

LOCAL HEALTHWATCH

1) National context

a) **Background.** Local HealthWatch (LHW) is a key part of the NHS reforms. The principle for the Health and Social Care Bill is “no decision about me without me” and this phrase sets out concisely the aims of the bill in putting the public, patients and users of adult social care services at the heart of the commissioning and provision of health and social care services. Local HealthWatch will be procured and funded by Local Authorities who will be held accountable for them. Local HealthWatch (LHW) organisations will also have a strong relationship with HealthWatch England (HWE), which will be a statutory committee of the Care Quality Commission. The relationship between Local HealthWatch and HealthWatch England is still being defined but it is expected that the relationship will be reciprocal; LHW advising HWE of local issues that may need national support and HWE providing support and guidance to LHW so that it can operate effectively at local level.

b) **Functions** Local HealthWatch will have three main functions :-

- citizen engagement, the role currently performed by Local Involvement Networks (LINKs), so that people can influence how health and social care are commissioned and delivered in their area
- an Information and Signposting service that will support individuals to choose how their individual health and social care needs are met
- an NHS Complaints Advocacy Service for when things go wrong

Local HealthWatch will be a statutory voting member of the Health and Wellbeing Board and will continue to play a role in the Scrutiny of Health and Social Care Services. Current LINK powers to:

- enter certain types of premises and view the services provided;
- request information and receive a response in a specified timescale;
- make reports and recommendations and receive a response in a specified timescale; and refer matters to a health or social care Overview and Scrutiny Committee and receive a response
- refer matters of concern directly to the Secretary of State for Health will all be passed to Local HealthWatch

2) Current Timeline for the set up of Local HealthWatch

- The first two functions of Local HealthWatch, Citizen Engagement and Information & Signposting, must be in operation by October 2012. The NHS Complaints Advocacy role will be added from April 2013.
- The Health and Social Care Bill was originally expected to be enacted by Autumn 2011. The “Listening Pause” and subsequent changes means that the Bill is now expected to be enacted in May 2012.

For large Local Authorities like Kent County Council, the new timescales may bring added pressures in meeting procurement deadlines, especially where the value of the contract falls under the Official Journal of the EU.

3) Local Authority Role

Government expects Local Authorities to play a key role in the set-up of Local HealthWatch including the smooth transfer of Citizen Engagement responsibilities from LINK to LHW

a) Commissioning/Procurement

Local Authorities must ensure that all three functions of LHW are procured and in place by the deadlines given above.

The Citizen Engagement function is expected to evolve from the Local Involvement Network with an additional legal requirement that LHWs must be representative of the population they serve added as a result of the Listening Pause. As a volunteer organisation, LINKs membership and governance can become unrepresentative with, for example, an unintended bias towards those of retirement age or older. Local Authorities may have to commission other voluntary agencies to ensure more balance, if their current LINKs cannot demonstrate representativeness or at least a clear trend and pathway towards them becoming representative

Local Authorities or LHW must commission an Information and Signposting service. Eastern and Coastal and West Kent both have a Patient Advice and Liaison Services which currently provide information, signposting and individual help for patients in their area. The new Local HealthWatch Information and Signposting service is likely to be very similar and it is possible that TUPE may apply on a case by case basis.

NHS Complaints Advocacy Service. It is expected that all providers of health care will manage complaints about their own service but advocacy services will be commissioned by the Local Authority, or by Local HealthWatch itself. Currently the Independent Complaints Advocacy Service helps patients who are unhappy with a service that they have received from a hospital, doctor, dentist, local surgery or any other NHS service to complain about it, or raise their concerns. The new Local

HealthWatch Advocacy service may be similar and it is possible that TUPE may apply on a case by case basis.

- b) **Accountability.** Local Authorities are likely to have some accountability to CQC/DH for ensuring that the Local HealthWatch they have commissioned for their area:
- Operates effectively
 - Provides value for money

Inherent in the commissioning/procurement process is that each Local Authority would ensure these two basic requirements are met through the performance management of the contracts.

