
Select Committee on Health and Adult Social Care – 28th September 2011

Report of the Director of Adult Community and Housing Services

HealthWatch Developments and Update on Dudley Local Involvement Network (LINK)

1. Purpose of Report

1. To update members on national and local HealthWatch developments and as part of an on-going process seek views on the shaping of Dudley's local HealthWatch (LHW).
2. To outline the learning from the Dudley LINK as identified in the LINK annual report.

2. HealthWatch

HealthWatch will be the independent consumer champion for the public including service users, citizens, carers and patients - locally and nationally, to promote better outcomes in health for all and in social care for adults.

The Health and Social Care Bill published on 19th January 2011 contains provisions covering five themes:

1. strengthening commissioning of NHS services
2. increasing democratic accountability and public voice
3. liberating provision of NHS services
4. strengthening public health services
5. reforming health and care arms-length bodies.

A key element of the Bill that impacts on each of the above themes is the establishment of HealthWatch.

- HealthWatch comprises a national organisation- HealthWatch England, being established by CQC (Care Quality Commission) and Local HealthWatch falling under the auspices of DH.

HealthWatch England (HWE)

At a national level, the Bill proposes HWE to be a statutory committee within the Care Quality Commission.

In summary, HWE will:

- Be independent of Government, through being a committee of CQC
- Provide leadership, advice and support to Local HealthWatch creating consistency across the Country
- Provide advice to the NHS commissioning Board, Monitor and the secretary of State

- Have powers to propose a CQC investigation of poorly performing services.

As a result of the Government's listening exercise the commencement of HWE has been extended and it is expected that it will now operate from October 2012 subject to any further delays in the democratic process.

Local HealthWatch (LHW)

LHW will act as a point of contact for individuals, community groups and voluntary organisations around their experiences of health and social care. LHW will influence commissioning decisions by representing the views of local stakeholders. Inform HWE on views and experiences of local people.

Whilst LHW will replace LINK's in providing the above role at a local level the Government has stated the importance of the learning from LINKs.

Local authorities will be under a duty to ensure there is an effective and efficient local HealthWatch in their area.

Local HealthWatch organisations will be commissioned by and accountable to local authorities. Councils will also be responsible for ensuring accountability and value for money of Local HW organisations.

LHW will be a body corporate, able to employ its own staff. This means that LHW will need to be appropriately incorporated in order to have its own legal identity. This could be through a Limited company by share or guarantee and established as a social enterprise, mutual or community interest company.

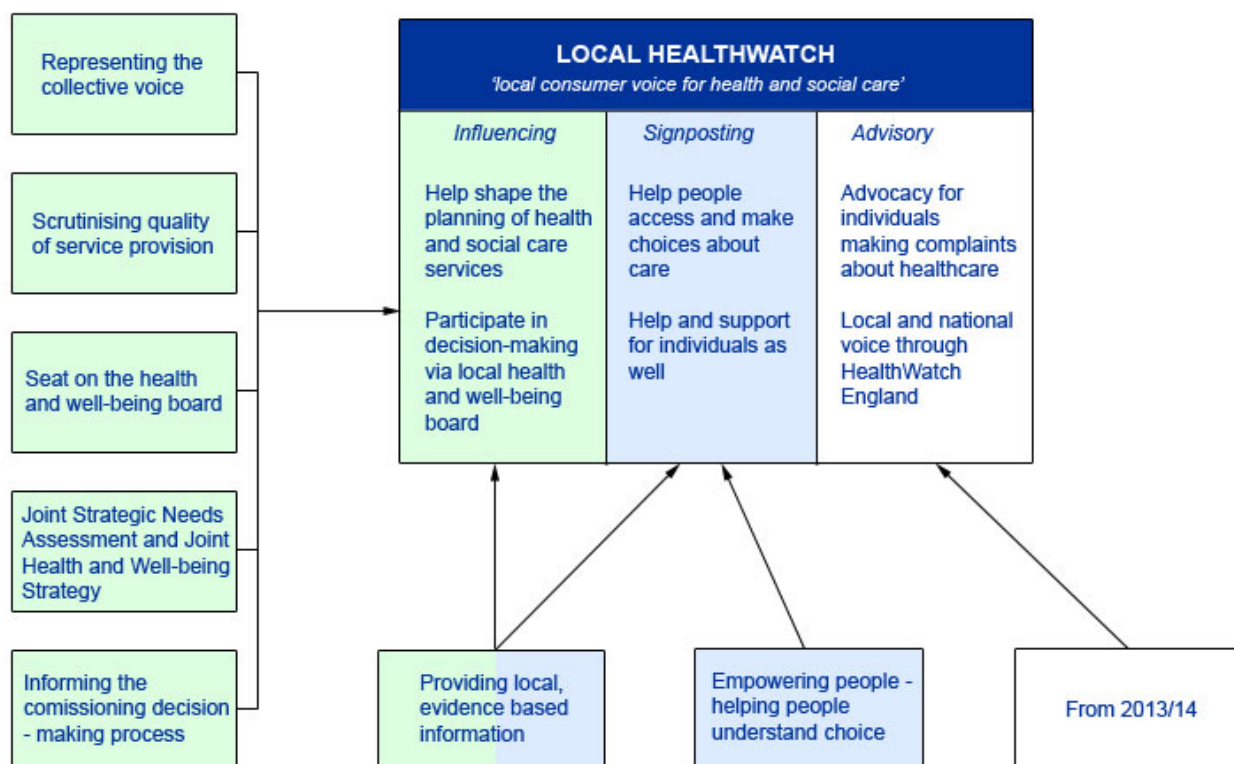
LHW will also be subject to public sector duties as contained within the Equality Act 2010.

