

To: Healthwatch Surrey Board
From: Kate Scribbins
Date: 26th October 2020

Relationship mapping and influencer strategy

Purpose of this paper: To review and update Healthwatch Surrey's approach to relationships and influence.

The Board is asked to: read the paper and appendices, and invited to endorse the following recommendations:

1. Endorse this approach – simplified goals; more emphasis on involving volunteers and building capacity of Community Influencers to support.
2. Endorse the recommendation to procure a relationship management system (with final recommendation and costings to go to FPC).
3. Consider whether you could pledge to attend ONE regular board/committee on behalf of HWSy (if the appropriate fit can be found with availability etc).

Introduction

We have had an “Influencers strategy” in place since Oct 2017 (see Appendix 1). This was developed and owned by Matt. Regular maintenance of it has gone into abeyance since Matt left, although we have continued the basic principles in our strategic approach to relationships. The strategy was reviewed and had minor tweaks in Oct 2018. It is now overdue for further review. This strategy helped us to some extent in targeting new relationships, however it took up too much management time to review and update. It was held on Excel but updated on paper, was cumbersome, and relied too heavily on one individual to maintain it.

The system didn't really work for a dispersed set of relationships, and a system that is rapidly changing with people moving roles within the system fairly often. Therefore, we need a different approach.

What's the point of an influencer/relationship mapping strategy?

The purpose of the strategy is to enable us to deliver on our vision and mission for Healthwatch Surrey CIC and build new business, via a strategic approach to building important relationships across our system. The strategy and operational tools need to:

- enable us prioritise and to devote resource to key relationships – very important given our limited resource and huge landscape
- enable us to maximise the value of our relationships by pooling contacts and keeping up to date

- enable us to capture micro-contacts across our wide pool of staff, Directors and volunteers (diamonds not bow-ties)
- enable us to identify where we have gaps and work on these in a strategic manner
- enable us to ensure important relationships are nurtured and that we spread our resource wisely.

Our work and influence, and need for relationships to support this, cover:

- 1) Permanent and ongoing influence (our commissioners, key NHS and social care partners, CQC etc.);
- 2) Medium term influence based around our thematic priorities (key stakeholders across 4 main areas whilst they remain a priority);
- 3) Short term (because we are working on a specific issue);
- 4) Day to day practical (HWE, other HW, running an efficient office and team etc.).

Within all of these there is overlap, but also sometimes difference between those relationships we need for maximum *Healthwatch* influence, and those we may need for *new business development*.

Context

The landscape in which we operate and need to maintain relationships is large and complex. We need to have relationships at Surrey County Council (elected members and officers); districts and boroughs; ICS level (Surrey Heartlands and Frimley system); ICP or place level (Surrey Heath, Guildford and Waverly, Surrey Downs, NW Surrey, East Surrey, Farnham); commissioner level, Trust level, within adult social care and children's services. Relationships with third sector organisations and the infrastructure organisations such as SCA, Surrey Youth Focus and the CVSs are also key. Ideally, we'd also have relationships with Primary Care Networks. At a local level, the more relationships we can have with PPGs, smaller voluntary organisations and community groups, the better.

Within any one organization, we need to have relationships at a range of levels, for example Directors, Trustees, CEO, Engagement leads, comms leads, quality leads, patient experience leads, PALs etc.

In terms of the issues we work on, these usually involve a wide range of relationships across multiple organisations, even more so now that we have integrated commissioning in some areas.

Our relationships are nurtured by a wide range of individuals within our wider team, including staff (at various levels), Directors, Volunteers and Citizen Ambassadors.

Current approach

Since Matt left, our strategy has been to position KS as the main face of HWSy, particularly within Surrey Heartlands, whilst maintaining the good relationships that others such as Lisa has built with CQC. Katharine Newman in her Intelligence Officer role is helping brief KS for meetings and building volunteer involvement in reading background papers and preparing. This is going well, and KS is feeling better prepared for meetings. Katharine is also attending meetings herself, and building up relationships in some areas where reporting on our insight is important. Tessa maintains many relationships as they relate to our projects. Intelligence and engagement staff members take the lead on specific providers and places. However, the list of invitations keeps growing, and if we are to retain resource for new business, and keep managing HWSy with a diminishing resource, we do need to be very strategic about what we can and can't do.

