

Bath & North East Somerset Council

MEETING:	Wellbeing policy and development scrutiny panel
MEETING DATE:	July 27 th 2012
TITLE:	Healthwatch position update
WARD:	ALL
AN OPEN PUBLIC ITEM	
List of attachments to this report:	
Appendix 1 Vision for local Healthwatch	
Appendix 2 Operating model for local Healthwatch	

1 THE ISSUE

Policy developments outlined within the Health and Social care Act currently before parliament outline a new duty on local authorities to ensure the provision of Healthwatch. Healthwatch is a development in public involvement and will be the body that replaces the existing Local Involvement Networks (LINK). In Bath and North East Somerset activity has been taking place since spring 2011 to prepare for the commissioning of Healthwatch working towards an implementation date of April 2013. The panel received a report at its meeting in July 2011 at which point the ideas for Healthwatch were being finalised. Additional position updates have been included within the LINK committee reports. A formal update is being presented today to ensure the panel has comprehensive and current information on the firm plans for Healthwatch and the development taking place towards its pending implementation.

2 RECOMMENDATION

Members are asked to consider the information presented within the report and to note the key issues described.

3 FINANCIAL IMPLICATIONS

A sum of £71,000 is available in the Council's budget for the funding of Local Healthwatch in Bath and North East Somerset. The Cabinet has also agreed a non-recurring budget, allocated from the Performance Reward Fund, to enable the development of an engagement infrastructure for Healthwatch and wider community engagement infrastructure for the Health and Wellbeing Board. This development will support and sustain Local Healthwatch provision.

4 THE REPORT

4.1 Background

The current health and social care reforms are centred on the fundamental principle that patients and the public must be at the heart of everything our health and care services do. Healthwatch is described as an evolution from the existing structures and is expected to give people real influence over decisions made about local services. It can best be described as a consumer champion whose role is to champion the views and experiences of patients, people using services, carers and the wider public and to influence service development decisions. It should be noted that the term Healthwatch covers both health and social care and it will support individuals as well as engaging communities.

The Health and Social Care Act specifies two elements to the proposed structure. These are Healthwatch England a national body providing leadership to local Healthwatch and advising the NHS commissioning Board and local Healthwatch acting as consumer champion for local people regarding health and social care.

Healthwatch is different from LINK and has new responsibilities. Healthwatch will need to do all that LINK currently does and has the same powers that LINK currently enjoys but It also has new duties to provide information to people and support them in making choices. Additionally Healthwatch has the important responsibility of having a representative as a member of the H&WB board.

4.2 Functions for local Healthwatch

Local Healthwatch has 3 principle functions:

- To Influence: helping shape the planning of health and social care services;
- To inform: providing information about health and social care services and supporting people in making choices
- To assist: acting as a consumer champion and advocate pursuing people's interests with local providers.

4.3 vision

The local vision for Healthwatch is well developed. The vision, strategy and plan was confirmed through a public engagement exercise undertaken in 2011 and reported to the panel at its previous meeting. The engagement gathered input from the partnership board, LINK, the health and wellbeing network (including service users and carers), voluntary sector providers, GPs, council and NHS officers and included 3 public meetings and a communications cascade in various media. The vision was approved by the partnership board and was supported by all stakeholders. The outcome has set the principles upon which procurement will now take place. There is a growing awareness that in developing Healthwatch there is a necessity to combine its development and the opportunities that brings into a bigger picture of whole system community engagement and this is commented on further below. The plans and vision for Healthwatch will retain sufficient flexibilities to be adaptable to this wider context and fit effectively within it as this programme of work moves forward. The Vision for Healthwatch is included at Appendix 1.

4.4 Summary of intent

We do not want Healthwatch to be a separate entity which is stand alone. To do so would duplicate existing involvement structures and would not achieve the potential for collaboration and added value.

The provider of Local Healthwatch will, building on the existing excellent relationships and infrastructure in Bath & North East Somerset, develop and operate an innovative, modern and engaging network of community participation and involvement.

Local Healthwatch will bring together the best parts of the existing Local Involvement Network (LINK) legacy, the Health and Wellbeing Network and current third sector organisations. Local Healthwatch will extend this network by linking in with patient participation groups, hospital groups and councils of members, social care providers, voluntary organisations, neighbourhoods and communities.