- c) **Funding.** Until 2011, Local Authorities were given a ring fenced grant to run the LINKs. From 2011, the LINKs grant is no longer ring-fenced but is included in the Personal Social Services formula grant. The intention is that funding for Local HealthWatch will not be ring fenced. Concerns continue to be raised about this by the National Association of LINKs Members. 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 although the funding levels for this have not yet been resolved. There is a DH consultation currently being conducted that discusses options for the specific funding each Local Authority will receive

In Kent

1. Roger Gough, within his Cabinet role in NHS Reform, is providing strategic leadership for the set up of Local HealthWatch in Kent.
2. Lorraine Denoris, Director of Citizen Engagement and Communications for Eastern and Coastal PCT is the strategic officer lead for the development of Local HealthWatch for KCC. Lorraine is also working for the Department of Health on the National HealthWatch Programme Board. This has given Kent an excellent route in raising issues around the development of Local HealthWatch and the opportunity to lead a pilot programme of work in partnership with the Centre for Public Scrutiny that has enabled us to assess our local readiness for LHW, baseline activity and develop and action plan across all key stakeholders
3. Tish Gailey, Health Policy Manager for KCC is operational manager. Staff from Customers and Communities are providing help with media and communications, tie in with Locality Board development, in-house complaints management, commissioned complaints advocacy and tie in with voluntary organisations.
4. As well as the tie in to the Department of Health through the Local HealthWatch Advisory Group and the Local HealthWatch programme provided through Lorraine, Tish is also part of two national LHW Task and Finish Groups – one which looked at "what a good HealthWatch would look like" and one currently considering LA Commissioning of LHW functions
5. Medway, like all Councils, are also considering how to set up Local HealthWatch for their area and have recently agreed to explore the potential of working more closely with Kent so that economies of scale can be considered alongside possible joint commissioning of LHW functions.
6. Similarly, KCC is sharing learning with a group of South Eastern LA LINK reps and may also explore joint commissioning with them.
7. The success of LHW relies heavily on stakeholders working together so we have set up the Local HealthWatch Development Group to oversee the set up of Local HealthWatch in Kent. (see attached Terms of Reference). The group is chaired by Lorraine Denoris with membership drawn from the Kent LINK, Kent and Medway Networks (the organisation providing the administrative support to the Kent LINK), KCC, Eastern and Coastal and West Kent PCTs, Medway Council and Dover District Council. This group will also advise on expenditure from the LHW development fund of £90k which was created out of part of the Kent LINK underspend.

8. **The Pathfinder programme** - In May, a joint application between KCC, the Kent LINK and Kent and Medway Networks with support from District Councils and the local NHS, was put in to the Department of Health to be part of the Pathfinder programme - see attachment. Kent's application had three integrated areas of focus:

- Patient Participation Groups (PPGs) work with their GP practices to provide practical support, to help patients to take more responsibility for their own health and to provide strategic input and advice to the practice. As part of the Kent Pathfinder work, we would like to explore how PPGs can work with Local HealthWatch to influence and shape health and social care services
- Identifying skills that the public and especially those in LINKs and other voluntary organisations will need to participate more effectively in the new world of enhanced community engagement
- Using the existing and new skills of the LINK and PPGs to identify what is required from the LHW Information and Signposting Service

One of the key reasons for our application was that we would then be well placed to test out the new ways of working that the NHS reform will bring through the LHW Pathfinder programme, the Early Implementer programme for Health and Wellbeing Boards (which both KCC and Dover District Council are part of) and the Pathfinder programme for GP Consortia (now Clinical Commissioning Consortia) which most GP Surgeries in Kent are now a part of.

