Meeting:Social Care, Health & Housing Overview & Scrutiny CommitteeDate:1 August 2011Subject:Developing a Central Bedfordshire HealthWatchReport of:Cllr Mrs Hegley, Portfolio Holder for Adult Social Care and HealthSummary:This paper sets out the Government's vision for HealthWatch as a
mechanism for putting the public at the heart of everything health and
social care does. Local authorities have a duty to commission a local
HealthWatch Organisation. This reports highlights to the Committee the
local challenges and key steps to meeting the statutory obligations by
October 2012.

Contact Officer:	James Robinson-Morley, Lead Commissioner for Carers & Service User Engagement, Partnerships Team.
Public/Exempt:	Public
Wards Affected:	All
Function of:	Council

CORPORATE IMPLICATIONS

Council Priorities:

- Supporting and caring for an ageing population.
- Promoting healthier lifestyles.

Financial:

Funding was made available to local authorities via the former Area Based Grant but was transferred to the Formula Grant for 2011/12.

The Council currently contracts a host organisation to enable LINks activities to take place within Central Bedfordshire¹ and to support the development of a local HealthWatch in 2011/12. As this is no longer a dedicated funding stream, the Council could review how it wishes to resource a HealthWatch Organisation.

Legal:

Local Authorities have a responsibility to commission and fund an effective HealthWatch organisation. Local HealthWatch organisations will be accountable to local authorities for operating effectively and providing value for money.

Local authorities will have to ensure there is an effective and efficient local HealthWatch in their area² and will also have the responsibility for putting in place different arrangements if a local HealthWatch organisation is not operating effectively.

¹ The responsibility of local authorities to commission support to LINks during 2011/12, as set out in the 2007 Act remains.

² Health and Social Care Bill - Legislation to establish HealthWatch is being introduced as part of the Health and Social Care Bill in 2011.

The Local HealthWatch, as with the current LINk, will have provision to enter and view premises which are publicly funded to provide health and social care services. Entering and viewing of premises by Local HealthWatch will be subject to controls such as those currently in place under the Local Involvement Networks Regulations 2008 in order to safeguard all parties.

As a statutory member of the Health and Wellbeing Board, the local HealthWatch will have a key role in maximising local engagement and ensuring that the views and feedback from people who use services, patients and carers are an integral part of local commissioning across health and social care.

Risk Management:

The Department of Health has produced guidance, the HealthWatch Transition Plan, which sets out information on the HealthWatch vision, preparing for HealthWatch and the Department's programme of support and further information on communication and branding for HealthWatch.³

The development of Local HealthWatch is supported by a regional network of LINks and local authorities facilitated by Enable East.

At a local level, it is proposed that a Development Group comprising key stakeholders is established to oversee delivery of the Central Bedfordshire HealthWatch Project Plan.

The HealthWatch Development Group will be chaired by the Council with representation from the current LINk and host organisation, the local Clinical Commissioning Consortium, Public Health and current commissioning function of NHS Bedfordshire.

Under the Terms of Reference to be agreed for the Development Group, it is anticipated that this will report in the first instance to the Directorate Management Team but will provide the Health and Wellbeing Board with reports on progress.

Support to develop a Central Bedfordshire HealthWatch is being explored with the Strategic Health Authority (SHA).

Staffing (including Trades Unions):

There are no implications for staff employed by Central Bedfordshire Council.

Equalities/Human Rights:

The HealthWatch Transition Plan (Department of Health, 2011) sets out an expectation that local HealthWatch organisations will be representative of local communities and operate in a way that encourages and facilitates participation from all who want to be involved, including acting in a transparent way.

Local HealthWatch will actively engage and involve people that need help to be able to contribute, underpinned by principles of equality and diversity.

HealthWatch will be the independent consumer champion for the public - locally and nationally - to promote better outcomes in health for all and in social care for adults. HealthWatch will be representative of diverse communities. It will provide intelligence - including evidence from people's views and experiences – to influence the policy, planning, commissioning and delivery of health and social care.

³<u>http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset</u> /<u>dh_126325.pdf</u>

Community Safety:

No direct implications

Sustainability:

No direct implications

RECOMMENDATION(S):

1. that the Social Care, Health and Housing Overview and Scrutiny Committee note the requirement upon the Council to commission a local HealthWatch organisation and the associated financial implications and that steps are underway to achieve this.