Local Healthwatch will operate through excellent modern communications fully embracing social media and interactive web based tools to engage interactively and accessibly with all interested members of the population. Through these communication and networking methods Local Healthwatch will coordinate the consumer voice for health and social care, champion that voice and liaise in partnership with commissioners and providers of services towards improved health and wellbeing objectives. Local Healthwatch will also elevate patients' voices to the Health and Wellbeing Board ensuring that consumers are given the opportunity to participate in decision making and influence decisions. The model for Healthwatch is included at Appendix 2.

5 Current position

5.1 Procurement

Bath & North East Somerset Council agreed to undertake an early procurement exercise for Local Healthwatch, given the local appetite for early implementation as well as contract considerations. As a result, the Council has been working in recent months on a procurement process for a Local Healthwatch body. However, the Council has decided not to make an award under the current procurement process for Local Healthwatch but instead has taken a decision to restart the process. Decisions on arrangements for this will be taken shortly in order that the deadline of April 2013 is met. The Council has also been working to ensure continuity for the work of the Local Involvement Network host service.

5.2 Maintenance

In the interim period up to the establishment of Healthwatch Bath and North East Somerset LINK continue to operate supported by their host organisation Scout Enterprises. Discussions are underway to ensure the contract for Scout can cover the transitional period to the point when the new Healthwatch provider is assigned. LINK will continue to address their identified work programme and will continue to present their reports to the panel.

5.3 Development

Funds awarded from the performance reward grant will now support the start up development phase of Healthwatch. The plans for this are bold and involve creating the linkages within the community that will enable the consumer voice to be accessed and influential in shaping health and social care choices. A full set of objectives and

milestones have been identified to deliver the development phase by April 2013. Key tasks within the development phase are

- Involving patient participation groups in all of the 27 GP practices within the Healthwatch hub.
- Connecting the current voluntary sector and advocacy groups within the Healthwatch hub
- Create the virtual web and social media platform for whole population communications that will be the central portal for Healthwatch activity
- Identifying the community locations and neighborhood opportunities to liaise with Healthwatch hub

5.4 Health and wellbeing board

A significant role of Healthwatch is to work within the Health and Wellbeing Board to contribute to and influence decision making. The composition of the board includes at least one Healthwatch representative as a member. This connection and the principle role of Healthwatch acting as consumer champion provides opportunity for the new arrangement to play a wider role in the community engagement structure for the H&WB board. Work is now taking place to establish this structure and maximise the opportunity for Healthwatch to play a central role

5.5 Wider community involvement

The development of Healthwatch is taking place at a time when the health and wellbeing board is being established and work is underway to clarify how the board can listen to and interact with its community. A strategy for community engagement is being developed within which Healthwatch needs to fit and play a key part. Whilst Healthwatch is concerned with health and social care the remit of the Board is wider than this and potentially extends to all public service connected with wellbeing. A seminar and report is being prepared for the H&WB board to progress this debate and shape a community engagement strategy. As previously mentioned Healthwatch will adapt to this profile so that the key aims of the direct service provision are achieved and proper positioning within the community engagement architecture is also achieved.

6 RISK MANAGEMENT

There is a reputational and operational risk to the council if Healthwatch is not clearly understood, its potential is not fully realised and if a service is not procured to the stated deadline. The actions currently underway and highlighted within this report are controlling these risks and mitigating them.

7 EQUALITIES

Healthwatch aims to engage all sections of the community to be influential in shaping services and working towards reducing inequalities. The consultation on Healthwatch has included equalities perspectives and on-going development work will continue this.

8 CONSULTATION

A public consultation has been undertaken as described within the report.

9 ISSUES TO CONSIDER IN REACHING THE DECISION

Social Inclusion; Customer Focus; Sustainability;

10 ADVICE SOUGHT

The content of the report has been developed through consultation with council officers within policies and partnerships and made available to the councils monitoring officers for review.

Contact person	Derek Thorne 07530263415
Background papers	
Please contact the report author if you need to access this report in an alternative format	

VISION FOR LOCAL HEALTHWATCH

Local Healthwatch is being created to build on the role of existing LINKs and to exceed it through the introduction of an innovative modern and proactive service for people. It will be an effective and powerful local consumer voice for all aspects of health and social care. It is important to note that although the organisation will be called Local Healthwatch, it will be equally concerned with social care issues. The B&NES Local Healthwatch will:

1. Undertake 3 core operational functions:
 - **Influencing** – helping to shape the planning of health and social services by:
 - co-ordinating and representing local voices
 - scrutinising the quality of service provision
 - having a seat and championing the consumer voice on the local Health and Wellbeing Board
 - informing the commissioning decision-making process
 - providing local, evidence-based information
 - participating with commissioners in evaluating service change
 - ensuring that the views and experiences of patients, carers and other service users are taken into account when local needs assessments and strategies are prepared, such as the Joint Strategic Needs Assessment (JSNA).
 - **Signposting** – providing information to help people access and make choices about services by:
 - empowering people by helping them understand choice
 - providing advice to enquirers on where and how they can access information about choice
 - assisting people in identifying help and support to pursue NHS complaints advocacy.
 - **Assisting** – advocating and holding commissioners and providers to account by:
 - championing quality and supporting people or groups to pursue and resolve issues
 - approaching commissioners and providers of services on people's behalf and seeking responses to particular concerns raised
 - alerting HealthWatch England to concerns about specific care providers.
2. Act as a network working proactively to bring together and enhance the existing infrastructure of local engagement and support drawing input and participation from it and coordinating common outputs.
3. Proactively outreach to communities utilising methods that are inclusive and accessible to all groups e.g. adults, children, minorities, users, carers and patient groups.
4. Deliver information and stimulate choice through signposting information to the public.
5. Work in collaboration with health and social care commissioners to promote self-care and the preventative message.

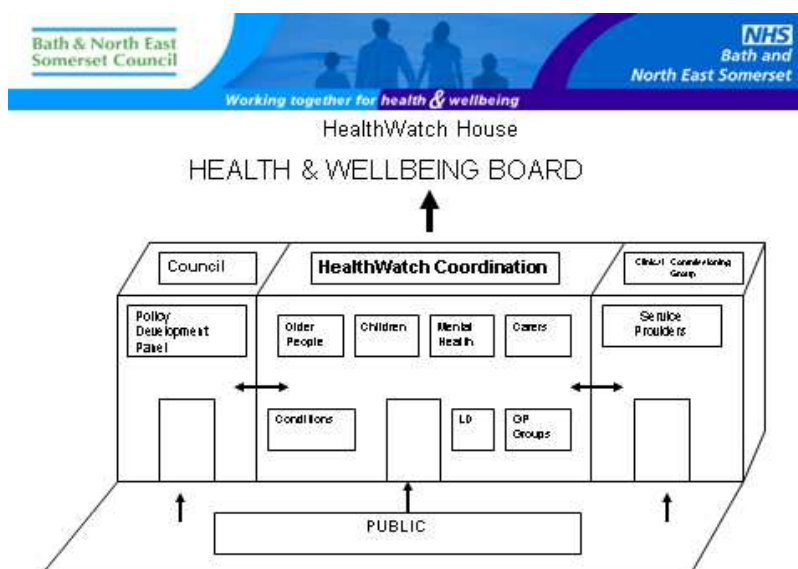
6. Establish a common agenda of priorities and work alongside partners achieving excellent professional relationships and working systems.
7. Establish methods for working regularly with commissioners on developing plans for service change and evaluating plans from the consumer perspective.
8. Operate within the Health and Wellbeing Board establishing a credible and proactive representation of the consumer voice and influencing the Board in its decision making.

Operating Model for Local HealthWatch

Our operating model to deliver this vision is depicted in the diagram below (the Local HealthWatch House). The model seeks to build as much as possible on existing work whilst providing a clear and simple “way in” for the public to access the core elements of the Local HealthWatch service.

The service provider will be expected to continue to operate those activities which are already currently carried out relevant to the role of LINK and build on those activities to secure the vision for Local HealthWatch and develop its implementation. Specifically the provider will:

1. Work further with our Clinical Commissioning Group and GP community through established links in each GP practice through practice based patient participation groups, coordinating and supporting the input from these groups to be an integral part of Local HealthWatch.
2. Coordinate key stakeholders including the third sector, advocacy groups, providers and local communities to work together under the Local HealthWatch network.
3. Identify the priority aspects of LINK activity, the beneficial elements of the LINK legacy and the positive and contributory skills of LINK leaders and carry those chosen elements forward into Local HealthWatch.
4. Further develop our operating model to link with the Health and Wellbeing Board, commissioners, service providers and the Council’s Wellbeing and Policy Review Scrutiny panel in a clear way.
5. Work with NHS commissioners throughout the current NHS reforms and be responsive to future and changing models of NHS leadership as they emerge throughout 2012 – 2014.



The result of this will be that Local HealthWatch will become:

- a strong local consumer voice on views and experiences to influence better health and social care outcomes
- a respected, authoritative, influential, credible and highly visible body within the health and social care community and on the Health and Wellbeing Board.