

21 February 2012		ITEM 6
Health and Well-being Overview and Scrutiny Committee		
HealthWatch		
Report of: Janice Forbes-Burford, Project Director, Health Transition		
Wards and communities affected: ALL	Key Decision: Non-Key	
Accountable Head of Service: Roger Harris, Head of Commissioning		
Accountable Director: Jo Olsson, Director of People Services		
This report is Public		
Purpose of Report: To inform the committee of <ul style="list-style-type: none"> ◆ The need to develop a HealthWatch organisation as indicated within the Health & Social Care Bill 2010 ◆ Progress to date within Thurrock Council 		

EXECUTIVE SUMMARY

A significant development strand within the current Health and Social Care reform agenda demands the establishment of a national body, HealthWatch England (HWE), and related locality organisations, Local HealthWatch (LHW), to be the consumer champions for patients, service users and the public. The latter, which will have its foundations within the already established Local Involvement Networks (LINKs), will have an important role to champion the local consumer voice, not least through its seat on the local Health and Well Being board (HWB).

Initially, the date for establishing LHW was April 2012. However due to central policy issues, this was extended to October 2012 and recently this was further amended to April 2013. The new date for establishing LHW will support the need to align this to the establishment of other new bodies, such as the HWBs, noted above. The extension will also support preparations for implementation and enable HWE (which will be established in October 2012) to provide the leadership and support to LHW organisations.

Thurrock LA was successful in its application to be a LHW pathfinder and, as part of a regional network, has been working collaboratively within the East of England to develop best practice, with positive results. Furthermore, Thurrock is also involved at a national level with the NHS Institute of Innovation and Improvement to develop supporting tools for LHW.

It is vital that the positive achievements of Thurrock LINK, noted as a national example of good practice, are not lost but built upon within the HealthWatch model and that the robust local networks developed in the last 4 years, as well as organisational memory, are maintained. To this end, Thurrock LA are working in collaboration with the LINK and its members to ensure the establishment of an equally successful LHW.

Under the Local Government and Public Involvement in Health Act (2007), Thurrock Local Authority will still have a duty to make arrangements for LINK in the local area until March 2013.

1. RECOMMENDATIONS:

1.1 That the committee note the contents of the report

1.2 That a progress report be submitted as required by the committee

2. INTRODUCTION AND BACKGROUND:

2.1 The White Paper 'Equity and Excellence: Liberating the NHS'¹ sets out the Government's vision for transforming health and social care. A key part of that vision is to give consumers a stronger voice. To help make this vision a reality, the Government has committed to strengthening the collective voice of patients, users of care services and the public and to ensure that 'voice' is no longer lost in the system. The Health and Social Care Bill (2010) demands clearer duties across the NHS system to involve the public, patients and carers in planning and decisions and have regard to LHW findings.

2.2 The 'Vision for Adult Social Care' and the 'Update of the Carers Strategy' make clear that there should be 'no decision about me without me' and that citizens, not service providers or systems, should have choice and control over how their care and support are provided. In addition, both social care service users and carers should equally be supported to help shape and develop local services.

2.3 The Bill proposes that local authorities should commission a local HealthWatch (LHW), which will continue the functions currently provided by LINK, with the additional responsibility for signposting people to information about health and social care services. It is also proposed that LHW take over the signposting function currently undertaken by the PCT's Patient Advice and Liaison Service (PALS).

¹ Equity and excellence: Liberating the NHS, and Liberating the NHS: Legislative framework and next steps. (<http://www.dh.gov.uk/en/Healthcare/LiberatingtheNHS/index.htm>)

- 2.4 The Department of Health currently commissions the Independent Complaints Advocacy Service (ICAS) for Complaints Advocacy. This contract will end in March 2013. Responsibility for commissioning this service and the NHS Complaints Advocacy will transfer to local authorities, who can choose to commission this service either from a local HealthWatch organisation or third party provider. The roles and responsibilities of LHW are illustrated in **Appendix 1**.

Public Accountability and Patient Involvement

- 2.5 In order to ensure public accountability and patient involvement, there will be clearer duties across the system to involve the public, patients and carers in planning and decisions and to have regard to LHW findings. These include;
- 2.5.1 HWB/s will have a duty for public involvement, with more influence over health commissioning and driving service integration
- 2.5.2 Clinical Commissioning Groups (CCGs) must have a governing body with at least 2 lay members and meet in public.
- 2.5.3 The Care Quality Commission (CQC) will have a duty to respond to advice from HWE. It should be noted that the Chair of HWE will be a Board member of CQC, thus strengthening the relationship
- 2.5.4 LHW membership must be representative of users and carers
- 2.6 LHW and HWE, if successfully implemented, will operate as a system levers to drive up quality in service. **Appendix 2** demonstrates the strategic relationships which will be required to achieve this. **Appendix 3** illustrates the Engagement Cycle proposed as Best Practice Guidance and this should be adopted by LHW within future planning.

Local HealthWatch

- 2.7 LHW will operate as the consumer champion of health and social care
- 2.7.1 They will be established as 'Bodies corporate' with 3 main functions:
- 2.7.1.1 **Decision-making** – strong, independent local consumer voice. Presenting the collective community voice on Health and Well-Being Boards and elsewhere
- 2.7.1.2 **Signposting** –help individuals access information and thus exercise choice
- 2.7.1.3 **NHS healthcare advocacy** – responsible for NHS complaints advocacy
- 2.8 LHW will need to:
- 2.8.1 **Be a 'network of networks'** – tapping into the expertise of volunteers and patient, user and community groups
- 2.8.2 **Be inclusive and diverse** – truly representative, including the views of the seldom heard
- 2.8.3 **Be trusted and respected** – building relationships with the NHS, LAs and other patient and carer groups.
- 2.8.4 **Be independent** – complexities & challenges around LA arrangements

2.8.5 Be a model of good governance

2.8.6 Retain all the existing functions of the LINK, promoting patient and public involvement, obtaining views which can be fed back into commissioning, monitoring health and care services, making reports and recommendations, **Enter & View**.