The role of Local HealthWatch will be to:

- Continue the functions currently provided by LINKs (enter and view).
- Signpost people to information about health and social care services (currently undertaken by PALS).
- Ensure that local health and (adult) social care services are truly centred on what matters to those who use them, or may use them in the future, the Government's premise being that the public and patient voice in the commissioning and delivery of services needs to be strengthened.
- Provide intelligence to HWE about the quality of providers.

In addition, from 2013 local authorities will commission NHS complaints advocacy from "any suitable provider" this may include the Local HealthWatch.

LHW will also be expected to be involved in Local Authorities new partnership functions, the most significant of these being the Health and Wellbeing Boards at which a seat at the table is to be given to a LHW representative.



The function and role of Local Health Watch

Due to the delay caused by the Governments listening exercise, local HealthWatch organisations are now required to be in place by October 2012 subject to any further delays in the democratic process.

Funding for Local HealthWatch

- Up to 2014/15, funding will continue to be made through the DCLG Formula Grant.
- Funding will also be provided for signposting responsibilities currently provided by PALS
- Funding is anticipated to take into account the expected increase in patient demand for help in making choices.
- Start up costs will be allocated in 2012-13.

The Government has announced the following timetable for the allocation of funding for the four duties which will pass from the NHS and DH to local councils.

Funding	Transfer to Local Authorities
Local HealthWatch signposting element from PCT PALS	From October 2012
NHS complaints advocacy	From April 2013
PCT Deprivation of Liberty Safeguards	Potentially from October 2012
Independent Mental Health Advocates	April 2013

3. On-going National Developments

The HealthWatch programme is being managed jointly by CQC and the Department of Health (DH). The HealthWatch Programme Board supported by a number of advisory (task and finish) groups are key vehicles shaping HW evolution.

Further information relating to HW developments continues to be issued, to date the following has been published:

- **The HealthWatch Transition Plan** relating to the evolution from LINKs to HealthWatch issued in March 2011.
- The **consultation document** on Allocation Options for distribution of additional funding to local authorities for: Local HealthWatch, NHS Complaints Advocacy and PCT Deprivation of liberty safeguards seeks views on allocation options.

In addition 75 Pathfinders were announced in early August which will pioneer plans ahead of the full establishment of Local HealthWatch in October 2012.

4. HealthWatch Developments in Dudley

As can be seen above, the guidance on LHW issued so far has been broad brush and in line with Government policy which is to facilitate local decision making as opposed to imposing top down approaches.

It is imperative for Dudley Council, in conjunction with partners and stakeholders to ensure we shape and develop an effective, representative HealthWatch that will add value to local people and services.

A stakeholder forum held on 7th July began the process of gathering views on our local HealthWatch.

A range of areas were considered by delegates, the following provides a sample of the feedback received (the full feedback is attached as an appendix to this report):

Local HealthWatch Stakeholder Forum Feedback

Governance and Accountability

- Previous experiences in the setting up of the Local Involvement Network (LINK) were such that valuable time had been lost at the beginning of the process agreeing the appropriate Governance structures.
- Structures should be simple, clear and transparent.
- Robust terms of reference, including the processes for appointing members to the HealthWatch Board, would be required to ensure its effective performance

Independence

- Need to avoid potential conflict of interest given that HealthWatch is to be commissioned by the Local Authority with a remit to challenge its performance on health and social care services and also to challenge performance of the Health and Wellbeing Board.
- The financial arrangement between the Local Authority and HealthWatch needed to be such that it did not impinge upon the new organisations independence or indeed limit its scope or extent of its enquiries.