A list of current boards, committees, steering groups etc. that we attend, including those attended by our volunteers, is attached as Appendix 2.

What's the problem?

The approach outlined above is working well, and looking back at the Oct 2017 paper, we have made huge strides in our influence. We now have consistent and well-briefed attendance at many key boards where our attendance was previously patchy and ~~prep was~~ somewhat last-minute. Relationships with many senior figures in SCC and the ICSs are strong due to this consistent presence. Our monthly insight reporting during COVID has won us a respect at meetings such as the Quality and Performance Board for Heartlands where we have a standing agenda item, and we are a standing "witness" at the Adults and Health Select Committee. Relationships with many VCFS leaders are strong due to consistent attendance at system VCFS meetings, combined with KS's participation in a year-long leadership group. We have good relationships with other groups who exist to help the system hear service user voices, such as Independent Mental Health Network and Family Voice. We hardly ever come across "haters" nowadays as we have put significant time into explaining our remit and managing expectations.

However, a lot of CEO time is taken up in all of these meetings which does mean less time is available for other aspects such as new business. And we need to question whether we are doing as much as we can to empower local people and build their involvement in the delivery of local services. We are aware that other HW tend to use volunteers to attend key meetings much more than we do.

There are a number of areas needing attention:

- **Clarifying and simplifying our goals.** Under our Oct 2017 strategy we had 13 different goals for the 13 different groups of "influencers" we had identified, and a range of "key messages" associated with each goal. This was overly complex to remember and maintain. A simplification of the goal is proposed which comes down to all those we have relationships with think of Healthwatch Surrey CIC as *professional; independent; valuable; effective; and good people to do business with.*
- **More involvement from volunteers/Directors/Community Influencers** to help empower local people and to spread the load.
- **CCG/ICP leads** – since the merger of the 4 Heartlands CCGs and the establishment of the ICPS, we have some work to do in finding our place, working out who we need to

build relationships with across our 5 “places”, and then resourcing this. We have allocated various staff members to be ICP leads and a role description is attached (Appendix 4). The leads will need support from the Volunteer Team to enable them to play this role effectively.

- **Links with Volunteer Teams** – we will only be able to maintain the breadth of relationships outlined above if we leverage the volunteer teams to work at the local level. The challenge for us in relationship management terms is how we ensure a good two-way flow of information between staff team and volunteer teams. The ICP lead will be a key link with the Volunteer Team chair; and a relationship management database will help us track activity.
- **Frimley Trust and Frimley system relationships** – whilst our relationships in Surrey Heath and NE Hants/Farnham are good, we have struggled to build relationships with Frimley Trust, and the ICS, due in part to the difficulties in working with a number of other HW in the patch. The ICP lead from Frimley needs to work with the Volunteer Team to build a stronger relationship with the Trust and ICS.

Need for relationship management system

To underpin all of the above, we need a database to help us maintain our relationships. Our requirements will include:

- a system that is able to cope with multiple team members, Directors and volunteers having relationships;
- fairly seamless interface with Teams and quick to update
- able to attach emails and docs`
- able to record personal snippets as well as work-related actions etc
- allocate relationship “owner”
- able to track individuals when they move within the system
- able to sort on range of variables
- able to track/tag who is on which board.

Work is proceeding to identify and cost up suitable options. A recommendation will go to FPC once we have done further investigations.

Recommendations

The HWSy Board is asked to:

1. Endorse this approach, encompassing:
 - simplified goals
 - more emphasis on involving volunteers and building capacity of Community Influencers to support our work
 - Building ICP lead role in staff team
 - Stronger links between Volunteer Team and ICP lead
 - More work on Frimley Trust and ICS
2. Endorse the recommendation to procure a relationship management system (with final recommendation and costings to go to FPC).

3. Consider whether Directors could pledge to attend ONE regular board/committee on behalf of HWSy.

Influencers Strategy

Pro-actively managing a reputation and creating opportunities to collaborate amongst key decision makers and influencers in health and social care.

