credits could be helped to find the appropriate part of the HMRC website or be given a leaflet.

**Assisted information** 'uses standard material to inform the client how to manage their own problem. The gateway assessor (who for CAB is the first person to speak to the client and who effectively conducts a triage) should identify appropriate resources and ensure that, in the circumstances, the client can take the matter forward.'

## **Advice**

**Generalist advice:** Includes diagnosing the client's problems, giving information and explaining options, helping the client decide between options and giving assistance such as form-filling and identifying next steps.

**Casework:** The bureau takes on responsibility for the conduct of a case and the caseworker takes action on behalf of the client. This may include negotiation and representation on the client's behalf including at appeal proceedings where necessary. The bureau drives and manages the case, generally devolving responsibility to a caseworker(s) who will have a continuing relationship with the client. This type of activity would be part of the complaints advocacy function and would not be undertaken by local Healthwatch unless it had been specifically commissioned to do so by the local authority.

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