- This must however be balanced to ensure that appropriate and proportionate financial checks and counterbalances were in place to safeguard expenditure of public monies.

Membership and Representation

- There needs to be clarity over the membership of HealthWatch and in the way members are elected/appointed to ensure fair representation.
- Members should be elected based on their experiences of both the subject area and representative of their local constituencies.
- Members of HealthWatch should have a greater profile so that it was easier for residents to find out who was representing them on the board.

Engagement

- HealthWatch board should be representative of the Dudley Borough but not dominated by professionals from the local authority or health service agencies.
- Councillors were critical to the success of both HealthWatch and the Health and Wellbeing Board but they will need support to appropriately understand the health and social care environment.
- Agendas shouldn't be driven or discussions dominated by more vocal service-user groups at the detriment of others. Avoid where possible self-elected members.
- HealthWatch should be an effective enabler and facilitator to ensure that the views from a range of people are heard fairly, equally and with respect. It must also ensure that representation was varied and that the same people didn't feature on all of the various groups

Performance, Outcomes and Results

- Robust performance framework for HealthWatch with agreed and regularly monitored and published outcomes and targets would help to build confidence in the new organisation amongst users and representative groups and create a strong sense of transparency.
- HealthWatch needs to be honest and transparent about the boundaries of service user involvement – identifying what can they meaningfully influence, and what are the things that can't be debated – for example in the JSNA and the priorities arising from it.
- Important that HealthWatch avoided falling into 'committee mode' and that the key to its success would be in delivering meaningful engagement and change rather than just effective consultation

Skills and Competencies

- HealthWatch should provide appropriate training to enable its staff / members to undertake the tasks expected of it.
- It should provide sufficient capacity to allow the necessary mentoring skills to develop better skilled volunteers.
- HealthWatch should also have both the skills and independence to deal effectively with professional and vexatious complainants
- Needs to develop a balance between identifying success and failure in that it can offer constructive criticism rather than purely identifying weakness or apportioning blame

Holding to Account

- HealthWatch should be empowered to ensure professionals attend meetings and to answer questions

- HealthWatch needs to hold the various boards to account for delivery across the health and social care arenas.
- Were provider organisations going to be accountable to HealthWatch on top of other regulatory and inspection frameworks – concern that multiple accountability layers will be too onerous and impact upon patient care?

Organisation and Scope

- Organisation tasked with developing Dudley HealthWatch should have experience of establishing democratic processes and in developing a democratic organisation
- Core functions should be around listening, challenging and supporting.
- HealthWatch should have strong financial controls and be open and transparent in all it does.
- The organisation selected to run Dudley's HealthWatch should have a clear understanding of local needs for health and social care and a strong understanding of both supply and demand

Funding

- The funding for HealthWatch should be appropriate to the need and demand placed upon it.
- Need to ensure that HealthWatch wasn't over reliant on volunteers and it needs have sufficient resources at its disposal to undertake the work expected of it.
- The funding model should not impinge upon the independence of HealthWatch mainly in respect of the impact on the potential need to be critical of Council provided services.
- Suitable safeguards should be in place to enable HealthWatch to raise concerns without risk to secure answers and positive outcomes.

Advocacy

- Major role for HealthWatch should be around advocacy and to address the need for a higher profile around how to go about making complaints and accessing advocate support.
- HealthWatch should be clear on the limitations of its advocacy and sufficient resources should be invested to recruit and train independent advocates to build greater capacity.
- If and how are existing advocates going to be integrated into HealthWatch and would there be a fee for its advocacy support.
- HealthWatch should consider offering a contract out to local community based groups for advocacy support in an attempt to build on local knowledge and expertise.

Geographical Context

- Greater clarity was needed about HealthWatch over how it will deal with services that cross geographic boundaries for instance, how will HealthWatch be able to influence health and social care provision that Dudley residents might access in Sandwell, Birmingham or nationally.
- Would Dudley's HealthWatch be part of a Black Country sub regional network.
- There was potential for joined up working with other HealthWatch organisations regionally and nationally to look at common areas of concern.