October 2017

Purpose

The Board tasked the staff team with developing a stakeholder mapping strategy. We started this as a mapping exercise for all stakeholders however this proved rather unwieldy due to the range of stakeholder we interact. We have now developed this so that we have a strategy which identifies key categories of influencer and establishes a goal and key messages for each category.

Recommendations

The Board is asked to endorse this strategy and approve the associated actions.

It is recommended that this strategy is adopted and reviewed after one year (Oct 2018).

If we manage our relationships with these influencers well, we will be more effective at fulfilling our mission and vision. Successful relationships will help us to achieve our mission and vision in the following ways:

- build our **reputation** as the respected, trusted and credible champion of the consumer for health and social care
- enable **collaboration** on opportunities that support a growing and sustainable future for Healthwatch Surrey

Healthwatch Surrey's approach to relationships with the Voluntary, Community & Faith sector (VCFS), people who use local services and volunteers have already been documented in other strategies (VCFS Strategy, Awareness Strategy, Volunteering Strategy).

Who are 'influencers'?

People who either make or directly influence decisions about health and social care services.

Which influencers are we most interested in?

The health and social care landscape in Surrey is extensive and complex and we cannot have relationships with all influencers.

A number of categories have been defined in order to provide a focus to the strategy. Healthwatch Surrey's existing strategy has had particular success in cultivating relationships with:

- Care Quality Commission
- Existing funder (Surrey County Council)
- Commissioners (CCGs, Surrey County Council, NHS England)
- Health & Wellbeing Board

This revised strategy seeks to build further on that work, whilst also improving our understanding and management of relationships with:

- Potential funders
- Service providers and front-line workers
- District & Boroughs
- Elected Members (Parliamentary, County, District)
- Sustainability & Transformation Partnerships
- Thematic Priority influencers
- People regularly engaged in Public Participation:
 - Patient Participation Groups

- Surrey Coalition of Disabled People
- Disability Alliance Network
- Independent Mental Health Network

and;

- Key decision making Boards:
 - Adults & Health Scrutiny Committee
 - Children & Young People's Partnership Board
 - Safeguarding Adults Board
 - Quality Surveillance Group - Surrey & Sussex
 - Adult Social Care Quality Surveillance Group - Surrey
 - Health & Wellbeing Board

It's also recognised that there is a cohort of people who are particularly influential, whom may not be covered within the categories above, or who are important to identify as individuals within this strategy:

- Top Leaders

Our approach

Aim

This strategy explains how we will interact with influencers of most interest, in order to:

- build our **reputation** as the respected, trusted and credible champion of the consumer for health and social care; *the influencers we are most interested in should have these perceptions of us*
- enable **collaboration** on opportunities that support a growing and sustainable future; *'potential funders', 'service providers', 'commissioners', 'thematic priority influencers' and 'groups involved in Public Participation' are important potential collaborators*

13 categories of influencer

This strategy focuses on 13 categories of 'influencer', within which we have identified a specific goal related to building our reputation and/or enabling effective collaboration. Key people or roles are also identified, along with key messages.

Quarterly action planning

The success of these relationships will be assessed on a quarterly basis, through a RAG rating of a stakeholder map, which will inform a dynamic approach to specific relationship development activities. During this process we will review the specific people and roles to ensure these are kept up to date.

Success criteria

The success of these strategies will be measured through:

- the 360 reflective audit, through which we will see increases in participation rates and perceptions of credibility, trust and respect
- examples throughout our work on an on-going basis will demonstrate the effectiveness of collaborative working

Existing funder

Goal

Existing funders at Surrey County Council are champions of our work, continue to contract us to provide the service and a decision is taken to remove the annual 5% reduction in our budget.

Key people or roles

- Saba Hussain (Policy & Strategic Partnerships Manager, New Models of Delivery Team)
- Lead Commissioning Officer (Lesley Harding)
- The Cabinet Member with a Healthwatch Surrey oversight role (Mel Few)
- Elected Member Co-Chair of the Health & Wellbeing Board (Helyn Clack)

Key messages

Healthwatch Surrey is doing an excellent job

Healthwatch Surrey are “good people to do business with”

A 5% reduction is unsustainable and not consistent with statutory obligations

People regularly engaged in Public Participation

Goal

We know about local groups and active individual participants that seek to influence the health and social care system, who in turn know about us, regularly hear about our impact and perceive us to be credible, trusted and respected. They connect us with the communities they are involved in.

