

Local Healthwatch

Reflective Audit

Local Healthwatch Reflective Audit

This local Healthwatch Reflective Audit has been developed to help you understand how well local Healthwatch is working in your local area. It also helps you understand whether other organisations are introducing changes as a result of working with local Healthwatch. The Reflective Audit can be used to gather views from local stakeholders in a way which is suitable for the local circumstance and can be edited to local needs, priorities and aspirations. The Reflective Audit comprises a process and a tool which you can adapt and use as necessary.

How was the Reflective Audit developed?

The Reflective Audit was developed by the Northwest Local Authority Healthwatch Commissioning Leads, local Healthwatch organisations in the North West supported by the LGA and Healthwatch England during summer and autumn 2013. The development process was led by four local authorities which provided a relatively representative spread across the North West; Cumbria, a large County area, Manchester City Council, Bury Metropolitan District Council, and Blackburn with Darwen, a Unitary Authority.

Initial Focus Groups – The development process involved firstly focus group discussions with a representative group of key stakeholders in both Cumbria and Blackburn with Darwen. These groups involved lead members for Health and Social Care, Chairs and Vice Chairs of local Healthwatch, local Healthwatch Staff, Community, Voluntary and Faith Sector representatives, members of CCGs, service providers including NHS Trusts and Council Commissioners. The discussions were facilitated by the LGA and local Healthwatch

England and focused on a discussion of the types of questions and topics that each would like to ask stakeholders that would help to build a picture of the effectiveness and impact of local Healthwatch.

Development Workshop – The detailed report of the focus groups was then considered at a workshop at North West Employers in Manchester. All those that had taken part in the focus group discussions were asked to participate in the development workshop. The main aim was to develop an outline process for the Reflective Audit and to agree key topics. This workshop drafted a process for carrying out the Reflective Audit and a questionnaire (i.e. the tool) to gather the information.

Final workshop – following drafting of the process and tool the group came back together in January to consider the drafts in the light of comments and feedback from local Healthwatch and Commissioners across the North West. The discussions fed into the final drafting process.

The resulting Reflective Audit has been through an iterative process with input from all participants representative of elected members, Councils, local Healthwatch operational teams, local Healthwatch Boards and the Community, Voluntary and Faith Sectors, CCGs and Health and Social Care providers.

Using the Reflective Audit

The questionnaire can be adapted for local needs and use. The purpose is to provide feedback to local Healthwatch, the local Healthwatch Board and local Healthwatch commissioners as to how local stakeholders in the Health and Social Care economy view local Healthwatch. As an example, the basic principles have been used by Liverpool but the design was adapted to meet the local needs and understanding (contact Ann Williams - email ann.williams@liverpool.gov.uk or telephone 07515500880).

So how could it be adapted?

1. You don't have to use every section or every question. You may decide that you would like to gather more qualitative information from stakeholder and so choose to leave out the attitudinal scale questions, leaving only the open questions.
2. Whilst the questionnaire does have some survey style questions which you may choose to use, it is designed to enable respondents to share reflections. During the design, feedback suggested that there is significant richness and value from reflecting on how local Healthwatch is making stakeholders think about the way they have been working.
3. In places where the tool refers to "local Healthwatch" you may wish to insert the name of your local Healthwatch organisation e.g. Healthwatch Blackburn with Darwen.
4. You may have some specific questions of your own that you would like add.
5. You may wish to adapt or amend existing questions for example the second question in section 2 asks "How would you describe the reputation of local Healthwatch amongst other organisations?", you may wish to add in a question and response box for different types of organisation. These could be

Council, CCG(s), Health Providers etc.

6. You can modify the respondents section at the end of the questionnaire to reflect the profile of organisations taking part in the audit.

So, how could it be used?

It will be helpful to identify why the Reflective Audit is being done at the start of the process. This can be done through discussions between the Commissioners and local Healthwatch

Once you have gathered the information there are a number of ways in which it can be used for commissioners, the Board and local Healthwatch.