In August we received confirmation that our bid had been successful though there is now to be no funding from the DH to support the pathfinder programmes. Whilst this is disappointing, we are expecting support from the DH in sharing learning with other LHW Pathfinders. Decisions on how to fund the areas of work will be taken once the Readiness Programme report is received (see below)

9. The Readiness Programme

The Readiness Programme has been jointly commissioned by Kent County Council and the Department of Health. The Centre for Public Scrutiny will undertake the work and provide an independent assessment of, literally, how ready Kent is (all partners) to set up Local HealthWatch. The aims of the programme are:

- To work with LINKs, Kent County Council, the PCT cluster, the community and voluntary sector and other partners in Kent to share their knowledge and perspectives for the transition to HealthWatch.

- To deliver a 'state of readiness' report that synthesises these contributions and offers recommendations for the Kent HealthWatch pathfinder during the transition.
- To use the process as a form of action learning to provide a space for all partners to learn and reflect on their roles in the process and three wider issues:

The Readiness Programme has started with 1:1 interviews and small focus groups conducted by the CfPS with key stakeholders to tease out the vision and expectations for Local HealthWatch. Those interviewed were:

Name	Role
Brenda O'Neill	LINKs Host - Kent & Medway Networks Ltd
Richard Beckwith	LINKs Host - Kent & Medway Networks Ltd
Ann Sutton	Chief Executive, Kent and Medway PCT Cluster
Colin Tomson	Chair, Kent and Medway PCT Cluster Board
Councillor Roger Gough	Cabinet Member - Health Reform brief
Councillor Graham Gibbens	Cabinet Member - Public Health brief
Sarah Andrews	Director of Nursing
Carol Cassam	Associate Director Nursing & Quality (East) and Lead for Safety and Patient Experience
Cathi Sacco	Director of Strategic Commissioning for Families and Social Care (Interim), Kent County Council
Kent and Medway PCT Cluster NEDs	Kent and Medway PCT Cluster
Anne Tidmarsh	Director of Older People and Physical Disability, Kent County Council
Kent LINKs	Workshop with 10 members, 3 governors and 3 host staff
Meradin Peachey	Director of Public Health
Tish Gailey	Health Policy Manager
Amanda Honey	Director of Customer and Communities
Mike Hill	Cabinet Member for Customer and Communities
Andrew Ireland	Director of Families and Social Care
Dover District Council	Members and officers

From these interviews and focus groups common themes are being identified which will then be discussed in workshops designed to pick up and address any differences in vision. There will be four workshops held on 19th September in Oakwood, facilitated by the Centre for Public Scrutiny.

After the interviews, focus groups and workshops are completed, a report will be produced giving recommendations for the work needed in Kent. Once this report has been delivered a detailed programme plan for the set up of Local HealthWatch will be produced.

Terms of reference for the Local HealthWatch Development Group

Purpose: To support and oversee the creation of the new Local HealthWatch

1. Contribute to the Readiness Assessment project being conducted by the Centre for Public Scrutiny (CfPS) and act upon their recommendations.
2. Develop a governance model suitable for Kent where the three separate functions of LHW will liaise appropriately, e.g. passing collated information on advice, complaints etc to the citizen engagement part of the organisations.
3. Explore an operational model that will embed mutually beneficial relationships at a national, county and local level.
4. Map out what an information and signposting service and a complaints advocacy service would look like to facilitate procurement/commissioning.
5. Consider how KCC will be able to fulfil its new obligations under the Health and Social Care Bill to assess if LHW is “operating effectively” and “providing value for money”, through, for example, benchmarking against other LHWs, tracking changes from LHW recommendations etc.
6. Develop a program to improve the representativeness of the current LINK, particularly for the seldom heard in order to fulfil new legal obligations.
7. Oversee the work of the LHW Pathfinder. If not given pathfinder status then develop learning opportunities for LHW volunteers to allow them to engage at a variety of levels that suit the needs of the organisation and the volunteers.
8. Advise on expenditure of the Local HealthWatch Development Fund and receive budget reports.