We manage the expectations they have of us. These expectations are consistently met or, where they cannot be reasonably met, the effects of this are well managed.

Key people or roles

- Members and Chairs of GP Patient Participation Groups
- Attendees of commissioner or service provider Public Participation (engagement) events
- Members of Surrey Coalition of Disabled People (SCDP) and Disability Alliance Networks
- The Independent Mental Health Network (coordinated by SCDP)
- Chief Executive of Surrey Coalition of Disabled People (Carol Pearson)
- Bess Harding
- Anna Sartori, Don Illman, Cliff Bush, Nick Marwick, Eleanor Levy

Key messages

Case study of recent improvement to services or challenging ‘the system’

We are doing some work in the future that you can get involved in

We have volunteering opportunities and may need to recruit in future

Commissioners

Goal

We have a way of regularly sharing our data effectively and in a way that leads to outcomes for local people. We know what the challenges and plans are within each local health economy. Commissioners come to us for advice on Public Participation strategies and initiatives. We maximise synergies across our related work plans.

Key people or roles

The following roles within commissioning organisations:

- Director responsible for communications
- Director responsible for public participation
- Officers leading communications work plans
- Officers leading public participation work plans
- Directors responsible service change
- Officers leading service change
- Directors responsible for quality assurance
- Officers leading quality assurance
- Lay Governors

Key messages

The unique insight we provide helps commissioners to do a better job

We want to keep up to date with your challenges and plans

We are tenacious in making sure that people are heard

We are experts in Public Participation

Case Studies demonstrating the breadth of our work

Sustainability & Transformation Partnerships (STPs)

Goal

We have an agreed role within the STPs which is known by senior members of the STP and can be easily established by anyone in the system and the general public. Part of this role includes a method through which we ensure that public participation is done and done well. People working on behalf of the STP turn to us for advice on how and when to do public participation and consultation. We also have a route to sharing our data and intelligence in the most effective way which secures outcomes for local people.

Key people or roles

- CEOs of CCGs in Surrey
- Transformation Director, Surrey Heartlands (Sarah Parker)
- Transformation Director, Frimley Health (Tina White)
- Directors overseeing Public Participation in STPs
- Officers leading Public Participation in STPs
- Members of the Surrey Heartlands STP Transformation Board
- Senior Responsible Officers of the STPS

Key messages

We have an agreed role which is... [as agreed]

Think of us before embarking on service changes, we can add value through well planned conversations with local people

We are a key partner in the Surrey Heartlands STP co-design programme

Thematic Priority influencers

Goal

We know who thematic priority influencers are and they are responsive to our requests for information. They know we have a priority in their areas of interest, they know - broadly - what our plans are and they feel that they have been consulted.

Key people or roles

- *To be determined within Project Initiation Documents*

Key messages

We want to help you and add value

Your views are essential to ensure we have the right conversations

Case study of us adding value through project work

Care Quality Commission (CQC)

Goal

CQC use our data and take demonstrable action which evidences the value of our relationship and our data, as appropriate.

Key people or roles

- Adult Social Care Inspection Manager
- Primary Care Inspection Manager
- Acute Hospital Inspection Manager
- Mental Health Services Inspection Manager

Key messages

Our unique insight helps CQC focus on the issue that matter most

We want to avoid duplication of activity

We complement the role of CQC

Service Providers & Front Line Workers

Goal

Service providers and front line workers know who we are. We know where to escalate experiences in order to secure outcomes for local people. We can access people who use services through collaboration on projects.

Key people or roles

- Nominated contact for Healthwatch Surrey escalations
- *Others to be determined within Project Initiation Documents*

Key messages

We are good to work with

We want to add value

We are tenacious in making sure that people are heard

District & Boroughs

Goal

We utilise communications channels to improve awareness of Healthwatch Surrey. We will consider requests to collaborate with those District & Borough's with a specific interest in health and social care.

Key people or roles

- Officers leading on communications work plans

Key messages

We provide an important service for your residents

Elected Members (parliamentary, county and district)

Goal

Elected Members know about our services and refer constituents to us.