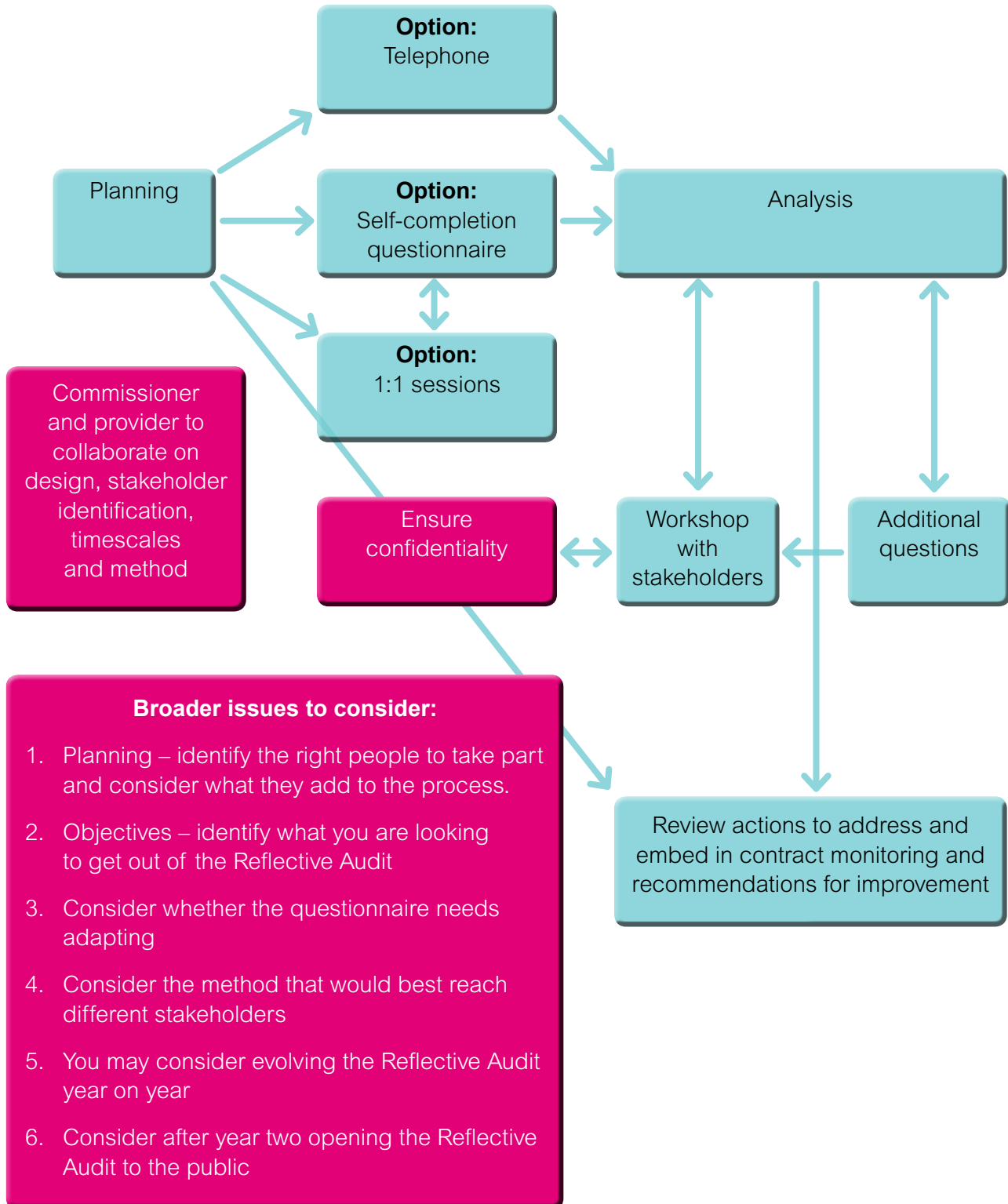
It will also be helpful to identify what you might get from the Reflective Audit, for example:

- identification of the development needs for local Healthwatch
- understanding the blocks and barriers in the system
- understanding enablers in the system and how partners could support local Healthwatch to be as effective as possible
- information to support judgements about value for money.

The way the Reflective Audit is used locally is something that should be agreed locally between relevant partners.

How will it run locally?

The diagram below sets out the outline process for carrying out a local Healthwatch Reflective Audit.



