

# Healthwatch Cornwall

Influencing  
Function  
Policy

2017/2018





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# Influencing Function Policy

## Background

Healthwatch Cornwall (HC) is the independent people's champion for health and social care, promoting better outcomes for all.

It aims to provide intelligence, including evidence from people's views and experiences, to influence policy, planning and commissioning and the delivery of publicly funded health and social care services. It aims to gain the trust of the public, as well as health and social care stakeholder groups, by being responsive, promoting good practice and acting on concerns when things go wrong.

A key attribute of HC should be the ability to be flexible: an organisation which can work in partnership with key decision makers while still being able to listen to individual patient concerns, represent them effectively, and challenge those same decision-making bodies when necessary.

A function of HC is to make people's views known to those responsible for commissioning, providing, managing or scrutinising local care services. HC has a responsibility to communicate credibly and accessibly the local community's views to health and social care commissioners, providers, the Health and Well Being Board and the Health and Social Care Overview and Scrutiny Committee. As a member of the Health and Well Being Board, HC will be integral to the Joint Strategic Needs Assessment and strategies on which local commissioning will be based.

The representative element of HC is crucial in enhancing its role as a powerful and independent voice for service users, carers and communities. The role of representation is a challenging one. Representatives are required to act as a critical friend of decision makers and providers. Representatives are also required to understand complex policy issues. HC representatives are required to act as a channel for patient and user voices. Most importantly they are required to maintain independence, and are ultimately accountable to the patients, carers and service users they represent. The role of a HC representative is to provide an effective, authoritative, credible and influential voice for service users, carers and the community they represent.

Ensuring that HC representatives have efficient and effective routes for gathering issues and feeding back on progress is a critical issue for HC. It has developed, and continues to develop, its own model for recording and communicating the work of its representatives, to ensure their activities are informed by the views of the communities they represent and that there is a clear route for the impact of representatives' interventions to be fed back to the people of Cornwall.

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## Evidence

It is imperative, in order for HC to be viewed as credible, that there is a robust influencing function based on sound evidence, and that individuals representing HC have a clear understanding of their role and a sound knowledge of the issues and evidence.

### Healthwatch Cornwall Representation Principles

Attendance and representation at boards will be based on clear objectives with clear lines of accountability.

Representatives will adhere to clear roles and responsibility frameworks.

Representatives will be appointed and selected through clearly defined protocols and systems.

Representation at Healthwatch boards will be based on an individual's knowledge base and skills.

HC will develop a range of methods for identifying and prioritising the issues to be represented.

Representatives will be enabled through support and training to develop and maintain their skills.

Representatives will require clarity and confidence of what is expected of them in their role, and will need to listen, empathise and build dialogue, and to ask powerful questions.

HC will develop a model of governance and administration to ensure representatives are able to effectively share the impact of their work. A key aspect of representation is in effectively feeding back to patients, users and communities about the impact of representation - "You Said, We Did".

Actions and influencing arising from representation will be recorded accordingly.

Representation at strategic boards will be standard; additional boards will be attended at the discretion of the HC board, and should be in line with the current priority areas of HC.

Representation will be followed by a written report from the representative, submitted on an agreed standard template.

All reports and evidence submitted will be branded as originating from HC.

Volunteer and staff representation will be supported by administration provided by the operational team.

Representation will be supported by clear protocols and procedures.