Profile and Communications

- HealthWatch should have a clear and recognisable identity on a local sub-regional, regional and national platform equally HealthWatch should operate from visible and easily accessible premises.
- HealthWatch should publish an annual report and for this to be communicated widely and in a variety of appropriate formats.
- HealthWatch should strive to produce clear and understandable literature and messages to the public in an appropriate style for the intended audience.
- The name HealthWatch is misleading as it doesn't truly represent the organisations responsibilities around social care. HealthWatch in Dudley should have its own local branding and a more fitting name

5. Dudley HealthWatch Timetable

- HealthWatch Stakeholder forum event June 2011- completed
- Dissemination of stakeholder forum report- September 2011 (appendix attached)
- Set up a HealthWatch reference group- September 2011
- Continued engagement on HW specification- in consultation with LINK, DCVS and other stakeholders
- Consult with HASC- September 2011 and on-going;
- Consult with shadow Health and Wellbeing Board; Older People's Board October 2011; LD Board; Carers Group; ADC etc.
- Finalise Dudley LHW specification - February/ March 12
- Procurement commencement - April 2012
- HealthWatch established October 2012

The above is an indicative timeline; dates are subject to further delays in democratic processes and confirmation of funding from central Government.

6. Taking this work forward – LHW key issues for consideration

1. Local HealthWatch is to be an independent body corporate, and the Council will be considering a range of models, from social enterprise to a commissioned organisation.
2. The government is keen to 'preserve the knowledge and experience in LINKs' and this will be an important consideration in the commissioning of LHW;
3. We know that legislation will require that LHW membership is 'fully representative' of the area it serves. This will be a major challenge as current LINK membership is not fully representative of all our local communities.
4. On-going consultation will seek to understand what outcomes Dudley people will want to see from the LHW and work to undertake appropriate Equality Impact Assessment
5. What an effective and user-centred local HealthWatch would look like.

6. How the local authority, together with HealthWatch, will manage a complex set of relationships, considering we will be commissioners and funders of local HealthWatch organisations and also will be subject to scrutiny on their impacts and value for money.

7. The Local Involvement Network (LINK)

LINK Funding

The Dudley LINK was established in June 2008 with funding for a period of 3 years.

The contract for LINK host was awarded to Shaw Trust.

The total contract budget over 3 years totalled £463,375. This amount was not split equally over three years as Shaw Trust was not contracted for a full first year.

The annual allocations were as follows:

Year 1	£126,375
Year 2	£168,500
Year 3	£168,500

The coalition Government stated its support for LINKs by confirming its intention to fund local authorities to procure LINKs for a transitional year (2011/12) and in preparation for the establishment of HealthWatch.

As such, the Shaw Trust contract was extended for an additional year and the 2011/12 contract was set at £117,950, this represents a reduction of approximately 24%, reflecting overall budget savings work in line with approaches taken by other local authorities.

LINK and the role of local authorities

The Local Government and Public Involvement in Health Act 2007 enabled LINKs to be established. To enable LINKs to carry out their role, the legislation imposes duties on commissioners and certain providers of health and social care services to respond to LINKs requests for information and to allow entry by LINKs to premises under certain conditions.

LINKs can:

- enter specific services and view the care provided
- ask commissioners for information about services and expect a response
- make reports and recommendations and expect a response from commissioners
- refer matters to the local 'Overview and Scrutiny Committee'

Accountability

Each LINK is independent of any government organisation, with its own governance and decision making process. The host provides support to the LINK and is accountable to the local authority and the LINK. The LINK is also accountable to the public and itself.

Each year LINKs are expected to report to their communities and the Secretary of State for Health on the activities they have undertaken in that year.

The performance of Shaw Trust acting as the Host has been regularly reviewed at progress meetings during the course of the contract. In addition, a regional LINK leads group has enabled the Council to consider the performance of Dudley LINK and its host body Shaw Trust in relation to other local authorities LINKs and hosts.

The performance of Shaw Trust and the Dudley LINK has been found to be commensurate with other organisations respectively, the local contract and Government requirements. The management committee of Dudley LINK are particularly satisfied with the Shaw Trust's level of support and performance.

In arriving at Shaw Trust as the provider in 2008 the Council undertook a full tendering exercise which was OJEU compliant. The specification for the contract not only followed Government guidelines but was consolidated following a stakeholder event lead by DCVS, Dosti and DACHS.

The annual report on the activity and outcomes of the LINK is attached.

8. Finance

Local authority finance allocation is to be determined by DH.

9. Law

HealthWatch establishment is a statutory requirement enshrined in the Health and Social Care Bill.

10. Equality Impact

In establishing LHW a diverse and representative membership is essential; LHW as consumer champion will further ensure service delivery is reflective of the needs of Dudley citizens.

We shall also investigate the need to carry out proportionate Impact Equality Assessments in line with the Equality Act 2010

11. Recommendations

1. To note national developments
2. To identify any key areas for consideration in the development of a local HealthWatch;



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Background Papers

Annual report- LINK