Section 8
Informing and influencing the new health landscape

This section is an abbreviated version of ‘Informing and influencing the new local health landscape: A guide for local Compacts’, which was written by Sally Cooke. It is available on the Compact Voice website at www.compactvoice.org.uk
Section 8
Informing and influencing the new health landscape

In this section:
- Key elements of local health reform
- One page guide: Using your local Compact to inform and influence the health agenda
- New health partnerships and the Compact diagram
- Working with Health and Wellbeing Boards
- Who local Compact partners should be communicating with and how
- Glossary of acronyms

The Health and Social Care Act 2012 creates a number of new bodies – including Local Healthwatch and Clinical Commissioning Groups, and new partnerships like Health and Wellbeing Boards. At a local level, these new groups and partnerships transfer responsibility for public health from the NHS to local government. The aims of the Compact in relation to effective, transparent, responsive and high quality services and a more fair and equal society are very much aligned with the Government’s ambition for the new health landscape.

This section addresses how the Compact – and those involved in local Compacts – can have a positive influence on the partnerships that are being developed as a result of these recent health reforms.

Key elements of local health reform

There are four key changes to the local health and social care landscape created by the health reforms:
- Health and wellbeing boards (HWBs) – local partnerships bringing together those responsible for commissioning health and care services locally. They will be responsible for developing joint strategic needs assessments (JSNAs) and joint health and wellbeing strategies (JHWS) for their locality. The core membership of HWBs is defined in legislation, and is outlined later in this section.
- Clinical Commissioning Groups (CCGs) – A Clinical Commissioning Group (CCG) is the name for the health commissioning organisations that replaced Primary Care Trusts in April 2013. CCGs are groups of GP Practices, working with other healthcare professionals and in partnership with local authorities and communities. CCGs are supported by clinical networks advising on single areas of care (e.g. cancer) and new ‘clinical senates’ in each area of the country. They are accountable to the new national NHS Commissioning Board (NHSCB), which also has some local presence (in relation to the commissioning of primary care and specialist services).
- Local Healthwatch (LHW) – Local Healthwatch is the consumer champion for health and social care patients, services users and carers. Every local authority in England has a duty to commission a Local Healthwatch. The new organisations started on 1 April 2013, and were built on, or evolved from, the Local Involvement Networks (LINks). LINks were the main mechanism for public involvement in health and social care from 2008 to 2013. Local Healthwatch should have local people at the heart of their governance and provide voice for the local community on the HMB. A national body, Healthwatch England (HWE), supports Local Healthwatch.
- Transfer of public health responsibility – Responsibility for public health has been transferred from the NHS to local government. A new integrated public health service, Public Health England (PHE), has been established, and took up its powers on 1 April 2013. PHE provides advice and intelligence on public health issues with a strong emphasis on outcomes and addressing health inequalities. At local level, public health will be the responsibility of Directors of Public Health who, like Directors of Adult Social Services and Directors of Children’s Services, will be based in the local authority and be core members of local HWBs.
One page guide: Using your local Compact to inform and influence the health agenda

1. Work strategically within the VCS – The Compact needs to be closely linked to the processes for representation of the VCS in relation to health and social care. This will enable the VCS to better influence the complex and rapidly evolving health and social care system. If you don’t already know, find out what mechanisms exist locally (e.g. a health and social care forum, network or Chief Officers’ group) and who leads them. Make sure your Compact work is linked into this.

2. Foster relationships with key people in health and social care – Identify the people with power and responsibility in the statutory sector and work collectively to open channels of communication and foster good relationships with them. As a starting point, find out who chairs your local health and wellbeing board (HWB) and who the other members are. Local authorities, Directors of Public Health and Clinical Commissioning Groups (CCGs) all become increasingly influential as a result of the health reforms.

3. Use these contacts to establish recognition of the sector’s multiple roles in relation to health and wellbeing – Remember key players in health and social care will be interested in health and wellbeing outcomes for the local population not the VCS per se, so use examples and evidence and demonstrate how the sector can help them do what they need to do better and how a stronger local sector can have greater preventative impact.