Background

- 1. The White Paper 'Equity and excellence: Liberating the NHS⁴ 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 ensuring that 'voice' is no longer lost in the system.
- 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.
- 3. One of the main ways of achieving this vision will be through the HealthWatch arrangements. There will be two key elements to HealthWatch.
 - 3.1 **HealthWatch England:** A national body operating within the Care Quality Commission (CQC)providing leadership to local HealthWatch and advising the NHS Commissioning Board.
 - 3.2 **Local HealthWatch:** Acting as the consumer champion for local people regarding health and social care services. HealthWatch will take over the current role of the Local Involvement Network (LINk) with some additional responsibilities, such as providing complaints advocacy services and supporting people to exercise choice.
- 4. Local HealthWatch will provide a source of intelligence for national HealthWatch and will report concerns about the quality of providers, independently of the local authority.
- 5. Figure 1 demonstrates the government's proposed infrastructure for strengthening the collective voice of patients and the public.

⁴ 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)

- 6. Local HealthWatch will provide information and advice to help people access and make choices about services as well as access independent complaints advocacy to support people if they need help to complain about NHS services. It will influence, inform and act as watchdog.
- 7. HealthWatch will have credibility and public trust through being responsive and acting on concerns when things go wrong, and operating effectively and efficiently.
- 8. The White paper emphasises the importance of continuity while recognising that local HealthWatch will have roles and responsibilities not currently available to LINks. This means that while the current role of LINks needs to evolve, a different model may be required to deliver successful local HealthWatch.
- 9. Local authorities will be able to commission local HealthWatch or HealthWatch England to provide advocacy and support, helping people access and make choices about services, and supporting individuals who want to make a complaint. In particular, they will support people who lack the means or capacity to make choices; for example, helping them to choose which General Practice to register with.
- 10. It will also be important for local HealthWatch to develop strong relationships with key partners such as Directors of Public Health to develop a shared understanding of the needs of the local population with the purpose of agreeing the best strategy to meet those needs within the collective resources available to the local community. Local HealthWatch needs to develop a good understanding of what 'good' looks like in the local public health arena.
- 11. Figure 2 summarises the differences between current LINKs and the Local HealthWatch and Figure 3 sets out the roles and responsibilities of the Local HealthWatch.
- 12. An effective local HealthWatch will operate at three levels:
 - i) Supporting individuals
 - Being highly visible and accountable in the local community, known about, understood and trusted by local people as a source of information and support;
 - Signposting people or help them to access information thus helping them exercise choice;

Empowering people to speak out, including through NHS complaints advocacy.

- ii) Presenting views, shaping and monitoring health and care services
 - Providing strong, independent, local, consumer voice on views and experiences to the Health & Wellbeing Board in order to help bring about better health and social care outcomes;

 Monitoring local health and care services and make recommendations to commissioners and providers about things that could or should be improved;

Contributing information about local health, care and public health services to the Joint Strategic Needs Assessment process and the health and wellbeing strategy.

iii) Organisational values and behaviour

- Operating in a way that encourages and facilitates participation from all who want to be involved, including acting in a transparent way;
- Actively engaging and involving people that need help to be able to contribute, underpinned by principles of equality and diversity;
- Have a good understanding of local voluntary and community groups and how they complement each other in order to understand and present views of local people, and effectively signpost people to information and advice. This will include patient and public groups, like Patient Participation Groups, Older People's Reference Group, and Carers Forums;

Have excellent relationships with health and social care commissioners and providers, acting as a critical friend, informed about the experiences, needs and aspirations of local communities.

Progress to date

- 13. The local transition arrangements to move from LINks to HealthWatch have already started. In response to a national invitation to become a HealthWatch Pathfinder, Bedfordshire LINk, supported by the Council, submitted a proposal, in order to maximise learning opportunities and support from early adopting Health and Wellbeing Boards and the GP Consortia Pathfinders
- 14. The HealthWatch Pathfinder vision is for a Central Bedfordshire HealthWatch to be an independent consumer champion and a powerful network to promote better outcomes in health and social care for adults and the community at large. It will work with community and voluntary organisations, as an 'Expert Information Broker', to ensure that the concept of HealthWatch is known and becomes an effective means of influencing health and social care provision.
- 15. As part of the local transition process, a workshop for the LINk Board and Working Groups was held on 6 June and facilitated by Enable East and the Local Government Improvement and Development Agency (LGID) to explore what a local HealthWatch will look like in Central Bedfordshire. These discussions helped to identify key areas for improvement:
 - i) The current LINk needs to be better known and representative of Central Bedfordshire residents.
 - ii) Increasing knowledge and participation in the wider social care agenda

