

## A report from the Voluntary and Community Sector Forum **Health and Wellbeing Special Meeting**

1 September 2011  
Anchor Centre, Garratt Lane



45 participants from voluntary and community organisations and members of Wandsworth LINK (Local Involvement Network) came together on 1 September to discuss health and wellbeing matters in the borough. We looked at how voluntary and community organisations can work with future HealthWatch and how it could feed into the Health and Wellbeing Board and the Joint Strategic Needs Assessment (JSNA).

### **Wandsworth LINK is becoming HealthWatch**

Jenny Weinstein, Chair of Wandsworth LINK, gave a presentation of how LINK is changing as the organisation transforms into HealthWatch. She explained that HealthWatch will continue to represent patients and service users and hold statutory services to account. It will also give people a chance to have their voice heard by service commissioners and providers and it will be able to look into specific issues of concern to the community. HealthWatch will also be able to make recommendations to commissioners and providers of services and expect a response within a specific period of time. Jenny also provided a brief overview of the so called shadow arrangements in Wandsworth, which entail:



1. A pathfinder Clinical Commissioning group
2. A shadow Health and Well Being Board
3. A pathfinder HealthWatch
4. Wandsworth PCT merging with with 5 other Borough PCTs to form an interim cluster until 2013.

## HealthWatch and the Health & Wellbeing Board

Roger Appleton, member of LINK's Executive Committee and the network's representative on the new Health and Wellbeing Board, explained how the new structure operates and the role of LINK/future HealthWatch in providing an avenue for patients, service users and voluntary groups to have a voice on the Board. Roger also summarised the remit of the board and its relationship to the Joint Strategic Needs Assessment that brings together information about health outcomes in Wandsworth and identifies priority areas for improvement. Richard Wiles from Wandsworth Council's Policy Unit provided two documents explaining the Health and Wellbeing Board and the Joint Strategic Needs Assessment.



### Questions and comments

- Will HealthWatch be the only non-statutory organisation represented on the Health and Wellbeing Board? Will the membership be expanded?
- If the Health & Wellbeing Board operates as a Council committee, could we find out a bit more about how it makes decisions?
- Participants are not clear about how the Health and Wellbeing Board will be operating in terms of its links with communities.
- A mechanism is needed linking decision-makers with voluntary and community organisations.
- Who is responsible for/accountable to local voluntary and community organisations?

### Downloads

[Jenny Weinstein's presentation on HealthWatch](#)

[Richard Wiles' background information on the Health and Wellbeing Board and the JSNA](#)

## How do we work with the new structures?

Participants discussed what mechanisms the voluntary and community sector would like to see put in place to ensure that decision makers and local people can work more closely together to identify gaps, solutions and good service design and delivery.

There were some general questions about the mandate and workings of the Health & Wellbeing Board and the JSNA, including how the top level work relates to the detailed commissioning of particular services that may or may not be on the JSNA short-list. It is at the frontline level that voluntary organisations feel they can make a difference. Many participants were interested in exploring how voluntary sector proposals and influence around commissioning could be improved. There was a strong sense of wanting to find a way to convey information about health and wellbeing priorities in a way that felt more like an ongoing dialogue with the Council and the NHS. Many felt that drawing on existing frontline knowledge had to date not been done to its full potential and that this might be an opportunity to make some positive changes.

### Questions

- Will the Health and Wellbeing Partnership lead or follow the Board?
- How will decisions from the partnership influence the board?
- How will participation work? What will the Health and Wellbeing Partnership do?
- How does the Board relate to the new Clinical Commissioning Group and the relationship with GPs more generally?
- We need a way of collecting information on local needs in a more concerted way. Stats used to formulate priorities don't reveal the full picture. How do we feed through information about our clients' needs?
- How do we go beyond the headlines of the JSNA into the detail of what our members and clients want/want to change about services?
- How can smaller organisations get their evidence base across?
- How will wellbeing needs of young people be represented?
- Wellbeing is so broad that it covers almost everything – where do we draw the line?

