

HealthWatch state of play Dec 11 completed JFB

**Local HealthWatch Self Assessment
- State of Readiness in the East of
England – December 2011**

Name of LINK/Local Authority here **Thurrock LA**
 Completed by: Name **Janice Forbes-Burford**
 Organisation **Thurrock LA**
 Role in organisation **Project Director health Transition**
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Areas of Local HealthWatch transition	1 Not yet developed/ low confidence	2 Some progress, a long way to go	3 Real progress, very confident	4 Completed
(Please provide a sentence of detail explaining your response, including any relevant dates for major events/milestones etc. Please respond with an N/A if the question is not applicable to your pathfinder)				
1. Vision: 'HealthWatch will be the consumer champion of health and social care'				
1.1 A vision statement for Local HealthWatch has been created and promoted to all interested parties			Excellent progress made at the EoE collective workshop to develop	
1.2 There is clear senior leadership at LA commissioner level				The HealthWatch brief is within my portfolio and performance managed by HoS. Significant engagement has been evidenced by the Director of People's Services within the LA as well as the portfolio holder and leader of the council
1.3 There is clear leadership at LINK level				The LINK project manager is fully engaged in the development and transition plan as well as the LINK Chair.
1.4 A mutually respectful, positive and productive relationship exists between LA commissioner and LINK				This is clearly demonstrated at all times. Partnership working is the default position adopted by the LINK whilst maintaining the required position of independence
1.5 A local set of principles has been developed which provides a high level overview of what LHW should achieve			Again, this was covered within the development of a foundation service specification with the regional learning set.	

<p>1.6 There is a clear vision of how Local HealthWatch fits into the broader public engagement responsibilities of Health and Well Being Boards, NHS Commissioning Board, Clinical Commissioning Groups and Local Authorities</p>			<p>This is well understood and welcomed at the levels indicated. The LINK project Manager is a member of the HWB and involved in various transitio workstreams.</p>	
<p>1.7 Local Authorities understand they have responsibilities as facilitators and enablers of Local Healthwatch, in addition to their commissioning and contracting responsibilities</p>			<p>Ther LA will seek to express the need for a positive and collaborative relationship within the contract. The relationship currently evidenced is both supportive and positive</p>	
<p>2. Planning</p>				
<p>2.1 A transition plan has been developed including timelines, actions and clear roles</p>		<p>Whilst there is currently a clear expressed understanding, a plan is currently being progressed documented to ensure effective project management and implementation against new timelines . This will be completed by mid January</p>		
<p>2.2 There are regular update meetings, actions completed and outcomes noted</p>			<p>A steering group is established and meets monthly</p>	
<p>2.3 The local authority has allocated adequate resources to planning and commissioning LHW</p>			<p>The HW brief is within the portfolio of the Project Director. It forms part of the Health transition teams work</p>	
<p>3. Engagement: <i>To ensure the citizen's voice is truly represented, how do you 'hard-wire' public engagement?</i></p>				
<p>3.1 A mapping exercise is under way of all the key partners and organisations to help inform development of LHW form</p>				<p>This has already been achieved and 3 local engagement events completed</p>

3.2 An engagement strategy has been produced and actions under way to ensure effective consultation and equality and diversity		This factor has been actively achieved as evidenced in 3.1 though a documented strategy is not available. It is however agreed to continue to circulate appropriate information to stakeholders and to continue with further events as progress demands	
3.3 Effective communication and engagement is evident with shadow local Health and Well Being Boards			The Project Manager and Project Director are both members of the shadow HWB
3.4 Communication has begun with those responsible for developing NHS public engagement, including CCGs		Established relationships with PCT and CCGs as well as the LA are all evidenced. The main local CCG has invited the PM LINK to attend their board meetings.	
4. Function			
4.1 There is clarity on how the functions of Local HealthWatch will be undertaken (ie, voice, signposting, NHS Complaints Advocacy)	This element of work is still being progressed		
4.2 Service specification is in development		see above - draft foundation specification developed by pathfinder group	
'The consumer champion'			
4.3 Consideration has been given into how LHW will gather, analyse and channel good quality patient information and experience to commissioners		Thurrock LINK already has excellent networks and methodologies developed and these will be built on in the future. A pilot project is planned with Patient Opinion software which will be shared with the EoE group. This aims to buttress this function further using a different media stream	
4.4 Work has started on how LHW will feed into Clinical Commissioning Groups, and how to help embed good patient and public engagement into CCGs	The LINK is now invited to CCG board meetings and already has local relationships established with the clinical community. A dedicated plan will need to be developed for this workstream.		
'Information and signposting to support choice'			

4.5 Scoping work has begun on the advice, information and signposting function of LHW		Basic information has been gathered but further work and development is required	
Conversations have started with:		PALS service is engaged.	
4.6 The local PALS service			
4.7 Other health and social care signposting services		Preliminary work has commenced but further work is required across the wider community	
NHS Complaints advocacy (formerly ICAS)			
4.8 There is clear understanding of what functions are transferring (re NHS Complaints Advocacy)			These are well understood
4.9 Thought has been given to cross-border joint commissioning arrangements for NHS Complaints Advocacy		This element has yet to be developed	
5. Form			
5.1 Assessment has been made of the options for corporate structures available to deliver Local HealthWatch			Therelevant options have been explored, including legal advice,
5.2 A preferred corporate model has been agreed			A preferred model has been idebtified but this has yet to be agreed through cabinet
6. Governance			
6.1 Governance form is under discussion			This element has been explored within the draft service spec
7. Procurement			
7.1 Decision has been made on a procurement option. Single tender, grant-in-aid or competitive tender?		This is currently under discussion taking account of legal requirements but with potential for competetive tender	
7.2 Will different elements of Local HealthWatch be commissioned using different procurement methods? Please specify		Remains under discussion	
8. Recruitment and identification			
8.1 Work has begun on what 'representativeness' means and how it will be achieved, in order to achieve the equality and diversity aspect of the Bill			A successful Thurrock LINK model will be followed and further developed
9. Induction, Training and Development			

9.1 Competencies, roles, skills and knowledge needed by LHW staff and volunteers has been developed and shared with relevant stakeholders		In progress - supported by the work undertaken by EoE group and Essex model		
9.2 A training and development strategy has been developed for Local HealthWatch members and volunteers, particularly around understanding of strategic planning and joint commissioning		Collaborative work is in progress with The Institute of Innovation and Improvement to progress this work		
9.3 Thought has been given to joint commissioning arrangements for training and development of Local HealthWatch	This has not yet been explored			
10. Independence and accountability				
10.1 Discussion has begun on how LHW will be accountable to both the public and to the Local Authority			This will form part of the service spec	
10.2 Discussion has begun on how to ensure independence and credibility given commissioning arrangements			Currently under discussion	
11. Funding to October 2012				
11.1 Funding arrangements are in place for LINKs from April – October 2012			This is currently being agreed	
12. Please use this space here to give any further comment on progress	Progress has been significantly hampered by a lack of direction national guidance and direction, as well as conflicting messages from different parts of the system. There is an issue regarding the different legal interpretations of the Bill so far with respect to the organisational model of HealthWatch across the region and indeed nationally.			
13. Please indicate here any specific help and support you would like to see for LAs or LINKs that is not already apparent	1 The EoE learning network for pathfinders has been very supportive and this should be continued. 2 It would be helpful if the legal issues noted above were addressed by the Centre			