So here's how it might work

The diagram provides a schematic of the suggested process for running the Reflective Audit in your local area. You can choose and decide on your own process but there are four suggested main stages followed by a review of the process:

1. Planning – the commissioner and provider work together to plan how the Reflective Audit is going to work. This would cover,

- deciding whether other partners should be involved in the design process
- agreeing which organisation will send out the questionnaire
- who it should go to and what follow up will be needed to maximise the response
- who will do the analysis and reporting including whether an independent organisation should be commissioned to deliver and report on the Reflective Audit
- timescales
- how the questionnaire is to be administered; by e-mail with self-completion, telephone interview face to face interview or a combination of methods
- consideration of stakeholder confidentiality and the security of the information provided.

2. Distribution of the Reflective Audit questionnaire – having decided on distribution and method, the questionnaire would then be sent out to those on the agreed distribution list with the agreed method for securing responses which could include a mix of self-completion, telephone or face to face interviews along with an agreed deadline for return or interview completion.

3. Analysis – after the deadline for completion and when commissioner and provider are comfortable that all possible returns have been received, the questionnaires will be analysed by the agreed method. The Analysis stage will include various activities

- Initial analysis and development of the draft report
- A workshop with stakeholders to review the initial findings and to generate further comment and possible further questions about local Healthwatch
- Further analysis of the data/responses to address the questions and issues raised in the workshop
- Completion of the final analysis and report

4. Review and develop recommendations for change – it is suggested that the workshop also give consideration to recommendations for the future development of local Healthwatch in the form of key actions to be embedded in the contracting process.

5. Reflective Audit process review – after the Reflective Audit is complete it is suggested that commissioner and provider work together to review the process and to consider how the Reflective Audit could be evolved for future use dependent on local circumstances.

Remember that the process for running the Reflective Audit is not fixed as set out above. You can adapt the process to suit local circumstances. The important thing is that you are able to agree a process locally which will provide commissioner and local Healthwatch with the evidence to understand how local Healthwatch is viewed locally and positive agreed actions for future development.

What next?

We hope you find the tool helpful and that it will help you to understand how local Healthwatch is working in your local area.

If you'd like a discussion about running the Reflective Audit where you are you can contact:

Ken Barnsley

Head of Engagement Research
and Intelligence

Public Health
Blackburn with Darwen Council
10 Duke Street
Blackburn
BB2 1DH

01254 585183
kenneth.barnsley@blackburn.gov.uk

Joel Rasbash

Strategic Policy Advisor
Equality and Cohesion

Policy Planning and Communities
Chief Executive's Office
Cumbria County Council
The Courts
Carlisle CA3 8NA

01228 226639 / 07825103565
joel.rasbash@cumbria.gov.uk

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Local Healthwatch – Reflective Audit

Healthwatch has been running since April 2013 and we'd like you to take some time to reflect on how your local Healthwatch has developed and worked with your organisation. As you'll see the questionnaire contains a mix of rating questions and the chance for you to comment. The questions are based on key issues and themes that have been developed with a wide range of stakeholders including Council Commissioners, Lead Elected Members, local Healthwatch Board Members, local Healthwatch Operational staff, CCGs, service providers including NHS Trusts, LGA regional staff and Healthwatch England. You can be assured that your responses will be confidential and that any quotes in the review report will be unattributable.

How to complete the questionnaire:

Please tick one box on each row (unless otherwise stated). Where you see D/K this means Don't Know.

When completing the questionnaire, we would also encourage you to include any thoughts you have on the role you/your organisation has played in supporting local Healthwatch in the last year.

I hope you are able to spend half an hour completing the Reflective Audit and would like to thank you in advance for your time and cooperation.

First of all could you indicate whether you agree or disagree with the following five statements about your local Healthwatch.

Please tick one box on each row.

	Agree	Disagree	Don't know
Local Healthwatch has a clear purpose			
Local Healthwatch is an effective organisation			
Local Healthwatch is accessible			
Local Healthwatch is inclusive			

Local Healthwatch is responsive			
1 Awareness of local Healthwatch			
How would you describe the awareness of local Healthwatch in your organisation?			
How would you describe the awareness of local Healthwatch amongst local Health and Social Care organisations?			

1.1 How would you describe awareness of local Healthwatch for the following groups and organisations involved in Health and Social Care?