- iii) Developing relationships within General Practice and the wider community and voluntary sector.
- 16. Local Authorities have a responsibility to commission an effective HealthWatch organisation. There are important challenges for the current LINk, as a voluntary entity, if it is to evolve into an effective HealthWatch organisation with appropriate capacity to deliver the foregoing functions. In response to these challenges, the LINk, with support from the Council, will:
 - i) Organise an event for local residents and key stakeholders to gather views on the form and function of a Central Bedfordshire HealthWatch Organisation and how it can best engage with a wide range of people.
 - ii) Develop relationships with GP Consortium and Community Health Services providers.
 - iii) Increase knowledge around health and social care services to enable effective understanding of services in order influence and inform.
 - iv) Acquire skills and training to undertake the information giving and posting function.
 - v) Develop and understand roles and functions of local community and voluntary Organisations including advocacy and complaints in order to become a community hub for health and social care services.

Next steps

- 17. Establishing a HealthWatch Development Group, chaired by the Council, which includes representation from the current LINk and host organisation plus representation from the local Clinical Commissioning Consortium, Public Health and current commissioning function of NHS Bedfordshire..
- 18. Agreeing terms of reference for the HealthWatch Development Group. It is anticipated that this will report on progress to the shadow Health and Wellbeing Board.
- 19. Organise the wider stakeholder conference with the LINk to view to engaging the wider community on shaping a Central Bedfordshire HealthWatch
- 20. Deliver Project Plan for developing a Central Bedfordshire HealthWatch.

Appendices:

None

Background Papers: (open to public inspection)

HealthWatch Transition Plan, Department of Health, April 2011.

Location of papers: Houghton Lodge, Ampthill and

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/ dh_126325.pdf

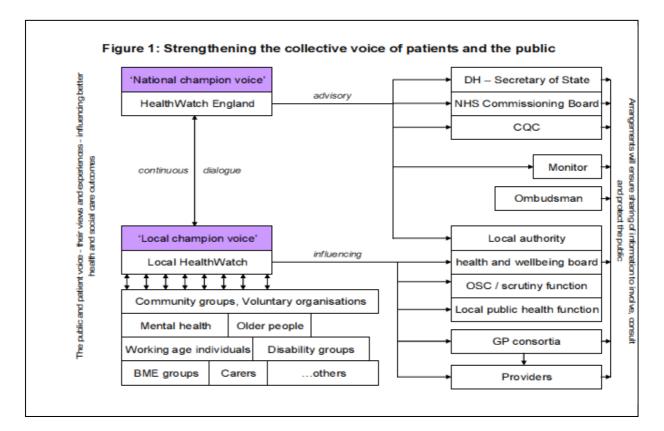
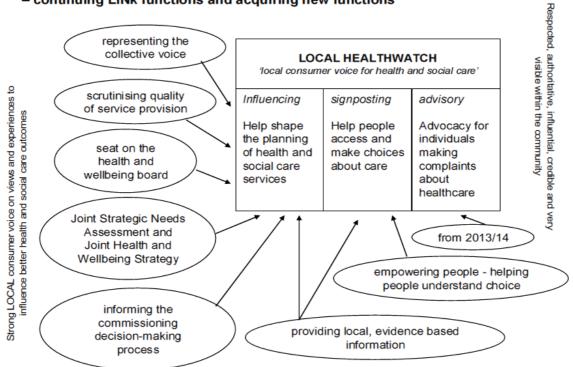


Figure 1 – Strengthening the collective voice of patients and the public

Figure 2 – Summary of key differences between local HealthWatch and LINks

Key Differences At A Glance		
From	То	
Influence local services	Participate in decision-making via local authority health and wellbeing board	
Focus on community voice	Help and support for individuals as well	
Local voice	Local and national voice through HealthWatch England	





- continuing LINk functions and acquiring new functions