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Dear Member

HEALTH OVERVIEW AND SCRUTINY COMMITTEE - FRIDAY, 25 NOVEMBER 2011

I am now able to enclose, for consideration at next Friday, 25 November 2011 meeting of the Health Overview and Scrutiny Committee, the following report(s) that were unavailable when the agenda was printed.

Agenda No	Item
7	<u>NHS Transition: Update</u> (Pages 1 - 4)

Yours sincerely

Peter Sass
Head of Democratic Services

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LOCAL HEALTHWATCH

1. **Statutory Requirements** - The Health and Social Care Bill requires Local Authorities to commission:

- Citizen Engagement (which will retain current Local Involvement Networks (LINKs) powers such as right of entry into health and social care premises, referral of matters of concern to the Secretary of State for Health, the right to present reports and receive a response within specified timescales). To start Oct 2012
- An Information and Signposting service for health and social care to support choice. To start Oct 2012
- An NHS Complaints Advocacy Service. To start April 2013

Local HealthWatch (LHW) will have a statutory place and voting rights at the Health and Wellbeing Board, (though not at Clinical Commissioning Group Boards, which are required to include lay people as patient and public representatives but not necessarily through Local HealthWatch)

Local HealthWatch must be independent, though Local Authorities will be held accountable for them being operating effectively and providing value for money.

2. **Department of Health support for Local HealthWatch.** There have been recent changes at the Department of Health and there is now one management team responsible for the development of Health and Wellbeing Boards and Local HealthWatch in order to ensure that necessary linkages are worked through and implemented effectively

3. **Funding.** Until 2011, Local Authorities were given a ring fenced grant for LINKs. From 2011, the LINK grant will not be ring-fenced but instead, included in the Personal Social Services formula grant. Further funding will be given to Local Authorities to provide the Information & Signposting Service and the NHS Complaints Advocacy Service, likely to be in the region of £23 million nationally. A Department of Health formal Consultation on funding options has recently completed and decisions on the funding for each Local Authority area are expected at the end of this calendar year

4. **The Kent Approach**

A readiness programme was jointly commissioned by Kent County Council and the Department of Health. The project was undertaken by the Centre for Public Scrutiny (CfPS) who have provided an independent assessment of “how ready” Kent and its partners are, to set up an effective and flourishing Local HealthWatch.

The programme included 1:1 interviews and small focus groups conducted by the CfPS with key stakeholders in order to begin to develop a shared vision and expectations for Local HealthWatch. Those interviewed included Senior Officers and Members from Kent County Council and Dover District Council, senior officers and Non- Executive Directors in the Kent and Medway Cluster, Kent LINK participants and Governors, Host officers and Directors and a wide range of stakeholders from the voluntary and community sector alongside other Kent residents

CfPS then delivered a 'state of readiness' report that synthesised contributions and offered recommendations for the development of Local HealthWatch in Kent. Recommendations have now been incorporated into the Local HealthWatch Implementation plan

5. Readiness Report Recommendations

Recommendations that may be of particular interest to Health Overview and Scrutiny Committee and to the Health and Wellbeing Board are:

R25: development work should be supported between the Overview and Scrutiny Committees for health and for social care to develop a shared vision for their partnership and the terms of engagement

R26: "The Local HealthWatch Development Group should seek to work with Dover District shadow Health and Wellbeing Board to promote their participation in the development of Kent Local HealthWatch (K LHW) and identify any specific issues of how the two bodies will work together. Of particular interest will be the management of health and social care issues that crosscut the district and county levels."

R 27: "Commissioners, the shadow Health and Wellbeing Board and other decision makers should be invited and supported to identify a set of Kent Local HealthWatch friendly processes and behaviours to enable them to contribute to the environment in which K LHW can flourish"

Other Recommendations refer to key stakeholders and partnerships which, of course, include the Health and Wellbeing Board and Scrutiny:

R2 & 18: The Health and Wellbeing Board should be kept informed of progress and provided with further opportunities to engage in the development of Local HealthWatch

R 6&7 relate to expanding the core group of the Local HealthWatch Development Group and getting better stakeholder involvement. A key consideration will be to make better ties with the Health and Wellbeing Board.

R 12: suggests the creation of an outcomes framework to provide a high level overview of what LHW should aim to achieve and how it will measure success. The outcomes framework should be approved by the HWB and Scrutiny.

R 15: Governance models for Local HealthWatch should be approved by HWB

R22: A training and induction programme for Local HealthWatch staff and volunteers should include understanding the roles of HWB and Scrutiny and LHW's relationship with them and raising awareness of K LHW

R29: recommends that K LHW should champion the integration of health and social care – a role that it will share with the Health and Wellbeing Board.

R34: LHW should invite partners, including the HWB and Scrutiny, to co-design a methodology and format for K LHW to report and present its findings

6. Local HealthWatch Implementation

The Implementation Plan currently has 8 modules:

- 1) Managing the implementation of Local HealthWatch (see item 5)
- 2) Operational Model – Local HealthWatch will be a corporate body with responsibility for managing the organisations who will deliver the LHW functions
- 3) Procure Information and Signposting Service - determine scope, boundaries, agree detailed specification, ensure it fits in with the future plans for the KCC Contact Centre
- 4) Procure NHS Complaints Advocacy Service - determine scope, boundaries, agree detailed specification, ensure it fits in with new KCC centralised complaints system, consider adding Adult Social Care Advocacy
- 5) Procure Citizen Engagement - determine scope, boundaries, agree detailed specification, resolve how to test for representativeness (a legal requirement), consider strengths and weaknesses of current position, resolve if and how to split contracts – e.g. by category such as older people, mental health etc, geographically e.g. CCG area
- 6) Provider Mapping - consider how to stimulate current market to enable effective choice
- 7) Communications - internal, external, media, branding
- 8) How to ensure Local HealthWatch operates effectively at Health and Wellbeing Boards and Scrutiny at a County, District and CCG level

7. **Managing Local HealthWatch** - moving from the evaluation and assessment phase into the Implementation phase requires a re-engineering of the current management groups. Proposals have been put forward for
- a. A steering group, chaired by Roger Gough with Meradin Peachey (DPH) as Responsible Director with senior staff from the Cluster and KCC representing Citizen Engagement, Adult Social Care, Communications and Customer Care. CCG representation is also sought to ensure LHW is fit for the future. (Terms of reference and outcomes for this group are being developed)
 - b. Under the Steering Group will be the Implementation Group. Tish Gailey, as Implementation Manager to Chair, with reps from KCC and the Cluster to take responsibility for ensuring work is completed
 - c. Short life task and finish groups will be appointed as needed

8. **Resources**

- a. A project support person is to be appointed paid for by the Local HealthWatch Development Fund (recruitment in progress)
- b. Communications support has been agreed
- c. Procurement support has been agreed
- d. Further resources will be required to advise and assist in specifying for procurement, e.g. from Citizen Engagement and Customer Care from both KCC and the NHS Cluster