	Really poor	Poor	Adequate	Good	Excellent	Don't know
Your organisation						
Local Council (s)						
Clinical Commissioning Group(s)						
Health Providers						
Social Care Providers						
Voluntary, Community & Faith Sectors						
Residents, service users and patients						

1.2 Please comment on your responses to 1.1

2 Local Healthwatch Reputation

How would you describe the reputation of local Healthwatch in your organisation?

How would you describe the reputation of local Healthwatch amongst other organisations?

2.1 Do you feel that local Healthwatch is doing a good job locally?

	Yes always	Yes sometimes	Doing Ok	No not really	No not at all	Don't know
as far as your organisation is concerned						
on behalf of local residents, service users and patients						
In helping to improve health and social care services						
on the Health and Wellbeing board						

2.2 Please comment on your responses to 2.1						

3 Local Healthwatch Communications

How would you describe communication between local Healthwatch and your organisation.

Please comment on the overall approach that local Healthwatch takes to communications.

3.1 How would you describe local Healthwatch communication with the following groups and organisations involved in Health and Social Care?

	Really poor	Poor	Adequate	Good	Excellent	Don't know
Your organisation						
Local Council (s)						
Clinical Commissioning Group(s)						
Health Providers						
Social Care Providers						
Voluntary, Community & Faith Sectors						

Residents, service users and patients						
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3.2 Please comment on your responses to 3.1

4 Local Healthwatch Relationships

How would you describe the relationship between local Healthwatch and your organisation?

How strong is your own personal relationship with local Healthwatch?

How strong is the relationship between local Healthwatch and other organisations?

4.1 How would you describe the relationships between local Healthwatch and . . . ?						
	Very weak	Weak	Adequate	Strong	Very strong	Don't know
Your organisation						
Local Council (s)						
Clinical Commissioning Group(s)						
Health Providers						
Social Care Providers						
Voluntary, Community & Faith Sectors						
Residents, service users and patients						

4.2 Please comment on your responses to 4.1

5 Local Healthwatch Priorities

What are the priorities that local Healthwatch has focused on?

How would you describe the process through which local Healthwatch develops its priorities?

5.1 Please indicate the extent to which you either agree or disagree with the following statements about Healthwatch priorities.

	Completely disagree	Mostly disagree	Neither	Mostly agree	Completely agree	Don't know
Healthwatch has strong evidence based priorities						
Healthwatch has priorities that are based on the needs and concerns of residents, service users and patients						
Healthwatch priorities complement the priorities of the Health and Wellbeing Board						
Healthwatch priorities complement the priorities of the CCG						

Healthwatch has an open and fair process for deciding priorities						
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5.2 Please comment on your responses to 5.1

6 Local Healthwatch Impact

Please comment on local Healthwatch's Performance in the last year

What has been the influence and challenge of local Healthwatch on your organisation?

What do you feel has changed in your organisation as a result of local Healthwatch?

What has been the influence of local Healthwatch on Health and Social Care services?

What do you feel has changed in Health and Social Care as a result of local Healthwatch?

6.1 Please indicate the extent to which you either agree or disagree with the following statements about local Healthwatch's impact.

	Totally disagree	Mostly disagree	Neither	Mostly agree	Completely agree	Don't know
Local Healthwatch is able to challenge providers on service delivery						
Local Healthwatch has made a positive impact on Health and Social Care services						
Local Healthwatch has achieved little this year						
Local Healthwatch has made an impact on the work of the Health and Wellbeing Board						
Local Healthwatch has made an impact on the CCG(s)						

7. Challenges and Final Comments

What would you say has been the biggest success for local Healthwatch in the last year?

What would you say has been the biggest challenge for local Healthwatch in the last year?

What would you say is the biggest challenge for local Healthwatch in the coming year?

What could you do to support local Healthwatch in the coming year?

Please include any final comments that you have about local Healthwatch and any of the issues raised earlier

You and your organisation (Please circle all that apply)		
Health and Wellbeing Board Member	1	
Local Council	2	
Elected Member	3	
NHS Trust	4	
Clinical Commissioning Group	5	
Community or faith organisation	6	
Health care provider	7	
Social care provider	8	
Voluntary organisation	9	
Business	10	
Other	11	
If other please specify		

Notes



Local Government Association

Local Government House
Smith Square
London SW1P 3HZ

Telephone 020 7664 3000
Fax 020 7664 3030
Email info@local.gov.uk
www.local.gov.uk

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