4. Introduce the Compact to those who don’t already know it – Promote the Compact as a two-way process that sets the tone for respectful and positive relationships. Encourage statutory partners to engage with the Compact as the bedrock for constructive ways of working locally and encourage as many local partners as possible (including the new CCGs) to sign up to the local Compact.

5. Continue to use the Compact where there is poor or damaging practice – Respond swiftly and constructively when issues arise. Be clear what you want or why a particular approach won’t work or will be damaging for the local community. Try to suggest alternative ways of dealing with an issue.

6. Reassert Compact principles as the basis for good practice engagement and commissioning – Use the Compact proactively whenever new commissioning and engagement activities are being discussed or introduced by local authorities, HWBs or CCGs. Promote the commitments and principles of the Compact as the ground rules for constructive partnership working, which results in better outcomes.

7. Consider reviewing the Compact or the processes surrounding it locally – Depending on local circumstances, this might mean reviewing part or all or your local Compact document and/or the processes surrounding it to ensure the content and the people involved reflect the changed environment. Or, it might mean reaffirming existing commitments with new partners – such as Directors of Public Health, CCGs or local Healthwatch.

8. Work with the VCS to improve their offer to statutory partners – Ensure the sector’s own representation is robust and credible. Support the sector to demonstrate the quality and impact of its work.
Health and wellbeing boards are at the heart of the new health and social care landscape. The Compact provides the cornerstones for effective partnership between voluntary and statutory sectors.

***NB: for all acronyms see glossary on page 12***

A strong, diverse and independent civil society

Effective and transparent design and development of policies, programmes and public services

An equal and fair society

Responsive and high quality programmes and services

Effective and transparent design and development of policies, programmes and public services

Clear arrangements for managing changes to programmes and services

A strong, diverse and independent civil society

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Effective and transparent design and development of policies, programmes and public services
Working with new partnership structures

1. Health and wellbeing boards

HWBs vary greatly in their set up and their membership. The core membership for the boards is prescribed in legislation and includes:
- local elected members
- Directors of Adult Social Services
- Directors of Children’s Services
- Directors of Public Health
- representatives from CCGs
- local Healthwatch, and
- District Councils (in two tier areas).

Local voluntary sector infrastructure organisations (such as Councils for Voluntary Service) are in many areas playing the primary representative role and/or hosting the wider mechanisms through which VCS representatives are selected. It is frequently through these organisations that the link to local Compact working groups is made. It is essential that the sector’s approach to these Boards is a coordinated and strategic one and that, as a result, it clearly links to local Compact mechanisms.

Where there is no VCS representation on the HWB a coordinated approach from the sector is arguably even more important. A strong collective case will need to be made by the sector, articulating how it can support statutory partners to meet their duties and responsibilities and achieve better outcomes for local communities. Depending on the commitments in your sector and about the quality of the information and services the sector provides. They may also have little prior understanding of how the sector is resourced. Providing some targeted early and straightforward information for CCGs about the size and scope of the local sector, its roles in relation to health and care and the resources it currently has from the health sector could be a useful in initiating this dialogue. Providing a single point of access to the sector or a relevant forum with which CCGs can engage is likely to be valued.

Where the sector has had first-hand representation on the HWB, it has also helped to initiate relationships with CCGs. Establishing the channels of communication and raising awareness of the sector and the Compact is the groundwork on which future discussions can build.

2. Clinical Commissioning Groups

In order to influence health commissioning, a relationship with local CCGs will be critical for the VCS. Unlike Primary Care Trust staff, who were previously responsible for local health commissioning, CCGs are made up primarily of local GPs who may have had little prior involvement in local partnership mechanisms – and may also have little knowledge of the local sector or its role.

GPs are particularly interested in the things that will prevent the need for visits to surgeries (such as improved public health and wellbeing) and the things that will help them to keep people out of hospital. The VCS does much that can have an impact here (e.g. advice and counselling services, sports and social activities, self-help groups and community-based support for older people and other vulnerable groups).

Where early engagement has been achieved, GPs have articulated concerns about CCGs being swamped by requests from different parts of the sector and about the quality of the information and services the sector provides. They may also have little prior understanding of how the sector is resourced. Providing some targeted early and straightforward information for CCGs about the size and scope of the local sector, its roles in relation to health and care and the resources it currently has from the health sector could be a useful in initiating this dialogue. Providing a single point of access to the sector or a relevant forum with which CCGs can engage is likely to be valued.