Key people or roles

- As elected

Key messages

We provide an important service for your residents

We have statutory functions and are fulfilling them effectively

Key decision making Boards

Goal

We are a presence, make useful contributions, increase the amount of user experience data and stimulate interest in the views of users through our participation in on-going key decision making Boards. We secure outcomes for local people. We make challenges to the extent, nature and value of Public Participation.

Key people or roles

Members of the following Boards:

- Health & Wellbeing Board
- Adults Health & Select Committee
- Children & Young People's Partnership Board
- NHS England Quality Surveillance Group
- Safeguarding Adults Board
- Surrey Priorities Committee
- North West Primary Care Co-Commissioning Board

Key messages

We have an agreed role on this Board which is to... [as agreed]

Top Leaders

Goal

Top Leaders have a detailed understanding about our work. They talk favourably about us in the forums they operate. They ask us for help. They know and have a good experience of Kate. They help us to get access to people and take actions which enable our reputation and collaboration. We tell them about problems early.

Key people or roles

To be agreed and specified in underlying spreadsheet and kept under review as STPs develop.

Key messages

We are good to work with

We are worth working with

We are well connected and in-tune with developments in 'the system'

Potential funders

Goal

Potential funders know that we can provide commissioned services and they know the range of services we could provide. They believe we are responsive, professional and reliable. We know who potential funders are and are in places, at times, to have timely conversations with them about what we can offer.

Key people or roles

- Directors in ‘the system’ with oversight of public participation (engagement/consultation)
- Directors in ‘the system’ overseeing service change
- Officers in ‘the system’ leading service change
- Citizen-Led Transformation Lead at Surrey Heartlands (Rich Stockley)
- Joint Accountable Officer of Surrey Heartlands CCGs (Matthew Tait)
- Senior Responsible Officer of Surrey Heartlands STP (Claire Fuller)
- Transformation Programme Director of Surrey Heartlands STP (Sarah Parker)
- CEOs of large providers looking to re-designing or quality assure services
- Helen Atkinson (Director of Adult Social Services, Surrey County Council - SCC)
- Julie Fisher (Director of Children’s Services, Acting CEO, SCC)
- Kat Stolworthy

Key messages

Case study of value of recent commissioned work

We are reliable, professional, responsive and we add value

It’s a different conversation with an independent body like Healthwatch

Appendix 2 (separate spreadsheet) [HWSy Boards and meetings spreadsheet](#)

Appendix 3

ICP lead roles

Before the merger of the SH CCGs we had “leads” in the team for CCGs. These leads were responsible for conducting WWH meetings with the CCGs and keeping tabs on engagement plans. This has all changed since the merger. KS now attends the Q&PB and meetings quarterly with Liz Patroe to update on engagement.

We have introduced leads for all the ICPs and have developed a role description. Our strategy is to make this role more manageable by ensuring it is carried out by those team members who are closest to our insight (via engagement or analysis). This ICP lead will form the vital point of connection with the Volunteer Team (as well as Zoe/Wendy).

The staff team have limited time to perform the ICP role as the majority are part time and are doing it as an add-on to existing responsibilities. Therefore, for this to be really effective it needs support from the volunteer teams. Our vision is that the volunteers will support the ICP lead in the following ways:

- Finding out about the hospital trust – AGM, Quality Account, Board papers etc.
- Keeping ears to the ground about what’s going on locally
- Attend local Health and wellbeing board if there is one
- Cultivate links with PPGs and PCNs
- Cultivate links with local third sector organisations
- Consider attending Primary Care Operational Group

This can then be combined with intelligence that KS receives via the Q&PB on top ICP issues, plus engagement activity via Liz Patroe, plus primary care feedback from PCCC, to provide the ICP lead with as much info as possible to feel informed about their patch.