### Discussion feedback

Will the Partnership lead or follow the Board?



o Transparency of the H+WB Board  
o Influencing and informing the Board's strategy  
o Contributing to actions + outcomes, including commissioning  
o Networking groups/meetings



## Discussion feedback

How will our facts & figures about the need of our clients be recognised? Who will collect?

\* Mechanisms for enabling/sustaining Healthwatch is able to engage with relevant wider community?

+ Multiple vol/community networks - use their wisdom.

\* Need for dialogue, not just listening.



How do people find a voice & feed in to the 'Health & Wellbeing Board'?

- generate ~~the~~ formal structures networks  
- organise by: - Interest group  
- locality

- a series of meetings/workshops  
'CO-production'.

- coherent organisation(s) to represent the needs of the voluntary sector & SUPPORT from the council.

## Suggestions for how the Board can work with the voluntary sector

- Creating new structures to match the new commissioning arrangements.
- Organising work around particular interest groups.
- Organising by locality.
- Organising a series of meetings/workshops where decision makers and front line groups can start the dialogue.
- Co-production – is this an opportunity to practice?
- Via the HealthWatch representative on the Board
- Dialogue with commissioners AND decision makers.
- Input into Health & Wellbeing Strategy.
- The needs categories in the JSNA can be used to guide focused work.
- Information is key – consider regular updates about the JSNA.
- Give good notice regarding commissioning plans – include the sector in planning and designing service specifications.
- This should not just be a listening exercise – we need to challenge issues directly.

## Who will do the work?

- There are expectations placed on HealthWatch that it may not be able to live up to – resources, capacity?
- There is a need for a concerted effort and for an organisation to mobilise the diverse voluntary sector and it needs support from the Council.
- There is a need for engagement across the voluntary sector on an ongoing basis.
- There is a need to work more closely with existing networks and support outreach to involve a better cross section of the voluntary and community sector in the borough.
- Preventative work done in the voluntary sector often falls under the wellbeing heading even though it often directly impacts how more urgent care is used.
- We need to get agreement from commissioners to sit down and talk to us.

## What people said they will do next

- Monitor the situation and follow up as needed.
- Stay engaged & get involved in new structures.
- Feedback
- Keep a look out at the emails coming through!
- Listen
- Engage with whatever mechanisms are established
- Prepared to work in partnership to carry out robust working strategy
- Pass on ideas via email
- Consider carefully the input/proposals from this meeting
- Continue to develop relationship with health commissioners. Discuss the issues
- Continue to liaise with Lifetimes, LiNK & LA to ensure our priorities are heard and recognised in decision-making
- I'll do report for board & brief key staff. Will work with other mental health providers to establish provider forum. May do more with physical disability.
- Pass the word around to the other service users + carers re the new changes.
- Discuss issues relating to carers' involvement in the W.B.

## The Council's Priorities

Paul Martin, Chief Executive, Wandsworth Council, joined the meeting during the feedback session to introduce himself and to present the Council's current priorities and views on working with the voluntary and community sector.

### Health Reform & Inequalities

The Council is taking on responsibility for health in the borough. This is a very welcome development and the Council wants to use it to make improvements and to address health inequalities.

### Riots

A multi agency task force and a review has been launched to figure out what happened on 8-9 August 2011 and why it happened. Full details of the review into the riots can be found [here](#)

### Cuts

There has been a reduction in the government grant allocated to Wandsworth, which means there have to be cuts in spending. The cuts made to Adult Social Services are less, relative to other departments. How do we make cuts without hurting the most vulnerable?

### Economic Growth

Nine Elms represents a a unique development and growth opportunity involving new investments, infrastructure, housing and jobs.

### Community Involvement

The Council is developing listening skills. The Leader of the Council is engaging with the public through open and informal meetings in local venues. The Council is also exploring new technologies and virtual approaches.

### Relationships with the Voluntary Sector

1. Contractual – partners in service delivery
2. Being held to account by the voluntary and community sector.
3. Partnership work to help make Wandsworth a better place to live

Mr Martin was keen to stress that these relationships are considered complimentary, and that two or more could exist simultaneously.