

By: Graham Gibbens – Cabinet Member for Public Health
To: Cabinet 17th March 2008
Subject: Kent Health Watch
Classification: Unrestricted

Summary: This report updates Cabinet Briefing on progress towards implementation of Kent Health Watch following discussions between the Chief Executives of KCC and the two Kent Primary Care Trusts.

For Decision

1. Introduction

Kent Health Watch (KHW) was proposed by KCC in response to public concerns about the NHS in Kent. KHW builds upon KCC policy from 2005 and is designed to provide 'signposting' and information about the existing and planned mechanisms whereby the public can make representations and complaints or compliments about the NHS and, by the end of 2008, adult and children's social care. (The inclusion of social care services will be considered within the context of the introduction of both LINKs in 2008 and the new proposals for joint health and adult social care services complaints procedures from April 2009).

There are various ways in which the public can make their views about the NHS and social care known. As with all public services it is sometimes difficult for people to understand the most effective method for their purposes. KHW will provide information and assistance in ensuring the public and patients are aware of what avenues are available and which might be the most appropriate. KHW will monitor the number and type of complaints that it receives and report this to the relevant NHS bodies and the KCC Health Overview and Scrutiny Committee. In this way it will help identify particular issues that arise and highlight repeated problems, although it is recognised that KHW information will need to be supplemented by other information.

1.1 Principles

KHW is based upon 4 guiding principles:

- That KHW will act in a manner to promote public confidence in the NHS in Kent and in social care commissioning and provision
- That KHW provides information to assist health and social care services in responding to the issues raised by the public
- That KHW complements existing and planned methods for the public to make representations about the NHS in Kent and KCC social services

- That KHW will function in a way that promotes better partnership working and demonstrates KCC's community leadership, and commitment to improve health and social care services in Kent

1.2 Scope and Purpose

The current agreed position is that the scope and purpose of KHW will be to:

- Cover all NHS and, from 2009, social care services delivered within the administrative area of Kent County Council, to both the residents of Kent and anyone who comes into the County to receive NHS and social care services. This includes services commissioned within Kent although delivered outside the County area, as long as the person receiving the service is a Kent resident
- Handle telephone calls and emails from the public
- Inform customers on how to progress complaints and representations through the various systems that currently exist for the NHS and social care within Kent including the further avenues and appeals processes available to complainants dissatisfied with initial responses to complaints.
- Log the details of the question, compliment or complaint. Each case will be logged onto the Contact Centre's CRM (Customer Relationship Management) database with a unique reference number enabling individual clients and contacts to be followed up if necessary
- Provide quarterly statistical and other data to the NHS, social services and KCC Health Overview & Scrutiny Committee and make such data available to the public. Where particular issues become apparent these will be reported on an exceptional basis as and when appropriate, acknowledging that KHW information may need to be supplemented by other data.

Enquiries, compliments or complaints concerning the NHS and by 2009 social care that are received by KHW will be directed to the relevant existing customer services and/or complaints procedure.

The service will be available 24/7 through the Contact Centre and will be implemented by the first half of 2008 in health and the end of 2008 for social care, subject to approval at Cabinet and sign off by PCT Boards.

1.3 Governance of the Service

KHW currently has a Steering Group to oversee implementation. The membership is under review but consists of Graham Gibbens, Mike Hill and Keith Ferrin with Clive Bainbridge and Mark Lemon. 2 PCT Board members will also join the Steering Group. The inclusion of representatives from other directorates of KCC such as KASS and CFE, and other organisations within the NHS will be a priority for consideration. Terms of Reference will be agreed between the nominated members. Decisions will need to be agreed by all parties to be implemented.

KHW will be delivered by the Contact Centre as part of the Communities Directorate within the division managed by Clive Bainbridge, Director of

Community Safety & Regulatory Services at KCC. Derek Smith, the Head of the Contact Centre will have operational responsibility.

During 2008 the Local Involvement Network (LINK) will be established on a national basis, replacing the current Patient and Public Involvement Forums across the country. LINK will have a statutory requirement to establish a system to monitor complaints about NHS and social care services. KHW will be established independently from LINKs but there are obvious connections between the two and it is envisaged that the information the KHW gathers will be of assistance to the LINK as it carries out its own responsibilities. Any more formal relationship between KHW and LINKs will be dependent upon agreement between all parties including the host organisation for LINKs which is independent of both KCC and the NHS.