ICP role description – DRAFT for comment

ICP staff lead	Vol Team and other support
<ul style="list-style-type: none">• Liaise with Volunteer Team (attend occasional team meeting, know who the volunteers are, build relationship with Chair, ensure you read the notes from each Team meeting)	
<ul style="list-style-type: none">• Be aware of demographics/health inequalities/seldom heard communities/areas of deprivation in your patch	KN is the main contact for this - all available on Surrey-I and in various presentations
<ul style="list-style-type: none">• Be aware of the main providers in your patch	Mainly the hospital; any community provider as this does vary – most other services are Surrey-wide (ASC, mental health, social care etc)





<ul style="list-style-type: none"> Be aware of the PCNS in your patch 	
<ul style="list-style-type: none"> Be aware of the priorities and issues for the hospital in your patch (eg by reading quality account, CQC reports, attending AGM etc) NB this can be delegated to volunteers! 	<p>Vols can support and attend meetings such as AGMs</p> <p>Possibly Vols will be asked to contribute to Quality Accounts response next year</p>
<ul style="list-style-type: none"> Link in with a volunteer who is tasked with reading Board papers for the provider in your patch 	Vols to read Board papers
<ul style="list-style-type: none"> Attend WWH meeting for your patch (help prep the insight and be aware of themes etc) Attend ICP WWH if/when we develop those meetings 	<p>le the hospital WWH meeting.</p> <p>Consider training up Community Influencers to support on this</p>
<ul style="list-style-type: none"> Have relationship with patient experience lead at the main trusts in your patch 	In coordination with KE/KN/Sam - this will be developed via attendance at WWH meetings
<ul style="list-style-type: none"> Be aware of any significant service change proposals/upcoming engagement plans in your patch 	Liz Patroe provides a monthly update in theory ICP board papers/priorities will help (KS /KN get a summary in Q&PB papers)
<ul style="list-style-type: none"> Consider recruiting a volunteer to attend PCOG? 	Vol to attend PCOG
<ul style="list-style-type: none"> Build awareness of PCNs and PPGs 	With vol support



KS 12th Oct 2020



Appendix 4





Community influencer role




Zoe has developed a key role of Community influencer for our volunteers who are interested in helping us amplify local voices via influence at groups and in meetings. We now have xx volunteers signed up to this role. See Appendix xx for more details. Placing volunteers in this role works best when there is not an expectation that the HWSy rep will have our recent insight at their fingertips, so it is more suited to a role on a stakeholder reference group or where a general citizen perspective is needed, rather than a “What we’ve heard” type meeting.

Community Influencers	Name	Email Address	Role	Group/ Location	Background	Conflict of Interest?	Clinician Y/N?
	Maria Millwood	Maria.Millwood@healthwatchesurrey.co.uk	NED, SH Chair, CI/CL/CP	SH Camberley	<ul style="list-style-type: none"> Commissioning CCG Great at scrutinising papers. 	N	N
	Liz Sawyer	lizsawyersmith@btinternet.com	CI/CL/CP	SH Camberley	<ul style="list-style-type: none"> Lived experience of Learning disabilities (Son) Carers Children's Services Sexual Health Great at scrutinising papers. 	N	N
	Mary Probert	probertmm@gmail.com	CI/CL	SH Camberley	<ul style="list-style-type: none"> Hospital Management/ Governance Nursing Lived experience of Dementia (husband) / being a carer. 	YES – Governor at FPH.	Y
	Jane Owens	jfmo@btinternet.com	CI	SD	<ul style="list-style-type: none"> Nursing Learning disabilities Mental Health Great at scrutinising papers Provides intel on LD. 	N	

	Jill Bowman	jill@leathleys.co.uk	CI, CP	GW Liphook (Hants)	<ul style="list-style-type: none"> • Nurse for 40 years • Nurse education for 30 • Less time for research tasks, but useful to 'pick her brain' / scrutinise papers. 	N	Y
	Louise Daborn	ldaborn@doctors.org.uk	CI	GW - Farnham	<ul style="list-style-type: none"> • Consultant Cellular Pathologist – expert in diagnoses and screening • Volunteer with St John Ambulance for 30 years in a variety of roles • Very knowledgeable and informed about H&SC system/ changes within the system and local intel. 	N	Y

	Alice Walker-Earwicker	alice.walker.earwicker@gmail.com	CI, YHW Chair	GW Guildford	<ul style="list-style-type: none"> • Very good with excel/ manipulating data • Interested in BAME & young people. • Excellent at desk research. 	N	N
	Robert Hill	roberthill.home@icloud.com	CI	SD Leatherhead	<ul style="list-style-type: none"> • Retired health policy advisor for government. • Was a senior manager at the Audit Commission • Lived experience as a dementia carer. 	N	N

