

Central Bedfordshire Shadow Health and Wellbeing Board

Contains Confidential or Exempt Information No.

Title of Report Developing Healthwatch Central Bedfordshire

Meeting Date: 5 July 2012

Responsible Officer(s) Julie Ogley, Director of Social Care, Health and Housing

Presented by: Julie Ogley, Director of Social Care, Health and Housing

Action Required: The Board is asked to:

- 1. Consider the risks and challenges in developing this programme as outlined in the paper and identify if the Board requires further information.**
- 2. Note the approach being taken in response to these risks and challenges in order to develop Healthwatch Central Bedfordshire by 1 April 2013 (an updated timeline can be found at Appendix 1).**

Executive Summary

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| 1. | This report provides an update on progress to develop a Healthwatch Central Bedfordshire, outlining the particular risks and challenges around regulations, finance and local boundaries. The report presents the approach being taken in response to these risks and challenges in order to establish Healthwatch Central Bedfordshire by 1 April 2013. |
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Background

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| 2. | <p>Under the Health and Social Care Act 2012, previous legislation which required local authorities to make arrangements for activity by Local Involvement Networks (LINKs) has been amended to require local authorities to commission effective and efficient Local Healthwatch organisations which will include new functions of providing signposting and access to complaints advocacy. Healthwatch will have a statutory seat on the Health and Wellbeing Board.</p> <p>Local Healthwatch organisations are required to be in place by 1 April 2013.</p> |
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Update on progress towards developing Healthwatch Central Bedfordshire

3.	<p>A review of the legacy of Central Bedfordshire LINKs focusing on the key elements of good practice which needs to be preserved in the transition from LINKs to Healthwatch Central Bedfordshire is currently underway. The aim of the review is to explore the experience of the LINK model of patient and public involvement in health and social care against its original aims, using the experience of Central Bedfordshire LINK to:</p> <ul style="list-style-type: none"> • identify strengths of the model which the proposed new Healthwatch arrangements can build on. • identify opportunities from lessons learnt which Healthwatch will need to address • identify existing structures, skills and resources that must not be lost in transition from LINKs to Healthwatch including the relationship with the volunteer base
4.	<p>The review will be based on the 360-degree feedback model, which is a process whereby a service is rated on their performance by people who know something about their work, work with the service or use the service. 360 degree feedback, otherwise known as multi source feedback, is a comprehensive and structured way to obtain feedback from different sources, such as self, manager, peers, staff, customers and stakeholders.</p>
5.	<p>The stakeholders encouraged to participate in this legacy review are: LINKs Members and Participants, LINKs Host, Members of the Healthwatch Steering Group, members of the Health and Wellbeing Board, members and Officers of Central Bedfordshire Council via Overview and Scrutiny and the Delivery Partnership, Representatives of all local NHS Trusts, the Primary Care Trust and the Bedfordshire Commissioning Group and any other providers where enter and view has taken place, representatives of the Luton and Bedfordshire council, local carers, Voluntary Action Luton and Community and Volunteer Organisations..</p>
6.	<p>A communications and engagement plan is being implemented including work to engage key stakeholders such as the community & voluntary sector and Clinical Commissioning Group.</p>
7.	<p>Central Bedfordshire led a piece of regional work to agree a definition of what signposting means within Healthwatch. This will now be shared nationally with other local authority Healthwatch leads, the Local Government Association, the Care Quality Commission and Department of Health.</p>

Challenges and risks

Funding

8.	<p>Funding has been identified but exact figures are not yet confirmed by the Department of Health (DH). Funding will be available for Local Healthwatch to Local Authorities from the Department of Health and will not be ring fenced. There is a firm commitment to ensure that the newly commissioned</p>
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	Healthwatch is fit for purpose and reflects the needs and requirements of local people.
9.	The DH continues to consult on the funding transfer arrangement that will apply in respect of the transfer of signposting arrangements from Patient Advice and Liaison Service and in respect of the transfer of NHS complaints advocacy, this will be determined in the autumn funding settlement 2012/13. The key question is what element of PALS will transfer to Local Healthwatch? The national view is that any TUPE of NHS staff would have to follow the national NHS Framework but arrangements would be based on local needs. Again, clarification is anticipated.
10.	There is some funding in 2012 /13 to support development of Healthwatch (£3.2million across England) which has been allocated via the Council. As a Pathfinder, Central Bedfordshire is in regular dialogue with the Department of Health as part of a regional push with other Pathfinders to have confirmed funding as soon as possible.
Regulations	
11.	There are still some uncertainties about the detail of what is required in the commissioning and function of Local Healthwatch as it is anticipated that the regulations for the Health and Social Care Act 2012 will not be laid by Parliament until September – October 2012. As a Pathfinder area, Central Bedfordshire is contributing to Department of Health work on the regulations.
12.	Health and Social Care for children and young people is part of the remit of Healthwatch under the Health and Social Care Act 2012. There has been early engagement with the Healthwatch agenda by Children’s Services in Central Bedfordshire and working with children and young people forms a key part of the communication and engagement plan for establishing Healthwatch Central Bedfordshire.
13.	Central Bedfordshire’s Pathfinder status will enable the Healthwatch Steering Group, including Children’s Services, to be as informed as possible about the emerging regulations and local implications for children and young people’s health and social care.
14.	To date a number of the authorities have chosen to explore the model of Healthwatch as an independent Legal entity; in reality this would probably mean a board of directors / trustees which is quite different from LINKs. There will be a requirement to seek local legal advice. Healthwatch Central Bedfordshire is required, by legislation, to be a corporate body.
Boundary Issues	
15.	There are particular challenges in developing Healthwatch Central Bedfordshire that arise from a shared Clinical Commissioning Group with Bedford Borough Council and Central Bedfordshire not being coterminous with any of the district hospitals in the area.