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3. Joint Strategic Needs Assessments

Joint Strategic Needs Assessment (JNSA) describes a process that identifies current and future health and wellbeing needs, in light of existing services, and informs future service planning taking into account evidence of effectiveness. JSNA identifies ‘the big picture’, in terms of the health and wellbeing needs and inequalities of a local population.

There is a requirement to involve local people, as well as local Healthwatch, in the preparation of JSNAs and joint health and well-being strategies.

JSNA Statutory Guidance produced by the Department of Health1 makes the case for engaging with the VCS (including organisations that represent specific groups) in these processes; because of the insight and information they can provide to help JSNAs better reflect the needs and views of people in vulnerable circumstances, and because of the ‘great value such organisations can bring to the process’.

Cumbria: Leading the way with CCG sign-up to their local Compact

Cumbria’s Clinical Commissioning Group became one of the first to sign up to their local Compact in October 2012, setting a positive example for other CCGs across the country. Dr Hugh Reeve, Chair of the Cumbria Clinical Commissioning Group, said:

“Cumbria has a vibrant voluntary sector that mirrors the community spirit seen in towns and villages across the county. As local GPs take on more responsibility for the way health services are designed and resourced in Cumbria, we are very pleased to be the first Clinical Commissioning Group to sign up to this important Compact.”

4. Local Healthwatch

Every upper tier local authority has responsibility for commissioning local Healthwatch for their area. Local Healthwatch will have a community engagement function and responsibility for advice and signposting to local health and care services as well as providing complaints advocacy for those who have experienced poor services.

Local authorities have a great deal of freedom in how they commission local Healthwatch, and many of them are taking very different approaches to how they do so. The extent of VCS engagement in the creation of local Healthwatch varies because of this.

Local Healthwatch replaces Local Involvement Networks (LINks), and build on or evolve from those Networks. The level of engagement LINks may have previously had with the VCS also varies from area to area.

Compact commitments relating to engagement, consultation and commissioning are very pertinent to this aspect of reform. There is an expectation that the local VCS will be involved in the development plans for local Healthwatch. And, in line with Best Value Guidance, the commissioning process should be transparent and ‘fit for purpose’ (whether it results in grant funding or contractual arrangements or a combination of the two), have regard to local Compact commitments and take into account social value.

Once commissioned by the local authority, the resulting local Healthwatch body will need to be independent to ensure that it can:

- Prioritise based on community needs and concerns
- Challenge the local authority, as any other provider, if services are found to be poor
- Remain politically neutral

A primary principle of the Compact, that of independence to pursue mission irrespective of financial or other relationship with the public sector, is particularly important in relation to local Healthwatch if it is to be trusted by the public in its consumer champion role.

### 5. Linking the Compact to public health

The transfer of responsibility for public health from the NHS to local authorities is strategically significant for the VCS. It brings public health much closer to the heart of local service commissioning both in health and social care but also beyond, where other services have an impact on public health and well-being.

As well as highlighting the many roles the sector can play in relation to public health – promoting public health messages, supporting healthy lifestyles and contributing to the wider determinants of health e.g. education, housing, social capital etc. – it may be necessary to bring a new Director of Public Health up to speed on the council’s commitments under their local Compact.

**What Next? Who should local Compact partners be communicating with and how?**

Those areas where the VCS has achieved a level of engagement in the processes of health and social care reform are very likely to say that their local Compact is well known and supported locally. The Compact, in many areas, has helped to create an environment in which the sector does not have to push too hard to gain a place at the table. The health reforms provide further impetus for promoting the sector’s role, and the role of the Compact in maximising the sector’s contribution, in relation to the health and wellbeing of local communities.

The following advice builds on the experience of other local Compact groups who are actively engaged in the evolving health partnerships and structures in their local area.

1. **Work strategically within the VCS**
   Fragmented approaches in what is already a complex and rapidly evolving system will have far less impact. The Compact needs to be closely linked in to the processes for representation of the VCS in relation to health and social care issues.

