

Health and Adult Social Care Select Committee

21 September 2006

Report of the Director of Adult, Community & Housing Services and the Interim Chief Executive of Dudley PCTs

A Stronger Local Voice: A Framework for Creating a Stronger Local Voice in the Development of Health and Social Care Services

Purpose of Report

To advise the Health and Adult Social Care Select Committee (HASC) of the content of the Department of Health's (DH) consultation document A Stronger Local Voice: A Framework for Creating a Stronger Local Voice in the Development of Health and Social Care Services.

Background

- 2. The HASC plays a key role in the scrutiny of local Health and Social Care services. An important component of this role is the relationship between the scrutiny function and the mechanisms for formal consultation and participation by people using Health and Social Care services in Dudley.
- 3. The DH issued a consultation document *A Stronger Local Voice* in June 2006. A summary of the document is attached as an appendix to this report. The deadline for the consultation was 7 September therefore the HASC will not have opportunity to make any response on this occasion. However, the content of the document is something that the HASC would wish to note.
- 4. In terms of content, the document states that it is planned to abolish the Commission for Patient and Public Involvement in Health (CPPIH) and Patient Forums will be replaced with Local Involvement Networks (LINks). Funding will be given to Local Authorities to establish a LINk for the Local Community. The purpose of the LINk will be to provide a flexible way for local people and communities to engage with Health

- and Social Care organisations and make sure that organisations that commission and provide Health and Social Care services are more accountable to the public and build positive relationships with them.
- 5. The role of the LINks will be significant for the HASC as the LINks will contribute to the gathering of information of what people want in terms of their Health and Social Care services and people's experiences of using local services. They will be able to make recommendations to the HASC and this will help the HASC as it determines its annual work programme.
- 6. A Stronger Local Voice envisages that Health Scrutiny Committees will be able to focus their attention on the work of Commissioners and the decision making activities of PCTs and Local Authorities. In particular, Scrutiny Committees will be able to ask Health and Social Care organisations how they have involved local people in their decision making process, what evidence they have to support their decisions and the actions they are proposing to take to address gaps or failings in services.

Finance

7. There are no immediate financial consequences to this report. *A Stronger Local Voice* indicates that Local Authorities will be given resources to develop the LINks.

Law

8. The statutory duty to consult for the NHS is found in Section 11 of the Health and Social Care Act 2001 and the Guidance for Health Scrutiny Committees was issued in May 2003.

Equality Impact

9. The HASC will wish to ensure that local arrangements for consultation and participation under the LINks initiative are consistent with developing equalities requirements and carry forward our current commitment to meeting the needs of our local diverse population.

Recommendation

10. It is recommended that:-

• The HASC note the contents of this report and comment as appropriate.

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List of Background Papers

A Stronger Local Voice: A Framework for Creating a Stronger Local Voice in the Development of Health and Social Care Services. Department of Health June 2006.

Appendix

A Stronger Local Voice: a framework for creating a stronger local voice in the development of health and social care services.

A Summary

Our Health, our care, our say: a direction for community services, made a commitment to give people a greater say about their local services, and to create services that are user-centred, responsive, flexible, open to challenge, accountable to communities and constantly improving.

An Expert Panel was established to translate that commitment into reality and following their recommendations *A Stronger Local Voice* has been produced.

There are 5 elements to the new arrangements where the patient and public voice is to be strengthened and these are briefly described as follows:

1. A Stronger Local Voice

The Commission for Patient and Public Involvement in Health (CPPIH) will be abolished and Patient Forums will be replaced with **Local Involvement Networks (LINks).**

Funding will be given to Local Authorities (LA's) to establish a LINk for the local community. It is anticipated that that tenders will be invited for a host organisation to run the LINk.

The **purpose** of the LINk is to:

- Provide a flexible way for local people and communities to engage with health and social care organisations
- Support and strengthen open and transparent communication between people, commissioners and providers
- Make sure organisations that commission and provide health and social care services are more accountable to the public and build positive relationships with them

LINks will:

- Gather information about what people want in terms of their health and social care services and their experiences of using local services. They will draw some of this information from sources such as PALS, complaints, national surveys, user groups, focus groups etc.
- Analyse this information and pass on trends and make recommendations to organisations such as commissioners, providers, managers and Overview and Scrutiny Committees (OSC's).
- Be a means by which organisations can access the views of the local population.

- Encourage and support users and the public to participate in the commissioning, scrutinising and reviewing of health and social care services.
- Be involved in the development of the 'prospectus style' document proposed in Health Reform in England: commissioning framework.

The above will help:

- Commissioners make informed decisions about what people need in the area.
- Providers who need ongoing feedback on service delivery
- Managers to know whether their plans are meeting local needs
- OSC's in deciding areas for review
- Regulators in having access to local information on the publics needs and experiences
- Local Strategic Partnerships who will draw together priorities and initiatives in Local Area Agreements (LAA's)

Links will be able to:

- Set their own agenda
- Be there to promote wider involvement not replace it
- Establish specific relationships with OSC's
- Build strategic partnerships

It is anticipated that membership will be drawn from user groups, local voluntary and community sector organisations and interested individuals, and how members are appointed will be determined locally.

2. Overview and Scrutiny Committees

They will in future be encouraged to focus their attention on the work of commissioners and the decision-making activities of PCT's and local authorities.

OSC's will ask commissioners:

- How they have involved local people in the decision making process and how they decided local priorities
- What evidence they have to support the decisions, and
- The actions they are proposing to take to address failings, concerns and gaps in services

OSC's will have strong relationships with the LINk who will influence some of the review work undertaken.

OSC's will continue to scrutinise how well PCT's and LA's have met the requirements to involve, consult and respond.

3. Simplifying and strengthening the duties to involve and consult

It is intended that Government will simplify, clarify and strengthen the current legislation on Health Service consultation contained in Section 11 of the Health and Social Care Act 2001, and new legislation will set out clearly what is required of both NHS Commissioners and Providers.

Commissioners will be required to publish regular reports of what they have done differently as a result of what they have heard, and also say why they may not have taken forward some suggestions. There will be an emphasis on openness and transparency to develop trust and increase accountability to local people.

The LINks will be one way in which commissioners can reach a range of views from local people. However, it is expected that all organisations will develop their own ways of involving and consulting with patients and the public.

4. A Stronger National Voice

The Government will explore the option of establishing a networked body at national level that would:

- Be a channel for communication and engagement with patients, service users and carers
- Be committed to promoting equal access for less resourced groups, particularly those that are user-led, and
- Engage at national level, providing input and advice on policy development.

5. A Stronger Voice in Regulation

A wish to see:

- User involvement in regulation.
- Regulation of involvement to ensure that NHS organisations comply with and fulfil their duties to involve and consult.
- The views of users incorporated when regulators undertake their assessments thus bringing a 'user' perspective to the quality review process.

It is anticipated that the proposed merger of the current health and social care regulation and inspection bodies provides an opportunity to integrate and build on the current strengths

The criteria used to assess performance against standards will include an assessment of how local arrangements for involving users, the public and the LINks are used, and how commissioners and providers have sought and responded to the views and needs of their population. This will form part of the **organisations performance rating**

Timescales: comments on the document to the Department of Health by 7th September 2006.

Chris Siviter Strategy and Partnerships Dudley PCTs 19th July 2006