16.	Similarly, the current Patient Advisory Liaison Service (PALS) is shared across Bedford, Central Bedfordshire and Luton and yet there is a requirement for Healthwatch Central Bedfordshire to have a PALS signposting function.
17.	Healthwatch Central Bedfordshire will also be required to make arrangements for supporting local people with any complaints they may wish to progress in relation to NHS service provision and social care either through a directly provided complaints advocacy service or referral to a third party contracted by the local authority expressly for these purposes. At present such activity is provided through nationally-let contracts.
18.	Paramount when considering the above is the challenge of ensuring a simple and effective customer pathfinder alongside delivering value for money through the commissioning arrangements for a PALS signposting and complaints advocacy service(s).

Conclusion and Next steps

19.	Good progress on developing Healthwatch is being made though acknowledging the delay in national guidance around commissioning and funding. The Board is asked to note that Central Bedfordshire has been invited to present its work towards commissioning Healthwatch to a Local Government Association Masterclass on 25th June 2012. Additionally, Central Bedfordshire has been asked by the British Medical Association to share its work on developing Healthwatch.
20.	A workshop to identify the most appropriate model(s) for Healthwatch Central Bedfordshire, taking into consideration the above risks and challenges, will be held on 28 June 2012.
21.	The model(s) identified will then inform the procurement process(es) the Council will need to undertake in commissioning Healthwatch Central Bedfordshire and its constituent functions.
22.	The outcomes of this workshop will provide the basis of further engagement work with wider stakeholders ahead of the start of a procurement process as outlined in the revised Healthwatch Central Bedfordshire timeline available at Appendix 1.

Issues

Strategy Implications

23.	Developing a Central Bedfordshire Healthwatch impacts upon the Health and Wellbeing Strategy for Central Bedfordshire, Community Engagement Strategy and the Social Care Health and Housing Advice and Information Strategy. It will also have implications for the Clinical Commissioning Group Engagement Strategy.
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Governance & Delivery

24.	The multi-agency Healthwatch Central Bedfordshire Steering Group chaired by Assistant Director for Commissioning, Central Bedfordshire Council provides governance and delivery of the Healthwatch project and ensuring appropriate strategic links are made with the programmes of work outlined above in section 8.
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Management Responsibility

25.	Commissioning Healthwatch Central Bedfordshire is a duty for the Local Authority under the Health and Social Care Act 2012. Management of this process is via a multi-agency Steering Group which also is responsible for leading the development of Healthwatch Central Bedfordshire. Updates on progress towards commissioning Healthwatch to the Health and Wellbeing Board will be through the Director of Social Care, Health and Housing.
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Risk Analysis

Briefly analyse the major risks associated with the proposal and explain how these risks will be managed. This information may be presented in the following table.

Identified Risk	Likelihood	Impact	Actions to Manage Risk
National regulations are developed by Government which means implementation is delayed and timescales missed due to service redesign requirements	Possible	Moderate	<p>Influencing central government to provide clarification ASAP via national conference.</p> <p>Attended meeting with DH and are now in dialogue with them to shape and influence regulations</p>
The legacy is not managed effectively which causes a loss of good practice, skill base and learning from current challenges.	Unlikely	Low	<ol style="list-style-type: none"> 1. Design communications and Engagement strategy for consultation end of May including managing relationships with LINK volunteers (completed) 2. LINKs review to be undertaken to support recruitment/training (on-going June 2012) 3. Maintain LINKs and volunteers current training opportunities (on-going) 4. Agree with LINKs systems and information to form legacy handover (Exit and Legacy Strategy in development – to be completed end of

			June 2012)
Lack of clarity on what signposting is and what arrangements we need in place for the specification which will prevent effective commissioning	Possible	Low	<ol style="list-style-type: none"> 1. Agree a definition of what signposting looks like with local leaders (Completed) 2. Review current services (June 2012 – completed) 3. Design new service with a PALS/Signposting task force (part of workshop discussion June 28th 2012) to feed into wider service specification

Source Documents	Location (including url where possible)

Julie Ogley

Presented by