2.8.7 Provide information to support patient choice

2.8.8 Have representation on Local Health & Wellbeing Boards: These boards will be responsible for the Joint Strategic Needs Assessment (JSNA) for developing a Health and Wellbeing Strategy and reviewing NHS and joint commissioning plans

2.8.9 'be Responsible for' complaints advocacy (ICAS): from April 2013

HealthWatch England (HWE)

2.9 HWE will be new independent consumer champion within the Care Quality Commission (CQC). It will

2.9.1 Provide leadership and support to Local HealthWatch.

2.9.2 Propose that CQC investigate poorly performing services.

2.9.3 Advise Secretary of State, NHS Commissioning Board, Local Authorities and Regulators, including CQC itself – and have a response.

Local Progress

2.10 Thurrock Council will fulfil its obligations to provide a LINK until March 2013 via a host organisation in order to ensure objectivity and independence continues.

2.11 Members will be aware via local publicity that CEMVO (the Council for Ethnic Minority Voluntary Organisations), the current host organisation, has faced significant commercial difficulty. A verbal update will be given regarding the management of this challenge and relevant forward plans.

2.12 The renewed LINK contract will specify within it the need to work in positive collaboration involving the host, the LINK and the LA in order to establish a Shadow HealthWatch organisation by October 2012, in preparation for April 2013.

2.13 This methodology has been given regional and national support via the EoE pathfinders' network. Furthermore, a draft service specification has been developed by regional LA leads, including Thurrock, and this is being promoted nationally as a template for best practice and is attached at **Appendix 4**

2.14 A LHW Self Assessment was recently undertaken across the region in order to gauge the "State of Readiness" in the East of England. This has proved to

be a very useful development tool and may also be adopted nationally as an example of good practice. Thurrock's self assessment can be found at **Appendix 5a. Appendix 5b** offers comparisons across the region to give context.

2.15 Thurrock LA and Thurrock LINK are also working in partnership with the NHS Institute of Innovation and Improvement in order to

2.15.1 Develop National Best Practice Guidance for the future "Enter and View" function of LHW.

2.15.2 Develop a robust Training and Education programme for members of LHW

2.16 Further involvement may be fostered with the National Local Government Association lead with regard to the development of LHW within a unitary authority.

3. ISSUES AND/OR OPTIONS:

3.1 Local authorities will have to ensure there is an effective and efficient local HealthWatch in their areas and will also have the responsibility for putting in place different arrangements if a local HealthWatch organisation is not operating effectively

4. CONSULTATION (including Overview and Scrutiny, if applicable)

4.1 An event was held on 29th September 2011 inviting a wide public and professional audience, including sector wide commissioners and providers as well as service users, carers and the wider public. Morning, afternoon and evening sessions were held. Overall the attendance rate was successful (90+) though very few members of the public who were not already involved with services were noted.

4.2 Presentations explaining the national and local picture were delivered including an address by keynote speaker, Joan Saddler, National Director for Patient and Public Affairs from the Dept of Health. A workshop was held to solicit opinions on various relevant issues and a Q&A session ended the meeting.

4.3 Further events will be held in the future in order to ensure professional and public awareness is raised and that HealthWatch becomes a known and established organisation to promote the health and wellbeing of Thurrock residents.

5. IMPACT ON CORPORATE POLICIES, PRIORITIES, PERFORMANCE AND COMMUNITY IMPACT

5.1 **NONE** as yet, but this will be noted as the project develops.

6. IMPLICATIONS

6.1 Financial

Implications verified by: verification tbc by Janice Forbes-Burford
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The exact amount to be transferred from the PCT in relation to services noted above for 2013/14 is yet to be confirmed.

Legal

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NONE

6.3 Diversity and Equality

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NONE

6.4 Other implications (where significant) – i.e. Section 17, Risk Assessment, Health Impact Assessment, Sustainability, IT, Environmental

NONE as yet, but this will be noted as the project develops

7. CONCLUSION

- 7.1 Thurrock Local Authority is making good progress in terms of developing a robust LHW for the future and is on track to achieve its aim by the required milestone date of April 2013.
- 7.2 The local LINK committee, which embraces the wider voluntary sector and public membership, is in full support of the project to transform the LINK into Thurrock LHW and will be working collaboratively with the LA and the host organisation to achieve the project aims.
- 7.3 Opportunities have been seized to work at local, regional and national levels to best advantage and to promote Thurrock where possible.

BACKGROUND PAPERS USED IN PREPARING THIS REPORT:

- Health & Social Care Bill 2010

APPENDICES TO THIS REPORT:

APPENDIX 1 Roles and Responsibilities of Local HealthWatch

APPENDIX 2 National: Strengthening the collective voice

APPENDIX 3 The Engagement Cycle

APPENDIX 4 Local HealthWatch Generic Service Spec

APPENDIX 5a LOCAL: HealthWatch state of play Dec 11 completed JFB

APPENDIX 5b REGIONAL: HealthWatch state of play Dec 11V3 and graphs

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