	Hannah Webb	hanjwebb@gmail.com	CI	SD East Horsley	<ul style="list-style-type: none"> Interested in BAME and CAMHS issues. Has helped with CAMHS mapping in the past. Works as Volunteer Development Manager for Macmillan Cancer Support. Works full-time so can only help ad hoc/ out of hours but great at desk research. 	N	N
	Murray Glenister	murrayglenister1@gmail.com	CI, CP	GW (Lives in Leatherhead)	<ul style="list-style-type: none"> Experience of working within the social care system. Great at scrutinising papers from a lay perspective. Sits on Escalations Panel 	N	N
	Angus Paton	anguspaton1@tiscali.co.uk	CI	NWSy Woking	<ul style="list-style-type: none"> Also volunteers for CAB Has supported us with CAMHS research previously. Has previously read papers for us. Provides lay perspective. 	N	N
	Kate Oake	kfoake@yahoo.co.uk	CI, CL, CP	ES Reigate	<ul style="list-style-type: none"> Worked for a pharmaceutical company. Has previously read/scrutinised papers for us Wrote our GP charges report. Sits on Escalations Panel 	N	N

	Claire Nash	clairenash61@gmail.com	CI	ES Redhill	<ul style="list-style-type: none"> • Wrote our NHS Long Term Plan report. • Great at analysing data. • Works full time for Crawley CCG but is still keen to volunteer with us. Appreciates desk research tasks so can still be involved. 	N (Works for Crawley CCG)	N
	Shirley Cumming	shirley@cumming.org	CI	NWSy Woking	<ul style="list-style-type: none"> • Previously worked in the NHS in systems/ IT/ admin – for sexual health provider. • New influencer looking for something meaty to get started with. 	N	N
	Gareth Jones	gareth.jones797@ntlworld.com	CI, CL, CP	SH Mytchett	<ul style="list-style-type: none"> • Has supported us with GP charges research project in the past. • Great at desk research/ intel gathering. 	N	N

Volunteer Role Profile

Community Influencer Role

Do you want to make a difference to health and social care services in Surrey, and ensure that local people have a say in how services that affect them are run?

- Healthwatch Surrey listens to what local people have to say about the health and social care services they access.
- We take their concerns to decision makers, to influence and improve how local services are run.
- We keep an eye on changes to services and make sure that local people are consulted in decision making and in the design of local health and social care services.

We couldn't do this without the help and support of our dedicated team of Community Influencers.



Role Summary:

What will I do as a Community Influencer?



- Gather intelligence on local issues in health and social care, by attending public meetings, monitoring publications (policies/reports) of bodies with an interest in local issues and undertaking desk-based research.
- Regularly sharing intelligence on the issue with other volunteers and staff members by providing summaries of reports, papers and meetings and by briefing Healthwatch Surrey staff on your findings.
- Assisting Healthwatch Surrey staff with our project

work, and with pulling together information for reports. You can find information about our recent projects here: <https://www.healthwatchsurrey.co.uk/our-work/reports-and-papers/project-reports/>

This role will suit someone who:

- Is interested in health and social care
- Has good interpersonal skills
- Is confident and proactive
- Has good research skills
- Can summarise information effectively
- Has good ICT skills; specifically, the ability to use email
- Can work well as part of a team

Practical Considerations:

Where will I be volunteering?

We are currently looking for Community Influencers to support us out in the community in North West Surrey, Surrey Downs and East Surrey. Please let us know which town/location you are interested in volunteering in on your Expression of Interest form.

What time commitment will I be expected to make?

There is no minimum commitment, although our Community Influencers typically give 6-10 hours of their time each month. Please let us know your availability on your Expression of Interest form.

Will my expenses be paid?

We reimburse volunteers for travel expenses.

What training will I need?

Full training and support will be provided.



What are the next steps?

To apply to become a Community Influencer, download and complete an Expression of Interest form and return it to volunteers@healthwatchsurrey.co.uk