Operation of KHW may also be affected by the new proposals for streamlining the complaints procedures of the NHS and social care services by 2009, especially if Kent becomes an early adopter to trial this system this year. It will not be helpful for KHW staff to require retraining in new procedures very shortly after becoming operational and, if necessary, the launch of KHW may be slightly delayed to avoid this.

The inclusion of social care – children and adults, local authority, people who fund their own care, and other agency placements – will be considered as described above and after KHW and the LINK are established and operating effectively.

1.4 Budget

£300,000 has been allocated as the budget for KHW (subject to the usual budget approval processes). The budget will fund the staffing required to implement KHW. This amount may be varied according to demand experienced when KHW becomes operational. Potential changes to costs for PCTs will also be kept under review.

1.5 Risks

There are some risks associated with KHW:

- That KHW complicates and confuses existing processes rather than complements them. If KHW is not agreed and set up in such a way as the PCTs and other NHS organisations can engage, the information available and given to callers may not be accurate if changes to procedures occur, including the planned integration of NHS and social care complaints processes by 2009. This will also apply to ICAS, the Healthcare Commission and the Health Ombudsman who all have key roles in the NHS complaints procedure

In order to prevent this protocols will be established with colleagues in the NHS to ensure that the right interfaces with their procedures are in place from the start. KHW will be set up in collaboration with colleagues in the PCTs to ensure compatibility with existing arrangements. The issue of when a complaint is deemed to have been made, and therefore when the statutory timescales for responses are activated, will need particular clarification.

- That KHW becomes implicated in financial compensation issues between patients and the NHS arising from complaints about treatment

It will be very clear that KHW responsibilities extend to signposting people to and giving information about the right avenue for their complaints. There is no intervention or advocacy involved on behalf of the individual customer. Public expectations of KHW will be managed through the publicity and marketing for the services, which will be agreed by the Steering Group.

- That the demand for KHW will fluctuate and unnecessary costs ensue. This may include unforeseen increases in demand in response to particular health issues that arise, including during 'out of hours'

KHW will be established using very flexible staff resources that can be disengaged or reassigned easily to meet short-term changes in demand. This will ensure that any cost implications are minimised. The effects of fluctuations for PCTs will also be need to be monitored.

The consequence of these risks and concerns are such that KHW will be considered a pilot and be jointly evaluated by KCC and PCTs after one year of operation.

1.6 Publicity and Marketing

An extensive publicity and marketing programme that will incorporate a media launch, publicity through various media, advertising and marketing of Kent HealthWatch, hopefully with the co-operation of NHS colleagues, is currently being prepared and costed by Corporate Communications.

An indicative marketing and PR strategy for KHW is attached. The final strategy will contain elements of those listed but will be subject to further discussion and available resources.

1.7 Policy Process

KHW will be presented at KCC Chief Officer Group, and to Cabinet Members at Cabinet Briefing and Cabinet within KCC. It will also be taken to the Corporate and Communities Policy Overview Committees and the Health Overview & Scrutiny Committee.

Kent PCT Boards will consider proposals in March.

1.8 Timescales

KHW will be operational by 30 June 2008

Proposals discussed at Chief Officer Group - 9 January 2008

Meeting between KCC and PCT Chief Executives - 16 January 2008

Principles, scope and purpose and timescales will be formally discussed and agreed with the Kent PCTs - by end March 2008

Proposals discussed and agreed by Cabinet – March 2008

Proposal to Communities Directorate, KASS and/or Corporate Policy
Overview Committees subject to Committee schedules

Consideration by PCT Boards and other internal committees such as Clinical
and Corporate Governance Committees and Complaints Review Groups
subject to PCT schedules.

1.9 Implementation

Scoping work to estimate likely demand and volume of calls – immediate and
on-going based on a flexible response to probably fluctuations in the number
of calls received and the potential impact on call centre and PCT resources

Design and adoption of interface protocols between KHW and PCTs –
immediate and ongoing

Training of staff in call centre – April/May 2008

Publicity and marketing – May 2008

2. Recommendation

Cabinet is asked to:

(i) AGREE the implementation of Kent Health Watch as proposed in this
report.

Background Papers

Kent Health Watch – Report to Cabinet 11 July 2005

Contact

Mark Lemon
Policy Manager
Kent Department of Public Health
Ext 4853