2. **Foster relationships with key people in health and social care**
   Identify the people with power and responsibility in the statutory sector and work collectively (with VCS partners) to open channels of communication and foster good relationships with them.

3. **Use these contacts to establish recognition of the sector’s multiple roles in relation to health and wellbeing**
   Statutory partners will be interested in health and wellbeing outcomes for the local population not the VCS per se, so use examples and evidence and demonstrate how the sector can help them do what they need to do better. Be clear what the benefits of engaging with the sector are.

4. **Introduce the Compact to those who don’t already know it**
   Promote the Compact as a two way process that sets the tone for respectful and positive relationships.

5. **Continue to use the Compact where there is poor or damaging practice**
   Respond swiftly and constructively when issues arise.

6. **Reassert Compact principles as the basis for good practice in engagement and commissioning**
   Use the Compact proactively whenever new commissioning and engagement activities are being discussed or introduced by health and wellbeing boards, local authorities or CCGs.

7. **Consider reviewing the Compact or the processes surrounding it locally**
   You may need the new personnel and new structures in place to reaffirm commitment to your local Compact, or it may be a good time to consider refreshing your Compact.

8. **Work with partners within the VCS to improve their offer to statutory partners**
   Ensure that the sector’s representation is backed up with appropriate mechanisms to give it credibility and provide a valued forum for statutory partners to engage with.
### Glossary of useful acronyms

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<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>CCG</td>
<td>Clinical Commissioning Group</td>
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<tr>
<td>CVS</td>
<td>Council for Voluntary Service (a local infrastructure organisation for the VCS)</td>
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<tr>
<td>DASS</td>
<td>Director of Adult Social Services</td>
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<tr>
<td>DCS</td>
<td>Director of Children’s Services</td>
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<tr>
<td>DPH</td>
<td>Director of Public Health</td>
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<td>HWB</td>
<td>Health and Wellbeing Board</td>
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<td>HWE</td>
<td>Healthwatch England</td>
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<td>JHWS</td>
<td>Joint Health and Wellbeing Strategy</td>
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<td>JSNA</td>
<td>Joint Strategic Needs Assessment</td>
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<tr>
<td>LHW</td>
<td>local Healthwatch</td>
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<td>LiNks</td>
<td>Local Involvement Networks</td>
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<td>NHS</td>
<td>National Health Service</td>
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<td>NHSCB</td>
<td>NHS Commissioning Board</td>
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<td>PCT</td>
<td>Primary Care Trust</td>
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<td>PHE</td>
<td>Public Health England</td>
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<td>PPI</td>
<td>Patient and Public Involvement</td>
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<tr>
<td>VCOs</td>
<td>Voluntary and Community Organisations</td>
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<tr>
<td>VCS</td>
<td>Voluntary and Community Sector (also known as the third sector)</td>
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### Wiltshire: Ensuring health representation on Compact board

In Wiltshire the Compact Board has 50/50 representation from both the voluntary and statutory sectors. They have been considering the changing roles created by the health reforms, and are revising their membership to reflect this.

“Two seats on the board that are currently held by the Primary Care Trust are being reserved for the Health and Wellbeing Board and the CCG. A third seat is reserved for the VCS, a forum or group specialising in health – probably local Healthwatch. We are waiting for the dust to settle on structures before making proposals/invitations.” – Peter Baxter, Chair of Wiltshire’s Compact Board, speaking in late 2012.

### How Compact Voice can help:

We can

- Share good practice about how other areas have successfully engaged with new health partnerships and structures – see ‘Informing and Influencing the New Health Landscape: Case Studies’ on our website at [www.compactvoice.org.uk/resources](http://www.compactvoice.org.uk/resources)
- Provide advice and support for working with local health partnerships through our engagement team.
- Guide you through the process of refreshing or renewing your local Compact, to ensure it is relevant to and inclusive of the new local health landscape
- Contact our Engagement Development Team for more information: [www.compactvoice.org.uk/support](http://www.compactvoice.org.uk/support).

More detailed information on this topic can be found in ‘Informing and Influencing the New Health Landscape: A Guide for Local Compacts’, which is available at [www.compactvoice.org.uk](http://www.compactvoice.org.uk).